

Gaining the benefits of facility renovation

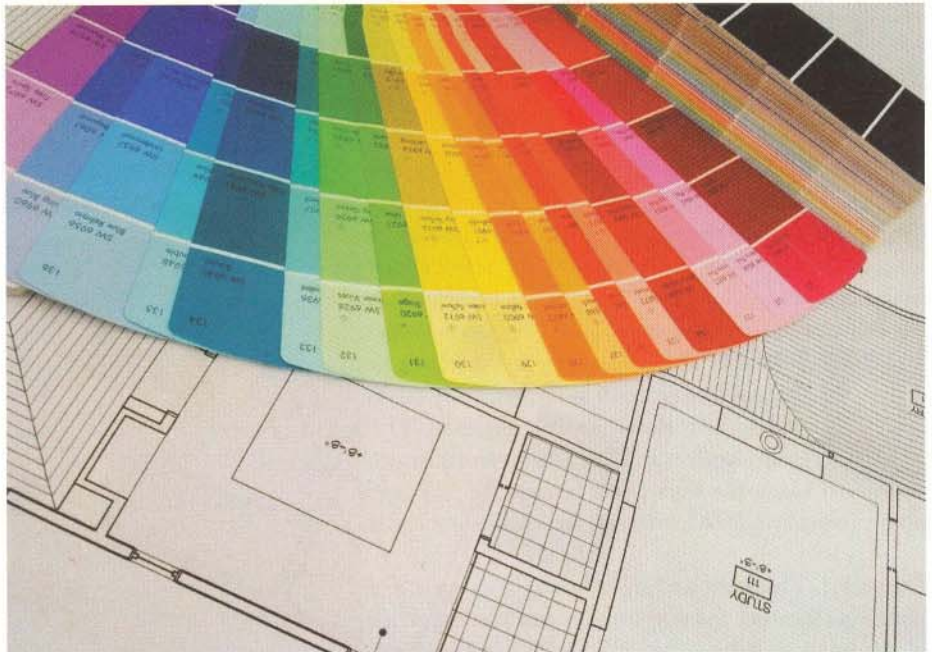
Renovation can make things good as new—and sometimes better, as these projects illustrate

Many existing continuing care retirement communities (CCRCs) own older buildings with apartments and public spaces that were designed based on antiquated planning principles. These communities are in need of dramatic transformation to respond to the baby boomer generation's demands. Beyond rehabs in established communities, new facilities will be required to provide housing and services to the most rapidly expanding segment of our population, people over 65. Some of these "new facilities" will actually be created through renovation. The greatest challenges will occur in occupied buildings where phasing, staff issues, updating infrastructure, and resident comfort and safety complicate the work.

Two factors are leading architects, builders, and owners to adapt structures to create exciting senior residential and senior care facilities: (1) elegant older structures abound in the northeastern United States, and (2) demographics are shifting toward an older population as baby boomers age.

Deer Meadows Retirement Community (DMRC) is a CCRC in Northeast Philadelphia with more than 400 residents and 400 staff. Like so many communities in the northeastern United States, residents live in buildings constructed anywhere from 1926 to 1996. In 2002, DMRC was forced to consider tearing down a 200,000-square-foot masonry building constructed in the 1920s and dealing with a potentially dramatic drop in census while developing a new replacement building. One reason the organization considered demolition was the apparent restrictions imposed by the footprint and floor-to-floor heights of the six-story building.

Meanwhile, in Rydal, Pennsylvania, PresbyHomes & Services owns buildings constructed in the 1970s with concrete plank and bearing walls that complicate



redevelopment. Opportunities for reuse at the Rydal Park facility were further restricted by a near 100% occupancy.

This is the story of how these two communities have developed and implemented plans to effectively adapt their existing buildings to changing demands.

Unlocking a Building's Potential

Before moving forward with planning, DMRC solicited a market study that confirmed the existence of a long-term demand for its services. Now it was time to see how that demand would be met. DMRC needed to completely remake an old building, creating spacious common areas for socialization and large apartments for the next generation of consumers, the baby boom demographic. Before renovating any building, however, it is important to understand its condition and "adaptability."

The shell of DMRC's 200,000-square-foot masonry structure was in very good condition. The challenge would be to create

roomy apartments in a building with a dense column grid and narrow wings. In 1925, the then Baptist Home of Philadelphia commissioned what would be the first of many construction phases on its campus. The original plans provided for long, double-loaded corridors, with small studios, many of which still existed in 2000. More recent additions to the campus in the 1990s saw the installation of a large emergency generator, upgrades to power distribution, a sprinkler system, and new boilers.

The heating and air-conditioning in the older building was still a two-pipe system, which meant simultaneous cooling and heating were not possible. With adequate boiler, chiller, and power capacity, DMRC needed to determine if there was value in investing in new piping and terminal equipment along with other renovation costs. Saving the building would mean that DMRC could possibly maintain occupancy by undertaking phased renovations. That, plus the presence of the modern central

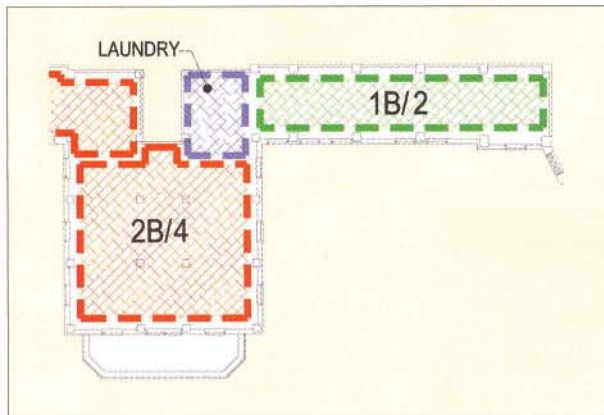


Figure 1. Partial planning diagram at DMRC.



Figure 2. Final plan for apartment at DMRC.

infrastructure, led the team to conclude that if spacious apartments could be designed within the narrow building footprint, it would be worth saving the building.

True, the facility evaluation had identified a need for a more accessible entrance, valving costs to zone its water distribution, new finishes in public areas, and more. But those costs were negligible compared

with lost revenue if the building were to be torn down.

At PresbyHomes & Services' Rydal Park facility, the challenges were very different. The community had just completed projects expanding amenities to meet consumer demand and had a large beautiful entry space. However, the existing buildings were built with concrete masonry unit-bearing

walls, on approximately 30' increments, supporting concrete plank floor/ceilings. The resulting apartments were too small for today's residents. A positive at Rydal Park was the presence of electric subpanels and plumbing isolation valves for each apartment. This would permit renovation to occur on a very small scale and with minimum utility disruption to residents.

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Designing With Residents in Mind

Planning for DMRC started with diagrammatic layouts to test-fit large one- and two-bedroom apartments (figure 1). It was quickly apparent that, while it would be possible to create apartments in the old building (figure 2), large community spaces would not work. The dense column grid limited room size and the tight floor-to-floor height made running ductwork for large group meeting spaces impossible. Group meeting spaces would be designed to infill areas (figure 3).

The existing building would therefore be used primarily for offices and dining on the first floor, with apartments above. The next step was to establish a unit mix (10% studio, 60% one-bed, and 30% two-bed); standardize apartment sizes at 300 sq. ft. for studio, 600–800 sq. ft. for one-bed, and 900–1,500 sq. ft. for two-bed; and create a list of standard amenities (including washer/dryer, fireplace, walk-in closet). These data were used to create a long-range plan with



Figure 3. Infill atrium between existing buildings at DMRC.

specifications for future apartments.

When planning for renovations in occupied buildings, resident safety and comfort must be a primary consideration. The staff

who are responsible for residents must be able to continue providing the highest level of care and services while work is in progress. Residents will naturally want to understand



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and even be involved in what is happening in their homes. To help with this, staff will need to be kept informed of daily changes caused by construction.

[D]ramatic transformation of older buildings is not only possible, but the most practical approach to providing vibrant new communities for seniors.

While expansion is being planned, the project team (designers, administrators, board members, nurses, residents, etc.) must realize that growth is not possible without infrastructure upgrades to support it. At DMRC, the commercial kitchen had been recently renovated to support expanded foodservice options. That project created space for future walk-ins and a food prep expansion area. Also, parking was expanded to accommodate younger residents with cars, as well as visitors.

In anticipation of renovation, DMRC accepted the dip in census and began shifting residents to create blocks of vacant space. The planning objective was to stack projects vertically so that work was not going on above or below residents, thus minimizing plumbing shutoffs and noise disruption. Stacking work also kept contractors on one side of the hall so that materials would not be crossing resident traffic, emergency exit access could be maintained, and dust would be controlled. As areas were renovated, new zone valves were installed and old wire/pipe was replaced to create a “new” facility.

Throughout its series of renovations, DMRC held daily “stand-up meetings” (often less than 10 minutes) with staff to keep them aware of shutdowns, security issues, necessary resident movements, etc. As the renovations transformed unrentable

studios into spacious apartments, DMRC occupancy rates have steadily improved.

PresbyHomes & Services has been forced to renovate apartments one at a time. This drives up construction costs and creates a situation in which workers always have occupied apartments on all sides. Noise and dust becomes a nuisance and work hours may be restricted. An upside to this, though, is that unit mix can continually adapt to market conditions. Indeed, a variety of unit types that can be placed in a wide array of configurations have been developed for Rydal Park (figures 4 and 5). This will allow the owner to change plans to respond to consumer demand as spaces become available.

Results of Effective Planning

At DMRC, small studios—many of which were unsellable—have been converted into 38 one-bedroom and 9 two-bedroom units, with plans already complete to convert more studios into 6 larger one-bed units.

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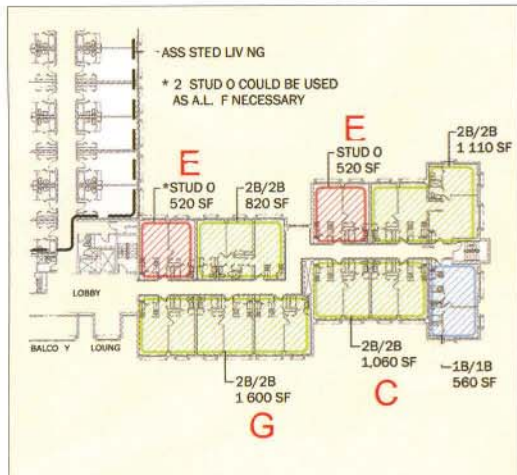


Figure 4. Partial planning diagram at Rydal Park.

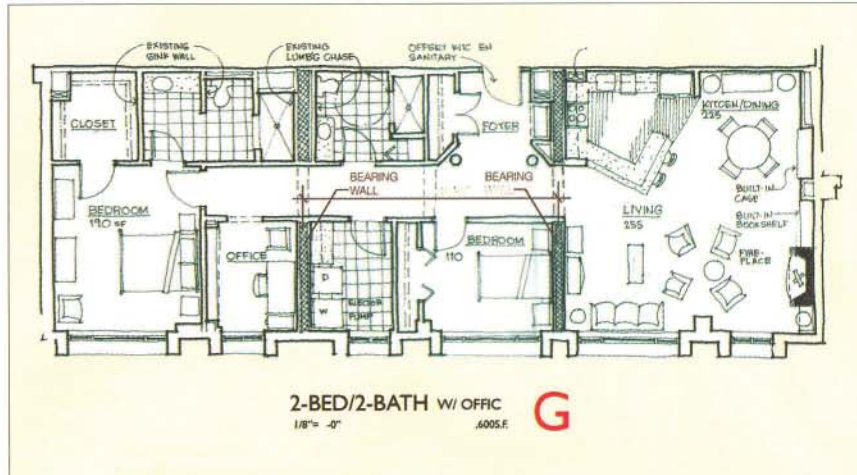


Figure 5. Example of unit type at Rydal Park.

DMRC's payback objectives have been exceeded by these projects, younger residents are moving in, and the physical plant has been upgraded. Plans have been developed to create an Independent Living entrance (figure 6) to improve both access and im-

age. A new fitness facility and the resident health center were combined in 2004 to create the Deer Meadows Wellness Center. Use of this fitness facility has exceeded expectations to the point that plans are being developed to double its size and add

a beauty salon and massage therapy suite. The resident Wellness Center is, in fact, reclamation of underutilized storage space. Ground will be broken this year on a new gift shop, located for maximum visibility and designed for easy access for walkers

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Figure 6. New front entrance at DMRC.

and wheelchairs. DMRC has a thriving community with dramatic public spaces, plans to build a new bistro, and a master plan for future improvements to ensure continued growth.

PresbyHomes & Services is in the process of creating a facility master plan. New apartments currently under construction will contribute to the unit mix, planned to comprise 4% studio apartments, 38% one-bedroom apartments, and 57% two-bedroom apartments. Most local households are large, single-family dwellings, which has created a demand for bigger units. This plan makes it possible to expand the offering of larger units as demand increases over the next decade.

Designs for these projects and many others like them are incorporating dynamic shapes, materials, colors, and lighting to appeal to the next generation of seniors. Follow-up evaluations six months later have revealed an

appreciation for the “younger” designs, and residents are using the new facilities beyond expectations. Each project at DMRC fits into a facility master plan that began in 2000 and has been updated periodically in response to new ideas and consumer demand.

Conclusion

Senior staff at many CCRCs are or will be wondering what can be done to adapt their older buildings to meet the demand of the baby boomers. Developers of new communities will consider adapting existing buildings into CCRCs. The National Fire Protection Code does not consider converting a hospital to a skilled nursing facility a “change of use,” thus allowing existing nonconforming facilities to be maintained in recognition of the demand for adaptive reuse.

In many cases, dramatic transformation of older buildings is not only possible, but

the most practical approach to providing vibrant new communities for seniors. Phased renovation minimizes a drop in census, protects the revenue stream, and can be safe if well planned.

Understand your market, evaluate your buildings, and plan how projects are executed with consideration of everyone affected, and your older buildings can be new again. ▀

Brian K. Tracy is the owner of Brian K. Tracy Architects, LLC, a Philadelphia-based architecture firm that specializes in designing residential, healthcare, and therapeutic facilities for seniors. He is a member of PANPHA, an association of nonprofit senior services in Pennsylvania, and has published on designing for residents with cognitive disabilities and presented at PANPHA's annual conference. For more information, phone (215) 482-9690. To send your comments to the author and editors, e-mail tracy07d@nursinghomesmagazine.com.