**Recommended DHCD Design Improvements Checklist**

**For Senior Housing Developments**

For senior housing developments, the following design improvements are recommended. Please note if the development already has any of these features as well as improvements provided for in the proposed project. (Based on recommendations from EOEA)

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| **Feature** | **Check if Included** | **Comment** |
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Exterior

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| Primary entry to the building without stairs and doorway with a flush threshold (or minimal beveled door transition) |  |  |
| Continuous pathway between home, transit, and frequently used services that does not require shortcuts through alleys or landscaping. |  |  |
| Covered bus stops with benches – good visibility all sides and well lit. |  |  |

Common Areas

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| Video intercom system with both an option for push button screen (aka installed wall-phone) for ease of use by seniors- useful for seniors with arthritis or other challenges that make it hard to use a touchscreen or use on any phone/mobile phone. This would allow residents to admit visitors coming to pick them up while already in the lobby as well. |  |  |
| Automatic door openers at public entry doors. |  |  |
| Resident services office(s) near the front lobby to support staffing of 1 Resident Service Coordinator for every 100 residents, but no less than one. Office(s) fully enclosed for privacy and at least 250 sf so the resident and one family member or support person can meet with the RSC. |  |  |
| Private office for resident and health care professional to meet. |  |  |
| Multi-purpose (400 sf minimum) with no less than 10 sf/resident; stackable furniture, storage, good lighting and age-friendly acoustics; located near front lobby with partially transparent walls so activities are visible to encourage participation. |  |  |
| Given frailty and heath needs of many residents, double elevators for back up during repairs, size one of the elevators 24” x 84” to accommodate a stretcher. |  |  |
| Air conditioning throughout the building (including apartments). Use a system that supports maximum heating/cooling flexibility during transition seasons. |  |  |
| Back-up generator to ensure elevator access, AC, refrigeration (for medications) and common use corridor outlets for unforeseen medical necessities requiring power during power outages. |  |  |
| Hallway light fixtures with output of at least 2700 lumens; fixtures that cast a diffuse light (reflected illumination on the wall or ceiling via a shade, not direct light). |  |  |
| Do not include occupancy sensors in common areas or corridors- dark, unoccupied rooms are uninviting to residents with low vision and disorienting to residents with dementia, and corridors lighting up as on proceeds can put people off balance. |  |  |
| For ceilings and other hard surfaces, use non-toxic materials that dampen background noise |  |  |
| Well-lit signs with large lettering with building information for easy navigation. |  |  |
| Slip resistant, hard, durable flooring material to reduce tripping and support residents who shuffle feet. Limit carpet to small areas and select easy to clean, short pile carpets. Adhered walk-off mats should be included at entry doors to reduce tracking of water on to hard flooring which may result in a slippery condition. |  |  |
| Unique color scheme of each floor can aid in way-finding. |  |  |
| Shelf for packages at all exterior unit entrances. |  |  |
| Incorporate active design solutions to encourage walking such as an open, well lit, making them a colorful, inviting stair near the elevator with low-rise steps and fewer steps between landings that turn direction at each landing to lessen the distance of a fall. |  |  |
| An activities board (preferably electronic). |  |  |
| Additional flexible program spaces to support social engagement and wellness (e.g. fitness classes, group meals). |  |  |
| Storage for mobility devices in activity areas |  |  |

Entrances

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| Lobby to support social connections; no less than 1,000 square feet, and at least 5 square feet per resident; age-friendly, permanent seating (firm seat cushions 18’’ high and 18’’ deep, with sturdy arms, backs and washable fabric). |  |  |
| Waiting area with seating located in line of sight to exterior resident pick-up area. |  |  |
| Front desk of office with visible and audible access for residents both standing or in wheelchairs. |  |  |

Unit Interiors

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| Awning windows with easy-use push out hardware or crank if located behind a counter such as at a sink. |  |  |
| Slip resistant, hard, durable flooring materials to reduce tripping and support residents who shuffle feet. Limit carpet to small areas and select easy to clean, short pile carpet. |  |  |
| Space to allow wheelchair or walker approach on side of bed closest to bedroom door. |  |  |
| 42” clear width in hallways |  |  |
| Open floor plans, wall cut outs, or glazing in doors allow caregivers to maintain a visual connection with residents who may need assistance. |  |  |
| Shelf for packages inside unit entry. |  |  |
| Storage for mobility devices and large items such as diapers. |  |  |

Baths

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| 60” turning diameter in baths. |  |  |
| Wall-hung sink and/or cabinetry with a counter height that will accommodate seated residents. |  |  |
| Removable base cabinet at sink or provide recessed area for knee space. |  |  |
| Showers in all apartments (no tubs) with curbless entry and no less than 36” X 60” to accommodate resident plus caregiver and mobility device. |  |  |
| Grab bars at existing tubs for support while entering and exiting tub |  |  |

Kitchens

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| 60” turning diameter in kitchens |  |  |
| Provide a separate cook top and wall oven. Locate wall ovens at counter height with side-mounted hinges for easy transfer from oven to counter. Provide bread board directly under stove. |  |  |
| Side by side energy star refrigerator/freezer or freezer on the bottom. |  |  |
| Cabinets with sliding shelves and “durable wooden or steel lazy Susan” corner cabinets. |  |  |
| Removable base cabinets under the kitchen sink, cook top and a portion of the workspaces to provide knee space for residents using wheelchairs. |  |  |
| Upper cabinets should be mounted approx. 13" above the counter top for ease of reach (maximum high reach is 63”). |  |  |
| Exterior exhausted Electric stoves for easy and flexible decommissioning for residents with dementia |  |  |
| Range hood fire extinguishers to put out unexpected stove fires. |  |  |

Technology

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| Simple to understand HVAC controls in apartments with large screen for easy reading. |  |  |
| Building should be “Wi-Fi ready” with infrastructure in place for easy utilization of new technology as it emerges for both residents and staff. |  |  |
| Wireless door locks with proximity card type access and remote unlocking for emergencies. Remote unlocking allows staff to easily assist residents and could be used by staff as a wellness check feature to alert staff when a resident has not left their apartment for an extended period. |  |  |
| Audible and visible alarms and door bells to support hearing loss. |  |  |