LONG-TERM CARE FACILITY

DESIGN MANUAL

Ministry of Health and Long-Term Care

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INTRODUCTION

I. BACKGROUND

Provincially regulated and funded long-term care facilities fall into three historical categories of nursing homes, municipal homes for the aged and charitable homes for the aged.

In the past, two different provincial ministries were separately responsible for the nursing home and the home for the aged (municipal and charitable) programs, with different administrative practices and different legislation in place, even though these facilities accommodated people with similar care requirements. Up until 1991, nursing homes were the responsibility of the Ministry of Health, and homes for the aged were the responsibility of the Ministry of Community and Social Services.

Because of the different administrative systems under the two provincial ministries, the approaches taken for development and implementation of design standards for long-term care facilities also differed. Structural standards for nursing homes were regulated under the Nursing Homes Act, while structural standards for homes for the aged were contained in design manuals and policy guidelines. This resulted in variations in the types of design and accommodations for a similar long-term care facility resident population.

Recognizing the need to bring together similar long-term care services, as the first step in moving toward a common long-term care facility system, the provincial Government passed the Long-Term Care Statute Law Amendment Act, 1993 (Bill 101) effective July 1, 1993, which amended the different legislation governing long-term care facilities. As part of this reform activity, the Government also brought all long-term care facilities under one administrative structure within the Ministry of Health.

Bill 101 introduced consistent operational standards, consistent resident admission criteria and a single funding scheme for all long-term care facilities. However, Bill 101 did not address the building design features, and as a result, different structural standards continued to be in place for nursing homes and homes for the aged.

Bill 101 also introduced a new province-wide mandatory admission policy that gives priority to people who are in greatest need of long-term care facility placement. Facilities are now having to admit and care for residents with more complex care requirements than in the past. The design standards that continued to be in place after Bill 101 pre-date these changes in service levels.

II. NEW DESIGN STANDARDS

In the fall of 1996, the Long-Term Care Division established a working committee, chaired by the Division, to examine past Government practices with respect to design standards, and to look at the issue of design requirements for the residents who are now being admitted to long-term care facilities. This working committee, which included representatives from the long-term care facility provider associations and consumer organizations, was given the mandate to develop one set of design objectives that would apply in the same manner to all long-term care facilities.

The joint working committee completed its mandate over the winter and spring of 1997, and presented its recommendations on new long-term care facility design standards to the Minister of Health in August of 1997.

This ***Long-Term Care Facility Design Manual*** is new and has been developed taking into consideration the work done by the joint Long-Term Care Division/provider/ consumer project. The design standards contained in this Manual are based on the advice and recommendations on design objectives presented by the joint working committee to the Minister of Health. The ***Long-Term Care Facility Design Manual*** is intended to support experienced long-term care facility operators and those new to the long-term care facility sector in developing facilities best suited to meet the diverse needs of residents.

It is recognized that as resident care, program and service requirements change, the development of new and revised design standards will be necessary to respond to these changes in resident needs. The ***Long-Term Care Facility Design Manual*** will be revised as necessary to incorporate new ideas that will support a facility design that best meets the care, program and service needs of residents. This review will involve the participation of all long-term care stakeholders and will occur at regular intervals.

The evaluation of the design standards will be supported by the implementation of a post-occupancy review process to evaluate how well certain features support quality resident care and to determine which features should be adjusted because they fail to meet the desired outcome. This process will also be discussed and developed in conjunction with all long-term care stakeholders.

HOW TO USE THIS MANUAL

I. MANDATORY PROVISIONS

Effective April 1, 1998, the ***Long-Term Care Facility Design Manual*** shall apply in the same manner to the construction and/or renovation of all long-term care facilities (nursing homes and homes for the aged) governed by the Nursing Homes Act, the Charitable Institutions Act, and the Homes for the Aged and Rest Homes Act.

The ***Long-Term Care Facility Design Manual*** supercedes any prior provincial Government guidelines on long-term care facility design used in the past by either the Ministry of Health or the Ministry of Community and Social Services for long-term care facility construction/renovation projects (includes both the nursing home and home for the aged design guidelines).

II. PURPOSE

The ***Long-Term Care Facility Design Manual*** presents a means of promoting innovative design in the construction of new long-term care facilities and in the renovation of existing long-term care facilities in Ontario. This Manual includes minimum mandatory design features that must be achieved for all long-term care facility projects, and also provides guidelines on “best practices” in the design of a long-term care facility to promote quality resident care outcomes.

The overall goal of the ***Long-Term Care Facility Design Manual*** is to integrate design concepts that will facilitate the provision of quality resident care in an environment that is comfortable, aesthetically pleasing and as “home-like” as possible. The design of a long-term care facility must also support well-coordinated, interdisciplinary care for residents who have diverse care requirements.

These new design standards allow service providers greater flexibility to configure environments that make it possible to respond positively and appropriately to the diverse physical, psychological, social and cultural needs of all long-term care facility residents.

III. OVERVIEW OF THE MANUAL

The ***Long-Term Care Facility Design Manual*** has been developed based on an approach that involves moving from the most private space of a resident, (resident personal space in a ***Resident Home Area***) to the more public areas (which includes the overall support system space) within a facility.

The ***Long-Term Care Facility Design Manual*** groups all of the different resident care, program and service areas of the long-term care facility under the following sections:

1. Resident Home Area(s)

Each ***Resident Home Area*** must be a self-contained, clearly defined unit, which accommodates a group of no more than thirty-two (32) residents. Every ***Resident Home Area*** must include bedrooms, washrooms, bath and shower rooms, dining area, lounge area, program/activity space, staff work space and storage space for that area.

2. Resident Personal Space in The Resident Home Area(s)

This section sets out the mandatory and optional design expectations for the resident personal space, which includes bedrooms, washrooms, bath rooms and shower rooms.

3. Facility and Staff Support Space in The Resident Home Area(s)

Facility and staff support space includes the required staff work areas and the service areas located in the ***Resident Home Area(s)*** which are used by the different staff of the facility. This space must include working areas for nursing care and program/therapy staff, as well as storage space for nursing care supplies/equipment.

4. Resident Lounge and Program/Activity Space

This section describes the mandatory and optional ***Resident Lounge Space*** and ***Program/Activity Space*** design expectations for the long-term care facility.

5. *Dining Area(s) and Dietary Services Space*

This section addresses the mandatory and optional ***Resident Dining Area*** requirements for the long-term care facility and the related ***Dietary Services Space***. It also includes the mandatory and optional space expectations related to cleaning

activities for the ***Dietary Services Space*** and space for equipment used for the dietary program.

6. *Resident Community Space*

Resident Community Space includes the areas that are used by all residents of the long-term care facility and that is located outside of the ***Resident Home Area(s)***. As a minimum, there must be ***Outdoor Space***, a ***Beauty Parlour/Barber Shop*** and a ***Place of Worship***. With the exception of the space dedicated for a ***Place of Worship***, the ***Resident Community Space*** is additional space which must be provided and shall not be considered as part of the required space for ***Resident Lounge Space and Program \ Activity Space***.

In addition, for a long-term care facility where all of the mandatory ***Resident Lounge Space*** and ***Program/Activity Space*** is located within the ***Resident Home Area(s)***, at least one additional area for use by all residents must be provided within the facility outside the ***Resident Home Area(s).*** The decision on the use, purpose and size of this "common" area is at the discretion of the operator and should be determined based on the needs of the residents to be accommodated in the long-term care facility.

7. Environmental Services

This section describes the mandatory and optional design requirements of the space used for the housekeeping, laundry and maintenance programs.

8. Safety Features

Safety features are the internal building features which must protect and promote the health, welfare and safety of residents. This section describes the mandatory and optional design expectations for the ***Resident/Staff Communication and Response System***, ***the Door Access Control System, the Fire Alarm System*** (also subject to compliance with the Ontario Fire Code) and the ***Water Temperature Control System***.

9. Building Systems

This section describes the mandatory and optional building systems design expectations for lighting, heating, ventilation and air conditioning (approval of these systems is also subject to meeting compliance with the relevant sections of the

Ontario Building Code and any related regulatory or generally accepted standards for lighting, heating, ventilation and air conditioning systems).

10. Other Features

Other features address the remaining mandatory and optional design expectations for the staff and "public" areas of the building, including the mandatory and optional design features for resident dedicated storage space, staff room(s), receiving/service space, the reception and entrance ways, elevators and public washrooms.

11. Architectural Considerations

This section provides guidance and direction on design and building features that best support and respond to the nursing and personal care needs of residents in long-term care facilities. Architectural considerations are not mandatory requirements, but rather are suggestions on features which assist residents who may have special needs which result, as example, from cognitive impairments, varying degrees of dementia, vision impairments, hearing impairments and/or physical disabilities. Although these features are recommendations for enhancement of the building design, it is strongly suggested that these recommendations be considered and incorporated accordingly.

IV. DESIGN OBJECTIVES, DESIGN STANDARDS AND FUNCTIONAL CONSIDERATIONS/RECOMMENDATIONS

Each of the sections of the ***Long-Term Care Facility Design Manual*** which are listed above, with the exception of the section on "Architectural Considerations," has the following format:

1. Design Objective:

The ***Design Objective*** describes the purpose and design expectations for each area addressed, including how the space is to be used and what the resident focus should be to achieve the optimal care outcomes.

2. Design Standards:

These are the minimum design requirements that must be attained. ***Design Standards*** are the mandatory requirements that must be incorporated into the design of each long-term care facility.

3. *Functional Considerations/Recommendations:*

Functional considerations and recommendations are optional design features which have been developed from the work completed by the joint Long-Term Care Division/provider/consumer project. Although functional considerations and recommendations are not mandatory, they are considered to be features that further promote quality facility design and quality care outcomes. These features have been included to provide helpful guidance for operators during the design process where they might not otherwise have been considered.

It is acknowledged that a number of the ***Design Standards*** and ***Functional Considerations/Recommendations*** would be considered as "obvious" features that must be or may be provided. These "obvious" mandatory and optional design features are included because they are considered important to the design and functioning of the long-term care facility. Not all users of this Manual will be familiar with or experienced in the design and operation of a long-term care facility. It is expected that this Manual will be used by both experienced and non-experienced organizations in the long-term care sector.

IMPORTANT - PLEASE NOTE
LONG-TERM CARE FACILITY PROGRAM MANUAL

It is essential that the architectural plans for any long-term care facility be developed in consideration of the operational standards outlined in the ***Long-Term Care Facility Program Manual***. ***The Long-Term Care Facility Program Manual*** describes the operational requirements for all long-term care facilities. The operational needs of the long-term care facility and the planned programs to be provided are key in guiding and determining the long-term care facility design. The long-term care facility must be designed to facilitate the best possible care for the residents who will be accommodated.

V. PLANS REVIEW AND APPROVAL PROCESS

The Ministry of Health is responsible for the review and approval of all construction plans for long-term care facilities. The legislation which governs long-term care facilities includes mandatory plan submission and approval protocols for all long-term care construction and/or building renovation projects. The Ministry of Health's plans review process for long-term care facilities are described in detail further on in a separate section of this Manual.

In addition, for any long-term care facility construction or renovation project, compliance with the Ontario Building Code, the Ontario Fire Code and any relevant municipal building requirements (includes meeting zoning and other relevant municipal by-laws) remains the responsibility of the long-term care facility operator.

The ***Design Standards*** and ***Functional Considerations/Recommendations*** set out in this ***Long-Term Care Facility Design Manual*** are specific to the design and construction of long-term care facilities. This does not preclude the application of these standards and guidelines to other types of facilities. However, the Ministry of Health plans review will only address the proposed design of the long-term care facility.

IMPORTANT - PLEASE NOTE
DESIGN STANDARDS FOR INTEGRATED MULTI-USE COMPLEXES

The resident care areas of a long-term care facility must be completely separate and distinct from space which is used for other purposes. If the long-term care facility is to be part of a larger integrated complex, for example, a combined complex that includes a rest/retirement home and a long-term care facility, the space allocated for the long-term care facility resident accommodations must be distinct and separate from the rest/retirement home.

In an integrated multi-use complex, it is acceptable to share building service areas, such as the kitchen, parking area, outdoor space, staff rooms, laundry, cafeteria, auditorium, place of worship and beauty parlour/barber shop. In addition, it is acceptable to share the internal building systems for water, hydro, sewage, waste disposal, lighting, heating and ventilation.

Resident care areas and resident space, which includes bedrooms, washrooms, tub and shower rooms, dining areas, lounges and program/activity space shall not be integrated.

If an integrated multi-use complex is to be constructed, the separation of the different areas and the sharing of any building services must be clearly indicated on the plan submission. The Ministry of Health plans review staff will evaluate the plans to ensure that compliance is met with the design expectations and space separation requirements. If it is intended that there be “common” space for sharing by residents of the long-term care facility and other people served by the integrated complex (including the community-at-large), such must be shown on the plans.

The Ministry of Health will accept the sharing of “common” space when the operator is able to demonstrate that this space will enhance and promote quality resident care outcomes. Such requests will be evaluated as part of the construction plans review process.

PART A: DESIGN OBJECTIVES, DESIGN STANDARDS AND FUNCTIONAL CONSIDERATIONS/ RECOMMENDATIONS

SECTION ONE: RESIDENT HOME AREA(S)

Design Objective:

The ***Resident Home Area(s)*** is a new and innovative mandatory concept that is being introduced to the design requirements of long-term care facilities. Each ***Resident Home Area*** must accommodate a *maximum* of thirty-two (32) residents and must be a self-contained unit for use by the residents in that area. The intent is to create smaller home-like units, rather than large congregate/institutional living environments.

The ***Resident Home Area(s)*** must include:

- resident bedrooms and washrooms;
- resident bath and shower rooms;
- lounge areas, program/activity space, dining area(s) and resident storage space dedicated for use by the residents living in the ***Resident Home Area(s);*** and
- staff work space and support services areas.

Design Standards:

1. Each ***Resident Home Area*** must be a clearly defined distinct unit that provides accommodation for a *maximum* of thirty-two (32) residents.

Note: Although a ***Resident Home Area*** must not to exceed a maximum of 32 residents, this mandatory requirement does not preclude designing a ***Resident Home Area*** that provides accommodation for less than 32 residents. The size and number of residents in each ***Resident Home Area*** should be determined in consideration of the resident care and/or program requirements. In addition, the number of residents in each ***Resident Home Area*** does not necessarily have to be the same throughout the facility.

2. All resident bedrooms must contain either one or two beds.

3. Every bedroom must have an ensuite "barrier-free" washroom that contains, at a minimum, a sink and a toilet. The entrance to the washroom must be from within the bedroom itself (which includes the vestibule).

Note: The ratio of standard and preferred accommodation, as set out in the regulations governing all long-term care facilities, requires that 40% of the residents must be charged at the basic accommodation rate. This permits charging up to 60% of the residents at the preferred accommodation rate (this is the rate for semi-private and private rooms). This charging policy must be adhered to regardless of the design of the building. For example, a long-term care facility may have all one bed private rooms, but 40% of the residents must still be charged the basic accommodation rate.

4. In each ***Resident Home Area,*** the bath and shower rooms, dining area(s), lounge area(s) and program/activity space must be located in close proximity to the resident bedrooms.

5. Resident bedrooms in each ***Resident Home Area*** may be all basic (standard) rooms, semi-private rooms and private rooms, or a mix of each type of room (see definition of bedrooms in ***Section Two: Resident Personal Space in the Resident Home Area***).

6. The ***Resident Home Area*** must be a self-contained "living system" and must not allow for transitory passage through the ***Resident Home Area(s)*** when travelling from one part of the facility to another.

7. At least 70% of the total minimum required ***Resident Lounge Space*** and ***Program/Activity Space*** for the long-term care facility must be located within the ***Resident Home Area(s)***. The remaining 30% of this required space may be located outside the ***Resident Home Area(s)*** either for sharing by all residents of the long-term care facility or for use to increase lounge/program activity space in one or more ***Resident Home Area(s)***.

8. At least 80% of the mandatory minimum ***Dining Area*** must be located within the ***Resident Home Area(s)***. The remaining 20% of this mandatory ***Dining Area*** may be located outside of the ***Resident Home Area(s)*** for sharing by

all residents of the long-term care facility for use to enhance the ***Dining Area*** in one or more of the ***Resident Home Area(s)***.

Functional Considerations/Recommendations:

1. The 60/40 charging policy for preferred and basic accommodation should not define or guide the design of the long-term care facility. It is up to the operator, in consultation with the architect, to decide the lay-out and designation of resident bedrooms depending on the care, service and program requirements of the residents to be accommodated.

SECTION TWO: RESIDENT PERSONAL SPACE IN THE RESIDENT HOME AREA(S)

1. RESIDENT BEDROOMS

Design Objective:

The resident bedroom is the centre of the resident's personal space where the most private activities take place - sleeping, grooming and dressing. It must meet each resident's need for comfort and safety, promote resident independence and dignity, and provide for resident privacy. Each bedroom must be designed in a manner that maximizes a sense of familiarity for residents and supports direct care staff in the safe delivery of quality resident care.

Types of Accommodation

A ***private bedroom*** must accommodate one resident and must have a separate "barrier- free" ensuite washroom.

A ***semi-private bedroom*** must accommodate one resident in one bedroom, another resident in a separate bedroom, with both bedrooms joined by a "barrier-free" ensuite washroom, (i.e., two bedrooms, with one resident in each bedroom, share one ensuite washroom).

A ***basic (standard) bedroom*** must accommodate two residents and must have a separate "barrier-free" ensuite washroom.

Design Standards:

1. A ***private bedroom*** must have at least 130 square feet (12.1 square metres) of floor space excluding the space for the vestibule, the washroom and the clothes closet.

2. A ***semi-private bedroom*** must have at least 130 square feet (12.1 square metres) of floor space per resident in each one-bed room, excluding vestibule space, the washroom and the two clothes closets.

3. A ***basic (standard) bedroom*** must have at least 115 square feet (10.7 square metres) of floor space per resident, excluding the space for the vestibule, the shared washroom and the two clothes closets.

4. Each bedroom must have a clothes closet for each resident. Each clothes closet must have at least six (6) square feet (0.6 square metres) of floor space. The clothes closet must be of sufficient height and depth to store and hang clothes.

5. Each bedroom door must be a minimum width of 44 inches (1120 mm).

6. If a lock is installed on a bedroom door, the lock must be readily releasable and easily openable for residents and staff.

7. In each bedroom, there must be sufficient space to provide access by caregivers to three sides of the bed, that is, to both sides of the bed and the foot of the bed *(cross-reference to item # 2 - Functional Consideration/Recommendations for Resident Bedrooms).*

8. Specialized program equipment must be able to get around the two sides of the bed and the foot of the bed.

9. Each bedroom must be designed to allow a 180 degrees change of direction of any care equipment within the room.

10. There must be a device for each resident in each bedroom that will activate the ***Resident/Staff Communication and Response System*** of the long-term care facility. The device to activate the ***Resident/Staff Communication and Response System*** must be located within easy reach of the resident, including when the resident is lying or sitting up in bed.

11. Each bedroom must have at least one window that provides a direct view to the outdoors or to other naturally lit space from both a sitting and lying in- bed position. *(cross-reference to criteria #6 - Functional Considerations/Recommendations for Resident Bedrooms*)

12. Windows that open to the outdoors must have screens in the spring, summer and fall seasons.

13 There must be no direct view of the toilet in the ensuite washroom from the outside corridor when the washroom door is open.

14. Each bedroom must have “cueing” features, (for example, a room number, the resident(s) name(s), and/or pictures), outside each bedroom door to assist residents in finding their way to and easily identifying their bedrooms.

15. Each basic (standard) bedroom must provide privacy for each resident of the room.

16. All bedroom flooring must be non-slip.

17. Wiring for a phone jack and wiring for television service must be provided for each resident in each bedroom.

***Functional Considerations/Recommendations*:**

1. Larger bedrooms may be appropriate for certain types of programs or specialized resident care needs where additional space for equipment and seating for friends/family members is required, for example, for provision of palliative care. The size of bedrooms should be determined during the facility construction planning stage based on the anticipated care needs of residents to be accommodated in each ***Resident Home Area*** and the operational requirements that support quality care to those residents.

2. The bedroom design and space must allow access by caregivers to the three sides of the bed that is, to both sides of the bed and at the foot of the bed (see ***Design Standard*** # 8 above). The intent of this standard is not to restrict resident preference for bed placement within the room, but rather to ensure that adequate space is provided in each bedroom to effectively care for a resident while in bed. If a resident wishes to relocate his or her bed, for example, against a wall, this wish should be respected to the best extent possible (depending on the resident’s care requirements). If the resident is in a basic (standard) room, the wishes of the resident in the other bed also need to be taken into consideration.

3. In order to create variety in the appearance of the bedrooms, a variety of interior design features, such as carpeting, wallpaper and different wall colours, should be considered.

4. The bedroom design should include space for items such as dressers, shelving, bookcases and tackboards to allow residents to display and store

personal items. Residents should be given every reasonable opportunity to personalize their bedrooms.

5. Some space should be provided at the vestibule entrance for the display of familiar objects such as photographs and mementos.

6. The lowest edge of window glass should be no more than two feet (600 mm) from the floor to ensure an unobstructed view to the outside. The window should be equal to or greater than 10% of the floor area of the bedroom to ensure that sufficient natural lighting is available for the bedroom.

7. When the bedroom door is closed, there should be a minimum width of two feet (600 mm) between the door handle and the bedroom wall which is adjacent to the door.

8. Where a bedroom has a vestibule, the vestibule must be large enough to permit the unobstructed passage of a wheelchair, a walker or any specialized program equipment.

2. RESIDENT WASHROOMS

Design Objective:

Each washroom must be "barrier- free" and designed to promote resident privacy, dignity and independence. In addition, the washroom space must also allow for the effective and safe delivery of care by caregivers. The entrance to the washroom must be from within the bedroom.

Design Standards:

1. Each resident washroom must have at least one toilet and one handwash sink.

2. Each washroom must have sufficient space to enable independent and/or assisted transfer from the front and at least one side of the toilet. *(cross-reference to criteria # 11 - Functional Considerations/Recommendations for Resident Washrooms)*

3. In order to allow for sufficient space for a wheelchair or a walker, and for staff to assist a resident, there must be a five (5) foot turning circle in each resident washroom.

4. A securely fastened grab bar must be located beside the toilet within easy reach of the resident. Each grab bar must be of sufficient size and design to support the full weight of a resident and must be placed on a reinforced wall capable of sustaining the weight load.

5. There must be a device within easy reach of the resident that will activate the ***Resident/Staff Communication and Response System***.

6. Each resident washroom must have an entrance width of at least thirty-six (36) inches (914 mm).

7. When open, a washroom door must not block the bedroom entrance-way and must not swing into another door in the bedroom, such as the bedroom door itself or a clothes closet door.

8. Each washroom must have counter space.

9. There must be space in each washroom for individual storage of each resident's personal items. When two residents share a washroom, separate storage space must be available for each resident.

10. If a lock is to be installed on a washroom door, the lock must be readily releasable and easily openable.

11. The sink in each washroom must be positioned so that it meets the needs of the resident or the residents using the washroom, (for example, those residents in wheelchairs).

12. Taps must be easy to use by residents with visual impairments and by residents with physical disabilities that affect hand movement.
13. All washroom surfaces must be easily cleaned. In addition, all floor coverings must be slip-resistant.

14. Walls where grab bars are mounted must be appropriately reinforced to ensure that they are capable of sustaining loads imposed on them.

Functional Considerations/Recommendations:

1. Each washroom should have a mirror which is preferably located over the sink and is adjustable to accommodate residents of differing heights. When determining the need and location of mirrors in washrooms, consideration should be given to the disorientation that mirrors may cause for residents with severe dementia. For some residents, depending on their care requirements, mirrors may be inappropriate.

2. A night-light outlet should be provided in the bedroom near the doorway to the washroom in a location where, if a night-light is used, the light is visible from each bed.

3. There should be an illuminated light-switch for the washroom located in the bedroom on the wall by the washroom entrance.

4. In order to assist a resident to easily identify and locate the washroom, consideration should be given to painting the washroom door and the door frame a colour that contrasts with the colour of the bedroom wall.

5. From a resident preference and aesthetic standpoint, consideration should be given to installing raised toilet seats as needed, rather than providing raised toilets in all washrooms.

6. The exhaust and air exchange rates in washrooms should exceed the requirements of the Ontario Building Code regulations to ensure appropriate ventilation in washrooms and to keep odours to a minimum.
7. An exterior light or other sign which can be activated when the washroom is occupied should be provided outside of each washroom door.

8. Lever handled taps that clearly distinguish between hot and cold water should be used in all resident washrooms. This type of fixture is the preferred model for residents with visual impairments and for residents with physical disabilities that affect hand movement.

9. Sharp edges on counters, cabinets and corners in washrooms should be avoided.

10. If the washroom door is to be a sliding door, two factors to consider are:
    - the weight of the door (to make sure that it is easy to move); and

- the location of the hardware (to avoid injuring caregivers' backs and getting hands caught when the door slides).

11. Although the minimum design standard for the location of the toilet is access from the front and at least one side of the toilet, this does not preclude providing access to the toilet from the front and both sides of the toilet. For some residents, access to three sides of the toilet may be necessary to meet care requirements.

3. RESIDENT BATH ROOMS AND SHOWER ROOMS

Design Objective:

Resident Bath Rooms and Shower Rooms must be safe, private and comfortable for residents. They must also be designed so that caregivers can easily and safely assist residents to bathe or shower in a manner that protects resident dignity and promotes resident independence as much as possible.

Design Standards:

1. Each ***Resident Home Area*** must have as a minimum:

   - one separate room with a raised bathtub equipped with a hydraulic, electric or mechanical lift (Note: A side-entrance bathtub may be provided as an alternative to a raised bathtub with a hydraulic lift);

   - one separate room with a shower (the showering area must have sufficient space to accommodate a shower chair so that a resident can be showered in the sitting position); and

   - a "barrier-free" washroom (including a toilet and a sink) located either in <u>each</u> bath room and shower room, or in a separate and enclosed common area which is between the bath and the shower rooms.

2. Where the ***Resident Bath Rooms and Shower Rooms*** are connected, the layout of each ***Resident Bath Room and Shower Room*** must allow for visual and acoustic privacy between the shower, the toilet and the bathtub area. ***If the Resident Bath Rooms and Shower Rooms*** are in two completely separate rooms, there must be visual and acoustic privacy between the toilet and bathtub or shower.

3. There must be no direct view of the bathtub, the shower or the toilet from the corridor outside of each ***Resident Bath Room and Shower Room.***

4. There must be a device located at each bathtub, shower and toilet in each ***Resident Bath Room and Shower Room*** which will activate the ***Resident/Staff Communication and Response System.***

5. The toilet in or adjoining each ***Resident Bath Room and*** each ***Shower Room*** must be positioned so that independent and/or assisted transfer from at least the front and one side of the toilet can occur.

6. There must be a securely fastened grab bar for use by residents at each toilet and on at least one wall in each shower stall.

7. The bathtub in each **Resident Bath Room** must be located so that there is access to three (3) sides of the bathtub.

8. All ***Resident Bath Rooms and Shower Rooms*** must be equipped with devices(s)/system(s) to maintain the room temperature at a comfortable level for residents while bathing.

9. All surfaces in the ***Resident Bath Rooms and Shower Rooms*** must be easily cleanable.

10. To ensure resident and staff safety, all floor surfaces in the ***Resident Bath Rooms and Shower Rooms*** must be slip-resistant.

Functional Considerations/Recommendations:

1. To assist residents with visual impairments and cognitive difficulties to identify the fixtures and features in the shower stall, the floor of each shower stall should be visually distinct from the walls, for example, by using contrasting floor tiles.

2. In the interest of resident comfort, privacy and dignity, there should be separate areas in the ***Resident Bath Rooms and Shower Rooms*** where residents can be dressed and groomed after their bath or shower.

3. ***Resident Bath Rooms and Shower Rooms*** should have sufficient space to store towels, washcloths, soap, shampoo and other bathing accessories.

4. ***Resident Bath Rooms and Shower Rooms*** should have secure areas to store cleaning supplies for the cleaning and sanitizing of bathtubs, showers, toilets and handwash basins.

5. ***Resident Bath Rooms and Shower Rooms*** should have space to store wheelchairs, the shower chair and any other devices that are used to assist caregivers to manoeuvre residents on and off toilets, and into and out of showers and bathtubs.

6. The exhaust and air exchange rates in ***Resident Bath Rooms and Shower Rooms*** should be over and above the Ontario Building Code regulations to ensure appropriate ventilation, and to keep odours and humidity levels to a minimum.

7. To promote resident comfort and safety, all surfaces in ***Resident Bath and Shower Rooms*** should be non-glare.

8. If a side-entrance bathtub is installed, it should be a “quick-filling” model to ensure resident comfort.

9. In the interest of resident safety and sense of security, bathtubs with grab bars built into the design should be considered.

10. ***Resident Bath Rooms and Shower Rooms*** should have moisture-resistant light fixtures.

11. Whenever possible, natural lighting should be provided in ***Resident Bath Rooms and Shower Rooms*** to provide for a more pleasant and comfortable bathing experience. Residents' privacy can be assured through the use of window curtains, window blinds, frosted windows and skylights.

12. Consideration should be given to providing a hair washing sink in at least one ***Resident Bath Room or Shower Room*** in each **Resident Home Area.**

SECTION THREE: FACILITY AND STAFF SUPPORT SPACE IN THE RESIDENT HOME AREA(S)

1. WORK SPACE FOR NURSING AND PROGRAM/THERAPY STAFF IN EACH RESIDENT HOME AREA

Design Objective:

The provision of resident care involves planning, assessing, communication, evaluation and implementation of care. The work space for staff in each ***Resident Home Area*** must be designed to support a well-coordinated, multi-disciplinary care system that will allow staff to meet residents' care and treatment needs in an efficient and effective manner.

It must also be designed so that it can readily be identified by residents, staff, visitors and others as an "information centre" or an area where "staff contact" can be made.

***Design Standards*:**

1. Each ***Resident Home Area*** must have ***Work Space for Nursing and Program/Therapy Staff*** to allow staff to carry out their administrative duties. The space must accommodate:

    - secure storage of resident care records (includes nursing care plans and medical histories);
    - multidisciplinary team activities; and
    - a work area to complete documentation.

2. The ***Work Space for Nursing and Program/Therapy Staff*** must be easily recognized by residents, other staff, visitors and others as, for example, an "information centre" or "staff contact" area.

3. There must be space in each ***Resident Home Area,*** or in a centrally accessible area to each ***Resident Home Area***, to support the delivery of therapeutic programs such as podiatry, dental, ophthalmology, social and psychiatric services, as well as required medical services that cannot be provided at the bedside.

4. In areas where therapeutic programs are delivered, there must be convenient access for residents to a "barrier-free" two (2) piece washroom (toilet and sink) that is separate from resident bedroom washrooms.

Functional Considerations/Recommendations:

1. The use of sound-absorptive materials for walls, floors, and ceilings should be considered for all administrative and meeting areas where privacy is required.

2. Providing a room where resident family members and others could stay overnight in the long-term care facility should be considered. This can be a room used for other functions which can be easily converted to a sleeping area.

3. A hand washing area should be conveniently located in proximity to the ***Work Space for Nursing and Program/Therapy Staff***.

2. STORAGE SPACE FOR RESIDENT CARE SUPPLIES AND EQUIPMENT IN RESIDENT HOME AREAS

Design Objective:

Space is required for the storage of medications, and for the supplies and equipment required to provide care and treatment for residents in each ***Resident Home Area***. Medications and nursing care supplies/equipment must be stored in a place where they are readily accessible to caregivers, but must not intrude on the resident's personal space.

***Design Standards*:**

1. The ***Storage Space*** for resident care supplies and equipment must be convenient and accessible to the staff working in each ***Resident Home Area.***

2. Resident medications must be stored in a secured space either within one ***Resident Home Area*** or shared between ***Resident Home Areas.***

3. Secure space with lockable cupboards must be provided for the storage of all supplies and equipment related to care delivery, as well as for stock

medications related to the pharmacy services. This space must be convenient and accessible to the staff working in each ***Resident Home Area.***

4. If oxygen therapy is offered as part of the facility's program delivery, dedicated space for storage of oxygen must be provided in a location that is convenient and accessible to staff working in the **Resident Home Area(s)**. The storage of oxygen must comply with the fire safety requirements set out in the Ontario Fire Code and related provincial regulations.

Functional Considerations/Recommendations:

1. The shelving in storage rooms should be adjustable, rust proof and easily maintained/cleaned.

2. Consideration should be given to providing a well ventilated and separate area for the recharging of batteries on wheelchairs. Wheelchair batteries should not be recharged in resident bedrooms because of potential explosive dangers and release of noxious fumes.

SECTION FOUR: RESIDENT LOUNGE AND PROGRAM/ACTIVITY SPACE

1. RESIDENT LOUNGE AND PROGRAM/ACTIVITY SPACE

***Design Objective*:**

Residents' lounges should be comfortable and designed so that residents can interact in a relaxed atmosphere with other residents, family members and visitors. The lounges must be designed for conversation, reading, and other social activities.

Program and activity areas should accommodate a variety of resident focused activities, and should support social functions which promote resident quality of life.

Design Standards:

1. The minimum total required space for ***Resident Lounge and Program/Activity Space*** is 27 square feet (2.5 square metres) per resident.

2. There must be at least one ***Resident Lounge*** provided in each ***Resident Home Area*** that has a minimum of 120 square feet (11.15 square metres) of total floor area.

3. There must be at least one ***Resident Program/Activity Area*** provided in each ***Resident Home Area*** that has a minimum of 120 square feet (11.15 square metres) of total floor area.

3. At least 70% of the total required space per resident for ***Resident Lounge and Program/Activity Space*** must be located within each ***Resident Home Area***. Up to 30% of the total required space may be used to support other defined programs and may be located either within or outside of the ***Resident Home Areas.***

4. Each ***Resident Lounge*** must have a device which will activate the ***Resident/Staff Communication and Response System*** and each ***Resident Program/Activity*** area must have a device which will activate the ***Resident/Staff Communication and Response System.*** Where the lounge and the program activity space are integrated, it is required to have only one device which will activate the ***Resident/Staff Communication and Response System*** located in that area.

6. At least one ***Resident Lounge*** in each ***Resident Home Area*** must have a window with a direct view to the outside or to a naturally lit area.

7. ***Resident Program/Activity Areas*** must have convenient access to a "barrier-free" washroom (toilet and sink) that is separate from and not located in a resident bedroom.

IMPORTANT - PLEASE NOTE
ALLOCATION OF RESIDENT LOUNGE AND PROGRAM/ACTIVITY SPACE

At least 70% of the required ***Resident Lounge and Program/Activity Space*** for each ***Resident Home Area*** must be located in that ***Resident Home Area***. Up to 30% of the remaining required space for the ***Resident Lounge and Program/Activity Space*** may be located either within or outside of the ***Resident Home Area(s)***.

As an option to using the 30% remaining space for ***Resident Lounge and Program/Activity Space***, it is acceptable to use the 30% remaining space for other defined programs. Examples of acceptable re-allocation of this space include:

- providing larger resident bedrooms to support provision of a palliative care program;
- enlarging a dining room to support a program/activity such as a domestic kitchen; or
- enlarging a bathing "spa" to address resident needs or requests.

Re-allocation of the 30% required space must be determined during the construction plans development stage. Decisions in this regard must be made based on the care, program and service requirements of the residents to be accommodated. The Ministry of Health shall review all requests for re-allocation ***Resident Lounge and Program/Activity Space.*** Approval shall be given to any concept which enhances the living environment for residents and supports quality care outcomes.

Functional Considerations/Recommendations:

1. When decorating ***Resident Lounges and Resident Program/Activity Space***, consideration should be given to using decorating products that minimize sound and glare, and that create a “home-like” environment, for example, carpets, blinds, curtains and wallpaper.

2. Task lighting for activities such as reading should be provided in all ***Resident Lounge and Resident Program/Activity Space.***

3. Different sizes and designs of ***Resident Lounge*** areas - from private nooks for intimate conversation to larger common areas for groups - should be provided.

4. ***Resident Lounges*** areas should be designed for clustered rather than linear seating to allow resident conversations and activities to take place.

5. ***Resident Lounges*** areas should include display space to support the creation of a “home-like” environment.

6. ***Resident Program/Activity Area(s)*** may be located adjacent to ***Resident Lounge*** areas or ***Dining Area(s)*** to provide:

   - a resident kitchen combined with a lounge where residents may entertain visitors or ;

   - an overall common area subdivided into dining, kitchen, activity, and lounge to encourage a domestic ambience.

7. Where resident-accessible electrical appliances are provided, deactivation switches should be on the appliances to ensure resident and staff safety.

SECTION FIVE: DINING AREA(S) AND DIETARY SERVICE SPACE

1. RESIDENT DINING AREA(S)

Design Objective:

All ***Dining Area(s)*** for use by residents should incorporate design features that promote a "home-like" ambience and that reinforce "familiar" eating patterns associated with smaller social gatherings. Efforts shall be made to minimize noise in ***Dining Area(s)*** through the provision of finishes that reduce reflected noise and increase sound absorption. The design of the ***Dining Area(s)*** must also reflect and respond to the changing physical needs of residents.

Design Standards:

1. Each ***Resident Home Area*** must have dedicated space for dining, separate from any other type of space.

2. The minimum required space for ***Dining Area(s)*** for the long-term care facility is calculated based on 30 square feet (2.8 square metres) of floor area per resident, excluding servery space.

3. At least 80% of the total required space for ***Dining Area*** must be located within the ***Resident Home Areas*** and allocated based on the number of residents in each ***Resident Home Area***. For example, for a ***Resident Home Area*** with 20 residents, the total required ***Dining Area*** is 600 square feet; 80% of the 600 square feet, or 480 square feet, must be located in that ***Resident Home Area***.

4. Up to 20% of the total required space for ***Dining Area(s)*** may be located outside of the ***Resident Home Area(s)*** to support alternative dining programs.

5. Each ***Dining Area*** must have a device that will activate the ***Resident/Staff Communication and Response System.***

6. Each ***Dining Area*** must have convenient access to a separate "barrier-free" two-piece washroom (toilet and sink), that is not located in a resident bedroom and that does not open directly into food preparation or dining areas.

7. Each ***Dining Area*** must incorporate storage space for equipment/supplies as necessary.

8. Each ***Dining Area*** must have a handwash sink either in the ***Dining Area*** or immediately adjacent to the ***Dining Area*** for use by staff involved in the preparation, delivery and service of food to the residents.

9. Each ***Dining Area*** must provide a direct view to the outdoors or other naturally lit space.

10. Each ***Dining Area*** must provide a servery area for assembling and serving meals. If the ***Dining Area*** is located immediately next to the kitchen, the kitchen can be used for the servery function.

11. A separate housekeeping/janitor's closet (with a sink) to store the supplies and equipment used to clean each ***Dining Area*** must be provided near each ***Dining Area.***

Functional Considerations/Recommendations*:*

1. Adequate space for temporary storage of wheelchairs and walkers should be located near the ***Dining Area(s).***

2. When decorating the ***Dining Area(s)***, wall decorations, window treatments (that is, blinds and curtains) and room finishes (for example, wallpaper, trim, wainscoting) that create a "home-like" environment should be used.

3. Consideration should be given to providing additional space for visitors to stay and have a meal with a resident or a group of residents.

4. ***Dining Area*** tables should accommodate no more than four (4) persons to encourage socialization and interaction between residents at meal times.

5. To provide resident comfort and security while eating, ***Dining Area*** chairs should have arms.

6. Consideration should be given to locating at least one ***Dining Area*** on ground level, adjacent to an easily accessible ***Outdoor Area***.

7. ***Dining Area(s)*** should have finishes and features which reduce reflected noise and increase sound absorption, for example, window curtains, wood finishes, wall, ceiling and floor finishes.

8. ***Dining Area(s)*** should include architectural, electrical and equipment features which permit the area to be subdivided for special occasions.

9. All surfaces in ***Dining Areas*** must be smooth, easily cleanable and moisture resistant.

2. DIETARY SERVICE SPACE

Design Objectives:

The design of the ***Dietary Service Space*** must facilitate the delivery of a quality food service program that responds to residents' physical, social and nutritional care needs. The design of the ***Dietary Service Space*** must also be flexible enough to respond to changing dietary service models, to different cultural and therapeutic dietary requirements and to different food preparation methods.

Decisions regarding the type of meal service program and the equipment necessary to support that program must be determined prior to designing the ***Dietary Service Space***.

In addition to serving residents of the long-term care facility, the ***Dietary Service Space*** may also be used to provide dietary services to other types of facilities (for example, residential facilities such as retirement homes/rest homes and supportive housing units), or other community support service programs (for example, meals-on-wheels or non-resident community dining programs).

Dietary Service Space must accommodate the receiving and storage, as well as the preparation of food products and goods for the dietary program and delivery of meals/snacks to the residents of the facility.

Design Standards:

1. ***Dietary Service Space*** must be provided to accommodate the equipment required to support the facility meal service program. The equipment to be

provided must be appropriate in size and design to prepare and serve a variety of food products and beverages that meet the nutritional care needs of residents, retain the texture, colour and palatability of food items and allow the facility to meet the cultural requirements, therapeutic needs and food preferences of all of the residents of the long-term care facility.

2. The design of the ***Dietary Service Space*** must provide for a layout that: allows for an efficient work flow; prevents cross-contamination between clean and soiled areas; and, supports production and delivery of food in a safe manner.

3. The design of the ***Dietary Service Space*** must allow for the preparation of a range of food products prepared in a variety of methods**.**

4. The design of the ***Dietary Service Space*** must support the delivery of a bulk food service system to the ***Dining Areas*** so that meals can be served by individual course.

5. The design of the ***Dietary Service Space*** must include serving areas adjacent to the ***Dining Area(s)*** so that residents have the opportunity to see and smell food, snacks can be prepared, and residents can make food choices at the point of meal service.

6. There must be storage space for non-refrigerated (dry) goods and supplies that meets usual and peak capacity volume storage requirements. This storage space must be well ventilated, have a temperature control system that can keep the temperature between 10 and 20 degrees Celsius, and be designed to prevent goods from being exposed to pipes, motors, condensers and direct sunlight.

7. There must be storage space for refrigerated and frozen food supplies. This storage space must meet usual and peak capacity volume storage requirements.

8. The ***Dietary Service Space*** must be designed so that the storage areas for small equipment and utensils and for non-refrigerated and frozen food, are conveniently located for easy access and use by dietary staff. Storage areas must be in close proximity to dietary work areas.

9. The ***Dietary Service Space*** must provide secure storage space for chemicals, cleaning supplies and equipment used to clean the ***Dietary***

Service Space (for example, kitchen mops and pails) and equipment used to delivery meals and snacks to residents, (for example, food carts).

10. The ***Dietary Service Space*** must include a separate housekeeping/janitor's closet that is equipped with a "curbed sink".

11. The ***Dietary Service Space*** must include convenient access to electrical services and to hot and cold water supply services.

12. The ***Dietary Service Space*** must include hand washing area(s).

13. The ***Dietary Service Space*** must provide, depending upon the food service program, space for scraping, soaking, pre-rinsing, washing, rinsing, sanitizing, air drying and sorting of dishes, pots/pans, utensils, large equipment and carts.

14. The ***Dietary Service Space*** must provide separate and sufficient space for garbage cans/recycling bins.

15. The ***Dietary Service Space*** must be designed in a manner that minimizes excessive noise, steam, and heat.

16. The ***Dietary Service Space*** must include adequate floor drainage.

17. The ***Dietary Service Space*** must include a work area for dietary staff that:
    - is secure for records and references;
    - accommodates appropriate furnishings and equipment; and
    - is accessible without passing through the food production area.

Functional Considerations/Recommendations:

1. Consideration should be given to involving a food design consultant in the planning of the food service program and in the designing of the ***Dietary Service Space***.

2. Where other services/programs share ***Dietary Service Space,*** (for example, meals-on-wheels), additional ***Dietary Service Space*** should be provided as appropriate to accommodate the needs of these services/programs without compromising the level of service required for the residents of the long-term care facility.

3. When designing the ***Dietary Service Space,*** the extent to which meals will be prepared centrally and the extent to which meals will be prepared in a decentralized location should be considered. ***Dietary Service Space*** will be allocated differently if all foods are prepared in a central kitchen versus a kitchenette or servery located in a ***Resident Home Area***. While centralized production provides for the greatest control of quality food preparation, decentralized production maximizes individual service to the residents and promotes a "home-like" atmosphere.

4. Food preparation is a familiar activity of daily living and can be part of a "home-like" environment. If possible, the ***Dietary Service Space*** should be designed to allow residents to view and visit the cook to discuss food preferences and other dietary issues.

5. Flooring in all ***Dietary Service Space*** areas should be non-slip and walls should be moisture resistant.

6. The design of the ***Dietary Service Space*** should incorporate some flexibility so that the food service program can be adjusted/changed as residents' needs change.

7. Consideration should be given to the cost benefits of providing for centralized warewashing versus de-centralized warewashing.

IMPORTANT - PLEASE NOTE
ONTARIO FOOD PREMISES REGULATION

The ***Kitchen*** of a long-term care facility must comply with the design standards set out in the Ontario Food Premises Regulation under the Health Promotion and Protection Act. This Regulation is administered by municipal authorities; any questions related to the regulatory requirements under this legislation should be directed to the applicable local Public Health Unit/Department.

SECTION SIX: RESIDENT COMMUNITY SPACE

1. OUTDOOR SPACE

Design Objective:

The ***Outdoor Space*** must be designed to provide a safe environment for residents in which they can enjoy the outdoors. ***Outdoor Space*** for use by residents must be landscaped and provide walkways, shaded areas and seating areas.

Design Standards:

1. The distance measured from the entrance of the ***Outdoor Space*** to the farthest resident bedroom must be no more than 200 feet (61 metres).

2. In a multi-storey facility, **Outdoor Space** on floors above ground level can be a balcony or a roof terrace.

3. For all long-term care facilities, there must be some ***Outdoor Space*** accessible at grade level. It is up to the operator, in conjunction with the architect, to determine the size and location of this ***Outdoor Space.***

4. At least one ***Outdoor Area*** must be enclosed to prevent wandering/egress of residents. For multi-storey buildings, the requirements of the Ontario Building Code will define the design and safety features of ***Outdoor Space*** on the floors above ground level.

5. There must be at least one ***Outdoor Area*** that is directly accessible from a ***Dining Area***, a ***Lounge*** or ***Program/Activity Area***.

6. The landscaping and design of ***Outdoor Space*** must consider the safety needs of residents.

7. Each ***Outdoor Area*** must have a separate area that provides shade and is protected from wind and other harsh weather elements.

Functional Considerations/Recommendations:

1. Brick pavers in any circulation areas should be avoided because they can cause tripping.

2. Inclines and steps in any circulation areas should be avoided.

3. Consideration should be given to incorporating a ***Resident/Staff Communication/Response System*** in at least one ***Outdoor Area***.

4. When decorating and landscaping ***Outdoor Space***, consideration should be given to such residential features as fencing, outdoor furniture and raised flower beds.

2. BEAUTY PARLOUR/BARBER SHOP

Design Objective:

The long-term care facility must have a ***Beauty Parlour/Barber Shop*** that is available to all residents.

Design Standards:

1. The ***Beauty Parlour/Barber Shop*** must have a device which will activate the ***Resident/Staff Communications and Response System***.

2. There must be sufficient space to include hairdressing chairs, work and storage counters, secured storage space for chemicals and a hair drying area.

Functional Considerations/Recommendations:

1. A shampoo chair should be provided that allows residents to have their hair washed either leaning forward over the basin, or leaning back.

2. A drying chair (chair equipped with a hooded dryer) should be provided.

3. An adequate number of conveniently located electrical outlets should be provided.

4. There should be additional exhaust ventilation to control odours from the hairdressing process.

3. PLACE OF WORSHIP

Design Objective:

Each long-term care facility needs to support and assist residents in maintaining their spiritual beliefs, religious observances, practices and affiliations. Space for a ***Place of Worship*** gives residents space for individual private thought and spiritual comfort.

Design Standards:

1. Each facility must provide space for the purposes of worship. It is up to the operator, in consultation with the architect, to determine the size, location and design of this space. The sponsoring agency/architect has the option of using up to 30% of the required space for ***Resident Lounge and Program/Activity Space*** to support the provision of space for a ***Place of Worship***.

Functional Considerations/Recommendations

1. The ***Place of Worship*** should be designed to respond to the multi-denominational aspects of a facility's resident population.

4. ENHANCED RESIDENT SPACE

Design Objective:

If all of the required ***Resident Lounge and Program/Activity Space*** is located in the ***Resident Home Areas***, there must be at least one additional area located outside of the ***Resident Home Areas*** for use by all residents of the facility. The additional area will provide residents with opportunities to leave the ***Resident Home Areas*** and meet and interact for social purposes. (***See Section Four: Resident Lounge and Program/Activity Space*** for the minimum space requirements).

Design Standards:

1. One additional area must be located outside the ***Resident Home Area(s)*** if all of the required ***Lounge Space and Program/ Activity Space*** is located in the ***Resident Home Area(s)***. It is up to the operator in consultation with the architect, to determine the size, location and design of ***Enhanced Resident Space.***

2. A device must be provided in this area which will activate the ***Resident/Staff Communication and Response System*** for the long-term care facility.

Functional Considerations/Recommendations:

1. Where ***Enhanced Resident Space*** is provided outside the ***Resident Home Areas***, a "barrier-free" washroom (toilet and sink), complete with an activation device connected to the ***Resident/Staff Communication and Response System*** for the long-term care facility, should be provided in that area.

2. Examples of ***Enhanced Resident Space*** include, but are not limited to, an exercise room, a library, family dining room, or a cafe.

SECTION SEVEN: ENVIRONMENTAL SERVICES

1. LAUNDRY SPACE

Design Objective:

The ***Laundry Space*** must be designed to meet the daily laundry requirements of all residents of the long-term care facility. These requirements include laundry services for linens, towels and personal clothing.

Design Standards:

1. The ***Laundry Space*** must be able to accommodate industrial washers and dryers of appropriate size and capacity to meet the laundry service needs of the long-term care facility. If laundry services are shared with other programs, (for example, an adjoining rest/retirement home) the size of the laundry must be able to accommodate maximum service volumes.

2. The ***Laundry Space*** must be designed so that there is access to all sides of the equipment (including washers, dryers and chemical dispensers) to ensure easy cleaning and repair work as necessary.

3. The ***Laundry Space*** must be designed so that there is separation of and a one way work flow between clean and soiled areas.

4. The ***Laundry Space*** must be equipped hand wash facilities which are conveniently located for staff use.

5. The ***Laundry Space*** must include space for the collection, storage and sorting of soiled laundry until it can be processed.

6. The ***Laundry Space*** must have space for all aspects of the laundering process including storing, folding, hanging of clean linen/personal clothing and labelling of personal clothing.

7. If an off-site laundry service is used, there must be separate space in the long-term care facility for soiled linen storage, and for receiving and delivering linen.

8. The ***Laundry Space*** must have access to a separate area for the cleaning and sanitizing of laundry equipment such as baskets, carts and bags.

9. The ***Laundry Space*** must include storage space for supplies and equipment used for the laundry services.

10. There must be administrative space for supervisory staff to complete administrative functions (may be combined with other administrative space in the long-term care facility).

11. There must be floor drainage in the ***Laundry Space.***

12. All surfaces in the ***Laundry Space*** must be easily cleanable and impermeable to moisture.

13. Floors in the ***Laundry Space*** must be non-slip to ensure staff safety.

***Functional Considerations/Recommendations*:**

1. Where an off-site laundry service is used, consideration should be given to providing a refrigerated storage area for soiled laundry. This area should be designed so that it can be routinely washed down.

2. Consideration should be given to providing space for domestic laundry equipment to do personal laundry within the ***Resident Home Area(s)***. This equipment would be for use by residents, family and/or staff.

2. HOUSEKEEPING SERVICE SUPPORT SPACE

Design Objective:

Space dedicated to the housekeeping services for the long-term care facility must be designed to promote efficient and well-organized cleaning programs in order to ensure a clean and safe environment for all residents, staff, family, and visitors.

***Design Standards*:**

1. Housekeeping/janitor's closets must be located both in and outside the ***Resident Home Areas*** to support the housekeeping requirements, as well as the cleaning equipment and cleaning supply storage requirements, for the long-term care facility.

2. Each housekeeping/janitor's closet must have sufficient space and provide for the secure storage of chemicals and other cleaning supplies and have sufficient space for chemical dispensing units, storing carts and other housekeeping equipment, such as mops and pails.

3. Each housekeeping/janitor's closet must be equipped with a hot and cold running water supply, a "curbed service sink" with a floor drain, a handwash sink and floor drain(s), and have sufficient space for the collection, sorting and pick-up of garbage.

4. All surfaces (including floors, walls, ceilings and shelves) in each housekeeping/janitor's closet must be smooth, easily cleanable and impermeable to moisture.

5. There must be administrative space for supervisory staff to complete administrative functions (may be combined with other administrative space in the long-term care facility).

Functional Considerations/Recommendations:

1. Housekeeping/janitor's closets should be located so that the transporting of waste and garbage through resident care and resident common areas is avoided.

2. Housekeeping/janitor's closets should be located close to areas of highest use, for example, close to ***Resident Bath Rooms and Shower Rooms*** and common "public" washrooms.

3. It is recommended that there be a recycling program for waste and garbage in accordance with local municipal requirements.

3. UTILITY SPACE

***Design Objective*:**

Clean and soiled ***Utility Space*** must be designed to facilitate a clean, safe and efficient working environment that prevents the risk of cross-contamination between clean and soiled items/areas.

***Design Standards*:**

1. Clean and soiled ***Utility Space*** must be conveniently located in each ***Resident Home Area*** to support the requirements for storage, cleaning and sanitizing of nursing care/therapy equipment.

2. Clean and soiled ***Utility Space*** must be large enough to contain all fixtures that are used for cleaning, sanitizing and storing nursing care equipment. Fixtures include, for example, a hopper sink, a bedpan flusher and/or sterilizer, rinse sinks, storage racks, counters and cupboards.

3. All clean ***Utility Space*** must have a secured space for the storage of cleaning supplies and equipment, as well as counter space.

4. All soiled ***Utility Space*** must have sufficient space for the storage of the equipment used for collecting soiled supplies (for example, soiled linen and towels), and for garbage cans/recycling bins.

5. All clean and soiled ***Utility Space*** must have at least one conveniently located handwash sink for staff use.

6. All soiled **Utility Space** must have floor drains.

7. The surfaces in clean and soiled ***Utility Space*** must be smooth, easy to clean and impermeable to moisture.

8. All floors in clean and soiled ***Utility Space*** must be non-slip to ensure staff safety.

Functional Considerations/Recommendations:

1. Ventilation standards in ***Utility Space*** should exceed the Ontario Building Code requirements in order to support an odour-free environment and to keep noxious odours to a minimum.

2. Space should be provided for the temporary storage of soiled linen carts in the soiled ***Utility Space(s).***

3. Where laundry chutes are provided, they should be in areas only accessible to staff, for example, in locked areas.

4. MAINTENANCE SERVICE SUPPORT SPACE

Design Objective:

The design of the facility must incorporate ***Maintenance Service Support Space*** to support ongoing maintenance activities for the up-keep of equipment, furnishings and other building contents.

Design Standards:

1. There must be dedicated ***Maintenance Service Support Space*** provided in the long-term care facility, separate from resident personal space and dining space, to conduct repairs on equipment, furnishings and other building contents.

2. There must be an area within the ***Maintenance Service Support Space*** for the storage of small and large maintenance equipment, machinery and tools.

3. There must be a secured area within the ***Maintenance Service Support Space*** to store hazardous materials and equipment.

4. There must be a secured area, inaccessible to residents, for locating environmental controls and other building system controls.

5. An emergency-generator power supply must be available to support essential building systems.

Functional Recommendations/Considerations:

1. Space should be provided for maintenance staff to conduct administrative functions, (this space may be combined with or located near other administrative space).

SECTION EIGHT: SAFETY FEATURES

1. RESIDENT/STAFF COMMUNICATION AND RESPONSE SYSTEM

Design Objective:

The ***Resident/Staff Communication and Response System*** must be provided in the long-term care facility to give staff and residents the ability to alert other staff members when assistance is required. This system must be designed to facilitate prompt response to a resident or staff request. The system must not be intrusive.

Design Standards:

1. The ***Resident/Staff Communication and Response System*** must be an electronically-designed system which is equipped with activation devices that are easily accessible, simple and easy to use by all residents and staff.

2. The ***Resident/Staff Communication and Response System*** must be "ON" at all times and be connected to the back-up generator.

3. When any activation device for the ***Resident/Staff Communication and Response System*** is activated, it must clearly indicate where the signal is coming from so that staff can promptly respond.

Functional Considerations/Recommendations:

1. If the ***Resident/Staff Communication and Response System*** uses sound to alert staff, the level of sound should be controlled so that it is not excessive and disruptive, and is equally distributed in the areas that it covers.

2. Before installing the ***Resident/Staff Communication and Response System***, all areas where the activation devices will be located should be checked to ensure that the activation devices are located at the point of need.

3. A ***Resident/Staff Communication and Response System*** that requires a voice response when activated is not recommended for residents who have cognitive and sensory impairments.

2. DOOR ACCESS CONTROL SYSTEM

Design Objective:

A safe and secure environment must be provided for all residents and staff of the long-term care facility. Controls must be provided at all doors which exit from the resident areas of the long-term care facility so that access into the building can be controlled when necessary.

Design Standards:

1. The ***Door Access Control System*** must conform to all relevant provincial and municipal codes and regulations, including but not limited to the Ontario Building Code and the Ontario Fire Code.

2. The ***Door Access Control System*** must be "ON" at all times.

3. The ***Door Access Control System*** for all exits from resident areas must prevent unauthorized entering or exiting from the long-term care facility.

4. Electro-magnetic locking devices (or alternative means of achieving the same result) must be on all doors leading to stairways, secured areas and to the outdoors, subject to compliance with the Ontario Fire Code and the Ontario Building Code.

5. Electro-magnetic "hold-open" devices must be on doors that are required under the Ontario Fire Code to be equipped with self-closing hardware. (Consultation with the local fire department may be required).

Functional Considerations/Recommendations:

1. Doors in non-resident areas, for example the kitchen and laundry, should be equipped with electro-magnetic "hold-open" devices to facilitate the provision of services to resident care areas.

3. FIRE ALARM SYSTEM

Design Objective:

A safe and secure environment must be provided for all residents and staff of the long-term care facility. The environment must include a ***Fire Alarm System*** that enables prompt response to emergency situations.

Design Standards:

1. The ***Fire Alarm System*** must conform to all relevant provincial and municipal codes and regulations, including but not limited to the Ontario Building Code and the Ontario Fire Code.

Functional Considerations/Recommendations:

1. During the initial planning stages of the project, the Office of the Ontario Fire Marshal and with local authorities should be consulted regarding fire safety precautions/requirements and development of fire safety policies and procedures.

4. WATER TEMPERATURE CONTROL SYSTEM

Design Objective:

Water temperatures in areas used by residents must be maintained at levels that support resident safety and comfort.

Design Standards:

1. The ***Water Temperature Control System*** must be designed to ensure hot water provided to resident care areas is at a safe and comfortable temperature for residents. (cross-reference the **"Long-Term Care Facility Program Manual"**, Environmental Services, Section "0": Criteria O1.16)

SECTION NINE: BUILDING SYSTEMS

1. LIGHTING SYSTEMS

Design Objective:

Adequate lighting must be provided for residents, staff and visitors so that they can carry out their activities in comfort and safety. Lighting design must address age-related vision loss and diminished visual acuity (sharpness). Lighting must be designed and located in a manner that meets residents' needs as sensory orientation diminishes.

Design Standards:

1. There must be a minimum of 215.28 lux of continuous lighting levels in all corridors.

2. There must be continuous lighting levels of at least 322.92 lux in enclosed stairways.

3. There must be general lighting levels of at least 215.28 lux in all other areas of the facility including resident bedrooms and washrooms.

4. General illumination must be provided at all entrance doors to resident accessible rooms, e.g., bedroom entrance doors.

5. Task lighting which is adjustable in intensity, location and direction must be provided in bedrooms and common areas.

6. The back-up emergency generator must support essential lighting requirements.

Functional Considerations/Recommendations:

1. The types of lighting fixtures and their location should be determined based on the activities/tasks of specific areas.

2. All lighting fixtures that are capable of producing a direct glare should be shaded.

3. Skylights and windows that could create large patches of distracting light on the floor should be shaded.

4. Window coverings, such as blinds, curtains and canopies, which reduce the glare from the outdoors without eliminating views should be provided.

5. A light should be installed inside each clothes closet which is activated by the opening of the clothes closet door.

6. Wall-mounted light switches should not exceed 41 inches (1040mm) above the level of the floor so that the switches are at a height that can be easily reached by residents.

2. HEATING, VENTILATION AND AIR-CONDITIONING (HVAC) SYSTEM

Design Objective:

Air temperatures must be maintained within a range that optimizes resident comfort throughout the year.

Design Standards:

1. The ***HVAC System*** must comply with all relevant regulations and standards set by governing authorities, including but not limited to the Ontario Building Code, Canadian Standards Association, National Fire Protection Association and the American Society of Heating and Refrigeration and Air-Conditioning Engineers (ASHRAE).

2. A mechanical system to cool air temperatures must be provided in all ***Lounges Areas*****,** all **Dining Areas**, all ***Program/Activity Areas***, the kitchen and the ***Laundry Space.*** The remaining areas of the long-term care facility, including the ***Resident Bedrooms***, the ***Resident Bath Rooms and Shower Rooms*** and ***Resident Washrooms***, must have a system for tempering the air to maintain air temperatures at a level that considers residents' needs and comfort.

3. Negative air pressurization of the washrooms, soiled ***Utility Space***, kitchen and ***Laundry Areas*** must be provided to ensure odours are contained. All of

these rooms must be equipped with mechanical ventilation that exhausts air from these areas in keeping with Ontario Building Code requirements.

4. The ***HVAC System*** must have enhanced exhaust capabilities to maintain a comfortable environment for residents with respect to humidity levels in the bath and shower areas.

Functional Considerations/Recommendations:

1. Recirculation of bedroom air should be avoided.

2. Air-cooled condensers should be used for the mechanical air cooling system in order to avoid contamination of the water storage unit for the mechanical air system.

3. Mechanical noise levels should be maintained at or below NC-30 (noise curve) in bedrooms and NC-40 in common areas.

SECTION TEN: OTHER FEATURES

1. RESIDENT DEDICATED STORAGE SPACE

***Design Objective*:**

Residents must be provided with additional and conveniently located storage space for frequently used personal equipment, clothing in season and personal and/or cherished items.

Design Standards:

1. ***Resident Dedicated Storage Space,*** in addition to clothes closets in bedrooms, must be provided in the long-term care facility so that residents can store their belongings. Other than the space requirements for residents' clothes closets, there are no minimum space requirements for the storage space for resident personal belongings. It is up to the operator, in consultation with the architect to determine the size, design and location of ***Resident Dedicated Storage Space.***

2. The ***Resident Dedicated Storage Space*** must provide security for resident belongings.

***Functional Considerations/Recommendations*:**

1. The amount of space allocated for the storage of resident belongings should be reasonable and based on the needs of residents. It is not expected that the long-term care facility provide space for belongings that will not be used by residents during their stay at the facility. For example, long-term care facilities do not have to store furnishings from the former residence of a resident.

2. FACILITY STAFF SPACE

Design Objective:

The design of a long-term care facility must include "non-resident" space for use by all staff. This space, exclusive to the use of staff, is for the purpose of administrative functions and staff rest periods, as well as storing personal belongings, changing clothes and staff-specific activities.

Design Standards:

1. A secured storage area(s) must be provided for staff to store personal belongings.

2. Administrative space, for example, offices for the key staff such as the Administrator, Director of Care and supervisory staff, must be provided. It is up to the operator, in consultation with the architect to determine the number, size, design and location of administrative space.

3. Administrative space for functions such as banking, sorting mail and clerical/secretarial activities must be provided.

4. An area, separate from resident care and common areas, must be provided for staff "break" periods.

5. Separate change areas equipped with lockers must be provided for both male and female staff.

Functional Considerations/Recommendations:

1. Staff storage space for the personal belongings of staff should be located in close proximity to the ***Resident Home Area(s).***

2. Sufficient toilets and handwash basins should be provided for all male and female staff. The following table is a suggested ratio for provision of staff toilets and handwash basins.

Number of Male or Female Employees On Each Shift	
1 to 9	1 toilet and 1 handwash basin
10 to 24	2 toilets and 2 handwash basins
25 to 49	3 toilets and 3 handwash basins
50 to 74	4 toilets and 4 handwash basins
75 to 100	5 toilets and 5 handwash basins

For every additional 30 employees over 100 of each sex, 1 additional toilet and 1 additional handwash basin should be provided.

3. RECEIVING/SERVICE SPACE

Design Objective:

A long-term care facility must have well-organized space to effectively handle delivery of goods, food supplies, dry goods and equipment.

The ***Receiving/Service Space*** may be designed to also serve as a staff entrance, ambulance entrance and, where applicable, a Meals-on-Wheels pick-up point.

Design Standards:

1. The ***Receiving/Service Space*** must provide year round access for delivery services. This entrance must be separate from the main entrance of the long-term care facility. The ***Receiving/Service Space*** may have common access to the property.

2. The ***Receiving/Service Space*** must be located away from resident and public areas so as not to expose residents and the public to noise, noxious fumes and safety hazards.

3. Storage space for the temporary accumulation of received goods must be provided.

4. The ***Receiving/Service Space*** must be located where there is convenient access to the ***Dietary Service Space.*** Direct receipt of goods into the food preparation areas must not occur.

5. A separate area for garbage storage and pick-up must be provided in the ***Receiving/Service Space***.

6. The areas used for the cleaning and sanitizing of equipment such as garbage containers, carts and racks, must have floor drains.

Functional Considerations/Recommendations:

1. The driveway to the ***Receiving/Service Space*** should link directly to the public road where possible.

2. The ***Receiving/Service Space*** should be conveniently located to general storage areas, the ***Laundry Space*** and the ***Dietary Service Space***.

3. The exterior of the ***Receiving/Service Space*** should have an overhang that will provide staff and goods with protection from inclement weather.

4. The ***Receiving/Service Space*** should have exterior doors that can be locked to ensure safe storage of goods.

5. The ***Receiving/Service Space*** should be equipped with an exterior intercom system that will allow delivery persons to alert facility staff when goods have arrived.

6. Consideration should be given to providing refrigerated space for garbage storage.

4. RECEPTION/ENTRANCE SPACE

Design Objective:

The entrance to the long-term care facility should be designed to be a welcoming introduction to the long-term care facility, and must be at the front of the long-term care facility. A seating area for residents should be part of the entrance to encourage residents to view outside activities.

Design Standard:

1. The ***Reception/Entrance Space*** must be designed to allow facility staff to monitor all entering and exiting from the facility.

2. The ***Reception/Entrance Space*** must be in proximity to an outside vehicle drop-off area for residents.

3. The ***Reception/Entrance Space*** must be designed to support its function as the “welcoming” area to the facility for residents and the public.

Functional Considerations/Recommendations:

1. The monitoring of the ***Reception/Entrance Space*** can be accomplished through the use of electronic or mechanical devices, or by strategically locating the office or reception desk by the ***Reception/Entrance***.

2. The outside doors to the ***Reception/Entrance Space*** should be designed so that they do not create drafts, for example, by providing double doors with an enclosed vestibule.

3. The ***Reception/Entrance Space*** should include a lounge for residents to sit and rest and observe "comings and goings" of the facility.

5. ELEVATORS

Design Objective:

Elevators located in multi-story long-term care facilities must be designed so that they are safe and easy for residents to use. They must be located in areas that are accessible to residents, staff and the public.

Design Standards:

1. At least one of the ***Elevators*** in the long-term care facility must be large enough to accommodate a stretcher. This ***Elevator*** must be located in proximity to the ***Resident Home Areas.***

2. The ***Elevators*** must have unobtrusive but effective barriers in areas where resident access is discouraged (such as building service areas).

4. ***Elevators*** must have the capacity for visible and/or audible signals.

5. To accommodate the range of visual and tactile needs of residents, the elevator control panel must contrast with the ***Elevator*** walls and must be easy to read, for example, have large, clear numbers.

Functional Considerations/Recommendations:

1. "Through-lifts", that is, ***Elevators*** with door openings at the front and back, are confusing to many residents.

2. "Visual cues", such as large floor numbers painted in a colour that contrasts with the wall, and which can be seen from the ***Elevator*** door opening, should be provided on each floor.

6. PUBLIC WASHROOMS

Design Objective:

All ***Public Washrooms*** for common use by residents and visitors must be "barrier-free" and must be located in an area which is convenient to the ***Resident Home Areas***. Residents and visitors must have washrooms in easy access to commonly used areas to avoid unnecessary travel back to bedrooms when away from bedrooms. Each ***Public Washroom*** must have at least one wheelchair accessible toilet and one wheelchair accessible handwash sink.

Design Standards:

1. There must be clear and easily understood signage identifying all ***Public Washrooms***.

2. Each ***Public*** Washroom must have a lock that is readily releasable and easily openable to ensure that a person is not accidentally locked into the washroom.

3. Each ***Public Washroom*** must have a device which will activate the electronic ***Staff/Resident Communication and Response System.***

7. SITE DEVELOPMENT

Design Objective:

The development of a building site involves the physical integration of the long- term care facility with the neighbouring community. Site configuration must permit development of access roads, walkways and "barrier-free" outdoor recreational areas.

Design Standards:

1. The ***Site*** must be developed to include landscaped areas.

2. The design of the ***Site*** must include level walkways without curbs or steps to the ***Reception/Entrance Area*** of the facility.

3. Wheelchair accessible parking must be provided in close proximity to the ***Reception/Entrance Area*** of the facility.

4. Where the parking lot(s) can be seen from any resident bedroom window(s) on the ground floor, landscaping that will block the view of the parking lot(s) from the windows must be provided.

5. Trees and/or other structures that provide shade must be provided in all resident-accessible areas of the ***Site.***

6. The design of the ***Site*** must include unobstructed access to the ***Site*** for all emergency vehicles including ambulances and fire trucks.

Functional Considerations/Recommendations:

1. The ***Site*** should be in close proximity to medical services, shopping, and recreational activities in the neighboring community.

2. Access to public transportation is an asset.

3. The use of adjacent lands should be compatible with a long-term care facility in regard to noise, use of the property, scale of the surrounding buildings on the lands and zoning.

8. CORRIDORS

***Design Objective*:**

Corridors provide the means for travel throughout the facility for residents, staff and visitors. The length of corridors should be minimized to provide a more "home-like" environment and reduce travel distance within the facility for residents and staff.

Design Standards:

1. All ***Corridors*** in resident areas must be a minimum width of six (6) feet (1.82 metres).

SECTION ELEVEN: ARCHITECTURAL CONSIDERATIONSAND RECOMMENDATIONS

The choice of architectural features, fixtures and interior decorations can facilitate the provision of a safe and secure environment for the residents of a long-term care facility.

Note: This section contains a list of guidelines, considerations and recommendations about architectural features that could be incorporated into the design of a facility to enhance quality of life and promote quality care outcomes.

1. As a minimum, the "barrier-free" design specifications set out in the Ontario Building Code should be incorporated throughout the facility.

2. Doors in all resident areas, such as bedrooms, washrooms, lounge areas, program/active rooms and bath/shower rooms, should have levers or handles that are easily used by residents.

3. Handrails should be securely mounted on both sides of all corridor walls in all resident areas, and should be located at least 31 inches (860 mm) above the floor so that the handrails are at a height that is within easy reach of the residents.

4. Handrail brackets should be located away from where the resident would grip a handrail so that the residents' hands can move freely along the surface of the handrail. It is suggested that the handrail brackets be mounted at least 2.75 inches (70 mm) below the top of the handrails.

5. Visual, and/or textural "cueing" should be included on signs to assist residents in identifying different rooms and finding their way in the facility. For example; a "knife and fork" sign indicating a dining room, or a picture of a tub outside of a bathing area.

6. When selecting floor finishes, consideration should be given to their effect on wheelchair and walker manoeuvrability, as well as resident gait, to ensure that residents can move about the facility safely. For example, carpets can present difficulties for residents with gait/walking problems, and can create undue resistance for resident confined to wheelchairs.

7. Service areas should be painted a different colour from areas used by residents so that residents can easily distinguish between resident areas and non-resident areas.

8. Features, fixtures and interior decorations should enhance and promote a "home-like" environment. For example, furnishings should resemble, as much as possible, furniture normally found in residential settings; there should be a variety in the types of pictures on the walls; and lighting fixtures should be of a non-institutional style.

9. Fixtures, for example, wall-mounted lights, light switches and washroom sinks, should contrast with the colour of the walls so that residents can clearly and easily distinguish the difference.

10. High-gloss paint should not be used in any resident areas because it will create an undue glare which in turn, may distort vision.

11. All stairs should be enclosed by either rails or walls on both sides of the stairs to ensure safety of residents and staff.

12. Winding stairways should be avoided in areas that are accessible to residents to ensure resident safety.

13. If free-standing wardrobes are used instead of built-in closets in bedrooms, these closets must be securely fastened to the wall and the floor to ensure resident and staff safety.

14. Public address systems in areas used by residents should be avoided as means of minimizing the amount of noise and sound intrusion in resident areas.

15. When considering the colour and design of signs, remember that light images or words on a dark background are more visually effective than dark images on a light background.

16. Mirrors should be avoided in ***Dining Areas, Resident Lounge and Program/Activity*** areas that are used by residents with severe dementias because they can increase the level of confusion and anxiety.

17. The doors and frames in non-resident areas should be painted the same colour as the walls in these areas to prevent residents from accidently entering areas which may be unsafe for residents.

18. Walls and wall corners that will be subject to continual scrapping by wheelchairs and portable equipment should have treatment or coverings that protect the wall surface, for example, corner guards and bumper rails.

19. Finishes that reduce reflected noise on walls and ceilings, and that increase sound absorbency, should be used in “high” use areas of the building to keep noise to a minimum.

20. Some characteristics to consider when using colour are:

- dark colour schemes near bright windows can make it difficult for residents to distinguish objects near the window;
- colour contrast between floors and walls can help to distinguish the edges of a room for residents with visual impairments;
- colour contrast can help to distinguish different objects and surfaces within a room, for example, contrasting colours will distinguish the differences between doors and walls, or between baseboards and walls; and
- because most resident bedroom doors are left open, it is best to provide colour contrast between the frame and wall, rather than the door and frame, so that residents can clearly determine the location of the opening to the bedroom.

21. Some wall-finishing characteristics to consider for the decoration of the long-term care facility (includes resident and non-resident areas) are:

- a flat wall finish appears less *institutional,* diffuses a glare, and hides minor flaws better than a glossy surface;
- some textured wall coverings and acoustic panels are “home-like” in appearance, meet all relevant codes, and absorb excessive sounds; and
- textured surfaces can assist in a resident with visual impairments in finding his or her way about the long-term care facility.

22. Kickplates on the “push” side of all doors, particularly hollow-core doors, should be provided to prevent damage to the doors.

23. Where door closers are used, the force required to open the door should not be excessive in relation to the ability of residents to open the door. In addition, all doors that are used by residents should be equipped with devices which delay closing to ensure resident safety.

24. Signs that identify room functions should be clear, understandable and located at a height where they can be easily read or touched by residents.

PART B: LONG-TERM CARE

FACILITY PLANS REVIEW PROCESS

PART B: LONG-TERM CARE FACILITY PLANS REVIEW PROCESS

INTRODUCTION

In keeping with the provincial legislation governing long-term care facilities, all construction plans for any long-term care facility project must be reviewed and approved by the Ministry of Health prior to the start of construction. No renovation, alteration or conversion of an existing long-term care facility, and no construction of a new long-term care facility shall commence prior to plans approval by the Ministry of Health. The operator will be expected to enter into an agreement with the Ministry of Health to renovate, convert or construct in accordance with the Ministry of Health approved plans.

Projects may involve:

- a proposed new long-term care facility to replace existing beds or to accommodate a bed award; or

- renovation(s), alternation(s), conversion(s) or addition(s) to an existing long-term care facility.

Prior to granting final plans approval, the Executive Director of the Long-Term Care Division must be satisfied that:

a) the design standards as outlined in the ***Long-Term Care Facility Design Manual*** have been met; and

b) the Office of the Ontario Fire Marshal has given final approval.

The Ministry of Health shall also approve the long-term care facility, or any part thereof, for occupancy by residents upon completion of construction.

Note: The words “shall”, “must”, “mandatory” and “requirement” indicate an obligatory provision that must, in the view of the Ministry of Health, be complied with for a ***Project Summary***, ***Operational Plan*** and working drawings to be approved by the Ministry of Health.

ROLE OF THE MINISTRY OF HEALTH

I. Administrative Responsibilities

The responsibility for the overall administration of the plans review process for long-term care facilities shall rest with the Ministry of Health's Long-Term Care Division.

The Long-Term Care Division shall utilize a team approach in the review of construction plans, with involvement from both the Division's corporate and regional offices. The co-ordination of this process within the Division shall be the responsibility of the Division's centrally located Operations Support Branch, Specialty Services Unit.

In the long-term care facility plans review and construction process, the Ministry of Health is required to:

- provide information and clarification to sponsoring agencies and other interested parties on the standards and guidelines on long-term care facility design which are contained in the ***Long-Term Care Facility Design Manual;***

- track and maintain an inventory of plan submissions;

- provide comments, advice and guidance to sponsoring agencies/architects on their respective plan submissions in order to assist sponsoring agencies/architects in the development of facilities that will best meet the needs of the residents to be accommodated;

- review and approve plans for consistency and compliance with the design standards of the ***Long-Term Care Facility Design Manual*** (final approval is given in writing by the Executive Director of the Long-Term Care Division based on the recommendations collated from across the Long-Term Care Division)***; and***

- monitor the development of the long-term care facility after plans are approved and construction starts (for existing facilities that are being renovated, this also includes the responsibility to monitor compliance with a Ministry of Health approved operational plan for assuring resident health, welfare and safety over the construction time-frame and to ensure compliance with the conditions set out in the construction project agreement).

II. Pre-Occupancy Review

On notice from the sponsoring agency that the construction of the building is finished, the Long-Term Care Division shall conduct a “pre-occupancy” review to determine whether the long-term care facility is ready to accommodate residents.
If the facility is ready and the facility has been constructed in keeping with the approved plans and any other related agreements, the Long-Term Care Division will give approval for the long-term care facility to open and admit residents (the Ministry of Health’s operational funding will commence on completion of the project, approval for occupancy of the building by the Ministry of Health and the signing of a Service Agreement with the Ministry of Health).

If the facility is not ready for occupancy following the “pre-occupancy” review, the Long-Term Care Division review team will provide direction to the sponsoring agency/architect on what still needs to be done and will schedule another “pre-occupancy” review in consultation with the sponsoring agency/architect.

DEFINITIONS OF TERMS

Preliminary Sketch Plans

Preliminary sketch plans are the developed planning documents identifying the site, living, working and service spaces as well as the entrances/exits of the building.

Preliminary sketch plan submission must include the following:

- major entrances to and exits from the site
- road access(es) and proposed routes to and from the site
- parking
- elevations
- a floor plan for each level indicating all departments/services as outlined in the ***Long-Term Care Facility Design Manual*** (for example, ***Dietary Service Space***, ***Laundry Space and Housekeeping Support Space***)
- a floor plan for each level indicating living space (both private and communal) within each ***Resident Home Area*** and beyond the ***Resident Home Areas*** as outlined in the ***Long-Term Care Facility Design Manual*** (for example, ***Resident Bedroom Space***, ***Resident Bathroom and Shower Room Space***)

Working Drawings

Working drawings contain the necessary information to construct a building and are the drawings intended for use by the contractor and subcontractors.

Working drawings must include the following:

- architectural seal
- major entrances to and exits from the site
- road access(es) and proposed routes to and from the site
- parking
- architectural specifications
- mechanical specifications
- electrical specifications
- a floor plan for each level indicating all departments/services as outlined in the ***Long-Term Care facility Design Manual*** (for example, ***Dietary Service Space***, ***Laundry Space*** and ***Work Space for Nursing/Program and Therapy Staff***)
- a floor plan for each level of the building indicating living space (both private and communal) within each ***Resident Home Area*** and outside of the ***Resident Home Area(s)*** as outlined in the ***Long-Term Care Facility Design Manual*** (for example,

Resident Bedroom Space for private, semi-private and basic/standard accommodation, ***Bath Room Space*** and ***Lounge Space*** and ***Program/Activity Space)***

- a detailed floor plan layout of the following:
  - ***Resident Bedrooms*** (including a private, a semi-private and a basic/standard bedroom as applicable
  - the ***Resident Washroom*** layout(s)
  - ***Dining Space*** layouts including the placement of tables and chairs
  - ***Dietary Service Space*** layouts including Servery Space(s)

STEPS IN THE PROCESS

I. REVIEW OF PROGRAM AND STRUCTURAL REQUIREMENTS

Before beginning the development of any construction project, the sponsoring agency, in consultation with the project architect, must review:

- the ***Long-Term Care Facility Program Manual*** which describes the required operational standards for all long-term care facilities; and
- the design standards and functional considerations/recommendations contained in this ***Long-Term Care Facility Design Manual***.

The design of the long-term care facility must meet the resident care, program and service needs of the long-term care facility to ensure the best possible outcomes of care for the residents of that facility. Once the sponsoring agency determines the resident care, services and program requirements for the long-term care facility, preliminary plans must be developed by the architect in consideration of those identified operational needs.

II. FIRST SUBMISSION OF PLANS

1. Plan Submission

All plan submissions must comply with the design standards set out in the ***Long-Term Care Facility Design Manual.*** The functional considerations/ recommendations in the ***Long-Term Care Facility Design Manual*** are commonly accepted “best practices” and are optional guidelines that may be incorporated into the facility design.

For any proposed construction project, the sponsoring agency/architect has the option of submitting either preliminary sketch plans or working drawings and specifications to the Ministry of Health as the first submission.

As a note of caution, preliminary sketch plans are suggested as the first submission in the event that revisions may be required to the proposed design of the long-term care facility prior to approval by the Ministry of Health. Working drawings and specifications are more detailed and therefore more complicated to revise than preliminary sketch plans.

2. Project Summary

The sponsoring agency/architect must also provide as part of the first submission of plans to the Ministry of Health, a written description outlining the overall care, program and service objectives envisioned for the long-term care facility. This written summary report must respond, as a minimum, to the items contained in the attached Appendix "A" - ***Project Summary***. The sponsoring agency/architect must provide information on each requested item.

The purpose of completing the ***Project Summary*** is to provide the Ministry of Health's plans review team with basic information about the project and a description of how the design will support program and service delivery. At a minimum, the written plan must clearly reflect how the sponsoring agency intends to comply with the requirements relating to provision of care, program and services as outlined in the ***Long-Term Care Facility Program Manual.***

The sponsoring agency/architect must submit five (5) copies of the preliminary sketch plans (or five copies of working drawings and two (2) copies of the specifications if the sponsoring agency so chooses) and five (5) copies of the ***Project Summary***. The Ministry of Health shall return to the sponsoring agency and shall not review any submission which does not include five copies of both the preliminary sketch plans (or working drawings and specifications) and the ***Project Summary***.

3. *Operational Plan for the Renovation, Alteration or Conversion of a Long-Term Care Facility ("Operational Plan")*

In the case of renovations to an existing long-term care facility, the Planning Coordinator will upon receipt of the first submission of plans, request that the sponsoring agency submit two (2) copies of an ***Operational Plan*** which outlines how resident health, welfare, and safety will be assured over the schedule of the construction project.

The ***Operational Plan***;must comply with the format set out in Appendix "B". The ***Operational Plan*** must cover the time frame of the project and must address all operational aspects affected by the construction.

One copy of the ***Operational Plan*** must be sent by Planning Coordinator to the Long-Term Care Regional Office where the facility is located. The Regional Office is responsible for getting comments back to the Planning Coordinator within ***two weeks (10 working days)*** of receipt.

The second copy must be retained by the Planning Coordinator. Depending on the scope of the project, the ***Operational Plan*** may be shared with the Dietary Advisor and/or Environmental Health Advisor assigned to the long-term care facility.

If there are concerns identified by the Ministry of Health with the ***Operational Plan***, the Planning Coordinator will request revisions. The Ministry of Health will not provide final plan approval to proceed with the project in the absence of a Ministry of Health approved ***Operational Plan*** where required.

III. MINISTRY REVIEW OF FIRST PLAN SUBMISSION

Each project shall be assigned to a Planning Coordinator in the Specialty Services Unit who shall take the lead responsibility in overseeing and coordinating the plans review process.

The Planning Co-ordinator shall distribute copies of the preliminary sketch plans (or working drawings and specifications as applicable) and the ***Project Summary*** for review and comments by the following Ministry of Health staff:

- Compliance Advisor (registered nurse) in the respective Long-Term Care Regional Office where the long-term care facility is to be located
- Environmental Health Advisor - Specialty Services Unit
- Dietary Advisor - Specialty Services Unit
- Architect - Capital and Technical Services Branch

Ministry of Health staff shall review the plans and the ***Project Summary***, and forward their comments and recommendations to the Planning Coordinator **within 2 weeks (10 working days)** of the receipt of the plans, ***Project Summary*** and as applicable, ***Operational Plan***. The Planning Coordinator shall be responsible for collating these comments and recommendations, and in turn, drafting a response back to the sponsoring agency/architect.

Note: In some cases, if necessary to expedite the plans review process, a meeting may be requested by the Planning Coordinator, on behalf of the Ministry of Health's

plans review team, with the sponsoring agency to discuss the project and clarify issues.

The Ministry of Health shall review and send back comments on the first plans submission (preliminary sketch plans/working drawings and specifications and the written overview) within ***four weeks (20 working days)*** of receipt of the submission to the Specialty Services Unit.

Note: If working drawings are submitted as part of the first plans submission and are determined as acceptable by the Ministry of Health, the plans shall be approved. The notice of approval will be sent back within ***four weeks (20 working days)*** from receipt of the first plans submission from the sponsoring agency/architect. Once plans are approved, no further submissions are needed.

IV. SECOND SUBMISSION OF PLANS

Based on the comments and recommendations received from the Long-Term Care Division on the first submission (i.e., the preliminary sketch plans or working drawings and specifications, the ***Project Summary*** and where applicable, the ***Operational Plan***), the sponsoring agency/architect will develop a second submission of plans. The second submission may include a revised sketch plan, revised working drawings and specifications or detailed working drawings and specifications based on approved sketch plans. It is the decision of the sponsoring agency whether to submit detailed working drawings and specifications or re-submit sketch plans.

In some cases, there may also be need to submit a revised ***Project Summary*** if the sponsoring agency decides to make significant program changes after the first submission of plans.

If sketch plans were the first submission and were accepted or require minor revisions, the second submission must include working drawings and specifications.

Working drawings and specifications must be submitted before final plans approval by the Ministry of Health.

Note: If there are any questions or concerns about the Long-Term Care Division's comments or recommendations, the sponsoring agency and/or the architect are

encouraged to contact the Planning Coordinator to seek clarification and to discuss any issues related to the working drawings and specifications development process.

Five (5) copies of the second submission (revised sketch plan or working drawings and specifications and ***Project Summary***, if applicable) must be submitted by the sponsoring agency/architect to the Planning Coordinator.

Where plans are substantially altered by the sponsoring agency/architect as a result of the comments and recommendations received from Ministry of Health staff on the first submission of plans, the Planning Coordinator must conduct a second distribution of the plans in accordance with the same process as set out under "First Submission of Plans" above.

Where the second submission is revised sketch plans and revisions accurately reflects the Ministry of Health comments and recommendations from the first submission, the Planning Coordinator will verbally advise the sponsoring agency/architect within ***two weeks (10 working days)*** that the second submission of plans is acceptable. Confirmation of this approval will be provided in writing only at the request of the sponsoring agency/architect. Following verbal notice, the sponsoring agency/architect shall then proceed with the development of detailed working drawings and specifications.

If working drawings and specifications are the second submission, and are determined as acceptable by the Ministry of Health, then the plans shall be approved. The notice of approval shall be sent back within ***four weeks (20 working days)*** from receipt of the second plans submission from the sponsoring agency/architect.

If working drawings and specifications are the second submission and are not acceptable, then the sponsoring agency/architect must re-submit revisions in keeping with Ministry of Health comments and recommendations until such time as working drawings and specifications are approved.

VI. CONSTRUCTION

The Planning Coordinator shall monitor the progress of the construction project.

In the case of an existing facility under renovation, the Compliance Advisor assigned to the long-term care facility is responsible for monitoring adherence to the ***Operational Plan***. If because of unforeseen circumstances the ***Operational Plan*** must be revised, the

sponsoring agency must notify the Compliance Advisor for approval of any changes. Changes can be approved verbally over the telephone; any approved changes shall be confirmed in writing by the Ministry of Health.

VII. PRE-OCCUPANCY REVIEW

The purpose of the pre-occupancy review is to determine the acceptability of the facility for occupancy by residents. All construction, alteration and renovation projects shall be subject to a pre-occupancy inspection by the Ministry of Health.

The pre-occupancy review shall be conducted by a multi-disciplinary team from the Long-Term Care Division which includes the Planning Coordinator, Compliance Advisor, Environmental Health Advisor and Dietary Advisor. Depending on the scope and size of the project, certain team members may be excluded from the pre-occupancy review. This decision shall be the responsibility of the Planning Coordinator.

The pre-occupancy review team shall assess both structural design and operational standards to confirm that:

- the construction, alteration or renovation project conforms with the approved plans; and

- the new building or the renovated area of an existing long-term care facility is ready for occupancy by residents.

The sponsoring agency/architect shall inform the Planning Coordinator when the project is ready for pre-occupancy review. The Planning Coordinator shall arrange a time for the pre-occupancy review and verbally confirm the date with the sponsoring agency/architect. The Planning Coordinator shall advise the sponsoring agency/architect to request that a fire safety inspection be conducted by local authorities and subsequent approval obtained from the respective fire safety agency.

The Planning Coordinator shall be responsible for advising the sponsoring agency/architect that the following documents will be required at the time of the pre-occupancy review:

- Building Permit
- Occupancy Permit
- Fire Department/Ontario Fire Marshal formal approval documents
- Hydro Permit
- Fire and Call System Alarm Verification Certificate
- Fire Retardancy Certificate

The Ministry of Health shall not give approval for occupancy in the absence of the above approvals from the respective governing authorities.

VII. NOTICE OF APPROVAL FOR OCCUPANCY

Following completion of the pre-occupancy review, the recommendation to approve or not approve the building for occupancy as a long-term care facility shall be made by the pre-occupancy review team. The Executive Director shall be advised of the outcome of the pre-occupancy review and shall make the decision on approval for acceptability of occupancy.

Where approval is not given, the Planning Coordinator shall arrange a second pre-occupancy review in accordance with the procedure and protocols set out above.

APPENDIX A: PROJECT SUMMARY

OVERVIEW AND PURPOSE

The ***Project Summary*** shall provide written information outlining how the design of the building will support the effective delivery of care, programs and services to residents residing in the long-term care facility. This information shall support the timely completion of the plans review process by providing Ministry of Health staff with basic information about the proposed long-term care facility.

The ***Project Summary*** shall be submitted by the sponsoring agency/architect to the Planning Coordinator for review with the first plans submission.

Five (5) copies of the ***Project Summary*** must be submitted with five (5) copies of the sketch plans or working drawings and two (2) copies of the specifications.

CONTENT OF THE "PROJECT SUMMARY"

The ***Project Summary*** must include the following information under the following general headings:

1. Description of Project

The description of the project should be brief and must outline the general philosophy of care, programs and services proposed to be provided in the long-term facility.

2. Overview of the Project

The section should be brief and must provide the following information:

- the size of the building including the total number of beds and the number of floors;
- whether the long-term care facility shall be part of an integrated multi-use complex (for example, attached to a rest/retirement home or a supportive housing apartment building, or part of other services/programs to be offered in the complex, for example as Meals-on-Wheels or a seniors day program); and
- the location and description of ***Outdoor Space***.

3. Resident Home Areas

This section must include a brief description of each ***Resident Home Area***, including:

- the number of beds in each ***Resident Home Area***;
- number and dimensions of private, semi-private and standard (basic) resident bedrooms;
- the size, dimensions and design of resident washrooms;
- the size, dimensions and design of the resident bathrooms and shower rooms; and
- a summary of the common area space including the sizes of the dining area(s), lounge(s) and program/activity area(s).

Note: If each ***Resident Home Area*** is the same in size and design, only one description shall be required and the submission shall indicate that this is the case.

4. Care and Services Programs in *Resident Home Areas*

This section must provide a brief description of the care and service programs proposed to be delivered in each ***Resident Home Area*** and a brief overview of how the design of each ***Resident Home Area*** will support the delivery of the proposed care and service program(s) (for example, how will the design of a specific ***Resident Home Area*** support the provision of a palliative care program).

5. Space for Resident Care Services

This section must briefly describe how and where space will be allocated to support the provision of the following resident care services:

- nursing services
- medical services
- therapy/activity services
- pastoral care services

6. Facility Support Space

This section must briefly describe how and where space will be allocated to support the provision of the following facility support services:

- meal services and food services
- personal laundry and facility linen services
- administration services
- building services
- housekeeping services

7. Additional Information (Optional)

Completion of this section is optional. It is up to the sponsoring agency/architect to decide any additional relevant information which can be provided to assist the Ministry of Health staff in the plans review process.

APPENDIX B: OPERATIONAL PLAN FOR THE RENOVATION, ALTERATION OR CONVERSION OF A LONG-TERM CARE FACILITY ("OPERATIONAL PLAN")

OVERVIEW AND PURPOSE

The purpose of the ***Operational Plan*** is to provide a detailed account of how resident health, welfare, safety and general well being shall be assured over the construction period. The order in which phases of construction will occur and the time frames that each phase will take place, must be included in the plan. The ***Operational Plan*** shall be prepared by the sponsoring agency and two (2) copies shall be submitted to the Planning Coordinator.

An ***Operational Plan*** shall be submitted for review and approval with the submission of working drawings and specifications for any addition, renovation or alteration of a long-term care facility. Final plans approval to proceed with a project shall not be given by the Ministry of Health until the ***Operational Plan*** has been accepted by the Ministry of Health.

FORMAT AND CONTENT OF THE OPERATIONAL PLAN

The ***Operational Plan*** must include the following information under the following general headings:

1. Overview of the Project

This section shall provide a brief description of the project including:

- what is being built, for example, a new facility or an addition;
- the anticipated dates when construction is expected to begin and when construction is expected to be completed; and
- if the project is to be done in phases or stages, the anticipated time frames for the different phases/stages of construction.

2. Administration

This section must briefly describe how the project administration issues will be addressed including:

- the name and position title of the on-site supervisor of the construction project
- communication protocols between the foreman and Administrator of the long-term care facility, for example, daily meetings to be conducted.

3. Communications

This section must briefly describe the process for notification and communication to all affected parties about the project, safety protocols and other matters related to the construction project including:

- All staff - staff must be familiar with and been given the opportunity to participate in the development of the operational plan.
- Families - families must be notified of overall plans and be notified of changes that will directly affect their family member.
- Fire Marshal's Office/Local Fire Department - the Fire Marshal's Office/Local Fire Department must be notified of overall plans.
- Public Health Unit - the Public Health Unit must be notified if there is to be any change/disruption in the kitchen design and/or food service

4. General Safety Measures

This section must indicate how general safety measures will be addressed including but not limited to:

- the name and position title of the person assigned to monitor safety.
- the separation(s) or types of barriers to be provided between all construction sites from resident care and living areas.
- safety measures which will be implemented to protect confused/wandering residents.
- staff in-service regarding safety measures including temporary barriers, temporary alarms (doors, call pulls, fire panels) - staff and construction crew must be aware of the need to keep construction areas and equipment inaccessible to residents
- openings (doors, windows and walls) into the construction site must be secure;

- Are openings used for entering and exiting alarmed?
- Are all alarms (permanently and temporarily placed) checked frequently?

- Will any door alarms be temporarily disconnected?

- Measures to be implemented in the event of temporary disconnection of electricity for the following:
  - residents care (i.e., oxygen concentrators)
  - monitoring of doors on alarm
  - fire safety issues
  - emergency call bells
  - additional staffing resources
  - transportation of residents, for example, when elevators not available
  - food preparation contingency plans
  - dishwashing
  - housekeeping
  - maintenance
  - laundry

- Measures to be implemented in the event of a temporary shut off of water for the following:
  - residents' personal care
  - fire safety issues
  - food preparation
  - dishwashing and general kitchen sanitation
  - housekeeping
  - maintenance
  - laundry

- Protocols to be implemented to minimize dust and dirt for the construction area. - What additional housekeeping hours will be provided when necessary?
  - What protection will be provided for residents who may be more affected by increased dust levels (i.e., allergies)?

- Protocols for advising the construction crew of the safety needs specific to the resident population.

5. Resident Areas

This section must briefly describe how resident areas affected by construction will be secured.

Questions which must be addressed:

- If during construction, there are approved temporary bedrooms, or over bedding of existing rooms, have all safety and comfort features been provided such as the call system, over bed lighting, privacy curtains?

- If during construction, there are approved temporary washrooms or tubrooms, or renovations are occurring in parts of these areas, have all safety and comfort features been provided, such as the call system, grab bars, lighting, privacy curtains, ventilation?

- If during construction, there are approved temporary common areas - lounge, dining, activity, have all safety and comfort features been provided such as lighting, natural lighting as a preference, call system?

- If during construction, resident outside areas are affected, has a temporary enclosed area been established?

6. Food Service

This section shall briefly describe how changes to the food/meal service will be managed.

Questions which must be addressed:

- What is the impact on the food service?

- How long will the kitchen be closed?

- When will construction work be scheduled (i.e., nights only)?

- What measures are to be taken to provide safe meals to the residents, e.g., food handling, food transporting and food temperature requirements are met)

- Are nutritious meals, that include sufficient menu variety, special diets and snack requirements met?

- Has the local Public Health Unit been informed and given approval to implement temporary measures?

7. Noise Factors

This section must briefly describe how noise factors will be managed.

Questions which must be addressed:

- What will the time periods be when construction noises shall cease, i.e., meal times, early mornings and nights?

- Will residents have to be relocated to another section of the facility, or be out on a day trip during times when construction noise is a serious concern?

8. Laundry Services

This section must briefly describe how, if applicable, laundry services will be affected and managed.

Questions which must be addressed:

- What is the contingency plan if laundry service is to be interrupted for period of time, (for example, temporary location for laundry processing)?