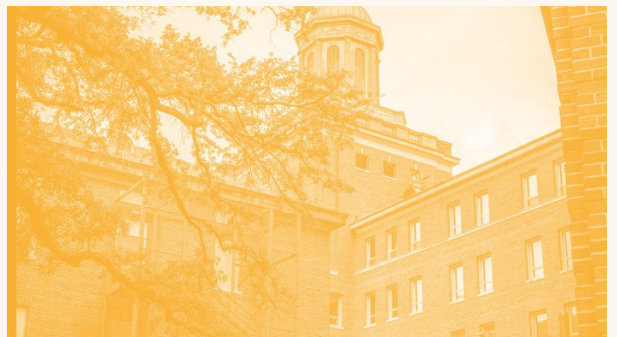




reimagining the American design of assisted living and memory care centers



the crest community



Reimaginaing the American design of assisted
living and memory care centers

By:
Marguerite H. Eppling

ID 4720
Spring 2022

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An Undergraduate Thesis Proposal
submitted to the School of Interior Design
in partial fulfillment of the requirements
for the degree of Bachelor of Interior Design.

Faculty Advisor
Julie Elliot, Instructor

Louisiana State University
May 2023
Graduating Class of 2023

Marguerite Eppling is the creative mind behind this capstone. She is a student, daughter, sister, friend, leader and creator. Her work over the years shows her attention to detail and mindfulness to the needs of the design. Since her time in the Interior Design program at Louisiana State University, she has been exposed to all sorts of design worlds: hospitality, retail, multi-family, housing, workplace and federal projects. Yet her interest is mostly in healthcare, which she has little experience with. This interest is mainly because of her strong belief that design heals. She wants to design to heal. She wants to design not just the space, but the experience. This “glass half-full” mentality is what allows this talented young professional from the Crescent City to create spaces that welcome, create spaces that speak, and above all, create spaces that heal.

biographical note _____

I cannot express enough the many thanks I give to the Design program at Louisiana State University. First I want to thank my professor, Julie Elliott, for always pushing me to to my very best. She has create a design path for me that I did not see coming. I want to also thank Marsha Cuddeback for making the Interior Design program feel like home. I am going to miss my times on the 4th floor. Thank you for making such a creative space for us.

I want to thank my family and friends as well for always supporting my dreams and goals in this field. I could not have done it without you! Mom and Dad, thank you, for all it.

acknowledgements _____

CONTENTS

CHAPTER 1: Introduction

- Design Philosophy
- Purpose & Goals
- Thesis
- Research Question
- Thesis Statement
- Concept Map
- Context
 - Problem
 - Location
- Project Type and Title
- Theme

CHAPTER 2: Research

- Abbreviated Literature Review
 - Purpose
- Literature Review
 - Summary
- Precedent Studies
 - Purpose
 - Precedents
 - Findings

CHAPTER 3: Focus Area

- Introduction
- Research
- Design Criteria
- Application Potential

CHAPTER 4: Site & Building

- Site & Building Selection
- Existing Conditions
- Opportunities and Constraints

CHAPTER 5: Program

- Goals
 - Functional Goals
 - Form & Aesthetic Goals
- End User Profile
- Activity Requirements
- Program Requirements
 - Program Summary
 - Detailed Program
 - Codes & Building Occupancy

CHAPTER 6: Design Solution

- Design Criteria
- Pre-Schematic Design
 - Introduction
 - Pre-Schematic Design Drawings & Diagrams
- Schematic Design
 - Introduction
 - Schematic Design Solution
- Design Development
 - Introduction
 - Concept Statement
 - Design Development Solution
 - Specifications
- Focus Area: Universal Design
 - Integration

CHAPTER 7: Conclusion

- Reference List*
- Annotated Bibliography*
- Appendices*

introduction



FIGURE 1.0 United States Public Health Service Hospital (U.S. Marine Hospital)
source: unknown

The MOI design philosophy is focused on both the function and the emotional experience of the space as a whole with recognition of the occupants and their needs. It is about creating a space that adheres to not just a group of people, but each person as an individual, as no two people in a given space are the same. Each person in the space is on their own personal journey, experiencing their own trials, and the space will be seen as the exact place each individual is needing.

MOI designs is committed to creating a space that contributes to all the emotions: sadness, happiness, fear, anger, surprise and disgust. It is not that the design will make the occupants feel all of these emotions. I only wish for the occupants to feel happiness, but deal with the others and learn how to feel happiness. This is where the design features take control and allow their walls to speak to the occupants.

design philosophy

The undergraduate senior Thesis is a self-directed yearlong investigation. It begins with Identifying a problem and proposed solution in the fall semester, and concludes with testing the solution through a design project in the spring (Robinson and Parman 2010). The Thesis combines skills from the classroom and studio, which I have acquired over the past 4 years and it is structured to encourage critical thinking, develop deeper knowledge, solve challenging problems, and advance my design skills.

During this yearlong Thesis I hope to accomplish the following goals...

1. Understand how to apply research to a complex design problem,
2. Explore design issues that I have not explored yet in school
3. Improve my writing skills, and
4. Become an expert in Universal Design.

purpose & goals

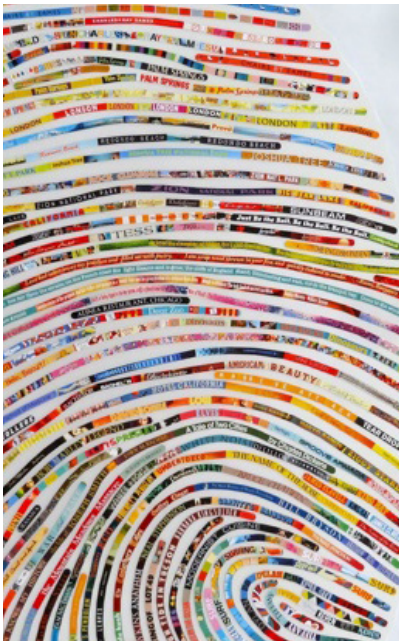
THESIS STATEMENT

The scope of this project was to evaluate and study the current living situations found in a private assisted living facility as well as memory care centers, and how to combat these living situations through implementing a design concept that focuses on the patients as people and not as patients. The proposal to showcase this in the design was to mesh emotion with functionality. The functionality is to come from the design and the emotion is to be an outcome of the design. In order to achieve this, I had to consider the needs of the occupants as well as their own personal emotions. With the use of color, biophilic design, and lighting, this will be attainable. I want to emphasize the life these people have left, rather than reminding them of their personal timer ticking away.

RESEARCH QUESTION

How can design in the healthcare realm of memory and assisted living centers aid in shifting the focus from *how long* people live to *how* people live? And furthermore, how can these facilities cater to not just their health issues and illnesses, but to their overall wellness too?

FIGURE 1.1, SOURCE: CHERYL SORG



individual

FIGURE 1.2, SOURCE: "Faces of Provo"



community

FIGURE 1.3, source: HAVENWOOD CARE CENTER



society

thesis

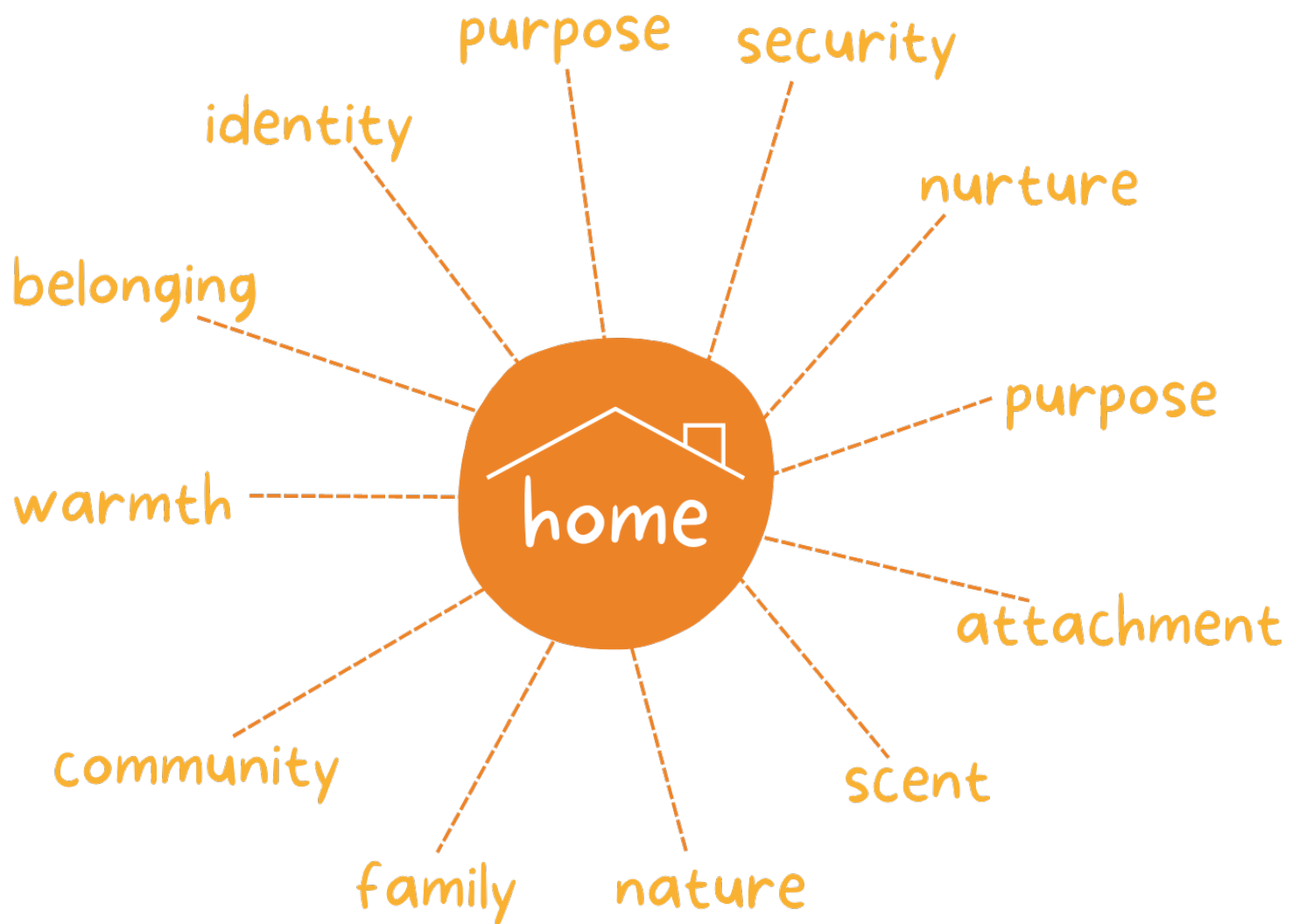
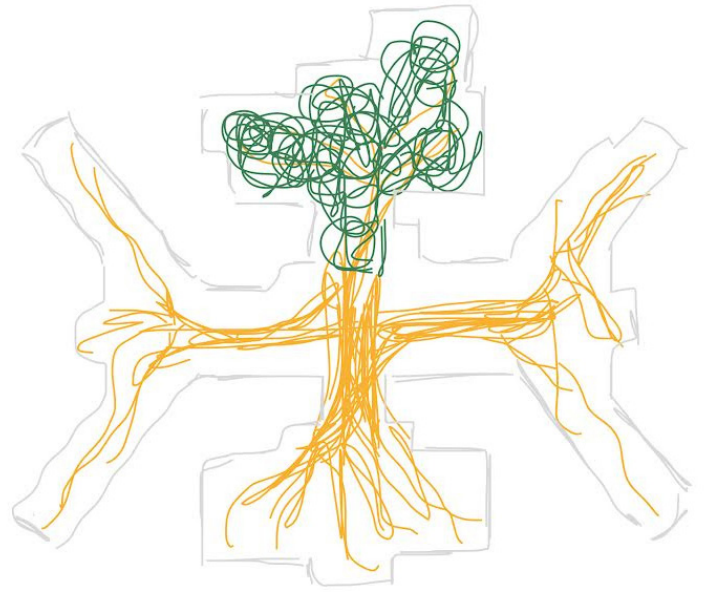
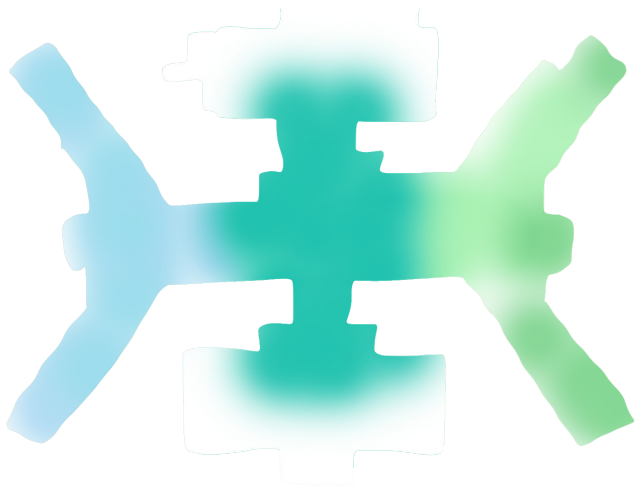
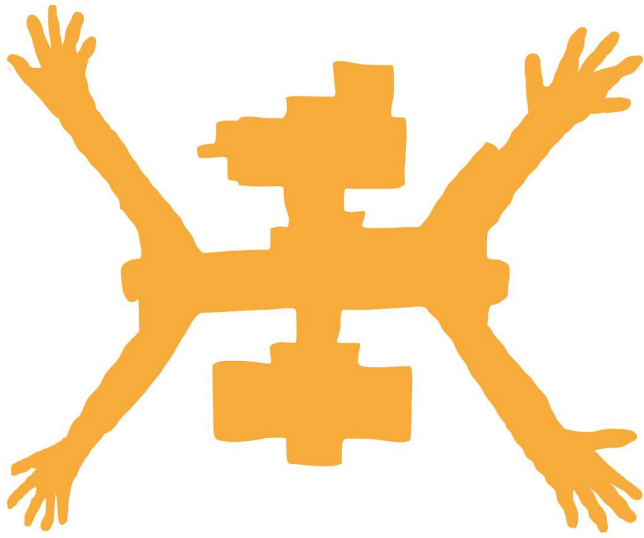


FIGURE 1.4 , SOURCE: EPPLING

CONCEPT STATEMENT

The scope of this project was to evaluate and study the current situations found in assisted living, nursing home and memory-care healthcare facilities and how to combat these living situations through implementing a design concept that focuses on the patients as people and not as patients. The proposal to showcase this in the design was to mesh emotion with functionality. The functionality is to come from the design and the emotion is to be an outcome of the design. In order to achieve this, I had to consider the needs of the occupants as well as their own personal emotions. Another aspect I was wanting to push for is the need for spaces that can allow a couple to reside in together. Whether this be one couple is needing 24/7 care or not, this space provides both assisted living residences as well as memory care. In this way, couples can go to a facility together and feel at home, rather than be separated because of a sickness. The challenge was to provide spaces for the residents to feel at home, rather than feel as if they are at an institution. All the while highlighting the history of the building and being sure to acknowledge the limitations of the residents, rather than reminding them of these limitations. Throughout the space, residents will find that there is much implementation of brain stimulating rooms such as a sensory room, activity room, gym and spaces for cognitively skilled activities. Color is one of the main elements in design for elders that can either support or hinder the environment of the individuals. With that, the use of color and way-finding will be prevalent in the design to stimulate the brains of all individuals housed at the day center. The goal is to never let an individual suffering with memory loss to feel lost in this facility. Biophilic design is also something that will be incorporated into the facility. With the use of color, biophilic design, sensory design and way-finding, this will be attainable. Overall, I want to emphasize the life these people have left, rather than reminding them of their personal timer ticking away. **After all, age is just a number.**

concept



concept
diagrams



AGE IS JUST A NUMBER



NO PLACE LIKE HOME



NATURE HEALS

mood study



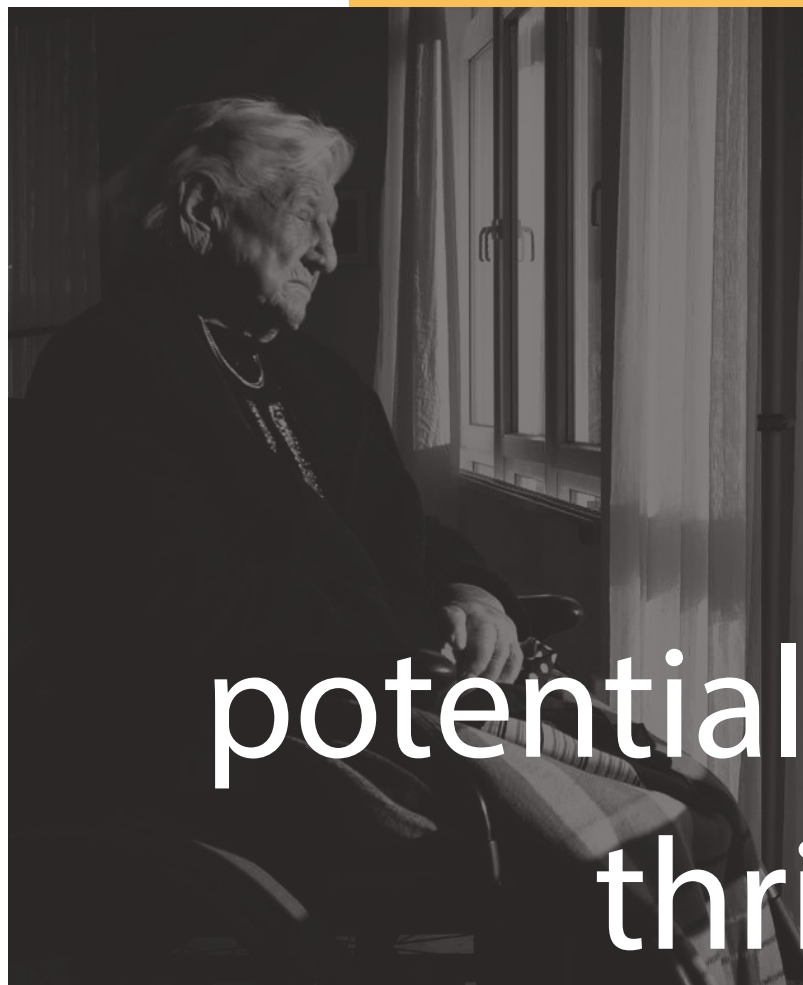
prob- lem

The design of assisted living centers and the like in America today seem to lack significantly with the times. Many a times people categorize these types of facilities into this bubble of a place that has a means to an end: this end being the life of a human. But why?

Memory care and assisted living centers in America have so much potential to thrive not only for the end user, but for all the loved ones surrounded by them. Designers should aid in designing these facilities with the intent to be that the occupants have life left. It is not about how long or short their time is, it just matters that they still have time. In this way, the design will be more for the users, rather than for someone nearing the end.

“Moving into a residential care facility requires a great deal of adjustment to an environment and lifestyle entirely different from that of one’s previous life. Attachment to place is believed to help create a sense of home and maintain self-identity, supporting successful adjustment to contingencies of ageing.”
(Scand J Caring Sci; 2012)

The design of such facilities should be fully encompassed around the idea of an adaptable and adjustable place the residents can call home. It should be a place that no difficulty arises in adapting. The place should feel like home and allow the end users to create such attachment to better their comfort to the new environment.



potential to
thrive



lo-ca- tion

The location of my project is set in what is known as the Uptown area of New Orleans, Louisiana, just overlooking the grand Mississippi River on 210 State Street. The area it sits on is known as the original crest of the natural levee, or what locals know as Tchoupitoulas Street. This will come to be the namesake of the healthcare facility this project is focused on: The Crest Community. I wanted to ensure the history of the site in the naming of the building as this is a historical landmark to the city.





theme

The overall theme of the project is to stress the feeling of home every assisted living center should achieve. These facilities are already so life-changing and difficult to adjust to, why make it seem so? Providing the comfort and ease that a typical home portrays should be present in all facilities in this realm of care. Even though the residents are older and some may be near to their end, they are still present on earth, we need to highlight that. They still have so much life left to live, no matter the time frame. It is time to focus the shift from *how long* the residents are living to *how they are living*.



“It’s wonderful
to know
you’re aging, because
that means you’re
still on the planet,
right?”

- Goldie Hawn

research



FIGURE 2.1 EXISTING EXTERIOR U.S. MARINE HOSPITAL
SOURCE: James Shaw Photography

PURPOSE

The purpose of an abbreviated literature review is to become aware of the existing literature on a topic, and select 3 sources to read, summarize and identify significant contributions to the topic in question.

The following sources were selected as the information presented in each article contributes to the bigger issue surrounding the problems of present-day nursing and assisted living facilities. The articles highlight the need for a better design, thus contributing to the drive behind this project.

abbreviated literature reviews

LITERATURE REVIEW

C.J.M.L. van Dijck-Heinen, et al. "International Journal of Innovative Science and Research Technology." *A Sense Of Home Through The Eyes Of Nursing Home Residents*, vol. 01, no. 04, Sept. 2014, pp. 57–69., <https://doi.org/10.38124/ijisrt>.

SUMMARY

The following study investigates nursing homes, specifically in the Netherlands, and the sense of home and its essential factors among both permanent and temporary nursing home residents. In the study, it is found that the idea of the home is not just made up of personal belongings, it also has to do with the connection to the home and the interactiveness within the home. The paper suggests that *"a sense of home and quality of life in a nursing home is influenced by the social and physical environment. Autonomy and freedom, a meaningful daily life, the quality of care, and relationships and interaction with each other, as well as fitting in, are important factors"* (58). Having an environment that fully encapsulates a true home life can better help achieve the quality of life residents in nursing homes truly need. Without this quality of life seen in these nursing homes, *"a sense of institutionalized living occurs"* (58).

The study conducted consisted of a total of ten participants. Four of these participants were permanent residents of nursing homes, and the other six once were residents of nursing homes, but now live in a community and receive at-home nursing care. The study began by asking each of the participants about their personal sense of a home and what helps to achieve this sense of a home. The results were not just directly related to the environment of the nursing home, but the ecological community as well. Some of the recurring themes were safety, security, relationships, actions, care, and living. Then, the question of what hinders them in achieving this sense of a home in the nursing home was asked: *"being admitted against one's will, lack of choice, feeling unsafe, lack of motivation among care professionals, hospital-like rooms, having to live without having personal items, and being cut off from society (not being able to participate"* (62). From there, a model of the desired home was made. The participants harped on how home *"to them, it was about familiarity and being attached to a setting"* (62).

The study then focuses on the interior design realm of the interviews with the participants. Much of the feedback had to do with changes to the individual living spaces. A few musts from the some of the participants were to have a private room with private sanitary facilities, potentially having a separate bedroom or recess for sleeping, the presence of a pantry or a kitchen is considered desirable by three participants, some asked for more spacious rooms, and mirrors should be placed in consideration with those wheelchair-bound. And above all, the rooms and nursing home as a whole needs to be accessible. Another key feature to the design is to have a sense of social design. Social interaction within the nursing home between neighbors should be something that is encouraged by means of the design of the building. Lighting and color was also mentioned: *"a 'fresh' appearance without smelly odors as being important. Creating a hospital-like environment is something all participants want to avoid"* (66). These simple design changes can benefit not only the residents physically, but mentally as well. In all, this study highlighted that residents of nursing homes prefer a bright, friendly and thought-out environment, in which they have adequate space to live in a home-like setting.

LITERATURE REVIEW

Schwarz, Benyamin. "NURSING HOME DESIGN: A MISGUIDED ARCHITECTURAL MODEL." *Journal of Architectural and Planning Research*, vol. 14, no. 4, Locke Science Publishing Company, Inc., 1997, pp. 343–59, <http://www.jstor.org/stable/43030436>.

SUMMARY

In the following study, it opens by suggesting that the issues of nursing home design in the United States stem from a misguided architectural model. Essentially, nursing home design is grouped with medical design: *"the necessary changes should reflect the notion that growing old is part of the human condition and not a medical problem"* (343).

The study focuses on how the United States has somehow achieved the *"worst of both worlds"* in the design of nursing homes, this being *"an institutional setting that goes too far while it also does too little for its residents"* (343).

The article explains in one section how the design process of nursing homes and the issues that stem from it are mainly political. It is clear that nursing homes are designed with building blocks that are based on a medical intent. These medical building blocks are not flexible. In 1965, congress enacted the Social Security Act Amendment of 1965: Medicare and Medicaid, and *"These regulations were initiated because the federal government wanted to regulate and oversee the services they were planning to finance so that the citizens using the services and certainly the taxpayers paying for the services were going to get some reasonable bang for the buck"* (347). The article notes that today, nursing home design is defined by two major problems:

"1. Strict regulations that have been developed with no research base within a tradition that emphasized satisfaction of residents' medical and custodian needs. Nursing home codes and regulations strive to strike a delicate balance between the degree of control that is necessary to insure a basic standard of decent and humane care and the degree of professional discretion that is needed for innovative solutions. Unfortunately, current codes and regulations enforce restrictions which have been stretched beyond their initial purpose."

"2. The reimbursement system that has grown as state regulators, in their effort to minimize the burden on their budgets, developed various artificial thresholds in the name of cost-containment. States have to pay, through Medicaid, a proportionate share of purchased services. This share includes construction and operating costs of facilities. Consequently, regulators may set limits to overall nursing home"

LITERATURE REVIEW

Katz, Stephen, editor. *Ageing in Everyday Life: Materialities and Embodiments*. 1st ed., Bristol University Press, 2018, <https://doi.org/10.2307/j.ctv1xxtkz>.

SUMMARY

The study opens with what the reputation of a nursing home is: *“Nursing homes are usually considered places of last resort – places imbued with our fears of aging, dependence, frailty and dying (Vladeck, 2003)”*. Yet, *designers and avid advocates have been figuring out ways to reimagine the nursing home, “working to escape its poor reputation through design” (45)*. The following study conducts two research projects. One that investigated the long-term care design regulations and their consequences in Nova Scotia and Ontario, Canada, and the other, being an international project that identified promising practices in long-term residential care.

The author of the article begins to explain and break down “ruling metaphors”, which are essentially the *“metaphors that become the stuff of popular culture, both supporting and hindering our imagination of what is possible through their circulation in everyday vocabularies” (47)*. For example, bringing the idea of hotels as commercial enterprises and hospitals as places of medical practice. These ruling metaphors have come to govern the everyday life of many nursing homes. Yet, not all nursing homes are governed by this ruling metaphor. The metaphor of “therapy” has been brought into the nursing homes as well. More so this idea of a therapeutic environment. The study found from research that this therapeutic environment is a growing trend in dementia care facilities. How? Well, there is a focus in the environment *“on therapeutic relationships that produce a sense of dignity, selfhood and meaning for those with dementia and those who spend time with them” (55)*. As far as the physical design of these spaces in dementia care facilities, the overall physical design was therapeutic. There was way finding as well as visual and auditory stimulation that all benefited the well-being of these dementia patients.

The article ends with a powerful statement that shows the jump designers must take to break away from the norms of today’s nursing homes, the homes that seem like a hospital and not a place of comfort: *“equitable care for older people means rejecting what is familiar” (58)*.

PURPOSE

The purpose of conducting a precedent study in interior design is to examine and analyze the attributes of an existing project that serve as an example for the concept, programming, and/or design of a proposed design project.

precedent
studies



Project: Scheldehof Residential Care Centre

Location: Vlissingen, The Netherlands

Project Type: Adaptive Reuse/Healthcare

Area: 204,299.02 sq. ft.

Year Completed: 2017

FIGURE 2.2, SOURCE: RONALD TILLEMANN

CITATIONS

"Scheldehof Residential Care Centre / Atelier PRO architects" 31 Jan 2019. ArchDaily. Accessed 3 Mar 2022. <<https://www.archdaily.com/909443/scheldehof-residential-care-centre-atelier-pro-architects>> ISSN 0719-8884

Kristensen, Dorte, et al. "Transformation Scheldehof Residential Care Centre, Vlissingen." Atelier PRO, https://www.atelierpro.nl/en/projects/183/47?utm_source=canva&utm_

This former metal sheet factory sits on a shipyard in Vlissingen, The Netherlands and began to transform into a residential care center in 2013 and has since been finished. The building holds 55 apartments for somatic care, 54 assisted-living apartments, as well as 6 group accommodation units for psychogeriatric residents. Also included in the project is a restaurant for the residents and their family/friends, training/education room, studios, hair salon, shop, physiotherapy room, an auditorium and a parking garage. In the demolition process of the project one of the closed facades was blown out and partially replaced with glass. The main goal of the architectural company was to “The basic principle here was to create a homely and authentic atmosphere and to avoid an institutional character”. This is something I hope to do in my capstone design as well.



FIGURE 2.3, SOURCE: PETRA APPELHOF

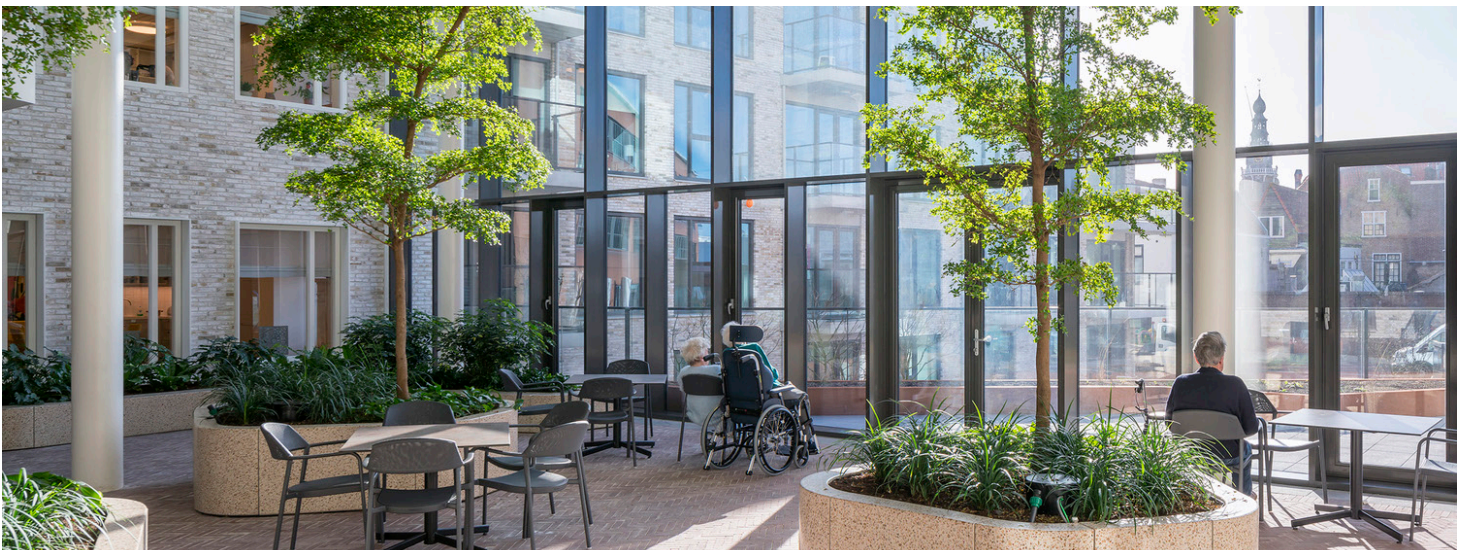


FIGURE 2.4, SOURCE: RONALD TILLEMANN

QUANTITATIVE ANALYSIS

ZONE	PROGRAM SPACES	SQ. FT.	USERS	SPECIAL REQ.
PUBLIC	counter (lobby reception?)		residents/staff/visitors	have a ADA accessible height
PUBLIC	grand cafe		residents/staff/visitors	large open space
ANCILLARY SERVICES	barber		residents	barber chairs as well as accessible chairs
ANCILLARY SERVICES	studio		residents	
ANCILLARY SERVICES	concert exhibit		residents	
ANCILLARY SERVICES	theater/cinema		residents/visitors	
ANCILLARY SERVICES	classrooms		residents	
PRIVATE	kitchen		staff	
PUBLIC	living room		residents/visitors	large open space
PUBLIC	garden		residents/visitors	seating and shade
PRIVATE	apartments			large and accessible

FIGURE 2.5 QUANTITATIVE ANALYSIS CHART, SOURCE: EPPLING



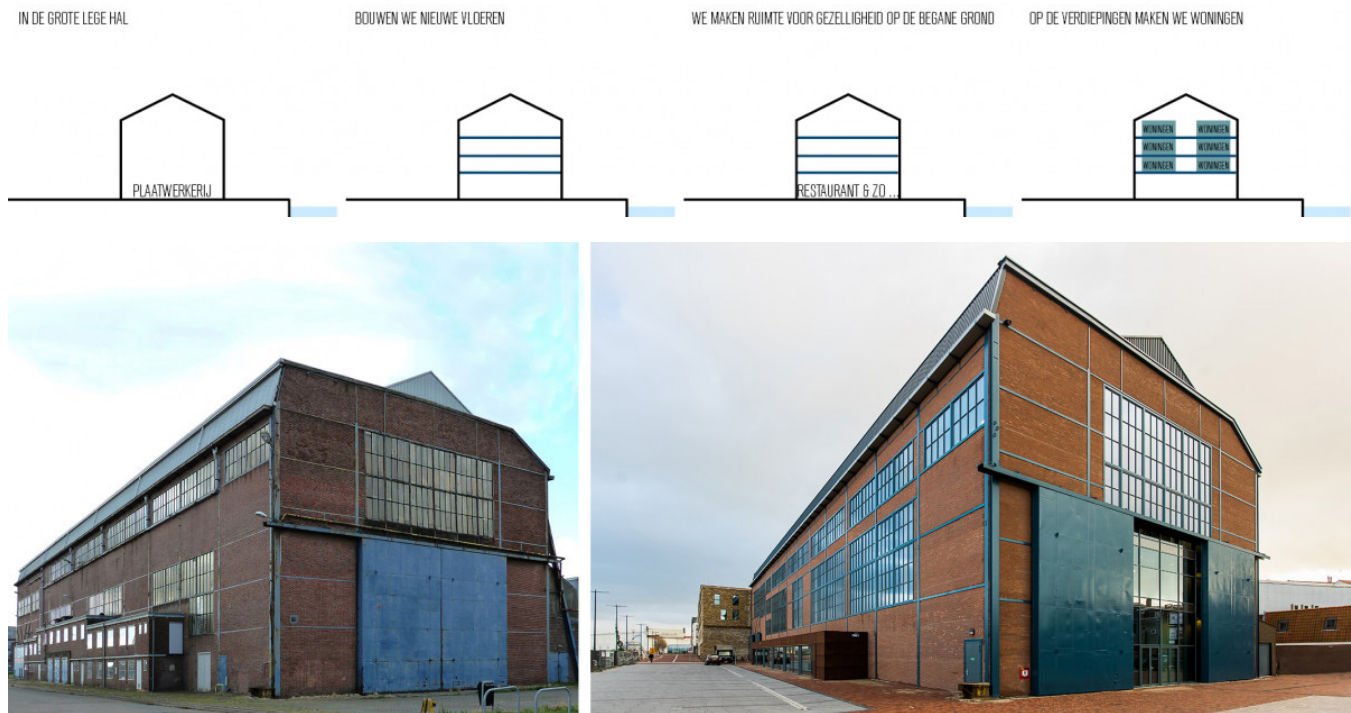
This former metal sheet factory sits on a shipyard in Vlissingen, The Netherlands and began to transform into a residential care center in 2013 and has since been finished. The building holds 55 apartments for somatic care, 54 assisted-living apartments, as well as 6 group accommodation units for psychogeriatric residents. Also included in the project is a restaurant for the residents and their family/friends, training/education room, studios, hair salon, shop, physiotherapy room, an auditorium and a parking garage. In the demolition process of the project one of the closed facades was blown out and partially replaced with glass. The main goal of the architectural company was to “The basic principle here was to create a homely and authentic atmosphere and to avoid an institutional character”. This is something I hope to do in my capstone design as well.



QUALITATIVE ANALYSIS

SUMMARY OF FINDINGS

This former metal sheet factory sits on a shipyard in Vlissingen, The Netherlands and began to transform into a residential care center in 2013 and has since been finished. The building hold 55 apartments for somatic care, 54 assisted-living apartments, as well as 6 group accommodation units for psychogeriatric residents. Also included in the project is a restaurant for the residents and their family/friends, training/education room, studios, hair salon, shop, physiotherapy room, an auditorium and a parking garage. In the demolition process of the project one of the closed facades was blown out and partially replaced with glass. The main goal of the architectural company was to “The basic principle here was to create a homely and authentic atmosphere and to avoid an institutional character”. This is something I hope to do in my capstone design as well.



FIGURES 2.9-2.10, SOURCE: ATELIER PRO & KENNISCENTRUM 60PLUS

Project: Nursing Home Santa Katharina
Architect: Roeck Architekten
Location: Ried Im Oberinntal, Austria
Year Completed: 2019
Area: 27,986.17 sq. ft.



FIGURE 2.11, SOURCE: ROSSNER DOMINIK

DESCRIPTION

This project, located in the mountainous landscape of Austria, the nursing home can find itself to be one of the more beautiful nursing homes. The surrounding landscape alone is intriguing. The architect wanted to simply meet the needs of the occupants and make their lives easier to live. The building is comprised of 33 single-living units all positioned on a single level. Color was a priority in the design, strict color to be exact. The color scheme was surrounded fully on a “tone on tone” design. The mesh of color tones creates a peaceful and harmonious atmosphere for the residents, staff and visitors.

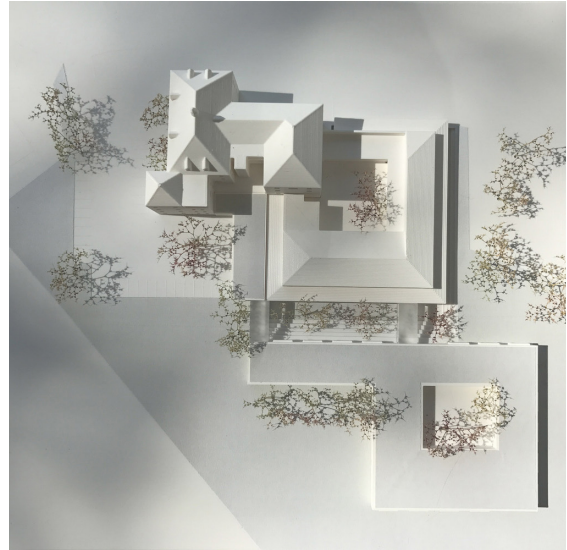


FIGURE 2.12, SOURCE: ROECK ARCHITEKTEN

CITATIONS

“Nursing Home Santa Katharina / Roeck Architekten” 06 Feb 2020. ArchDaily. Accessed 3 Mar 2022. <<https://www.archdaily.com/933189/nursing-home-santa-kntharina-roeck-architekten>> ISSN 0719-8884



FIGURE 2.13, SOURCE: ROSSNER DOMINIK

QUANTITATIVE ANALYSIS

ZONE	PROGRAM SPACES	SQ. FT.	USERS	SPECIAL REQ.
PRIVATE	single room	33 rooms	residents	spacious rooms with ADA specific amenities
PUBLIC	atrium		residents/staff/visitors	large open space
PUBLIC	courtyard		residents/visitors/staff	outdoor seating
PUBLIC	central entrance hall		residents/visitors/staff	large open space
PUBLIC	day cafe		residents/visitors/staff	accessible seating
PRIVATE	administration		residents/visitors	

FIGURE 2.14 QUANTITATIVE ANALYSIS CHART, SOURCE: EPPLING

QUALITATIVE ANALYSIS

After analyzing the project, I found that a key feature to add to the qualitative data is lighting. In each space there is ambient lighting, but not what we may know as “hospital lighting”. No harsh lighting is to be found and this is something I appreciate as I am researching a way to combat the hospital-like nursing home style of design.



FIGURE 2.15, SOURCE: ROSSNER DOMINIK

Since the courtyard is meant to be a place of rest and peaceful quietness, it is key to have it accessible to the residents at all times of the day. Why should an outdoor garden space be limited to just the daylight from the sun?



FIGURE 2.16, SOURCE: ROSSNER DOMINIK

As you can see in the images, there is also a use of lighting outside to illuminate the vast courtyard that can be found in the center of the facility. This is something I have not thought too much about. The images alone show the impact lighting can have on a space,



FIGURE 2.17, SOURCE: ROSSNER DOMINIK

SUMMARY OF FINDINGS

The overall design and feel of this project creates a sense of peace and tranquility as well as a functional space for the residents in this facility. The floorplans are well thought out and the idea of nature surrounding the facility is something I wish to present in my design. This allows the mind of the residents to wander, but in the most beneficial way possible. Nature is a beautiful thing and the way this building incorporates it through the natural daylight and vast courtyard makes this home unique. And that is exactly what this project is. It is a home. Yes, it is a home for those who need more tending to, but it is not so “hospitalized”. There does seem to be a somewhat hospital room feel to the bedrooms, which is something I want to stay away from, yet it is meeting the needs of the occupants. This is something that is very important to consider.



FIGURE 2.18, SOURCE: ROSSNER DOMINIK

Project: The Nursing Home at Oleiros
Architect: TCU Arquitectos
Location: Spain
Year Completed: 2014
Area: 53,711.91 sq. ft.



FIGURE 2.19, SOURCE: LUIS DÍAZ DÍAZ



FIGURE 2.20, SOURCE: LUIS DÍAZ DÍAZ

CITATIONS

"Nursing Home Santa Katharina / Roeck Architekten" 06 Feb 2020. ArchDaily. Accessed 3 Mar 2022. <<https://www.archdaily.com/933189/nursing-home-santa-kntharina-roeck-architekten>> ISSN 0719-8884

DESCRIPTION

This very modern nursing home is located in Spain and is innovative in itself. It is comprised of 140 places over four floors and an outdoor terrace. The main feature of the project is the use of natural light. Almost every space has natural light flooding through. This is beneficial for the elderly living in the facility as it is peaceful and uplifting but also a means for way-finding. The design scheme of the rooms is a very different approach than some nursing homes. Rooms are connected to each other, essentially as a neighbor, through a co-living room space as well as a kitchenette. Something unique to the build.

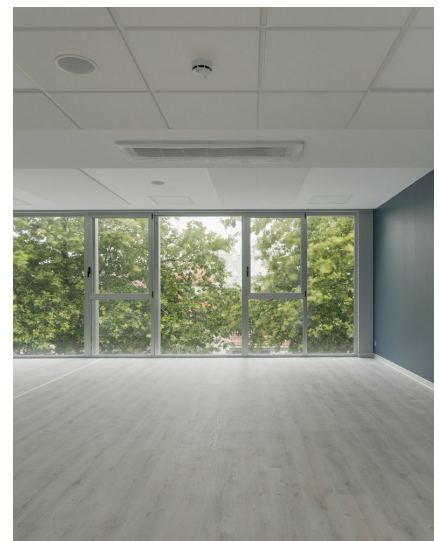


FIGURE 2.21, SOURCE: LUIS DÍAZ DÍAZ

precedent study no.3

QUANTITATIVE ANALYSIS

ZONE	PROGRAM SPACES	SQ. FT.	USERS	SPECIAL REQ.
PUBLIC	living room		residents/visitors/ staff	spacious rooms with ADA specific amenities
PUBLIC	dining room		residents/staff/ visitors	large open space
PUBLIC	lobby		residents/visitors/ staff	outdoor seating
PRIVATE	rooms		residents	large open space
PUBLIC	laundry		residents	accessible seating
PRIVATE	kitchen		residents	
PUBLIC	warehouse		residents	
PUBLIC	changing room facilities		residents	
PUBLIC	co-living room		residents	attached to units
PUBLIC	kitchenette		residents	attached to units

FIGURE 2.22, SOURCE: EPPLING

QUALITATIVE ANALYSIS



FIGURE 2.23-2.25, SOURCE: LUIS DÍAZ DÍAZ

Through analyzing the qualitative data of the project, my findings were fairly simple. The color scheme used was very neutral and bland as you can see in the above photos. This might show success as far as not having too many triggering colors, since the residents may come from different mental health backgrounds. Choosing a neutral palette is a safe way to create a color scheme to appeal to all the residents.

The main data collected that peaked my interest was the use of natural light. Almost every corridor and room has some form of vast window to allow natural light to flood through. This is something I wish to incorporate into my design. Natural light brings in not only light to the space but peace and tranquility. A lot of the residents in many nursing homes are suffering not only health wise but mentally too. Many can fall into a state of depression or loneliness and having a way to escape that with natural light and uplifting views is something that all nursing homes should have.

SUMMARY OF FINDINGS

In this project in particular, I am very fond of the floor plan. I was intrigued by the co-living the designer incorporated in the space. I feel as if this is an aspect that I can contribute to my design in order to make the space feel more like a home. In this way, the residents can feel as if they have a neighbor, since they are sharing a living space and kitchenette between the units. This will allow for much interaction and engagement between the residents. By having this interaction, the residents will have brain stimulation and also the sense of depression and loneliness that many residents of nursing homes face can be combated.



FIGURE 2.26, SOURCE: LUIS DÍAZ DÍAZ

shifting the focus

focus area



FIGURE 3.1 EXISTING U.S. MARINE HOSPITAL
SOURCE: James Shaw Photography

UNIVERSAL DESIGN

In short, universal design is “the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design” (Mace, 1985). It is the most perfect way of saying that it is a design for *everyone*. According to DO-IT by University of Washington, it is the process of creating products that are accessible to people with a wide range of abilities, disabilities, and the like. Universally designed products accommodate individual preferences and abilities. And such design can be approached, reached, manipulated, and used regardless of the individual’s body size, posture, or mobility. The application of universal design principles makes products more usable by everyone, not just people with disabilities, thus leading to a more inclusive design.

The Principles of Universal Design include seven fundamental universal design attributes (Steinfeld and Maisel 2012):

1. Equitable Use
2. Flexibility in Use
3. Simple and Intuitive Use
4. Perceptible Information
5. Tolerance for Error
6. Low Physical Effort
7. Size and Space for Approach and Use



FIGURE 3.2, SOURCE: EPPLING



FIGURE 3.3, SOURCE: EPPLING

All the design principles should be taken into consideration when designing the space, yet one in particular will help aid the designer in the most effective way. This being low physical effort. The occupants of this facility will mainly be those in the elderly stages of their life, and if not, they will have some sort of physical incapability. Creating a comforting space for them to live in is key. Low physical effort, according to the Center for Universal Design at North Carolina State, calls for a design that “can be used efficiently and comfortably, and with a minimum of fatigue.”

PROBLEM/ISSUE	UNIVERSAL DESIGN
LOW PHYSICAL EFFORT	The occupants of this facility will mainly be those in the elderly stages of their life, and if not, they will have some sort of physical incapability. Creating a comforting space for them to live in is key.

With that, I also plan to incorporate a design that is focused not only on a few of the universal design principles, but also on what is called the “person-centric wellness model”. This concept was developed by Mather, a non-denominational, non-profit organization that conducts research focused on senior living/aging services. This model is a direct outcome of the shifted thinking from just caring for the illness of residents in these facilities to enhancing and extending their lives though focusing on their wellbeing. It is focused on promoting wellness among the residents.

“We define wellness as the process of engaging in behaviors and decisions that enable people to reach their full potential.” (Person-Centric Wellness Model report)

The report goes into explaining the six dimensions of wellness: emotional, occupational, physical, social, intellectual and spiritual. All of these dimensions are influenced by community, society and the individual. Through implementing the use of universal design, the wellbeing of the individual residents and staff will be taken into heavy consideration to meet the requirements of a person-centric wellness model

After much research, facilities like nursing and assisted living centers are still functioning in this manner. They are solely running to just treat the health issues the residents are facing. This project aims to change that. I hope to find this facility the perfect example of the person-centric wellness model.

research

PROBLEM/ISSUE	DESIGN CRITERIA
ACCESSIBILITY	Ensure all spaces created in the project are accessible, and not just ADA accessible. All pathways and easy-to-use automatic doors. This will make the residents' lives easier and allow for a more comfortable and effective lifestyle.
INCLUSIVITY	Since each resident has different needs, there is a must for inclusivity. The project will adhere to all residents.
BIOPHILIC DESIGN	Nature heals and this is something the facility will promote.
WAYFINDING	All spaces throughout will be clearly defined, in the most subtle and non-institutional way, as to where exactly an individual is in the building. The building's wayfinding will ensure that no one individual ever feels lost, especially those dealing with memory issues.

design
criteria

Universal design in this form of healthcare will provide the most care to these residents. The occupants will not be limited to a single design. The design will be able to adhere to all and accomodate all the different levels of need and care in order to create the most effective and comfortable lifestyle for the occupants.

application
potential

site & building



FIGURE 4.1 EXISTING UNTOUCHED AREA IN U.S. MARINE HOSPITAL
SOURCE: James Shaw Photography

The site was first founded in the early days of Iberville back in the late 1600s. Tchoupitoulas at the time marked the crest of the “natural levee”. This is where the site sits on to this day, thanks to the shift in the Mississippi’s channel which formed the land now housing the old Marine Hospital and other surrounding buildings. This site was owned by many, but the first were American Indians. Not too long after, the French took charge, leaving remnants of the Natives to the area. This is where the story of the site begins.

In an article written by author and geographer, Richard Campanella, he tells the story of the site. The very first owner of the land where the site sits was the founder of New Orleans itself. Yes, this would indeed be Iberville’s younger brother, Bienville. Many years later, we see a shift from French to Spanish ownership. Throughout the span of ownerships, the sediments near the riverside of Tchoupitoulas, began to shape even more land around our site, leaving the marsh behind.

The author breaks each of the eras of this site down to further explain the times. The one era my chosen building is birthed in is The Marine Hospital Era, 1883-1981. The then owner, Madam Celestine Louie LaBranche Fortier, widow to Fortier, decided to sell off the property her family had owned for the past thirty or so years. On April 5, 1883, she sold the property to the U.S. Government for \$35,000.

The Marine Hospital came about as a means to replace the former public service hospital found on the West Bank, which at the time was destroyed in a mysterious explosion in 1861. The building chosen came to life just a mere four years later.

The building operated for just under 100 years, when the first and second wave of budget cuts arose during the Nixon administration. The second wave caused the closing of all Public Health Service hospitals. On October 3, 1981 on 210 State Street, one could hear a New Orleans style jazz funeral procession band playing as the staff and patients watched the flag lower, closing the hospital.

A portion of the building was then used for the New Orleans Adolescent Hospital (NOAH).

Governor Bobby Jindal ordered a move of NOAH to Southeast Louisiana Hospital in Mandeville, leaving the former Marine Hospital vacant for the next five years.

Today, Children’s Hospital New Orleans, the present owner of the site, commissioned the architectural firm Eskew+Dumez+Ripple to draft a plan and reevaluate a new approach to the building in benefitting the neighboring Children’s Hospital.

Campanella, Richard. “The Cottage on Tchoupitoulas.” A Site History, 21 Jan. 2021, pp. 1–37.

a brief history

“Where is this building? What is the regional, local, and site context? What are the significant features of the site or building? Does the building hold historical significance? Why did you select this place, and why is it suitable to your project? How are you improving the site with your project? Will you make it a better place? How will you give character and add enrichment and expression to the place? (Robinson and Parman 2010, 242-243).

The selected site for the project can be found in the crescent city itself, New Orleans, Louisiana at 210 State Street . The site is surrounded by the handsome neighborhood of what is known to locals as Uptown, specifically Riverside. A mainly residential and small business atmosphere where the culture is majestic, unique and welcoming. Each street greets you with overwhelming oak trees and colorful architecture. It is a place I myself call home.

The building chosen is the former U.S. Marine Hospital, which is a noted historical site according to the City of New Orleans Historic District Landmarks Commission. One piece of the site in particular that hold historical prominence is the brick wall on the perimeter of the building’s site, which was believed to have been the original wall that surrounded the former plantation on the grounds, which once belonged to the Fortier family.

I chose this site mainly because I have been in awe of it ever since I saw it as a little girl. I have a strong connection to the city, as the city is my home. I felt this building was the perfect fit as it served as a healthcare facility which is what is the focus of my own project. Yet, I plan to better the function of the current use. Today, it is used only partially, some is for Tulane Medical School, some is for LSU Medical School and the other portion is a small facility connected to the nearby Children’s Hospital.

Uptown does not have a successful nursing or assisted living center that meets my vision of what the facility should look and feel like. There are indeed a number of high-living nursing and assisted living centers nearby, but none that are exactly financially equitable for all. My design for a new approach to an assisted living and nursing home will bring about a wave of change that hopefully nearby facilities will note and follow in my footsteps

site & building selection

SITE PLAN

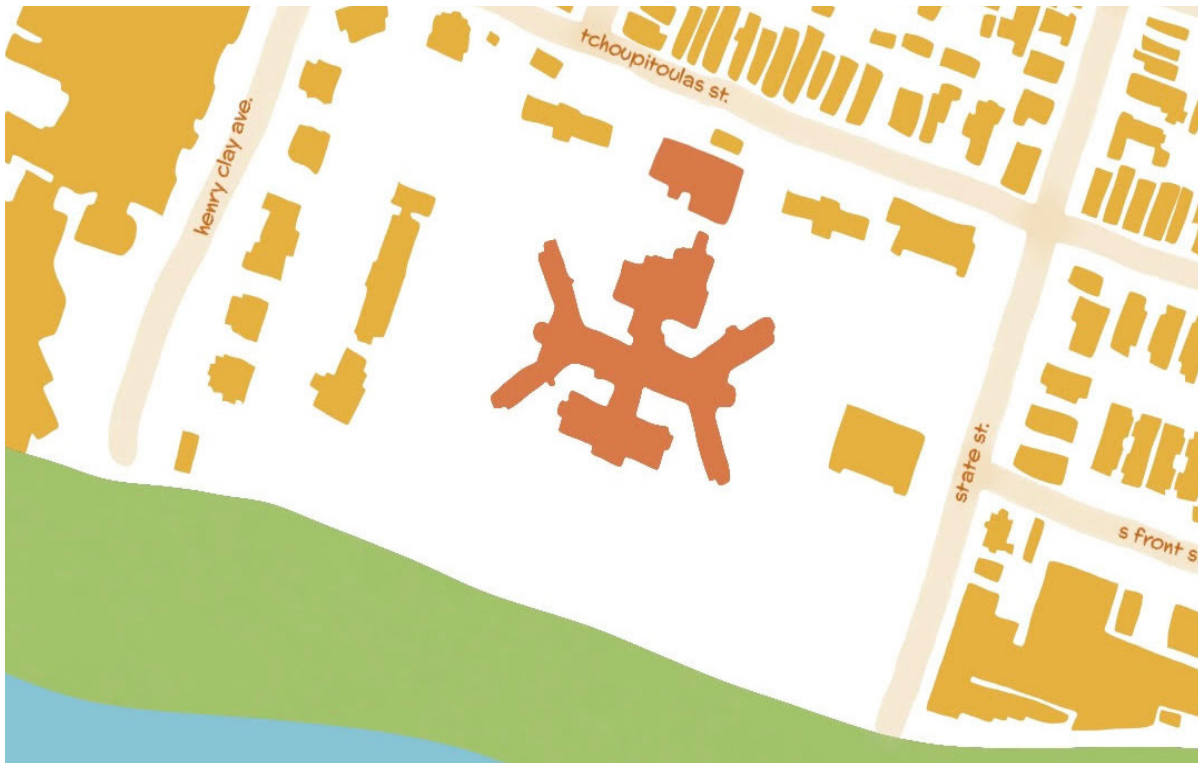


FIGURE 4.2, SOURCE: EPPLING



FIGURE 4.2, SOURCE: GOOGLE EARTH

The former U.S. Marine hospital consists of six floors, averging about 184,000 square feet.

Today, only a portion of the building is being used. Many of the floors remain untouched and abandoned. Eskew+Dumerz+Ripple, an architecture firm took lead in the most recent transformation of the building, but mainly renovated a singular wing to house a facility run by Children's Hospital New Orleans. The interior on level one is fairly updated and mapped out to perfection for a nursing/assisted living center as it is full of wide hallways and corridors. The upper levels are unfinished and many exposed materials show through. The ornate floorplan allows for a divide between the levels of care this project will adhere to. The floorplan and site location alone played a huge role in the selection of this building. The rich history and strong bones of the building will create a safe home for the potential residents at The Crest Community.

existing
conditions

INTERIOR BUILDING CONDITIONS



FIGURES 4.3-4.6 EXISTING INTERIOR VIEWS OF U.S. MARINE HOSPITAL, SOURCE: EPPLING

EXISTING FLOOR PLANS

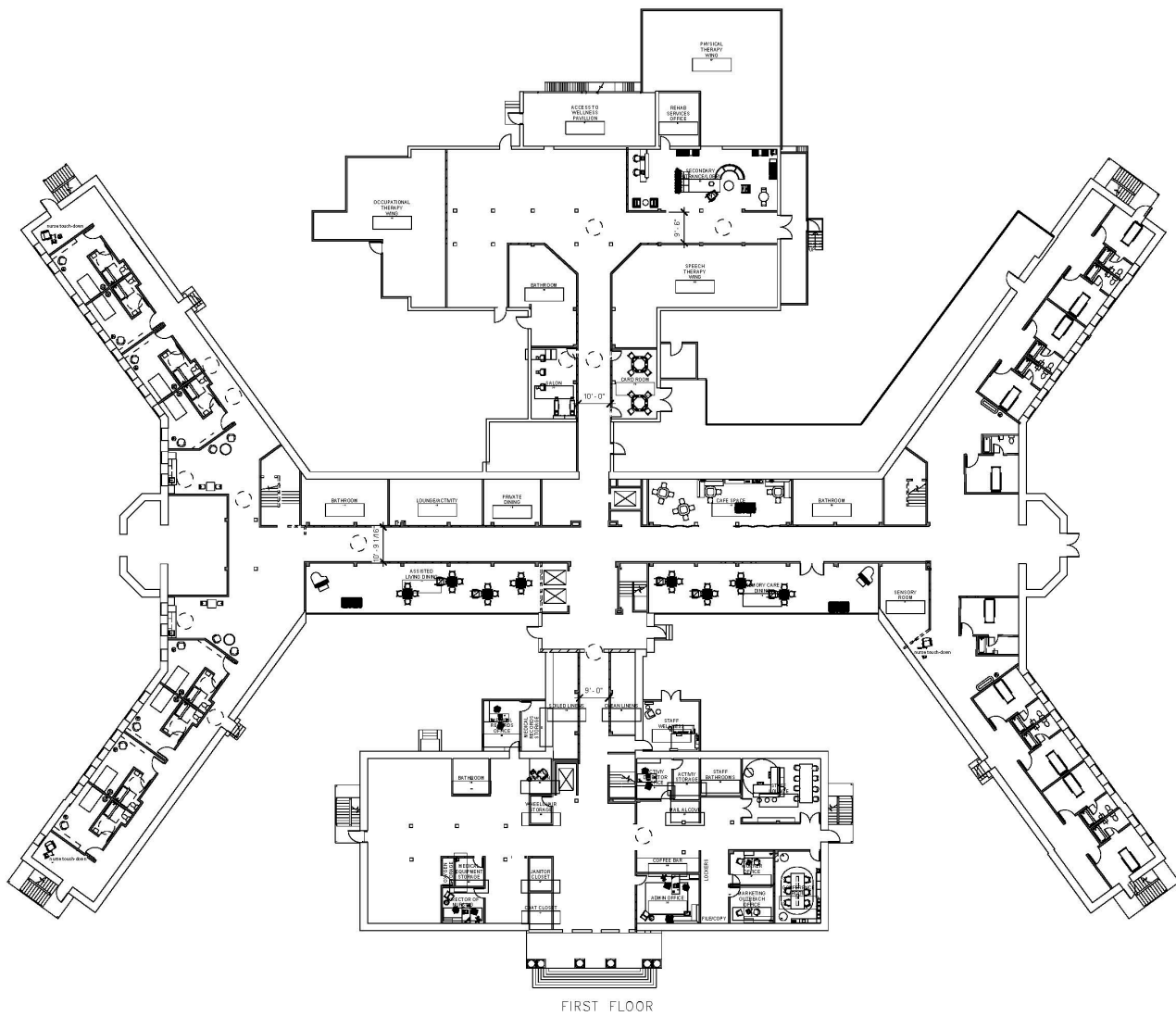


FIGURE 4.9 EXISTING FLOORPLANS OF U.S. MARINE HOSPITAL

EXTERIOR BUILDING CONDITIONS

FIGURES 4.7-4.8 U.S MARINE HOSPITAL EXTERIORS, SOURCE: EPPLING



FIGURE 4.9 RIVERFRONT EXTERIOR OF U.S. MARINE HOSPITAL: Exterior composed of red brick, SOURCE: EPPLING

EXTERIOR BUILDING ELEVATIONS

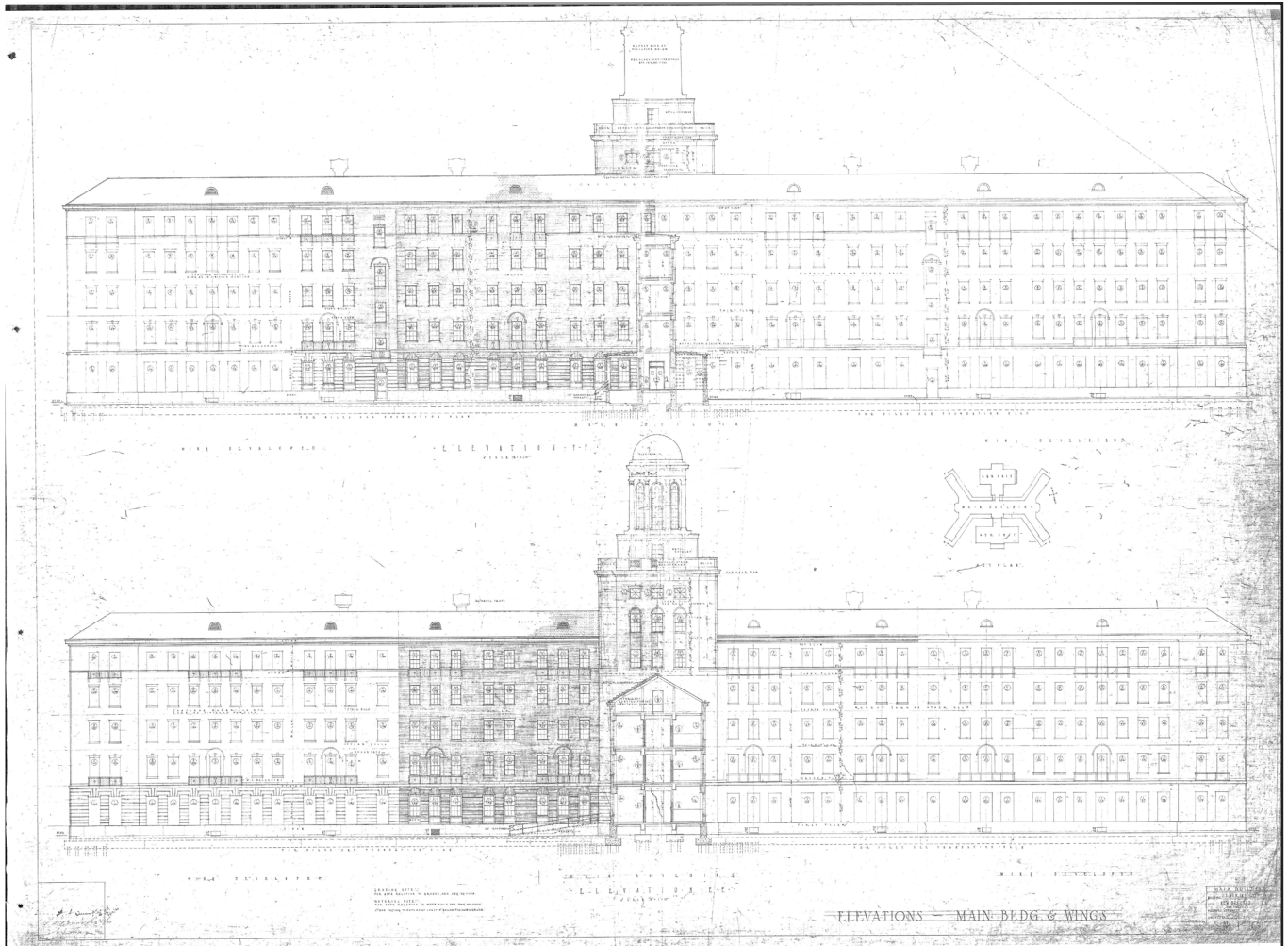


FIGURE 4.9 ELEVATION OF U.S. MARINE HOSPITAL, SOURCE: HISTORICAL DOCUMENTS PROVIDED BY ESKEW+DUMEZ+RIPPLE

OPPORTUNITIES & CONSTRAINTS

In this project, there is an opportunity to create a space for the occupants that can allow them to feel at home and cater to their needs in the most inclusive manner. The constraints are that the building is extremely old and there are many things that cannot be done as far as a demolition and the like. Another constraint is the historical landmarks this site has been granted. This at times can cause trouble as certain designs cannot be done in order to maintain the historical aspects of the building and site.

program



FIGURE 5.1 EXISTING UNTOUCHED STAIRWELL IN U.S. MARINE HOSPITAL
SOURCE: James Shaw Photography

FUNCTIONAL GOALS

For *people*...The goal is to provide a space that can be easily accessible and simple for the residents to use. All residents should feel as if they can complete their daily to-do's in this facility without trouble caused by design. The staff too will be able to complete their daily to-do's by means of operating in a universally designed space that can not only meet their patient's needs but their own as well in order to keep this community growing

For *objects*...All objects, furniture and tools in the facility should be modular and easy to use for both the residents and the staff

For *activities*...The residents should feel as if they can comfortably and assuredly call this place their home. They will be provided with amenities and some to achieve this aspect

FORM & AESTHETIC GOALS

For *site*...The site was chosen for the location and relation the land has to the history of the area. It has been there since the start and development of the city. The vast property with the many trees too, draws the eye which is something the design needs

For *building*...The building was chosen for its overall grandness. The brick material emphasises the feeling of home.

For *environment*...This building is something this area needs. The need for such facility close to the heart of the city will benefit not only the end users but the surrounding environment as well

END USER PROFILE

The facility will be occupied by mainly elderly citizens ages 62+ in the New Orleans area, but also can accommodate those who might not be in that age group, depending on needs. The two main levels of care provided are assisted nursing and dementia/memory care. Another facility that will be offered is a short-term rehabilitation unit on site that can be a temporary rehab center for people living on or off the campus. The end users play much significance in the design of the building as this facility is designed for them.

ACTIVITY REQUIREMENTS

In short, the overall function of this facility is to provide a safe place for the elderly who are needing more, perhaps care their loved ones cannot offer them. It will function as a place to continue their life at, rather than a place to just treat their illness. It will be a community, not a nursing or assisted living center. This is what The Crest Community will be for these residents. It will be a community, it will be a place of wellbeing, it will be a place to call home.

project goals

Assignable Space	Occupancy		Maximum No. of Occupants	Unit SF	No. of Units	Total Occupants	Total Net Assignable SF
	Function	OLF					
THE CREST COMMUNITY MAIN BUILDING							
ADMINISTRATION							
ENTRY/RECEPTION	ASSEMBLY	10	16	491	1	16	491
MANAGER'S OFFICE		5	3	377	1	3	377
GENERAL OFFICES		5	3	115	2	6	230
STAFF LOUNGE	ASSEMBLY/DINING	15	8	555	1	8	555
NURSE OFFICE		5	3	464	1	3	464
NURSE STATION		5	2	160	4	8	640
CONFERENCE AREA/FLEX SPACE	MEETING/EVENTS	20	18	929	1	18	929
NURSE ROOM	TEMP. RESIDING	10	2	131	1	2	131
NURSE TOUCH DOWN		5	2	121	1	2	121
STAFF WELLNESS ROOM		15	3	386	1	3	386
RESTROOMS		2	3	200	2	6	400
BACK OF HOUSE							
KITCHEN	COOKING	100	8	225	1	8	225
STORAGE		300		396	1	0	396
CLEAN LINENS	CLEANING			130	1	2	130
SOILED LINENS	CLEANING	15	2	130	1	2	130
FACILITY CLOSET		5	2	133	1	133	133
MECHANICAL ROOM		5	1	35	1	1	35
ASSISTED LIVING WING							
SINGLE BED	RESIDING	200	2	265	3	6	795
MEMORY CARE WING							
SINGLE BED	RESIDING	200	2	285	9	18	2565
SENSORY ROOM	ENGAGEMENT	20	8	437	1	8	437
REHABILITATION WING							
PHYSICAL THERAPY WING	REHABILITATION	10	16	1393	1	16	1393
SPEECH THERAPY WING	REHABILITATION	10	16	722	1	16	722
OCCUPATIONAL THERAPY WING	REHABILITATION	10	16	1034	1	16	1034
ANCILLARY SERVICES							
BARBER	GROOMING	50	8	308	1	8	308
SPA	RELAXATION	50	6	314	1	6	314
CENTER ATRIUM	GATHERING	20	12	1836	1	12	1836
OPEN ATRIUM	GATHERING	20	16	2138	1	16	2138
LIBRARY AREA	READING	20	8	519	1	8	519
PRIVATE DINING ROOM	DINING	20	12	318	1	12	318
LOUNGE	ASSEMBLY	30	20	400	1	20	400
LIVING ROOM	ASSEMBLY	24	85	633	1	85	633
MEMORY SPECIFIC DINING	DINING						
DINING ROOM	DINING	24	85	1159	1	85	1159
CAFÉ/COFFEE SHOP	ASSEMBLY/DINING	15	12	565	1	12	565
RESTROOMS		4	8	420	2	16	840
WELLNESS PAVILLION							
POOL	PHYSICAL ACTIVITY	30	20	1,755	1	20	1,755
AQUATIC THERAPY POOL	PHYSICAL ACTIVITY	10	4	300	3	4	900
LOCKER ROOM W/BATHROOMS		30	5	330	2	20	660
GREEN ROOM	RELAXATION	24	50	779	1	50	779
CHAPEL	SPIRITUAL ACTIVITY	30	20	200	1	20	200
GYM	PHYSICAL ACTIVITY	30	20	600	1	20	600
THERAPEUTIC ART STUDIO	CREATIVITY	20	15	632	1	15	632
						Total Occupants	Total Net Assignable SF
						730	27275
						Tare	%
						Main Building	= 48,986
						Conference Center	= 6,760
						Total SF	55,746
EXTERIOR							
GARDEN/FIELD AREA	RELAXATION			= 15,000	1		= 15,000
FOUNTAIN	RELAXATION			600	1		600
WEST GARDEN	RELAXATION				1		
EAST GARDEN	RELAXATION				1		

FIGURE 5.1 PROGRAM SUMMARY, SOURCE: M.EPPLING

program
summary

Assignable Space	Unit SF	No. of Units	Total Net Assignable SF	Users	Activities	Equipment	Furniture and Material Performance Requirements	Lighting and Acoustical Requirements	Storage Requirements	Special Considerations
MAIN BUILDING										
ADMINISTRATION										
ENTRY/RECEPTION	292	1	292	RESIDENTS/VISITORS/STAFF	GREETING/BOOKINGS	RECEPTION DESK	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		ADA ACCESSIBLE
ADMIN OFFICE	300	1	292	GENERAL MANAGER	APPOINTMENTS/MEETINGS/WORK	FILE CABINETS, OFFICE FURNITURE	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		ADA ACCESSIBLE
MARKETING OUTREACH OFFICE	152	1	152	MARKETING OUTREACH MANAGER	APPOINTMENTS/MEETINGS/WORK	FILE CABINETS, OFFICE FURNITURE	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		ADA ACCESSIBLE
SOCIAL WORKER OFFICE	137	1	137	SOCIAL WORKER	APPOINTMENTS/MEETINGS/WORK	FILE CABINETS, OFFICE FURNITURE	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		ADA ACCESSIBLE
ACTIVITY DIRECTOR OFFICE	137	1	137	ACTIVITY DIRECTOR	APPOINTMENTS/MEETINGS/WORK	FILE CABINETS, OFFICE FURNITURE	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		ADA ACCESSIBLE
MEDICAL RECORDS OFFICE	200	1	183	DIRECTOR OF MEDICAL RECORDS	APPOINTMENTS/MEETINGS/WORK	FILE CABINETS, OFFICE FURNITURE	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
STAFF LOUNGE	479	1	479	STAFF	REST/GATHERING/EATING	TABLE & CHAIRS, MODULAR SEATING, KITCHENETTE	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
DIRECTOR OF NURSING OFFICE	140	1	140	HEAD NURSE	APPOINTMENTS/MEETINGS/WORK	FILE CABINETS, OFFICE FURNITURE	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
NURSE STATION	130	3	330	NURSE/RESIDENT	HEALTH EXAMS/CONSULTATIONS	PROPER NURSE EQUIPMENT	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		ADA ACCESSIBLE
CONFERENCE AREA/FLDK SPACE	315	1	315	STAFF	STAFF MEETINGS/CALLS	CONFERENCE TABLE FOR 8, EXTRA SEATING	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
NURSE HOTELING	349	1	349	STAFF	WORK/BUSINESS	8 HOTELING STATIONS	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
STAFF RESPITE	293	1	293	STAFF	REST/ WELLNESS	MODULAR SEATING, THERAPEUTIC FURNITURE	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
STAFF REST ROOM	141	1	141	STAFF	PERSONAL NEEDS	RESTROOM APPLIANCES	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
RESTROOM		1		RESIDENTS	PERSONAL NEEDS	ADA RESTROOM APPLIANCES	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
COFFEE BAR	85	1	85	STAFF	COFFEE BREAK	COFFEE MACHINE, TRASH SHOOT	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
MAIL ALCOVE	56	1	56	STAFF	MAIL/PACKAGING SORTING	MAIL SORTING FILES	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
BACK OF HOUSE										
KITCHEN	439	1	439	STAFF	COOKING/MEAL PREP	COMMERCIAL-GRADE KITCHEN	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
ACTIVITY STORAGE	102	1	102	STAFF	STORAGE	TABLES, LINENS, ETC. FOR HOSTED ACTIVITIES	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
WHEELCHAIR STORAGE	73	1	73	STAFF	STORAGE	DIVISIONS FOR WHEELCHAIRS	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
MEDICAL EQUIPMENT STORAGE	75	1	75	STAFF	STORAGE	SHELVING	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
DIY/GEN STORAGE	30	1	30	STAFF	STORAGE	SHELVING AND STORAGE UNITS FOR TANKS	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
MEDICAL RECORDS STORAGE	132	1	132	STAFF	STORAGE	FILE CABINETS	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
RHOB DEX/DX STORAGE	141	1	141	STAFF	STORAGE	EQUIPMENT NEEDED FOR THERAPY SESSIONS	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
CLOV CLOSET	73	1	73	STAFF	STORAGE	CLOSET RACK, HANGERS	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
CLEAN LINENS	196	1	196	STAFF	FOLDING		DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
SOILED LINENS	254	1	254	STAFF	WASHING		DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
FACILITY CLOSET	68	1	68	STAFF	STORAGE	SHELVING, CLEANING SUPPLIES	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
MECHANICAL ROOM	121	1	121	STAFF	STORAGE	MECHANICAL EQUIPMENT NEEDED FOR SPACE	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
ASSISTED LIVING WING										
SINGLE BED	270	8	2160	RESIDENTS	REST	BEDROOM FURNITURE, ADA BATHROOM EQUIPMENT	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING/NARROW LIGHT		ADA ACCESSIBLE
DINING ROOM	1124	1	1124	RESIDENTS	EATING/GATHERING	DINING TABLE AND CHAIRS, PIANO	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING/NARROW LIGHT		ADA ACCESSIBLE
LIBRARY	572	1	572	RESIDENTS	READING/REST	BOOK SHELVING, SEATING	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING/NARROW LIGHT		ADA ACCESSIBLE
MEMORY CARE WING										
SINGLE BED	230	10	2300	RESIDENTS	REST	BEDROOM FURNITURE, HOSPITAL-GRADE BED, ADA BATHROOM EQUIPMENT, BUILT-IN SHELVING	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING/NARROW LIGHT		ADA ACCESSIBLE
LIBRARY	536	1	536	RESIDENTS	READING/REST	BOOK SHELVING, SEATING	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING/NARROW LIGHT		
DINING ROOM	1103	1	1103	RESIDENTS	EATING/GATHERING	DINING TABLE AND CHAIRS, PIANO	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING/NARROW LIGHT		ADA ACCESSIBLE
SENSORY ROOM	317	1	317	RESIDENTS	SENSORY/LEAD ACTIVITIES	INTERACTIVE GAMES/WALL ETC.	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING/NARROW LIGHT		ADA ACCESSIBLE
REHABILITATION WING										
INFORMATION WING				SHORT-STAY PATIENTS/GUESTS/STAFF	QUESTIONS/INFO	INFORMATION DESK	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
REHAB WING LOBBY/SECONDARY ENTRANCE				SHORT-STAY PATIENTS/GUESTS/STAFF	WAITING/ENTRANCE	MODULAR LOBBY SEATING/TVS	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
PHYSICAL THERAPY WING	1278	1	1278	SHORT-STAY PATIENTS/STAFF	PHYSICAL THERAPY SESSIONS	PT EQUIPMENT FOR SESSIONS	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
PHYSICAL THERAPY OFFICE				STAFF	MEETING/BUSINESS	FILE CABINETS, OFFICE FURNITURE	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
SPEECH THERAPY WING	955	1	955	SHORT-STAY PATIENTS/STAFF	SPEECH THERAPY SESSIONS	ST EQUIPMENT FOR SESSIONS, SEATING	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
SPEECH THERAPY OFFICE				STAFF	MEETING/BUSINESS	FILE CABINETS, OFFICE FURNITURE	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
OCCUPATIONAL THERAPY WING	1005	1	1005	SHORT-STAY PATIENTS/STAFF	OCCUPATIONAL THERAPY SESSIONS	OT EQUIPMENT FOR SESSIONS, SEATING	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
OCCUPATIONAL THERAPY OFFICE				STAFF	MEETING/BUSINESS	FILE CABINETS, OFFICE FURNITURE	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		
ANCILLARY SERVICES										
SALON	308	1	308	STAFF/RESIDENTS	HAIRCUTS/WASHES/COLOR ETC.	PROPER ACCESSIBLE CHAIRS	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		ADA ACCESSIBLE
CARD ROOM	300	1	300	STAFF/RESIDENTS	GAMES/ACTIVITY	PROPER ACCESSIBLE CHAIRS	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		ADA ACCESSIBLE
PRIVATE DINING ROOM	250	1	250	RESIDENTS/STAFF/VISITORS	DINING WITH FRIENDS/FAMILY	DINING TABLE AND CHAIRS	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		ADA ACCESSIBLE
LOUNGE/ACTIVITY ROOM	407	1	407	RESIDENTS/STAFF/VISITORS	REST/GATHERING/SHOULDER ACTIVITIES	SOFAS/SEATING/TABLE & CHAIRS	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		ADA ACCESSIBLE
SUNSCREENED PORCH	2734	1	2334	RESIDENTS	READING/LIVE READS	BISTRO TABLE & CHAIRS	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		ADA ACCESSIBLE
CAFÉ/COFFEE SHOP	565	1	565	RESIDENTS/VISITORS	COFFEE BREAK/TA-THING GATHERING/REST	COFFEE TABLE & CHAIRS	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		ADA ACCESSIBLE
RESTROOMS	385	2	770	RESIDENTS/VISITORS	PERSONAL NEEDS	ADA RESTROOM APPLIANCES	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		ADA ACCESSIBLE
WELLNESS PAVILION										
POOL	1,755	1	1755	RESIDENTS	POOL SESSIONS/GAMES	SLOPED 2' - 8" DEEP POOL	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		ADA ACCESSIBLE
AQUATIC THERAPY POOL	300	3	900	RESIDENTS	THERAPY SESSIONS	THERAPEUTIC POOL/PROPS	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		ADA ACCESSIBLE
LOCKER ROOM W/BATHROOMS	330	2	660	RESIDENTS	PERSONAL NEEDS/CHANGING	LOCKER ROOMS/ADA BATHROOM APPLIANCES	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		ADA ACCESSIBLE
GREEN ROOM	779	1	779	RESIDENTS/STAFF	RELAXATION	SEATING	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		ADA ACCESSIBLE
CHAPEL	200	1	200	RESIDENTS/STAFF	SPIRITUAL SERVICES	SEATING/UNIVERSAL RELIGIOUS PIECES	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		ADA ACCESSIBLE
GYM	600	1	600	RESIDENTS	GROUP CLASSES	ADA GYM EQUIPMENT	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		ADA ACCESSIBLE
THERAPEUTIC ART STUDIO	632	1	632	RESIDENTS	CLASSES/FREELANCE	ART SUPPLIES/PALETTE/PAINT ETC./ACCESSIBLE SEATING	DURABLE/CLEANABLE	ACOUSTIC CEILING/WALL/DOORABLE LIGHTING		ADA ACCESSIBLE
EXTERIOR										
MEMORY CARE GARDEN	±5,000	1	±5,000	RESIDENTS/STAFF/VISITORS	TEA/PHONE/EVENT/MEMORY MAZE	SCULPTURES & ART, BENCHES, MIND GAMES			GARDEN STORAGE	WIDE PATHWAY
ASSISTED LIVING GARDEN	±5,000	1	±5,000	RESIDENTS/STAFF/VISITORS	TEA/PHONE/EVENT/MEMORY MAZE	SCULPTURES & ART, BENCHES, MIND GAMES			GARDEN STORAGE	WIDE PATHWAY

FIGURE 5.2 DETAILED PROGRAM, SOURCE: M.EPPLING

detailed
program

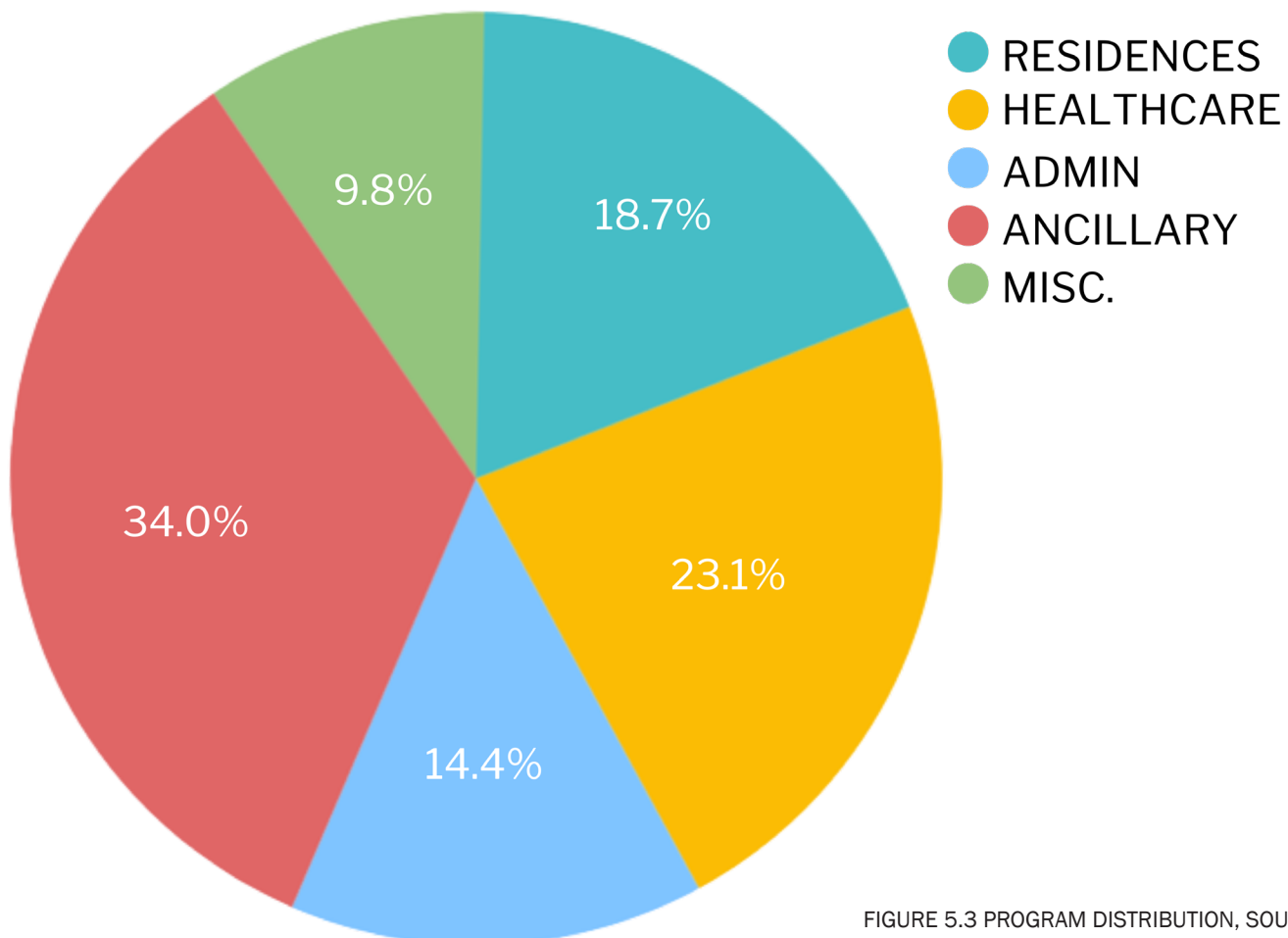
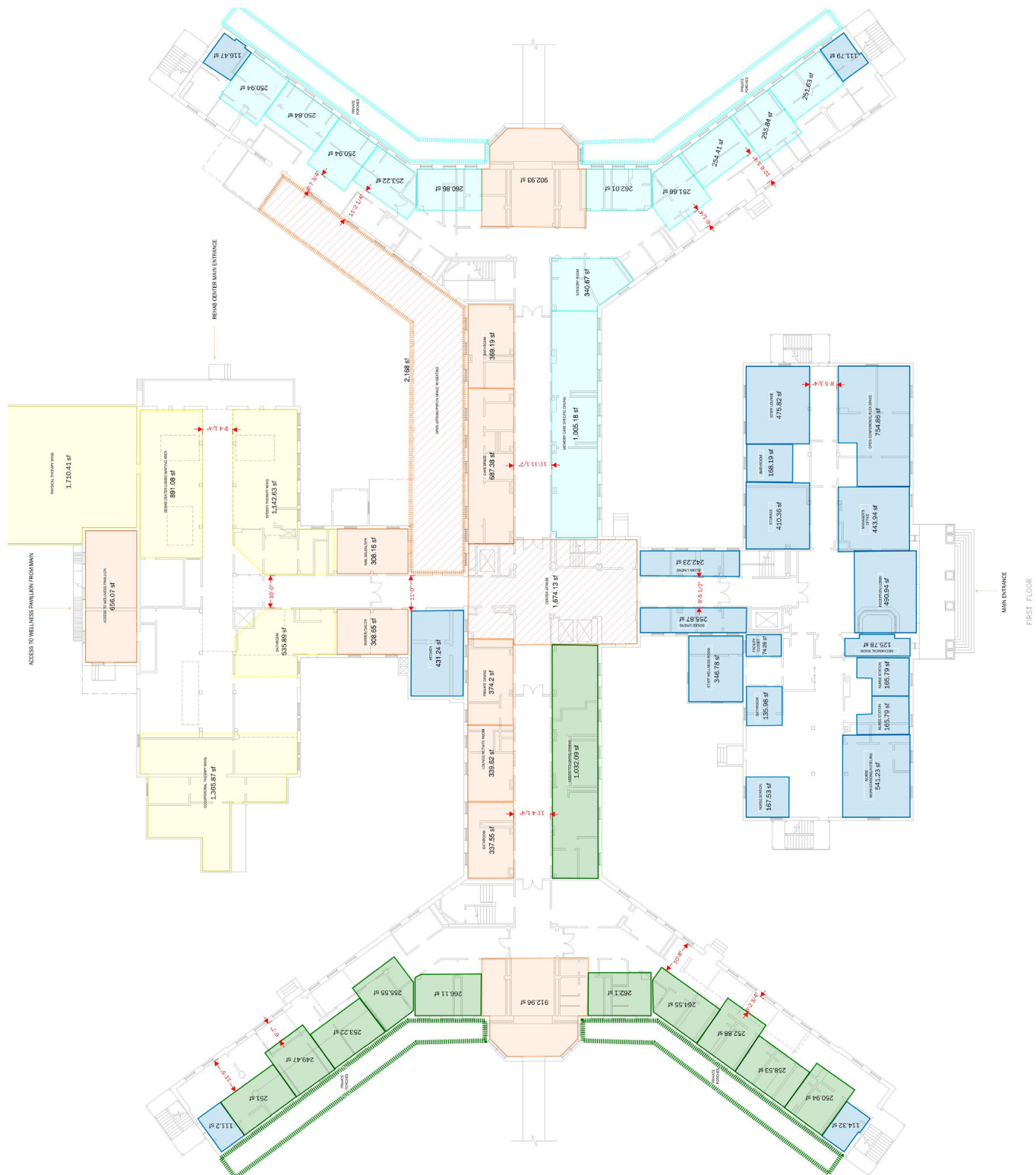


FIGURE 5.3 PROGRAM DISTRIBUTION, SOURCE: M.EPPLING

program
distribution

BLOCKING DIAGRAMS



CODES & BUILDING OCCUPANCY

CODE REQUIREMENTS

		MAIN BUILDING	WELLNESS PAVILLION
OCCUPANCY CLASSIFICATION	PRIMARY		
	SECONDARY		
SPRINKLER SYSTEM		YES	YES
OCCUPANCY LOAD FACTOR	PRIMARY		
	SECONDARY		
AREA PER FLOOR	PRIMARY		
	SECONDARY		
OCCUPANCY LOAD	PRIMARY		
	SECONDARY		
EXIT WIDTH			
# OF EXITS		21	8
WIDTH OF EACH EXIT		44"	44"
MIN. REMOTE DISTANCE OF EXITS			
COMMON PATH OF EGRESS TRAVEL			
EXIT ACCESS TRAVEL DISTANCE			
DEAD END CORRIDORS		0	0
MIN. WIDTH CORRIDOR		72"	72"
MIN. EXIT PASSAGEWAY WIDTH		44"	44"

FIGURE 5.4 CODE DIAGRAM, SOURCE: M.EPPLING

design solution



PROBLEM/ISSUE	DESIGN CRITERIA
ACCESSIBILITY	Ensure all spaces created in the project are accessible, and not just ADA accessible. All pathways and easy-to-use automatic doors. This will make the residents' lives easier and allow for a more comfortable and effective lifestyle.
INCLUSIVITY	Since each resident has different needs, there is a must for inclusivity. The project will adhere to all residents.
BIOPHILIC DESIGN	Nature heals and this is something the facility will promote, not just with implementing plants, but through texture, color materials found in nature.
WAYFINDING	All spaces throughout will be clearly defined, in the most subtle and non-institutional way, as to where exactly an individual is in the building. The building's wayfinding will ensure that no one individual ever feels lost, especially those dealing with memory issues.
ACOUSTICS	Since majority of residents will have hearing issues, acoustics will be pertinent to the design. This will ensure that there is effective communication throughout and also keep in mind the sensitivity of sound for individuals.

FIGURE 6.1 DESIGN CRITERIA DIAGRAM, SOURCE: M.EPPLING

design criteria

For the pre-schematic design phase of the project, the beginning stages of planning take place and the conceptual ideas are created. This includes bubble diagrams, concept diagrams as well as other drawings and diagrams.

pre-schematic design

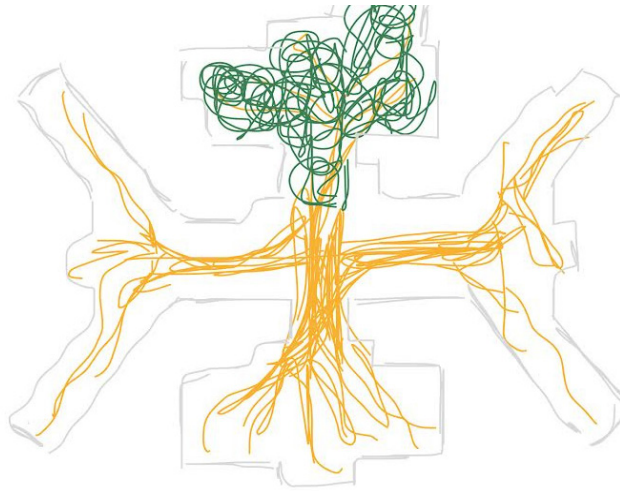


FIGURE 6.2 CONCEPT DRAWING NO.1, SOURCE: M.EPPLING

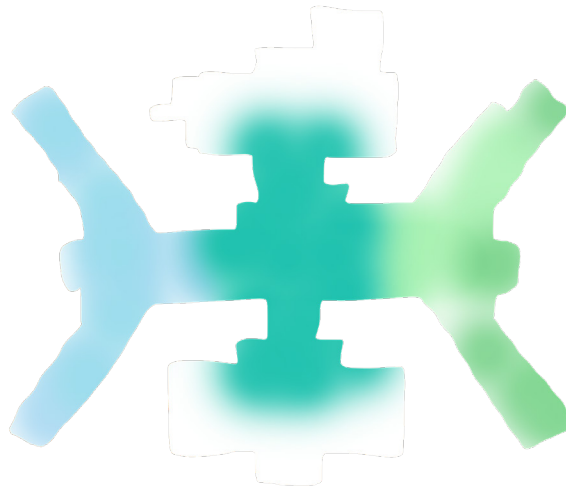


FIGURE 6.3 CONCEPT DRAWING NO.2, SOURCE: M.EPPLING

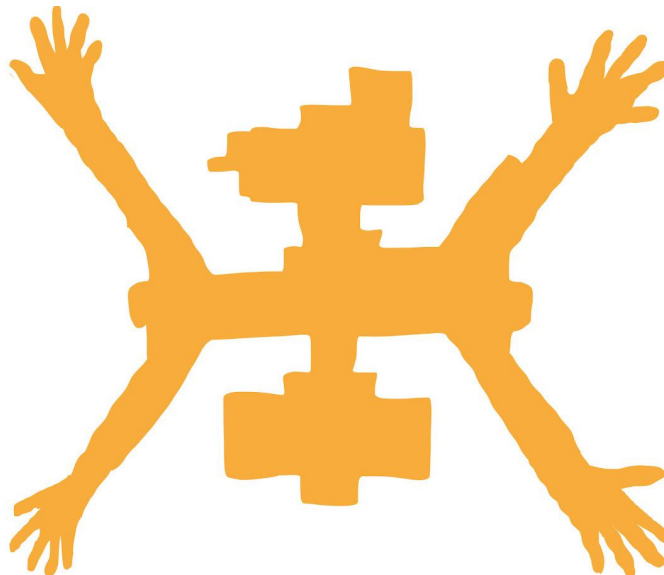


FIGURE 6.4 CONCEPT DRAWING NO.3, SOURCE: M.EPPLING

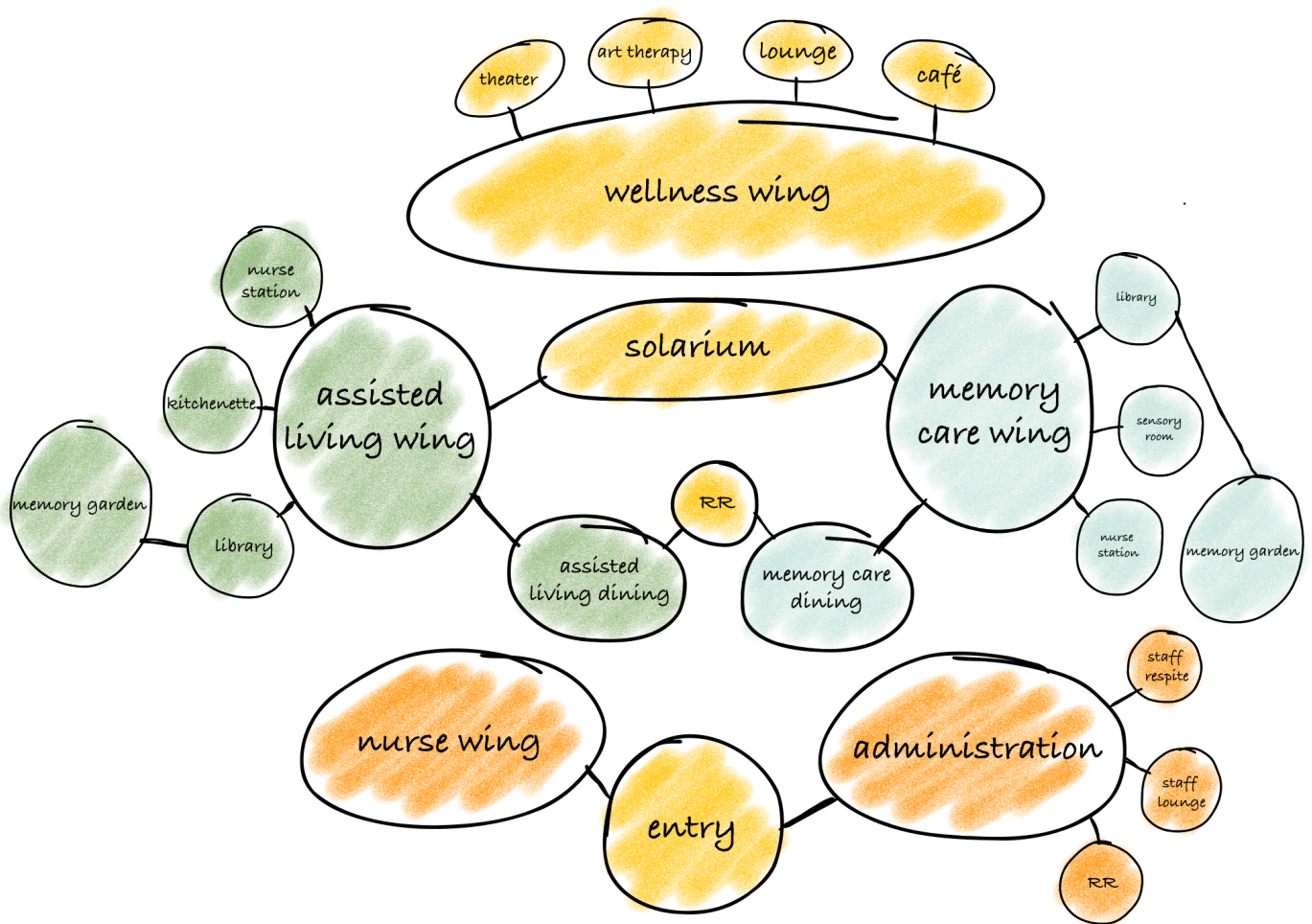


FIGURE 6.5 BUBBLE DIAGRAM, SOURCE: M.EPPLING

pre-schematic
design

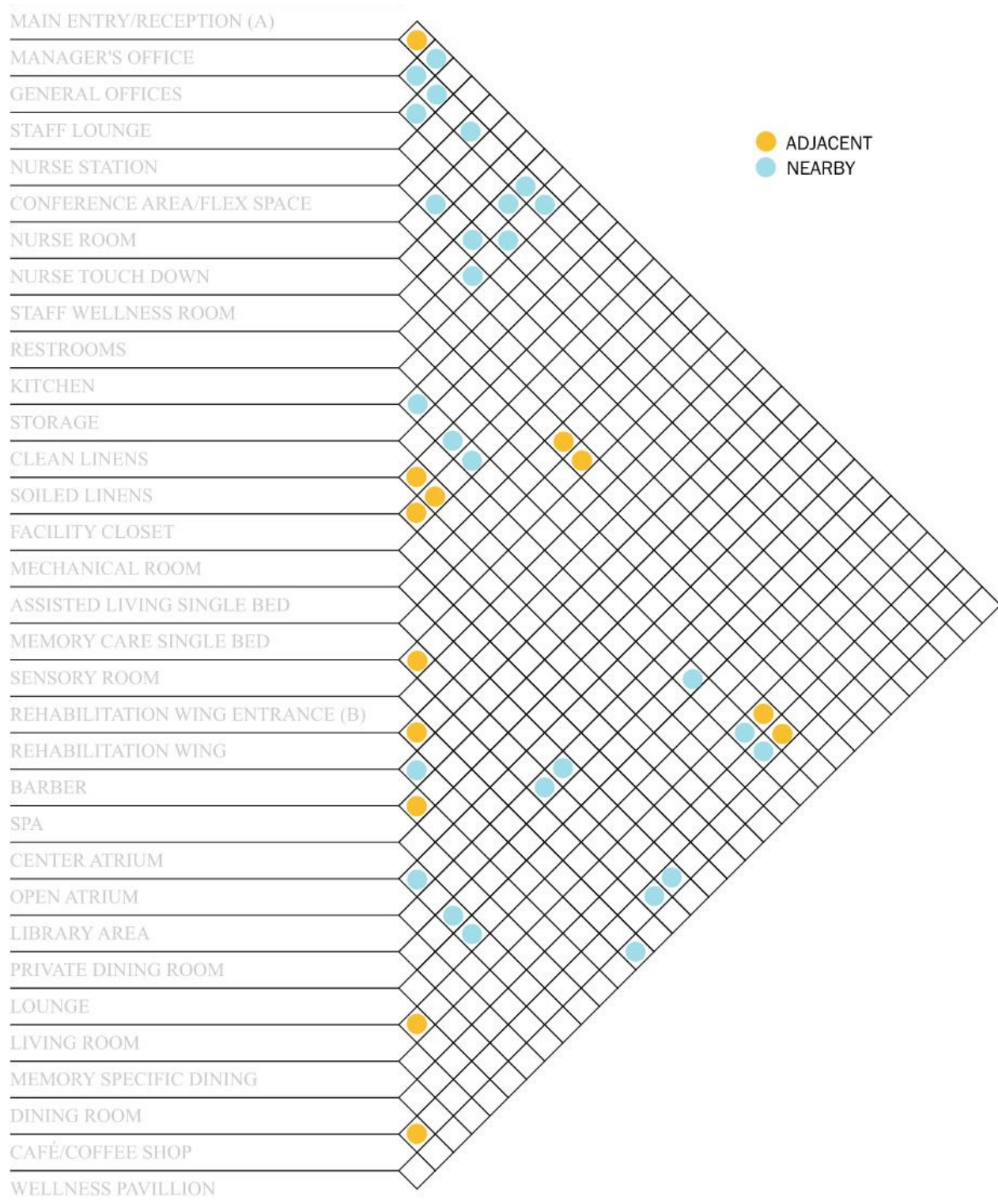


FIGURE 6.6 ADJACENCY MATRIX SOURCE: M.EPPLING

The Schematic Design phase is essentially the “deep dive”. Here I evaluated the different design solutions to my project and inevitably created my final design. This includes final floorplans, focus area, final mood board, and a firm concept.

schematic
design

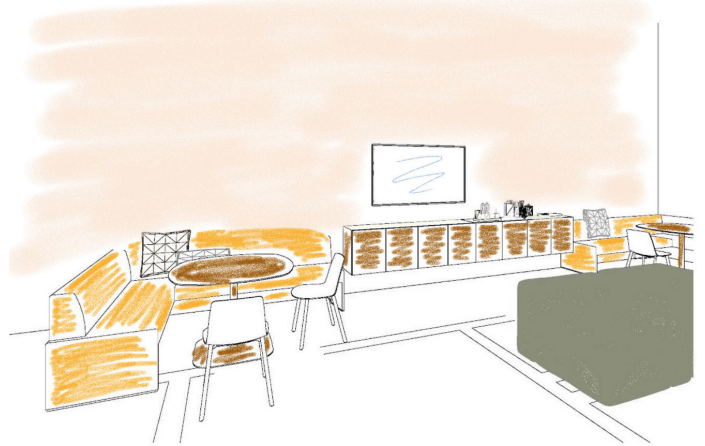
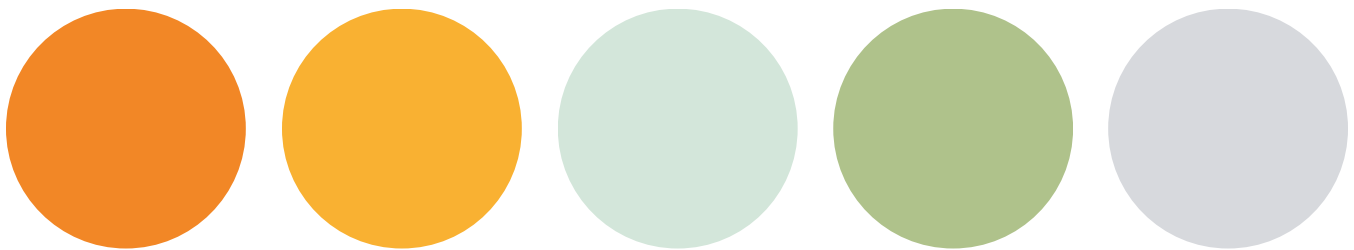




FIGURE 6.7 MOOD BOARD, SOURCE: M.EPPLING

mood board

The scope of this project was to evaluate and study the current living situations found in a private nursing home facilities and how to combat these living situations through implementing a design concept that focuses on the patients as people and not as patients. The proposal to showcase this in the design was to mesh emotion with functionality. The functionality is to come from the design and the emotion is to be an outcome of the design. In order to achieve this, I had to consider the needs of the occupants as well as their own personal emotions. With the use of color, biophilic design, wayfinding, acoustics and lighting, this will be attainable. I want to emphasize the life these people have left, rather than reminding them of their personal timer



final color
scheme

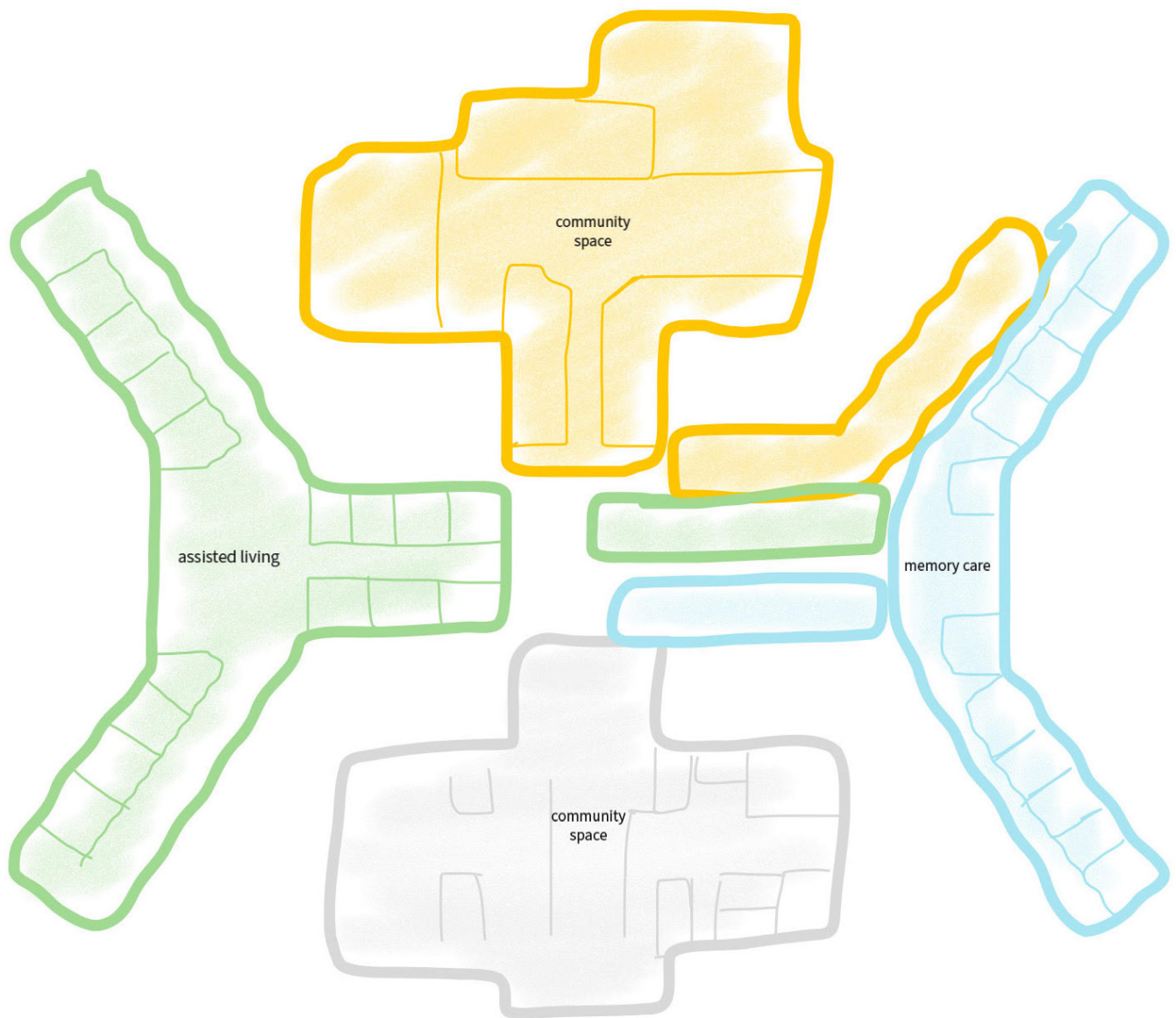
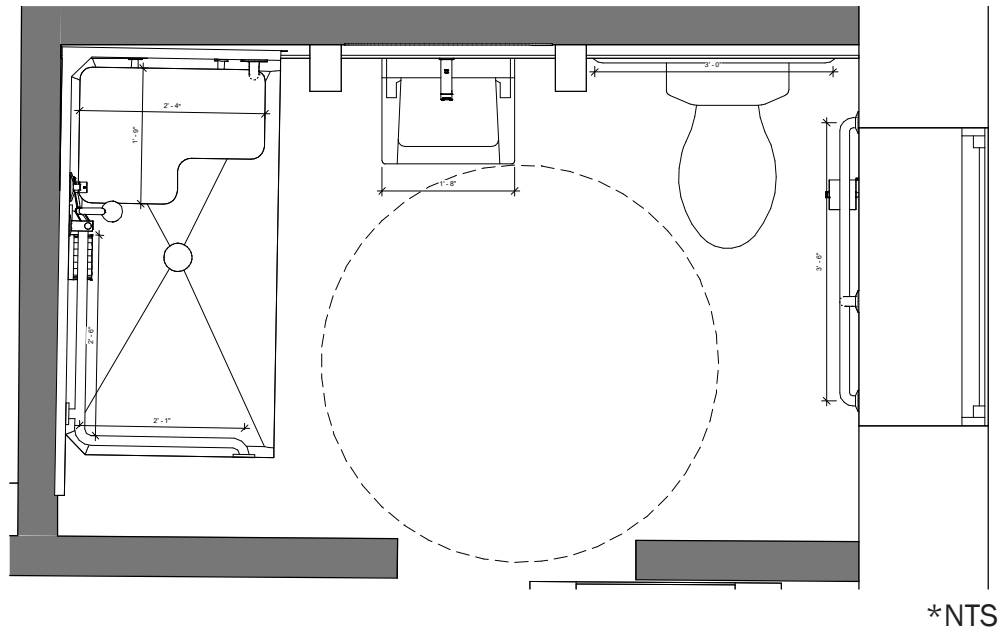
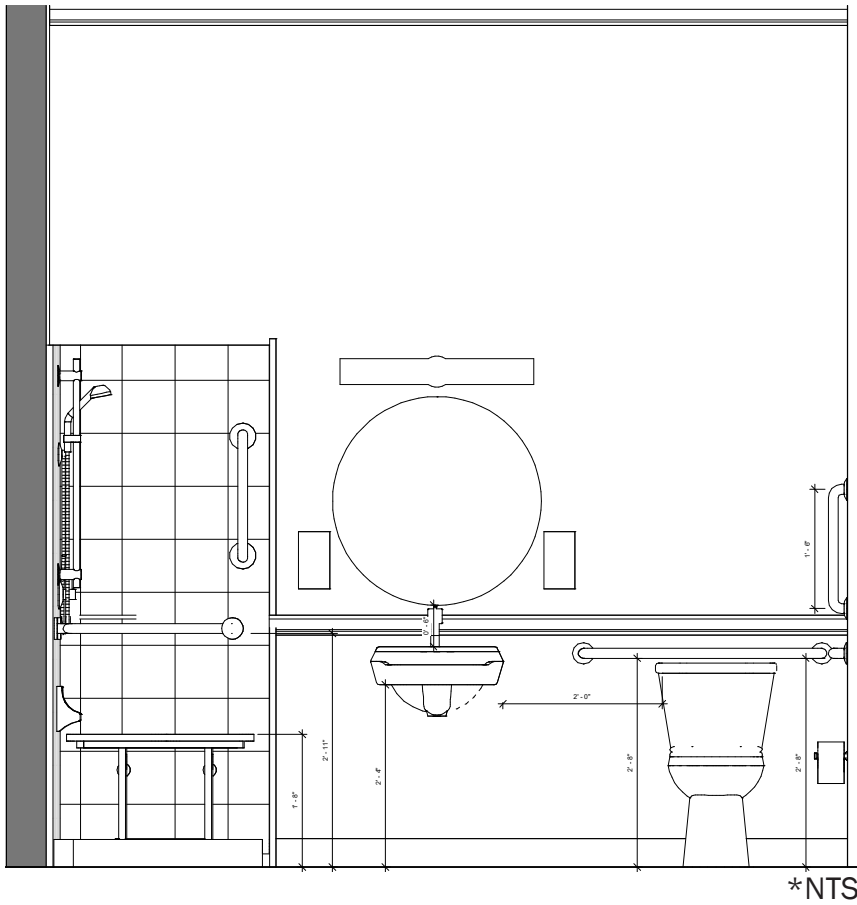


FIGURE 6.8 FINAL BLOCKING DIAGRAM, SOURCE: M.EPPLING

final blocking



ADA bathroom

circulation

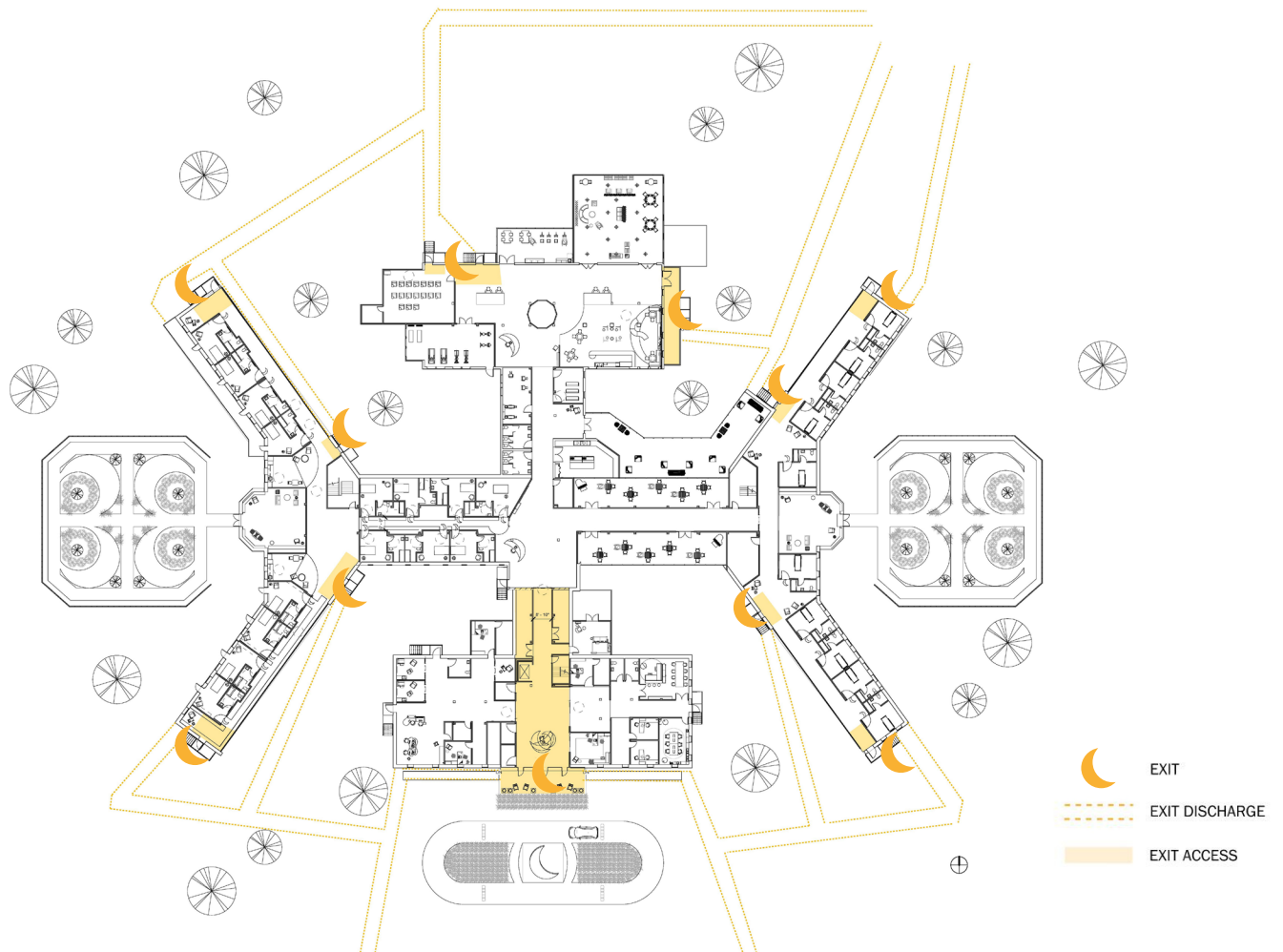
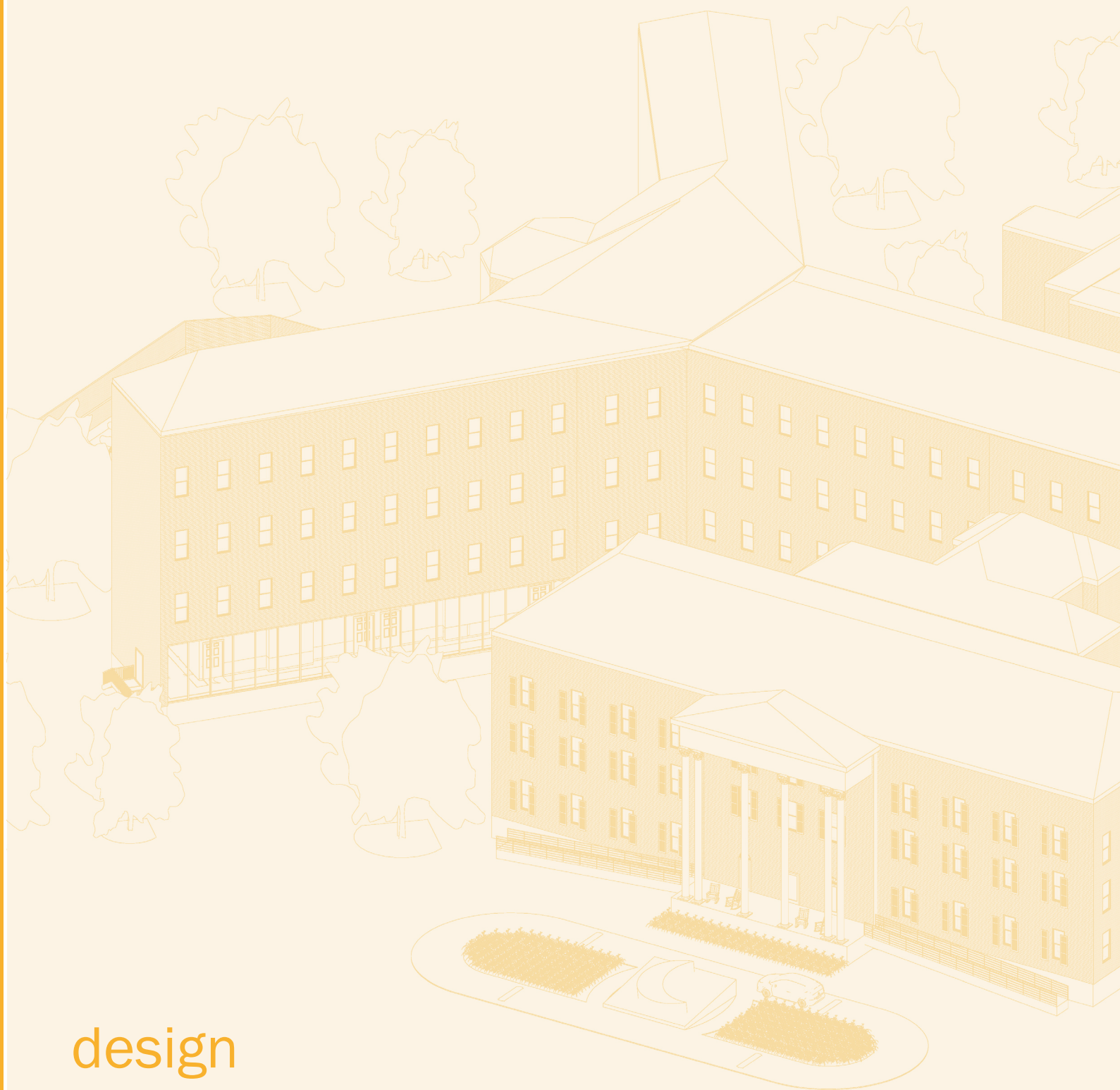


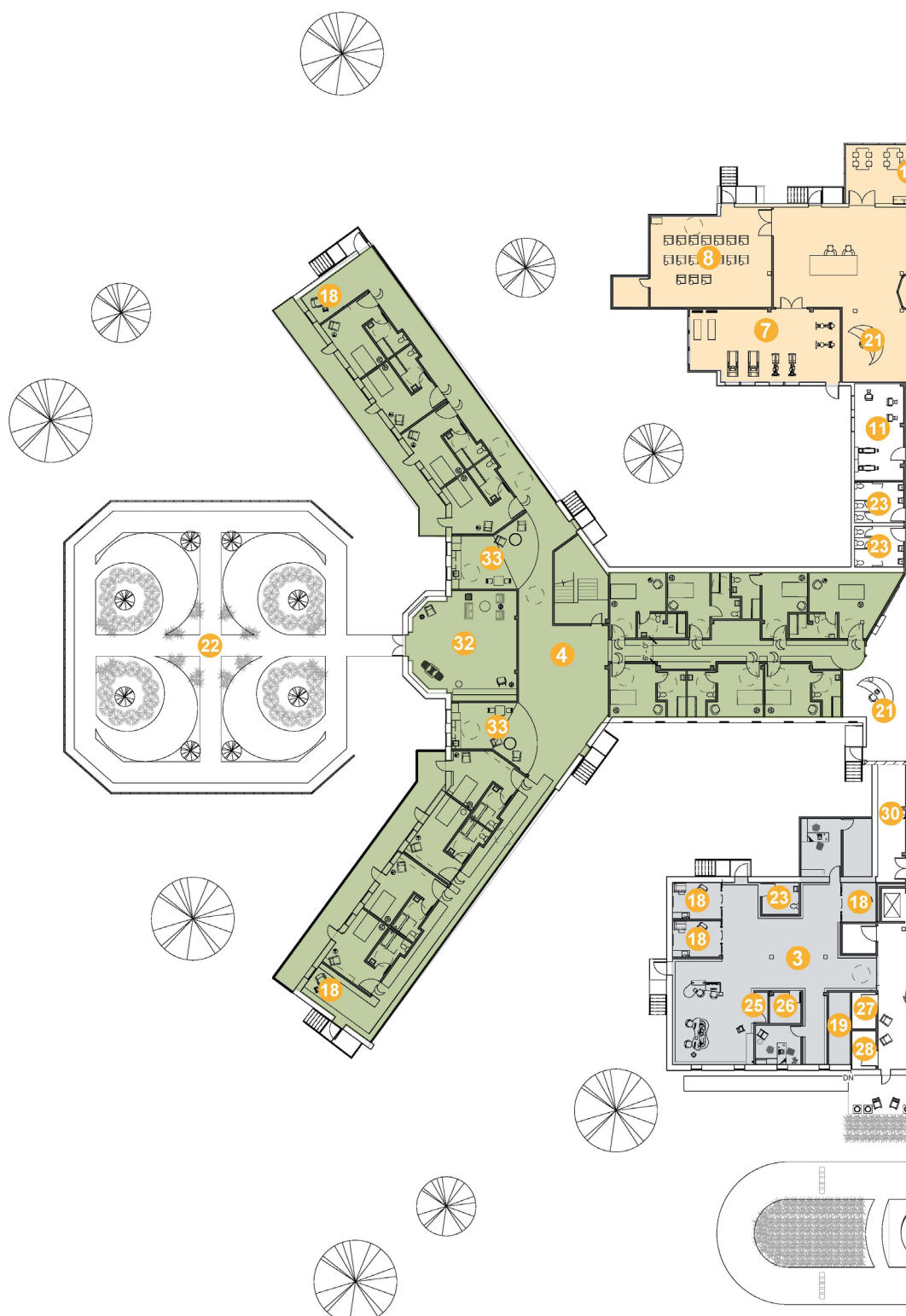
FIGURE 6.10 EGRESS MAP, SOURCE: M.EPPLING

egress map

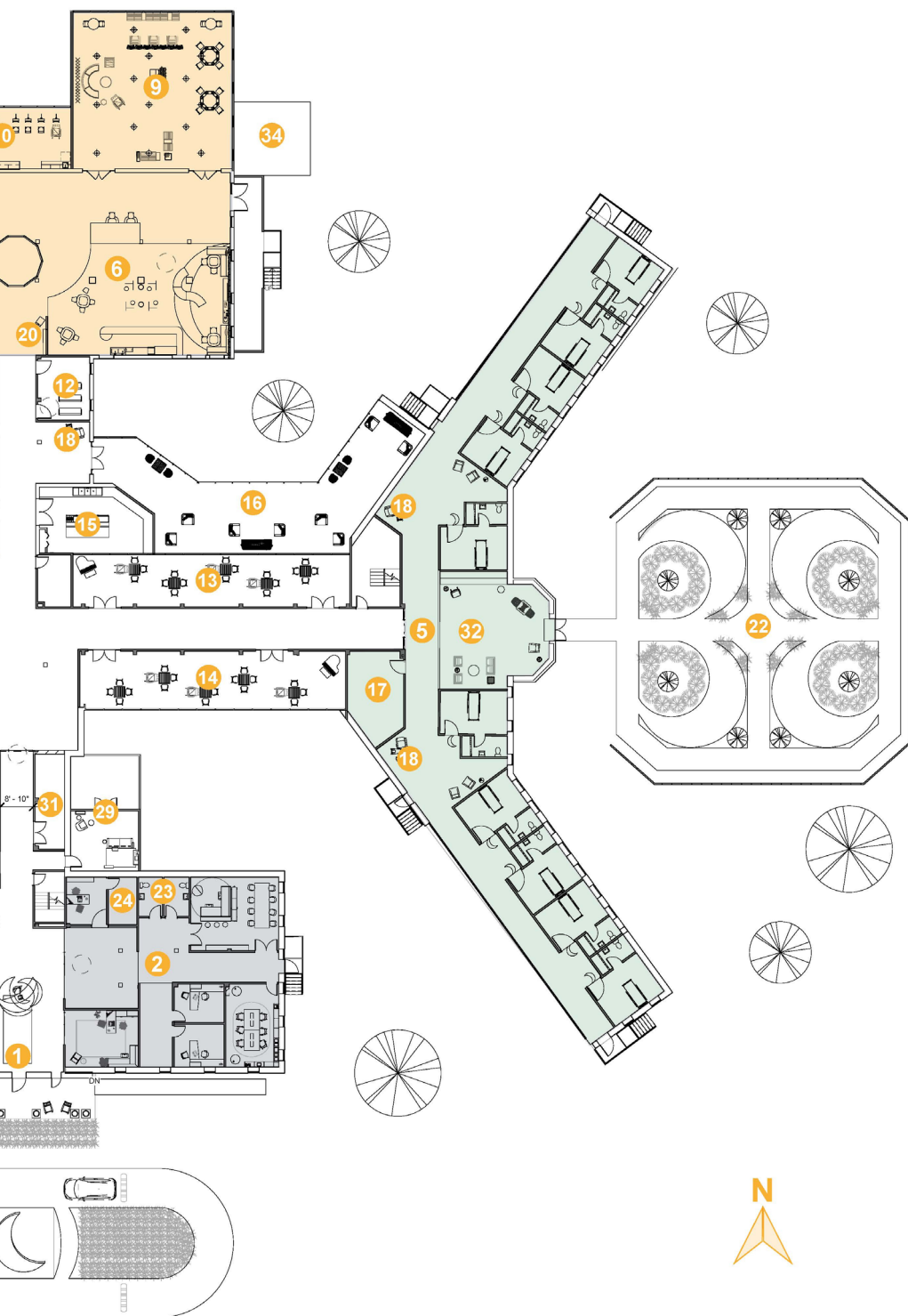


design
development

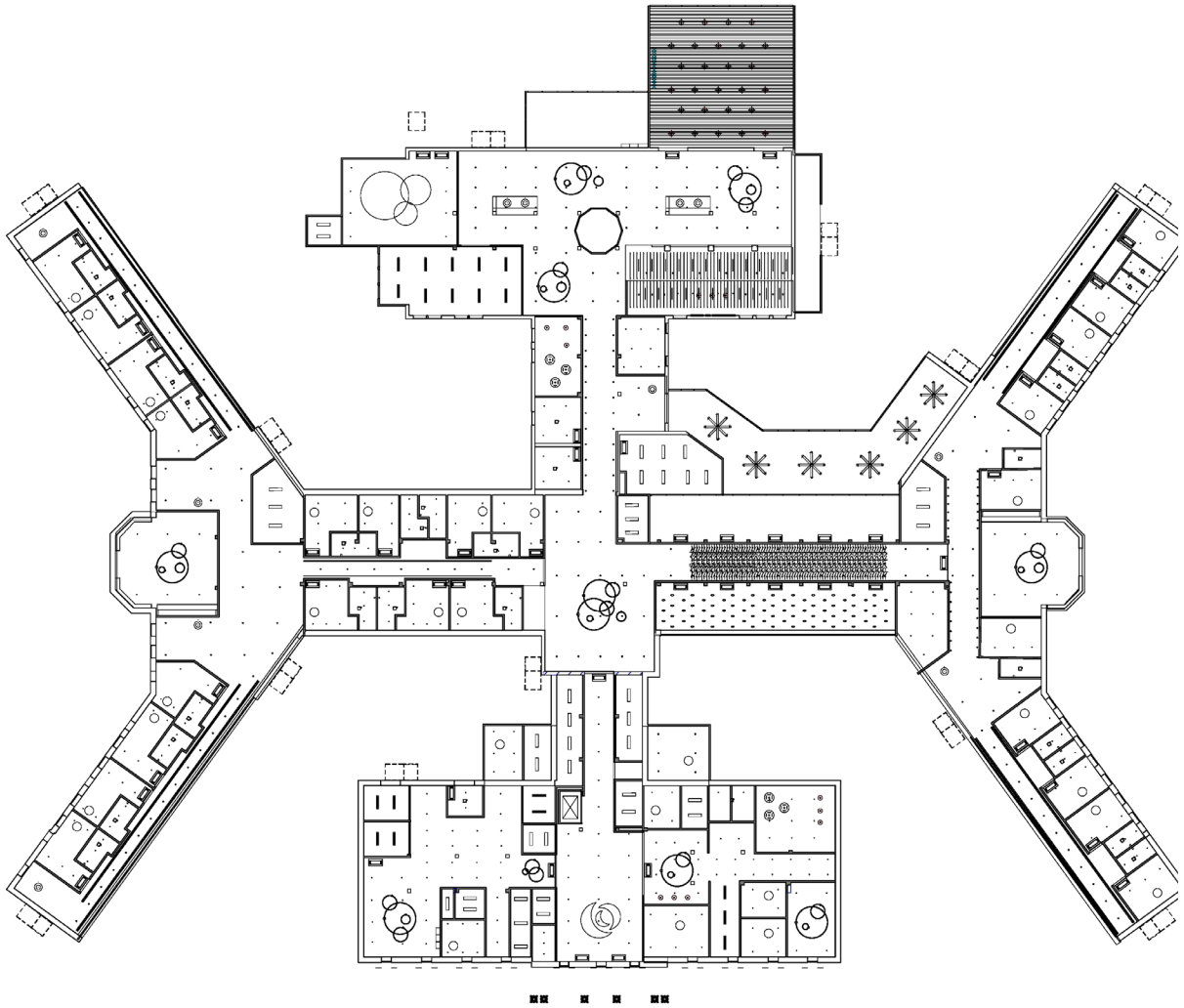




final floorplan



- 1 FRONT ENTRANCE/LOBBY
- 2 ADMIN OFFICE
- 3 FACILITY CLOSET
- 4 COAT CLOSET
- 5 ACTIVITY DIRECTOR OFFICE
- 6 ACTIVITY STORAGE
- 7 SOCIAL WORKER OFFICE
- 8 MARKETING OUTREACH OFFICE
- 9 STAFF LOUNGE
- 10 CONFERENCE ROOM
- 11 MEDICAL EQUIPMENT STORAGE
- 12 DIRECTOR OF NURSING
- 13 WHEELCHAIR STORAGE
- 14 NURSE STATION
- 15 RESTROOM
- 16 OXYGEN STORAGE
- 17 NURSE HOTELING
- 18 MEDICAL RECORDS OFFICE
- 19 MEDICAL RECORDS STORAGE
- 20 SOILED LINENS
- 21 CLEAN LINENS
- 22 STAFF RESPITE
- 23 HELP DESK
- 24 MEMORY CARE DINING
- 25 ASSISTED LIVING DINING
- 26 KITCHEN
- 27 SOLARIUM
- 28 SENSORY ROOM
- 29 LIBRARY
- 30 NURSE TOUCH-DOWN STATION
- 31 MEMORY GARDEN
- 32 KITCHENETTE
- 33 ASSISTED LIVING RESIDENCE
- 34 MEMORY CARE RESIDENCE
- 35 SALON
- 36 CHAPEL
- 37 MAIL
- 38 CREST CAFÉ
- 39 COMMUNITY LOUNGE
- 40 ART THERAPY STUDIO
- 41 THEATER
- 42 AV ROOM
- 43 WELLNESS CENTER
- 44 LOADING DOCK
- 45 MECHANICAL ROOM



final rcp



FIGURE 6.12 FRONT ENTRANCE, SOURCE: M.EPPLING



FIGURE 6.13 CAFÉ CEILING, SOURCE: M.EPPLING



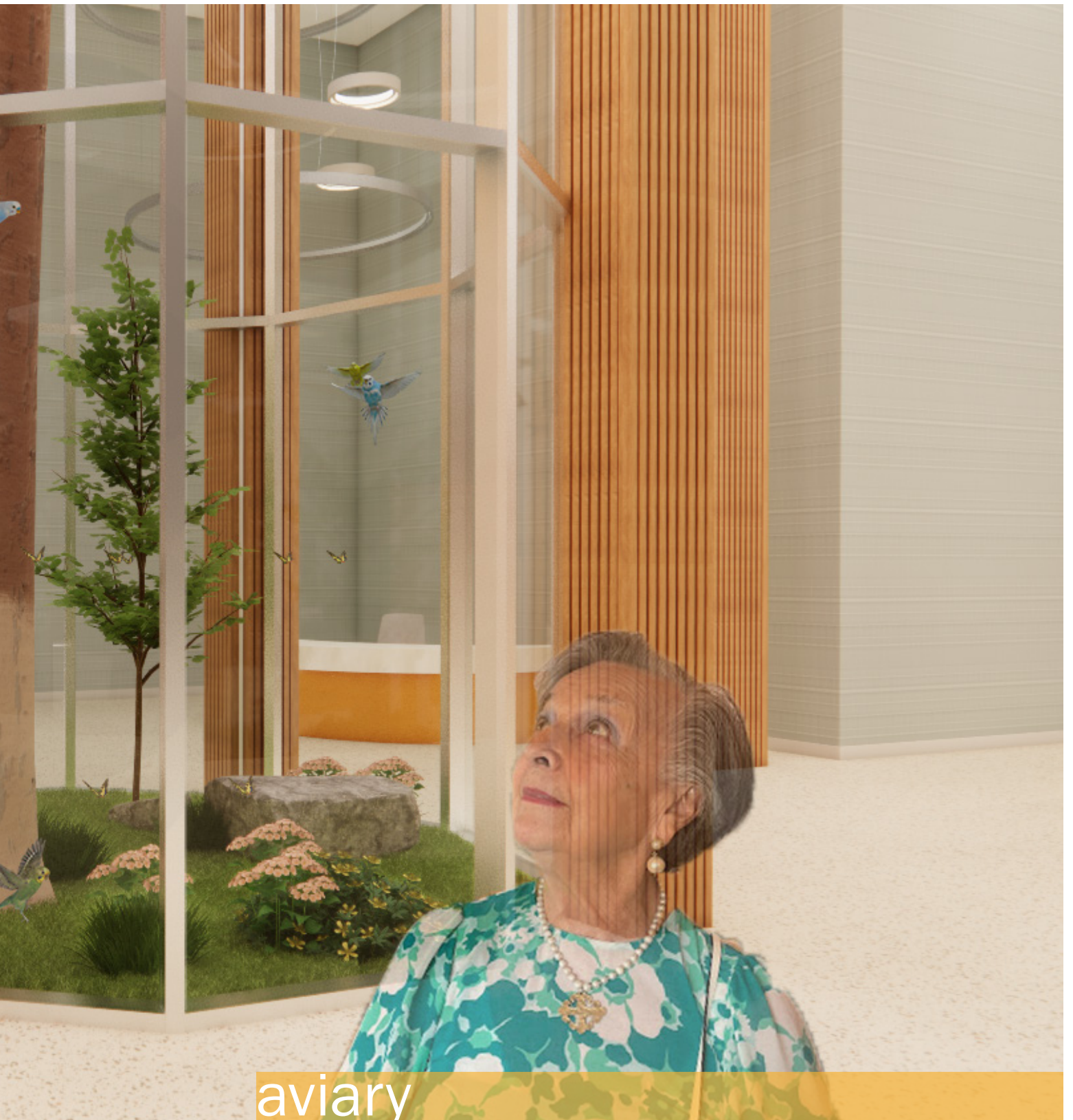
FIGURE 6.14 COMMUNITY CORRIDOR, SOURCE: M.EPPLING





crest café





aviary





assisted living corridor





nurse touch-down station



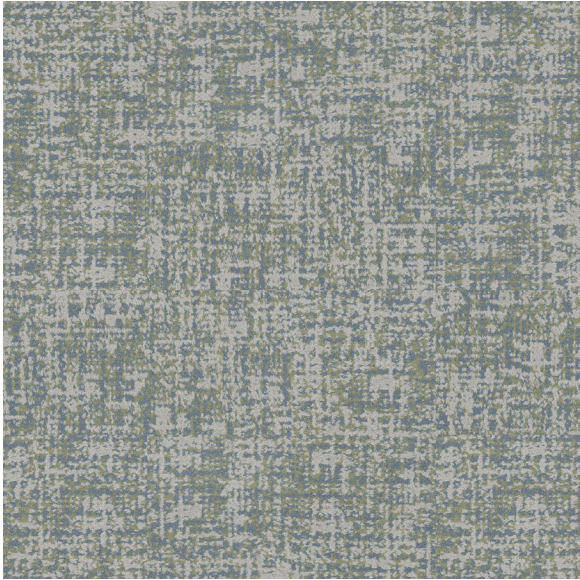
FIGURE 6.15 HALLWAY WAYFINDING, SOURCE: M.EPPLING



FIGURE 6.15 RESIDENT SIGNAGE, SOURCE: M.EPPLING



FURNITURE



SPECIFICATION:

CATEGORY: Upholstery
ITEM: Cultivate Soul: Belief Ecoworx® Tile, 5T429
Color: Thankful-27320
MFR: ShawContract
Fiber: Ecosolution Q100™ Nylon
Dye Method: 100% Solution Dyed
Backing: Ecoworx® Tile

SIZE: 18 in x 36 in | 46 cm x 91 cm

Warranty: Lifetime Commercial Limited warranty

ITEM CODE:

CPT-1


ITEM CODE:
CPT-1



THE CREST COMMUNITY
ID 4754 SPRING 2023
MARGUERITE H. EPPLING

ISSUED: 01.22

FURNITURE

	
ITEM CODE:	PT-1

SPECIFICATION:
CATEGORY: Paint ITEM: SW-6477 Color: Tidewater MFR: Sherwin Williams
LRV: 65 RGB: 195 / 215 / 211 Hex Value: #C3D7D3
Available in: Interior/Exterior Color Family(s): Blue

	ITEM CODE: PT-1
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THE CREST COMMUNITY
ID 4754 SPRING 2023
MARGUERITE H. EPPLING

ISSUED: 01.22

FURNITURE



ITEM CODE:

UPH-1

SPECIFICATION:

CATEGORY: Upholstery
ITEM: 3852-801
Color: Stone
MFR: DesignTex
Content: 100% Polyurethane
Finish: Advanced Protective Topcoat
Backing: Knit , Polyester
Cleaning: Bleach, Water-based/Solvent
Abrasion: 1,000,000 Wyzenbeek double rubs (CD)

SIZE: 54 inches

Warranty: 5 years

Certifications: Healthier Hospitals, Greenguard Gold

ITEM CODE:

UPH-1



FURNITURE



SPECIFICATION:

CATEGORY: Wallcovering
ITEM: RBN 7-6509
Color: Celery
MFR: Wolf Gordon
Content: 100% Vinyl
Backing: Osnaburg

SIZE: 52"
Repeat: 52.0" H x 36.0" V

Certifications: LEED EQ 4.2

ITEM CODE:

WC-1

ITEM CODE:

WC-1



THE CREST COMMUNITY
ID 4754 SPRING 2023
MARGUERITE H. EPPLING

ISSUED: 01.22

FURNITURE



ITEM CODE:

WD-1

SPECIFICATION:

ITEM: Quiet Cover-0186V
Color: American Cherry 00820
MFR: ShawContract
Content: LVT
Finish: Heavy Comm Luxury Vinyl Tile w/ in*step
Backing

SIZE: 18 cm x 121 cm | 7 in x 48 in

Warranty: 15 year commercial limited

ITEM CODE:

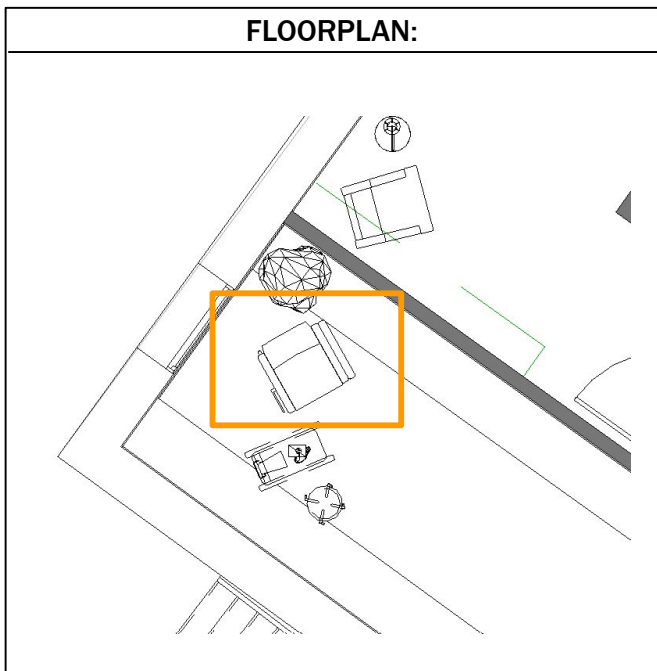
WD-1



FURNITURE



SPECIFICATION:
CATEGORY: Seating
ITEM: Empath Medical Recliner Chair with wheels
MFR: Steelcase
ITEM NO.: HR223D
DESCRIPTION:
<ul style="list-style-type: none">- Central lock (dual-sided)- Back recline paddles (dual-sided)- Footrest control lever- Molded urethane upper arms- Casters- Footrest scallop- Bumpers
FINISH: Upholstered
SIZE: w: 31 5/8" and 34 5/8", d: 31 1/4", h: 46 5/16"
CERTIFICATIONS: BIFMA Level 2, SCS Indoor Advantage™ Gold



UPHOLSTERY:
<ul style="list-style-type: none">- Arc Com- ITEM #: 64510 - 64520- COLOR: Samsara: Mist #1- PRICE: \$38.95/yd.- 100% Polyester
Durability: 120,000* double rub
Dimensions: 54" width
Repeat: H: 2" x V: 2" Half Drop
Cleaning Code: 10% bleach maximum / 90% water solution.
Flammability:
<ul style="list-style-type: none">- California Bulletin #117-13; UFAC: Class 1 / NFPA 260; ASTM E-84 (unadhered)
Meets Criteria for Healthier Hospital Initiative

	ITEM CODE: S-1
--	--------------------------



FURNITURE

SPECIFICATION:

CATEGORY: Seating

ITEM: Coalesse Marien152 Guest Chair

MFR: Steelcase

ITEM NO.: COMARCHMB

DESCRIPTION:

- back cushion with built-in flex
- leather pull strap allows users to easily move the chair

FINISH: Upholstered & Milk Gloss Base

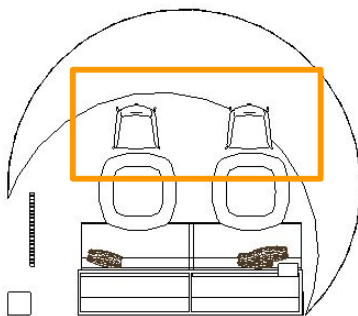
SIZE: w: 25", d: 23.5", h: 31.5"

CERTIFICATIONS: BIFMA Level 2, SCS Indoor Advantage™ Gold

ITEM CODE:

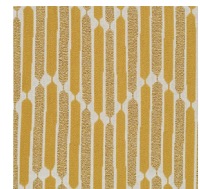
S-2

FLOORPLAN:



UPHOLSTERY:

- Designtex
- ITEM #: 3173-201-Chenille Chevron
- COLOR: Yellow
- PRICE: \$80/yd.
- 100% Polyester
- 5 year warranty



Durability: 95, 000 double rubs

Backing: Crypton

Dimensions: 55" width

Repeat: V 16.75 inches x H 7.25 inches

Cleaning Code: 10% bleach maximum / 90% water solution.

Flammability:

- CA TB 117-2013

Prop 65 Compliant , WELL , Greenguard Gold ,
Oeko-Tex Standard 100

ITEM CODE:

S-2



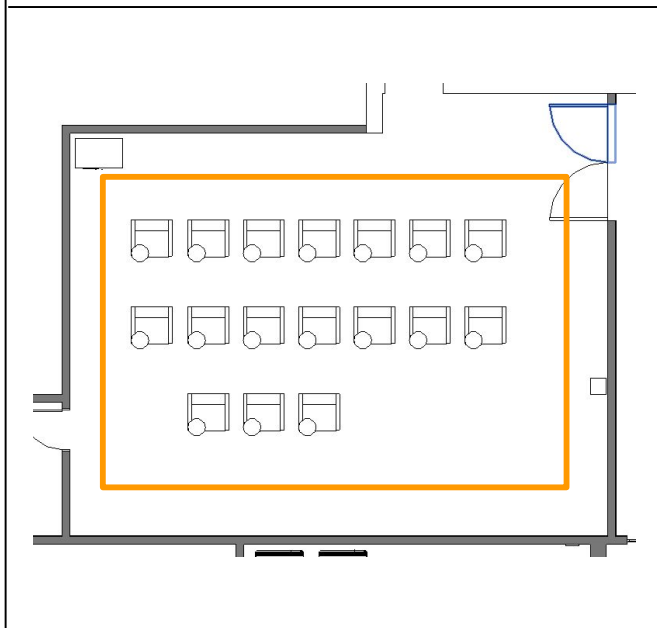
FURNITURE



ITEM CODE:

S-3

FLOORPLAN:



SPECIFICATION:

CATEGORY: Seating

ITEM: Coalesse Coupe Grande Mobile Lounge

MFR: Steelcase

ITEM NO.: 476

DESCRIPTION:

- Fully upholstered arms & seat
- Rolling casters
- Locking wheels

FINISH: Upholstered & Milk Gloss Base

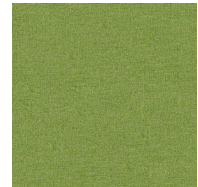
SIZE: 28"D 26 ½"W 30"H Inside: 20"D 22"W 13"H

Seat: 17"H Arm: 22"H

CERTIFICATIONS: BIFMA Level 2, SCS Indoor Advantage™ Gold

UPHOLSTERY:

- Arc|Com
- ITEM #: 64060 - 64084
- COLOR: Cadence- Kiwi
- PRICE: \$50.50/yd.
- 98% Polycarbonate
- Polyurethane, 2% Silicone
- Face 100% Polyester Back



Durability: 200,000* double rubs

Backing: WriteOut® Ink Resistant

Dimensions: 54" width

Cleaning Code: 20% bleach maximum / 80% water solution

Flammability:

- California Bulletin #117-13; UFAC: Class 1 / NFPA 260

Meets Criteria for Healthier Hospital Initiative

ITEM CODE:

S-3



FURNITURE



SPECIFICATION:

CATEGORY: Seating
ITEM: Carolina 60° OUTSIDE WEDGE BENCH
MFR: OFS
ITEM NO.: 5110-600
DESCRIPTION:

- Arms on either sides
- Clean-Thru Design
- Upholstered Seat, Back and Sides
- Double Tap Stitch in Center of Seat and Back
- Tight cushion
- European Beech Leg

FINISH: Upholstered & wood leg finish

SIZE: 47"w x 27.5"d x 32"h

CERTIFICATIONS: Healthier Hospitals Compliant, GRI Sustainability Report, SCS Indoor Advantage Gold

UPHOLSTERY:

- Designtex
- ITEM #: 3852 101
- COLOR: Interlude- Stone.
- 100% Polyurethane



Durability: 1,000,000 double rubs

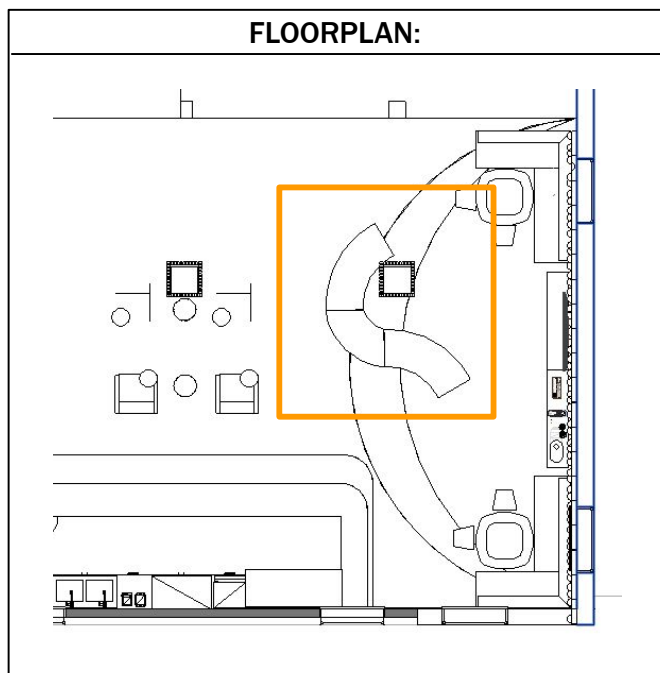
Finish: Advanced Protective Topcoat
Backing: Knit, Polyester

Dimensions: 54" width
Repeat: V 16.50 inches x H 14.25 inches

Cleaning Code: g 20% bleach maximum / 80% water solution

Flammability:
- CA TB 117-2013

Healthier Hospitals , LBC Red List Compliant , Prop 65 Compliant , WELL , Greenguard Gold



	ITEM CODE: S-4
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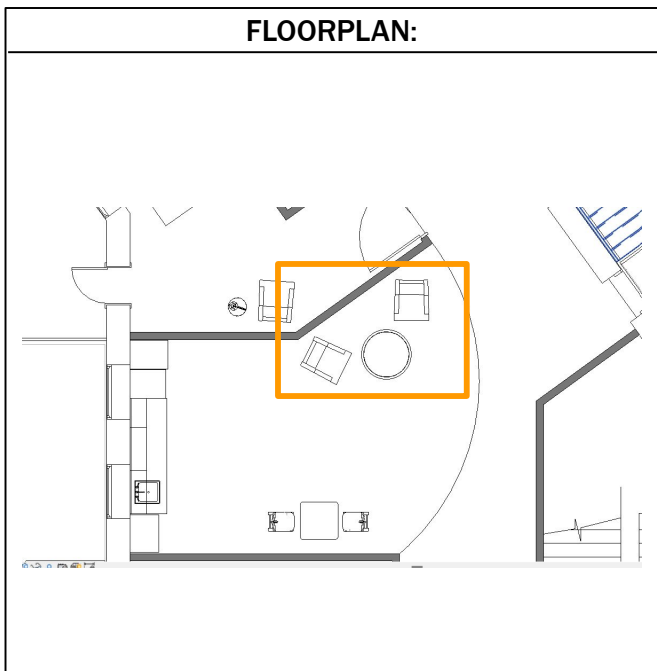
FURNITURE



ITEM CODE:

S-5

SPECIFICATION:
CATEGORY: Seating ITEM: Carolina Seek Lounge Chair MFR: OFS ITEM NO.: 682-1 DESCRIPTION: <ul style="list-style-type: none">- Clean-thru design- Upholstered arms, seat and back- Tight cushion- Tapered European beech legs- White nail in nylon glide FINISH: Upholstered & wood leg finish SIZE: 29"w x 34"d x 44"h



FLOORPLAN:

UPHOLSTERY:
<ul style="list-style-type: none">- Arc Com- ITEM #: AC-60992- COLOR: Meadow- Clover- 100% Vinyl Face / 100% Polyester Knit Back Durability: exceeds 350,000 double rubs Finish: MorCare Stain Resistant Finish Backing: Knit, Polyester Dimensions: 54" width Repeat: Approx. 16" H. x 16" V. Cleaning Code: 20% bleach/80% water solution

ITEM CODE:

S-5



WINDWARD ISLAND VISITOR CENTER
ID 4754 SPRING 2023
MARGUERITE H. EPPLING

ISSUED: 01.22

FURNITURE



ITEM CODE:

T-1

SPECIFICATION:

CATEGORY: Table

ITEM: Coalesse Enea Lottus Café Tables

MFR: Steelcase

ITEM NO.: COEL3036

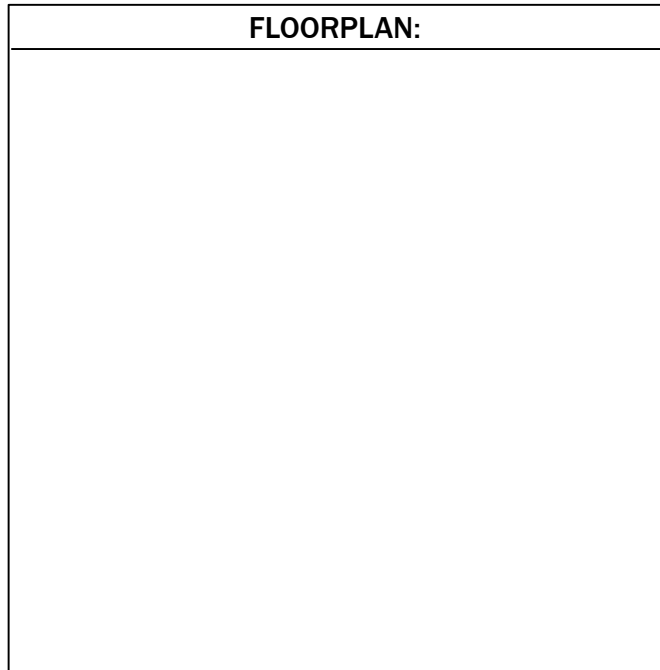
DESCRIPTION:

- Top: laminate or wood veneer with 1½" thick phenolic core
- Base and frame: painted steel tubing
- Glides: non-skid

FINISH: Laminate

SIZE: 30"w x 36"d x 30"h

FLOORPLAN:



ITEM CODE:

T-1



FURNITURE

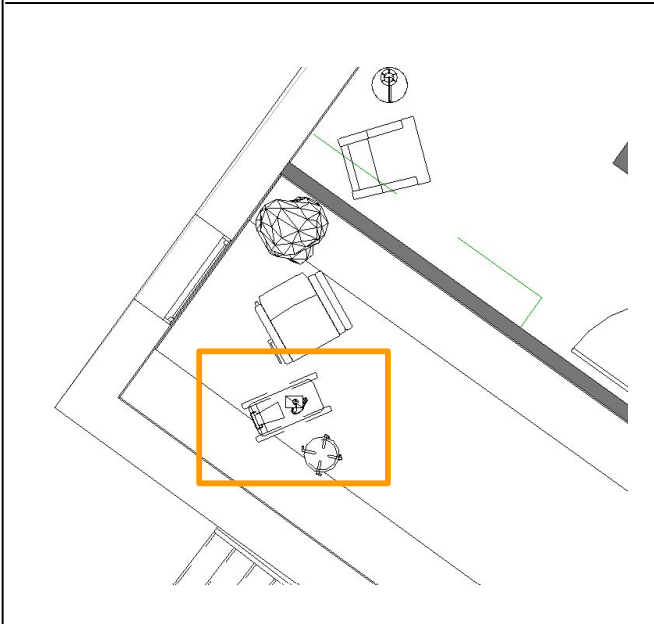


SPECIFICATION:
CATEGORY: Table
ITEM: Mobile Overbed Table C-base
MFR: Steelcase
ITEM NO.: N/A
DESCRIPTION:
<ul style="list-style-type: none">- Height-adjustable- Easy to move- Spill top standard on all thermoform styles
FINISH: Thermoform (Arctic White), Base→ Platinum Metallic Paint
SIZE: 33"-34 3/4"
Warranty: Limited Lifetime

ITEM CODE:

T-2

FLOORPLAN:



ITEM CODE:

T-2

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<https://www.swimex.com/pool/1000-series/>.
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In this journal by Professor Gesine, the whole focus is on dementia and how architecture affects this area of focus. Something interesting that is stated among many other facts was that nearly 68% of all people residing in a nursing home suffer from dementia. In fact, it is one of the leading reasons for an elderly person to go to a nursing facility. A lot of this might have to do with the built environment, which is what this journal suggested. A solution to this might be to start designing the built environment for people with dementia, not try to fit them into a built environment that is not meant to cater to their needs. Studies have shown there are indeed positive effects of the built environment, "the physical environment can have a therapeutic effect on people with dementia, helping them to improve and preserve their well-being, behavior, independence, and functionality (Day & Carreon, 2000; Fleming & Purandare, 2010; Tilly & Reed, 2008).

Falk, Hanna, Helle Wijk, Lars-Olof Persson, and Kristin Falk. "A Sense of Home in Residential Care." *Scandinavian Journal of Caring Sciences* 27, no. 4 (2012): 999–1009.
<https://doi.org/10.1111/scs.12011>.

The opening line in this journal was a big driver to my project, "Moving into a residential care facility requires a great deal of adjustment to an environment and lifestyle entirely different from that of one's previous life. Attachment to place is believed to help create a sense of home and maintain self-identity, supporting successful adjustment to contingencies of ageing." This study focused on the aging and healthcare for elderly in Sweden. They were aiming to understand the sense of attachment that can be found in the creation of a home in a nursing care facility. They came across three areas: attachment to place, attachment to space and attachment beyond the institution.

annotated bibliographies

Mullaney, Tim. "Mather Launches New Senior Living Wellness Model, Aims for Widespread Industry Adoption." *Senior Housing News*, September 30, 2021.
<https://seniorhousingnews.com/2021/09/30/mather-launches-new-senior-living-wellness-model-aims-for-widespread-industry-adoption/>.

As part of the Universal Design aspects a nursing home should achieve, there are also aspects of simple wellness that should be met too. Mather, a non-profit organization based in Chicago aimed to highlight wellness in nursing homes. The title alone draws attention: "Mather Launches New Senior Living Wellness Model, Aims for Widespread Industry Adoption". So what is this wellness model? It is actually the "human-centric wellness model" and it aims to promote the focus on the wellbeing of the residents rather than the focus solely on treating their illness. This model can be altered and customized to each individual depending on their needs. The article touches on Mather's report stating, "At a time when virtually everything else around us can be customized, shouldn't our wellness plan be as well?".

Campanella, Richard. *The Cottage on Tchoupitoulas A Site History*, 2021.

This was more of a story. It was a story focused on the chosen site, the site that found itself, many years ago to be the first official crest of New Orleans. Geographer Richard Campanella wrote this story on the history of the Cottage, which came well before the U.S. Marine Hospital. The story tells of the many New Orleans generations that went by and the many people this whole land was passed through. The site was first founded in the early days of Iberville back in the late 1600s. Tchoupitoulas at the time marked the crest of the "natural levee". This is where the site sits on to this day, thanks to the shift in the Mississippi's channel which formed the land now housing the old Marine Hospital and other surrounding buildings. This site was owned by many, but the first were American Indians. Not too long after, the French took charge, leaving remnants of the Natives to the area. This is where the story of the site begins. The very first owner of the land where the site sits was the founder of New Orleans itself. Yes, this would indeed be Iberville's younger brother, Bienville. Many years later, we see a shift from French to Spanish ownership. Throughout the span of ownerships, the sediments near the riverside of Tchoupitoulas, began to shape even more land around our site, leaving the marsh behind. Campanella goes on to tell more and eventually finds himself explaining the present-day version of the story. Today, Children's Hospital of New Orleans owns the site and has converted parts of the former U.S. Marine Hospital to further grow their campus.

Hoof, J. V., C.J.M.L. van Dijck-Heinen, B. Janssen, and E. Wouters. "The Environmental Design of Residential Care Facilities: A Sense of Home through the Eyes of Nursing Home Residents.: Semantic Scholar." undefined, January 1, 1970.
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The following study investigates nursing homes, specifically in the Netherlands, and the sense of home and its essential factors among both permanent and temporary nursing home residents. In the study, it is found that the idea of the home is not just made up of personal belongings, it also has to do with the connection to the home and the interactiveness within the home. They had a control group they worked with throughout the study. One thing that was asked from almost all when it came to interior design of the space was that the rooms and nursing home as a whole needs to be accessible. Another key feature to the design is to have a sense of social design. Social interaction within the nursing home between neighbors should be something that is encouraged by means of the design of the building. The study suggested that simple design changes can benefit not only the residents physically, but mentally as well. In all, this study highlighted that residents of nursing homes prefer a bright, friendly and thought-out environment, in which they have adequate space to live in a home-like setting.

**“It’s wonderful to *know*
you’re aging, because that means you’re *still on the planet*,
right?”**

- Goldie Hawn