

Appendix I

Environmental Checklist: Facility Level

Note: This document has been modified for display purposes to eliminate extra spaces for comments, and additional pages for additional lounges, dining rooms, and other features.

Environmental Checklist: Overall Facility

1. Site

a. This facility is located in what type of neighborhood?

- _____ 1. Residential
- _____ 2. Mixed Use
- _____ 3. Commercial
- _____ 4. Industrial

Yes No

-1- -2-

b. Identified visitor parking

c. Number of identified visitor parking (within 20 yards)

- _____ 1. 1-20 Reserved spaces
- _____ 2. 20+ Reserved spaces

-1- -2-

d. Covered drop off/pickup area outside main entrance

2. General

-1- -2-

a. One storey facility

If no, number of storeys _____

-2-

b. Attractive well-kept grounds

If no, explain _____

3. Main Entrance

-1- -2-

a. Automatic door opener

-1- -2-

b. Vestibule

c. Which of the following methods are in place for controlling entrance to facility?

-1- -2-

_____ 1. Front door unlocked, no monitoring by staff

-1- -2-

_____ 2. Front door unlocked, visitor entrance monitored by staff

-1- -2-

_____ 3. Front door locked, staff opens door for visitor

-1- -2-

_____ 4. Front door locked, entrance with key code

-1- -2-

_____ 5. Other _____

4. Lobby/Reception Areas

- 1- -2- a. Receptionist desk at entrance
- b. Proximity of main lobby/reception area to main entrance
- 1- -2- _____ 1. Immediately adjacent or part of main entrance
- 1- -2- _____ 2. Other DESCRIBE _____
- 2- -2- c. Reception desk residential in nature Not caged room with window
- 1- -2- d. Signage with Directory of resident services
- 1- -2- e. Visitor sign-in/sign-out book
- 1- -2- f. Chairs at entrance for residents where they can view activity and wait for transportation

4. Lobby/Reception Areas (Continue from previous page) Yes No

- 1- -2- g. Public toilet near entrance that residents may use without need for key
- 1- -2- h. Wayfinding and directional signage in large lettering (5/8" or larger) with contrasting background (black on white, or black on yellow)
- 1- -2- i. Public telephone in lobby/reception area
- Other observations about entrance/lobby area. _____

5. Lounge/Social Spaces

- 1- -2- a. Not applicable- **IF NO LOUNGE ± GO TO 6**
- b. Number of lounge areas (separate from units) for resident and family use? _____

5a. Lounge/Social Space 1 REPEAT TO DESCRIBE ALL LOUNGES IN FACILITY

- a. Purpose of lounge/social space
 - _____ 1. Multipurpose room (combines multiple functions, e.g, dining, activities, sitting)
 - _____ 2. Separate activity room
 - _____ 3. Separate sitting room/Parlor/Living room (not used for formal/planned activities or dining)
 - _____ 4. Other (Describe) _____
- b. Describe location and features of this lounge/social space _____
- c. Number of chairs available for seating? _____
- d. Number of 2 person sofas available for seating? _____
- e. Number of 3 person sofas available for seating? _____
- f. Number of seating arrangements? _____
- g. Number of chairs with arms? _____
- h. Number of chairs that pass the ATip@ test? _____
- i. Number of chairs with seat height of 16"-19"? _____
- j. Total number of tables? _____
- k. Number of accent tables with minimum height of 28" from floor? _____
- l. Number of activity or dining-type tables with 29" clearance from floor? _____

- 1- -2- m. Some moveable seating is supplied
- 1- -2- n. Choice of one, two, or multiple person seating
- 1- -2- o. Strong color contrast between all chairs and floor
- 1- -2- p. Single chair adjacent to table with lamp
- 1- -2- q. Current daily newspaper for shared use

- 1- -2- r. At least one piece of reading material is in large print
- 1- -2- s. Television
- 1- -2- t. One seating area in room without TV
- 1- -2- u. Television turned off if no one is watching it

5a. Lounge/Social Space 1 (Continued from previous page)

Yes No

- 1- -2- v. Large clock with large lettering
- 1- -2- w. Window with view to outdoors
- 1- 2- x. Orientation board that communicates day and date such as a large calendar, holiday hangings or posted sign with day, month, and year
- 1- -2- y. Flowers in lounge area (natural or artificial)
- 1- -2- z. Living plants in lounge area
- 1- -2- aa. Fireplace

Yes No

- bb. Evidence of any of the following equipment for activities (Check all)
 - 1- -2- 1. Games and/or cards
 - 1- -2- 2. Arts and crafts
 - 1- -2- 3. Large motor skill equipment (e.g., large beach balls, bowling)
 - 1- -2- 4. Exercise equipment (treadmill, bike, etc.)
 - 1- -2- 5. Musical instruments & other equipment (e.g., CD player, tape deck)
 - 1- -2- 6. Popcorn machine, refreshments laid out
 - 1- -2- 7. Jigsaw puzzle
 - 1- -2- 8. SPECIFY _____
- 1- -2- cc. Kitchenette in lounge area (refrigerator, sink, microwave/cooktop, or oven)
- dd. What is floor covering in lounge (Check all that apply)
 - 1- -2- 1. carpet, low pile (i.e. industrial pile)
 - 1- -2- 2. carpet, high pile
 - 1- -2- 3. sheet vinyl
 - 1- -2- 4. composite tile
 - 1- -2- 5. rubber
 - 1- -2- 6. terrazzo
 - 1- -2- 7. Other SPECIFY: _____
- 1- -2- ee. Floor covering is well maintained (not stained or dirty)
- 2- -2- ff. Floor avoids high-contrasting patterns (ie., black & white checkerboard pattern)
- gg. What is wall covering treatment? (Check all that apply)
 - 1- -2- 1. painted sheetrock/plaster
 - 1- -2- 2. partially or completely papered (count borders as wall paper)
 - 1- -2- 3. paneling
 - 1- -2- 4. brick
 - 1- -2- 5. painted concrete blocks
 - 1- -2- 6. other SPECIFY: _____
- 1- -2- hh. Wall covering is well maintained (not stained, torn, or dirty)
- ii. Provide dimensions of major areas of lounge/social space (Length X Width)

Comments _____

6. Corridors/Stairs (Based on corridors in main public area.)

Yes No

- 3- -2- a. Window view to outside directly from corridor
- 1- -2- b. Art work or wall hangings on corridor walls
- 1- -2- c. Wall finishes differ between corridors on unit
- 1- -2- d. Floor finishes differ between corridors on unit
- 1- -2- e. Handrails on both sides of corridors
- 1- -2- f. Handrails continue around corners
- 1- -2- g. Handrails contrasting color with walls
- 1- -2- h. Seating along corridors.

Yes No

- 1- -2- i. What is floor covering in corridor (Check all that apply)
 - 1- -2- 1. carpet, low pile (i.e. industrial pile)
 - 1- -2- 2. carpet, high pile
 - 1- -2- 3. sheet vinyl
 - 1- -2- 4. composite tile
 - 1- -2- 5. rubber
 - 1- -2- 6. terrazzo
 - 1- -2- 7. Other SPECIFY: _____
- 1- -2- j. Floor covering is well maintained (not stained or dirty)
- 1- -2- k. Floor is not a high-contrasting pattern (ie., black & white checkerboard pattern)
- 1- -2- l. Dull finish floors (no glare)
- 1- -2- m. Color contrast between walls & floors
- 1- -2- n. What is wall covering treatment? Check all that apply)
 - 1- -2- 1. painted sheetrock/plaster
 - 1- -2- 2. partially or completely papered (count borders as wall paper)
 - 1- -2- 3. paneling
 - 1- -2- 4. brick
 - 1- -2- 5. painted concrete blocks
 - 1- -2- 6. other SPECIFY: _____
- 2- -2- o. Wall covering is well maintained (not stained, torn, or dirty)
- 1- -2- p. Cleaning or medical equipment present in corridors? (Check all)
 - 1- -2- 1. Hoyer lifts
 - 1- -2- 2. Dirty laundry carts
 - 1- -2- 3. Housekeeping cars
 - 1- -2- 4. Linen carts
 - 1- -2- 5. Trash containers
 - 1- -2- 6. Incontinence product disposal
 - 1- -2- 7. Food trays
 - 1- -2- 8. Weight scales
 - 1- -2- 9. Medicine carts
 - 1- -2- 10. Other Specify _____

7. Elevator (If none, skip to 8)

- a. Number of elevators for resident use in facility? _____
- 1- -2- b. Separate elevator for service entrance so stretchers & Gurney need not be moved through main entrance (ASK)
- 1- -2- c. Activity schedule is posted in or near elevator
- 1- -2- d. Separate floor cuing features that facilitate wayfinding
- 1- -2- e. Seating within 10' of elevator for rest stop
- 1- -2- f. Seating inside elevator
- 1- -2- g. Handrails located inside elevator positioned on both sides of elevator

8. Facility wide dining room (Ask what dining room is considered main dining room)

- a. Check if not applicable, no main dining room. (All dining occurs on unit) _____
- IF NO MAIN DINING ROOM ± GO TO 9**
- b. Number of tables in dining room by capacity (Possible number of place settings)
 - _____ 1. One person table
 - _____ 2. Two person table
 - _____ 3. Three person table
 - _____ 4. Four person table
 - _____ 5. Five person table
 - _____ 6. Six person table
 - _____ 7. Seven person table
 - _____ 8. Eight person table
 - _____ 9. Nine person table
 - _____ 10. Ten person table
 - _____ 11. Ten+ person table
- c. Number of horseshoe or circular feeding tables? _____
- d. Number of tables with underneath clearance of 29" from floor? _____
- e. Total number of chairs available for seating? _____
- f. Number of chairs that pass the Atip@ test? _____
- g. Number of chairs with arms? _____
- 1- -2- h. Dining room has pictures or decorations on wall, etc.
- 1- -2- i. Flowers or centerpiece on table
- 1- -2- j. Tablecloths at table setting
- 1- -2- k. Place mats at table setting (paper or cloth)
- 1- -2- l. Strong visual color contrast between dishes and table top
- 1- -2- m. Menu posted on wall or placed on table
- 2- -2- n. Menu with lettering a minimum of 5/8" in size
- 1- -2- o. Chairs without casters or with only two casters
- 1- -2- p. No large open trash cans in dining room
- 1- -2- q. Kitchen that includes refrigerator, sink, microwave/cooktop, or oven
- 1- -2- r. Window(s) in dining room **IF NO WINDOW ± GO TO 9**
- 1- -2- s. Are curtain, shades, horizontal blinds or other devices present to cut glare?
 - _____ 1. All windows have devices

8. Facility wide dining room (Ask what dining room is considered main dining room)
(continued from previous page)

_____2. Some windows have devices: some don't

_____3. No windows have devices

-1- -2- t. Other _____

Comments. Describe any features that are pleasant or unpleasant. Be.g. salad bars and toasters may be positive features. Big open trash cans are negative features.

9. Residential Services/Activity Areas/Amenities

Yes No

- 1- -2- a. Gift shop/sundry shop that can actually be entered in a wheelchair.
(Not just a counter with items)
- 1- -2- b. Coffee or snack bar with beverages for residents
- 1- -2- c. Vending machines for visitor and resident use
- 2- -2- d. Café where light meals (soup/sandwiches) are served
- 1- -2- e. Number of public toilets residents can use throughout facility? _____
- 1- -2- f. Library. Either dedicated room or dedicated part of room
- 1- -2- g. Library cart for bed bound residents
- 1- -2- h. Greenhouse or sunroom filled with plants
- 1- -2- i. Aviary or birdcage
- 1- -2- j. Aquarium or fishtank
- 1- -2- k. Dogs or cats that live in (not owned by a staff member)
 - 1- -2- l. Beauty/barber shop
 - 1- -2- m. Residents cannot be viewed by passers-by in beauty shop
 - 1- -2- n. Resident access to computer with internet that residents can use
 - 1- -2- o. In-house closed-circuit TV
 - 1- -2- p. Separate chapel or meditation room
- 1- -2- q. Markers, artifacts, posters, or other objects visible that symbolize religious or spiritual values
- 1- -2- r. Vigil room for family members to use when resident is in critical condition
- 1- -2- s. Guest room for family to stay overnight
- 1- -2- t. Intergenerational activities such as a daycare
- 1- -2- u. Provision to entertain small children who are guests
- 2- -2- v. Wheelchairs observed around facility are of varied sizes and shapes
- 1- -2- w. Any electric wheelchairs
- 1- -2- x. Separate hospice area
- 1- -2- y. Physical therapy or OT room
- 1- -2- z. Employee lounge
- 1- -2- aa. Facility wide bath/shower room
- 1- -2- bb. Noisy functions away from resident rooms (kitchen, laundry, etc.)
- 1- -2- cc. Volunteer lounge
- 1- -2- dd. Laundry room family or residents can use

Describe in detail any unusual features of this facility. Examples might be a preschool, a swimming pool, connection to a community shopping arcade, a very striking chapel, unusual

decoration, Afront porches@ at every resident threshold. Also describe unusually negative features in the physical environmentBe.g. plaster falling, general disrepair, uncomfortable temperature.

10. Outdoor Access

- | | | | |
|-----|-----|-----|--|
| Yes | No | | |
| -1- | -2- | a. | Is there direct access to outdoor space? IF NO OUTDOOR SPACE ± GO TO 11 |
| | | b. | Are any of the outdoor amenities available (check all that apply) |
| -1- | -2- | 1. | Outdoor patio, deck, or courtyard (concrete, brick, or other hard surface, not lawn or gravel) |
| -1- | -2- | 2. | Outdoor seating (e.g., benches, chairs) |
| -2- | -2- | 3. | Covered seating |
| -1- | -2- | 4. | Moveable seating |
| -1- | -2- | 5. | Outdoor table |
| -1- | -2- | 6. | Hard surface outdoor walking or wandering path at least 3' wide |
| -1- | -2- | 7. | Covered outdoor area (e.g., gazebo, trellis, etc.) |
| -1- | -2- | 8. | Secured outdoor area (e.g., walled or fenced in courtyard) |
| -1- | -2- | 9. | Outdoor garden (e.g., flower beds, planters) |
| -1- | -2- | 10. | Raised garden planters (at least 36" from ground) |
| -1- | -2- | 11. | Bird feeder or bird bath |
| -1- | -2- | 12. | Outdoor recreational activities (picnic area, horseshoes, etc.) |
| -1- | -2- | 13. | Other Specify_____ |

11. Noxious Stimuli

- | | | | |
|-----|-----|----|--|
| Yes | No | | |
| | | a. | Noise - During the visit were any of the following noises present? (check all that apply) |
| -2- | -2- | 1. | Auditory alarms |
| -1- | -2- | 2. | Screaming or calling out by residents |
| -1- | -2- | 3. | Yelling or calling out by staff |
| -1- | -2- | 4. | TV/radio |
| -1- | -2- | 5. | Intercom or paging |
| -1- | -2- | 6. | Loudspeaker with background music (Musak) |
| -1- | -2- | 7. | Machinery (eg., washer, dryer, dishwasher, ice machine, elevator motor, |
| -1- | -2- | 8. | Mechanical system motor/blower, etc.) |
| -1- | -2- | 9. | Other Specify_____ |
| | | b. | Olfactory - Are any of the following unpleasant odors/smells present? (Check all that apply) |
| -2- | -2- | 1. | Cleaning solutions (e.g, ammonia, alcohol, pine-sol) |
| -1- | -2- | 2. | Urine |
| -1- | -2- | 3. | Feces |
| -1- | -2- | 4. | Other bodily odors (e.g., infection) |
| -1- | -2- | 5. | Garbage |
| -1- | -2- | 6. | Musty or moldy smell |
| -1- | -2- | 7. | Other unpleasant or negative odor (specify_____) |
| | | c. | Are any of the following pleasant odors/smells present? |
| -1- | -2- | 1. | Food smells (eg., coffee, cookies, bread, popcorn) |
| -2- | -2- | 2. | Other pleasant odors/aromas (Specify)_____ |

12. Light Protocol:

Time of reading _____

All readings taken @ 36" - 42" above floor and measured in foot candles

- a. **Outside reading** _____
- b. **In facility corridors:**
 - Directly under typical lighting fixture
- c. Between typical lighting fixture
- d. Lowest reading
- e. Highest reading
- f. **Reception/entrance area:**
 - Directly under typical lighting fixture
- g. Between typical lighting fixture
- h. Lowest reading
- i. Highest reading
- j. **Dining room - Facility level:**
 - Directly under typical lighting fixture
- k. Between typical lighting fixture
- l. Lowest reading
- m. Highest reading
- n. **Activity room - Facility level (e.g., chapel):**
 - Directly under typical lighting fixture
- o. Between typical lighting fixture
- p. Lowest reading
- q. Highest reading
- r. **Largest common lounge - Facility level:**
 - Directly under typical lighting fixture
- s. Between typical lighting fixture
- t. Lowest reading
- u. Highest reading

Exemplary Features and Notes

Describe any exemplary features at this facility that might make the facility a candidate for an innovative design post occupancy evaluation study.

1.
2.
3.
4.
5.
6.
7.