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### A Sign of the Time: An Exploration of Interior Design for Senior Living via Aging In Place, Independent Living, Assisted Living, and Memory Care

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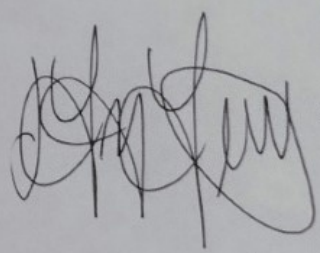
A Sign of the Time: An Exploration of Interior Design for Senior Living via Aging In Place,  
Independent Living, Assisted Living, and Memory Care

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INTD 4018: Senior Thesis

January 11, 2022

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D Dean Isham - 4/7/22

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## Abstract

The nature of this essay explores the changes in designing a space for aging clients through the end of their lives. Over the course of the essay, four major time periods, their respective design elements, and three floor plans are highlighted through a third person narrative of Jill and Don. These fictitious characters are created using research in the process of aging and personal interviews with loved ones whose experiences have been adapted or modified from their original candor to fit this storyline.

## A Sign of the Times

### Preface

#### Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)

As people age, the daily essentials to perform necessary tasks change. While this may seem an obvious note to make, it is appropriate, too, to mention the ways in which this change encourages the adaptation of spaces. Independence becomes dependence as youth becomes seniority.

Of these basic tasks, two categories emerge: Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) (Kernisan, n.d.). These are things that individuals continue to do every day and tend to think little about until they are no longer able to. Tasks like walking, bathing, or transferring oneself from place to place are known as ADLs. The most fundamental things that people learn as toddlers are most often ADLs. Things like preparing food, paying bills, or cleaning the home are IADLs. They are the things that adults are taught in order to maintain a normal lifestyle.

It is important for designers to understand the ADLs and IADLs and the differences between them. It is just as important, arguably more, for families to understand and identify behaviors that may suggest someone needs help completing these daily activities. In his article, Marlo Sollito describes circumstances under which adult children of seniors, or a third party such as a neighbor, must recognize when their parent needs help and how much help is appropriate for them specifically. He writes:

It's important to recognize that, even if a loved one is experiencing difficulties in some of the areas discussed above, it doesn't necessarily mean that they need to move to a long-term care facility. (2019)

Furthermore, it is essential for designers who specialize in senior living to be able to create a space that does not restrict or withhold clients while also allowing them to live more comfortably as they age.

Often, a clever design goes by unnoticed, because it has been successful in making the user's life easier. Unsuccessful designs can create more obstacles for users, which go by noticed more often than the successful ones. This is especially true in designing for senior living as occupants should not be made to feel incompetent or less than their younger counterparts. Their lives should continue in way that seems familiar because many will be in opposition to moving away from their home. These facilities should uphold the same standard of “. . . comforts, self-sufficiency, and privacy,” as their home (Sollito, 2019). Put simply, the space they once occupied has been outgrown, and it is up to the designer to present a solution to their changing lifestyle – one that complements them in the time they are in, rather than a time that has already passed.

Many aspects of a space should undergo certain modifications to accommodate its occupant(s), from the physical layout of a floorplan to the colors of material selections. Counter heights, vinyl wallcoverings, pile height of carpet, door openings, and visibility are all examples of items that need to be considered when an occupant of any age will be inhabiting a space. Different accommodations allow for various levels of comfort and convenience to people of different ages, capabilities, and stages of life. Worksurface heights, grab bar installation, and even choice of door handles can all contribute to this accommodating design.



# INDEPENDENT LIVING | 1975

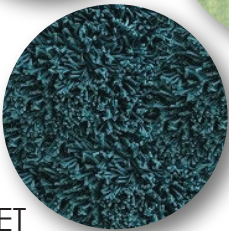
LEMON TILE



LINOLIUM FLOORING



SHAG CARPET



YELLOW LAMINATE CASEWORK



The scene is set in 1975, where a couple lives in their apartment style home including one bedroom and one bathroom. Here, the space is illustrated as what many may consider to be "normal." The kitchen includes an average **36" counter height** and yellow laminate casework, a staple look for most kitchens of the era. The inclusion of **shag carpet** and Eero Aarnio's classic bubble chair, make the living room complete. The adjoining bedroom includes a large closet and single vanity bathroom. One may notice a lack of laundry space, as would have been considered a rare luxury to such a small space in the 70s (Wedemeyer, 1978).

## Aging in Place – staying in your own home as you age

*The scene is set in 1975, where a couple lives in their apartment style home including one bedroom and one bathroom. Here, the space is illustrated as what many may consider to be “normal.” The average 36” counter height and lemon-yellow casework is typical to most kitchens of the era. With shag carpet and Eero Aarnio’s classic bubble chair, the living room is complete. The adjoining bedroom includes a large closet and single vanity bathroom. One may notice the lack of laundry space, as would have been considered a rare luxury to such a small space in the 70s (Wedemeyer, 1978).*

*The couple - Don and Jill - continues to live their day-to-day lives. As empty nesters nearing retirement, they have settled into what will be their final independent space. Here, the effects of age can already begin to be seen. As many couples do, they downsized when their daughters married and started to look for ways to make their lives easier on themselves. Less square footage means less to clean. No yard means less maintenance and yard work. The couple still cooks and cleans as they have for years, keeping their place squeaky clean and enjoying homemade meals. However, they no longer have a need for two more bedrooms for their adult daughters, who are now co-hosts of family Christmas dinner at their 8-person dining tables.*

*It is getting harder, now though, for Jill to get ready in the mornings. Her husband helps comb her hair and clasp her necklace. Her arthritis seems to rise with the sun. Don has begun to lock the front door at night – something these Southerners normally would not consider a necessity – as he has read about seniors becoming a target to burglars and money scams. But, this couple remains youthful at heart. Their weekend trips to the farmer’s market are something they enjoy together and have even inspired Jill to look into growing her own tomato plant. Don enjoys his morning coffee on the porch and later takes walks in the park with his wife; he always has been an outdoorsman, though not as daring a carpenter as he was in his 30s. It is important to them, too, that they call the kids at least once a week. Even if it is only to ask if they have tried those new Famous Amos Chocolate Chip Cookies from the grocery store.*

When analyzing the client – Don, and his wife, Jill – a designer may first assess their needs. The profile of the client is essential in designing an appropriate space, as may seem obvious. Without understanding the stage of life that the client is in, the design of a space will be inadequate, no matter how well planned and thought out the space may seem to be at first glance. This concept can be better understood in a comparison to clothing. Clothes are made to fit people; people are not made to fit clothes. In this same way, a space should reflect not only the personal style of a client, but it should also work with them. Rather than making the occupant’s



life harder, the two should move in one fluid motion, working together. Resident and residence complimenting one another, like a sort of yin and yang.

In his article, *The Collectors: A Personal Aesthetic*, Henry Geldzahler explains this analysis of a client – or in his case, collector – in a way that illustrates just how personal design is and should be. He notes:

The factors that go into decisions about what to collect and to live with are as complex as those that make up personality; in fact, perhaps they are not decisions at all. Heredity and environment, infancy and education, emulation and, yes, at times, innovation—all must be considered when analyzing a collector and his objects. (1982)

In the case of Don and Jill, the designer would observe that the couple is aging, however they are not to the point that they need a design that would be more appropriate for those in an assisted living situation, as explained in a later section of this paper. In other words, they are beginning to need assistance with their IADLs (cooking, cleaning the house, Jill clasping her necklace) but can still function independently in their ADLs (breathing, walking, swallowing). The two are in, what some may consider, their prime. A retired couple with their own fine-tuned personalities and styles, free of adolescent indecision and uncertainty. Their home reflects the time they are living in, 1975, sure of themselves and bold in color and personality. The couple lived through the 50s, where homeowners sought to bring a present-day touch to their homes in the modernization of consumer goods. Due to this effort in modernization, each home began to look the same – the same top-notch appliances and sleek black and white lines dominated the era. By the 1970s, the couple, like many others under the same circumstances, would have begun the

search for a more personalized kitchen. Vivid colors and monochromatic themes emerged as the new “height of style.” (Mitchell, 2020).

This time in the couple’s life can be called Aging in Place. It is an ancient tale that seniors wish to stay in their own home as they age; it has become comfortable and routine to them (Sollito, 2019). Just as anyone enjoys returning home to his or her own bed after a vacation, many seniors wish to remain in their home rather than moving to an institutionalized facility. According to AARP, “Aging in place promotes life satisfaction, a positive quality of life, and self-esteem—all of which are needed to remain happy, healthy, and well into old age.” (2014). This means that designers can improve a senior's quality of life by maintaining their home via a design that compliments them and their age. Without relocating, seniors become a vital part of the community. If every senior were placed in a nursing home as soon as they found trouble in a necklace clasp like Jill, there would be few volunteers in the community; less wisdom to be shared; and a narrower view of the world as the horizon of ages in a community dwindled.

To accommodate seniors, designers can rely on ergonomics. Put simply, ergonomics revolves around designing for humans and their abilities (Livy, 1974). When considering the dimensions and capabilities of the user in product design – be that a machine, an environment, an accessory, etc. – the product embodies its upmost usefulness. Just as a car is designed to be driven, a space should be designed to host its occupant. The history of ergonomics is illustrated in Bryan Livy’s journal, *Ergonomics and The Working Environment*. He writes:

Design must be related to. . .man's capacities, abilities and attitudes. . . Information must be obtained about the expected user. The ergonomist can provide the designer with a range of data on human dimensions, power, speed, efficiency, and sociological criteria. . .

The designer can then better decide which functions to allocate to the hardware, which to the software, and how optimally to arrange them. (1974)

It is from this study that designers in many fields – fashion, interior, automotive – can determine a standard based in the ergonomics of the average person. Understanding this critical design factor can open the door to design that lasts for generations, lifetimes, even centuries; inversely, neglecting to make use of an education on human dimensions would result in inadequate spaces created by interior designers. In this time of their lives, Don and Jill will benefit most from the average countertop height of 36”; their heights are within the typical range of a standing male and female. The worksurface will meet them just below the elbows, which honors a neutral shoulder position, avoiding pinching nerves or straining muscles. In application, this looks like popping grease that should rarely make it to their faces, chopping vegetables that should not require a craning neck or curving spine, and a height that will offer the leverage they need for rolling dough. Over time, however, this height will fail to offer ease of access should they require a walker or wheelchair. The lower cabinets would interfere with their knee space, the worksurface would be nearly at shoulder height when taking a seat to relieve their aching feet while still working in the kitchen. It is these details that designers are called upon for, in order to create a space that caters to their clients. The Americans with Disabilities Act (ADA) is a civil rights law protecting Americans with disabilities in public spaces; it should take no blame under these circumstances, as in residential spaces the designer must maintain an understanding on universal design. This can be defined by the National Disability Authority as:

The design and composition of an environment so that it can be accessed, understood and used to the greatest extent possible by all people regardless of their age, size, ability or disability. (2020)

For users, this means that a space gone unmentioned by the ADA – like a bedroom in a private residence – will not be forgotten and can still serve the user as they evolve throughout their lifetime. Responsibility is placed upon the designer in these situations, and rather than rewarding the casework for its accessibility, reward is placed on the designer for their education and knowledge in universal design should they succeed in creating a space their client feels most comfortable in.

### Independent Living

*In a few years, Jill and Don will still live on their own, however they will have decided to move to a community of folks like them. People who have lived their lives and are looking to find that sense of community in which they once had a surplus. This community is so much like Jill's first (and last) semester of college. There were so many people who were alike and different all at the same time. Had she met Don by then, she may not have wanted to return home to the familiar so badly. She could vividly remember calling her mom after her first full month of living in her dorm, "Please, momma! Have daddy come get me this weekend, I can't stand being so homesick anymore."*

*But that is what makes this different; the pair will be able to find a place for themselves in this community. Don can visit the wood working shop without having to worry about upkeep and cleanliness. Jill can reserve a raised plot in the garden to work on her gardening without sacrificing her back. And to make it even better, the two will find friends that share these interests with them and be together all at the same time.*

*This place really seems to have it all – no more struggling to take the laundry from the apartment to the laundromat, a nice, young woman named Heather will help Jill with that. Now, they can enjoy a yard and miles of walking trails knowing that they will be upkept without their worry thanks to Eddie's team of the men in matching uniforms.*

*There are the bills to consider too. Don had almost forgotten to pay some in their last year at the apartment. There just seemed to be so many that he would lose track of what had and had not been paid. Now, it was like they lived in an all-inclusive resort! Everything was paid together, their lives were made exponentially easier, and they got to maintain their freedom and invite family over all the same.*

*Their retirement community offered a small walk-in clinic, too, for the bumps and bruises Jill wanted Don to have checked out when he forgot he was no longer a spring chicken. It was so refreshing, to have a bit of everything so close to home. Their first house was out so far in the country that moving to the apartment back in '75 felt like moving to New York City. In comparison, that made their new community seem like they had planted themselves in the middle of Times Square.*

This point in the couple's life can be noted as Independent Living. Lawrence Robinson refers to independent living as, "simply any housing arrangement designed exclusively for older adults, generally those aged 55 and over," (2021). In their articles, Fleming Caruso (2020) and Bemis (2019) both agree on these parameters of independent living. Seniors can find a community of people like them. This is not to be confused with a suburb of seniors and an HOA (Home Owners Association). Independent Living communities are organized establishments, with maintenance (home, lawn, automotive, etc.) teams, cooks, nurses, and more. Staff can provide round the clock care, should residents need it, but are intended to only be helpful *when* they are needed. Ansel Park Senior Living, located in Rocklin, California, is a typical application of this community. Their floor plans (Photo 1.1) offer in-unit laundry, full kitchen, and 1-2 bedrooms. Amenities offer the cuisine of an award-winning culinary director, weekly housekeeping, and maintenance services.

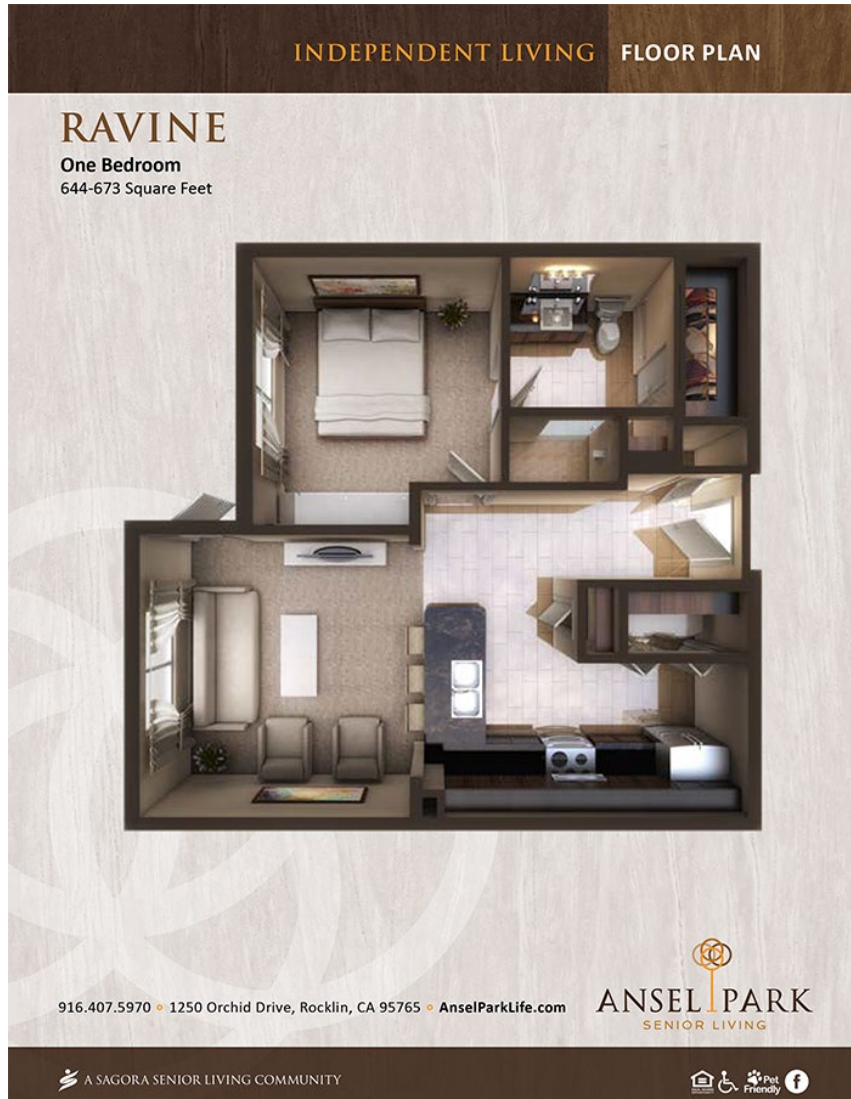


PHOTO 1.1

Residents have their own apartment, or house in some cases, where they can continue to live their lives on a campus designed for them. Caruso describes this campus as, “multiple buildings spread out on large campuses, with a central gathering area for programming and meals. Spaces, including apartments/cottages, may be larger and there is often greater distance to travel between buildings (either by foot or by car),” (2020). This organization of the campus is meant to maintain a sense of normalcy that seniors have grown so accustomed to. The only thing

that has changed in their lives are their level of care or help from others. Their freedom is maintained as they age in a safer environment.

Independent living communities often include various amenities and things for seniors to engage themselves in. Don and Jill may be able to find a community – like Givens Estates in Asheville, NC – where raised garden beds and a woodshop are included so that they can continue to enjoy their favorite hobbies. Bemis (2019) writes, “Instead of spending this season of your life on chores, you can spend it enjoying yourself at a lively senior living community.” Their age should not be seen as a limiting factor or obstacle, but simply as a new, important aspect to consider in everyday life, like having a baby or adopting a pet.

Designers are called upon in this stage of life just like any other. As mentioned before, it is the designer’s responsibility to design for the client, their personal style, and their capabilities. Here, much will stay the same as the apartment Don and Jill had in 1975. Trivial things will change for them as they move into their new community. For example, a designer would know to opt for door levers instead of doorknobs, single touch faucets instead of curving handles, wider doors and hallways instead of narrow ones, or even lower pile height carpet for reduced trip hazard (The DOMO Group, n.d.). Clark explains that small nuances like these “can be a significant impediment to mobility in the home and overall home access for seniors.” (2018). Of course, this is the exact scenario that designers are hired to help avoid. Understanding and making use of principles and regulations set by the Americans with Disabilities Act (ADA) can help in independent living, where clients with wheelchairs or sight limitations may be considered, but not necessarily tailored toward.

Another aspect that designers must consider when designing any kind of facility is the building classification type. This comes down to the way buildings are physically put together; will it be made of steel and cement? Or will its bones be wooden and glass? “The IBC (International Building Code) classifies independent living as R-2 residential use, which subjects it to the same building and safety requirements as multifamily housing and dormitories,” (Liao, 2018). This means that the designer can cater the design of the building to mimic that of a single-family home. In a multifamily unit setting – like a dormitory, apartment complex, or hotel – the building should be fire rated (floors, ceilings, walls, exit egress, etc.) and proper fire rated exits must be considered and included. In short, the design of the building must comply with structural and protective standards set forth by the IBC, not only ADA and Universal Design Standards.





# ASSISTED LIVING | '95

HARDWOOD FLOORS



SQUARE PORCELAIN TILE



GRAB BAR INSTALLATION



In 1995, the apartment makes a few subtle changes, keeping the couple from becoming confused or disoriented. Their once trendy shag carpet and linolium floors are replaced by hardwood and square porcelain tiles. However, this did not solve the transition issues for shuffling feet. **Grab bars** were installed, to allow for easier accessibility when using the water closet or shower. **Their kitchen was replaced by a kitchenette and dining table**, the bathroom made a shift, and the door was placed where it could be easily accessible from jumping out of bed in the middle of the night.

## Assisted living

*Jill and Don have always been very family oriented. That is why their girls began paying closer attention to the pair in the fall of 92. By the spring three years later, the girls insisted they make a switch to assisted living. They still loved their community, but ADLs were just becoming so hard on the couple. They did not want help! They felt as invincible as they had 10 years ago, why did they need to hire someone to do more for them now? The girls were able to explain to them how customizable assisted living could be. How it depends upon the resident and the amount of help that they need. Jill and Don could still be independent to a certain extent, but there was no need to be ashamed or embarrassed to ask for help. If their daughters did not live so far away, they would do it themselves.*

*After she sat back and considered it, Jill began to see the benefits of assisted living. She had always loved to cook, but it seemed like so much to do now. Maybe a hot meal from someone else's kitchen would be nice for a change.; they opted to have their meals prepared for them, but Jill would sometimes recruit Don for help in making her famous chicken salad or spreading the peanut butter for their peanut butter and banana midnight craving (8 PM but gosh it felt late, did it not?) Their kitchen was replaced by a kitchenette and dining table, the bathroom made a shift, and the door was placed where it could be easily accessible from jumping out of bed in the middle of the night. Don has always joked that Jill had a "pea-sized bladder."*

*The campus amenities that the two used lessened, as it seemed a necessity to take an afternoon nap now. Unfortunately for Jill, Don's snoring had yet to change in all these years of marriage. Their afternoon walks became an afternoons spent in the rocking chairs at the community pavilion a block down the street. Of course, the girls still came to visit, even more frequently now. They were updated on their parent's status whenever anything that should raise concern happened; thankfully, that was almost never until Thanksgiving 2010.*

*When December rolled around, Don had gone to change the calendar. Only he was confused about which month had gone and which was coming. Upon flipping the calendar backwards to October, he exclaimed to Jill, "Oh no! We forgot to wish David a happy birthday on the 18<sup>th</sup>!" Jill stood looking at him, with her eyebrows furrowed in confusion when Amelia recognized this sign of forgetfulness, thanks to her training. She reminded him that he and Jill went out to have dinner with his younger brother that afternoon at a local restaurant; she encouraged him to turn the calendar to December. "Tomorrow is December first, Don. The girls are coming next week to help put up our mini-Christmas tree, remember?" Amelia could hear the way Jill tried to convince him with her voice and a soft pat on the back. The next morning, when bringing the two breakfast, Amelia noticed Don had turned the calendar back to October and turned it back herself. She would have to keep their children in the loop.*

“Assisted living is a social, not a medical, program. Independence, individuality, choice, privacy, and dignity are its mantra,” (Joel, 1998). It is arguments like this one that make assisted living appealing to older generations. Sonja Balci quotes Anne Kari Tolo Heggstad in her article:

"For example, one resident said that she often felt as if she was in a prison without bars. It had to do with the environment of locked doors and bolts, such as those leading to the duty room and the kitchen, but also with the fact that she was totally dependent on help."

However, rather than thinking of assisted living facilities as an imprisonment, it should be considered a customizable community. Residents at such facilities should feel at home – thanks to its design in interiors, dining, hospitality, marketing, etc. – and should be treated as such; they are merely being given *assistance* with their daily tasks. Joel writes that, “Assisted living. . . is not a new option, but one that is growing in popularity among the. . . elderly, who once had no option but to relinquish control and defer to professional biases and family directives.” The control that residents maintain in assisted living concerns any of the ADLs or IADL; commodities such as doing the laundry, cooking meals, organizing and upkeeping medicine dosages, and more, should all be considered by residents and families (AARP, 2010).

Designers and their knowledge of ADA, Fair Housing, and Universal Design become useful in the design of assisted living spaces. All three are based on the inclusion of people from all walks of life but deal with separate extensions of the matter. ADA, as previously mentioned, concerns “a civil rights law put in place to protect people with disabilities in all areas of public and private life,” while Fair Housing seeks, “. . .to ensure all people are afforded the same rights when it comes to buying or renting a home,” and Universal Design attempts to design something

that anyone can use (ESA Doctors, 2021). Photo 1.2 explores the different residential zoning types of New York, – chosen to be the example city thanks to its great diversity – each of which are accompanied by one or more of these three branches. R1 – R4 (16 people, max.) is considered residential – this is where Universal Design and Fair Housing are applicable. Residential classifications with 17 or more people is considered Institutional, where the ADA comes into effect alongside the other two (Gasbar, 2014).

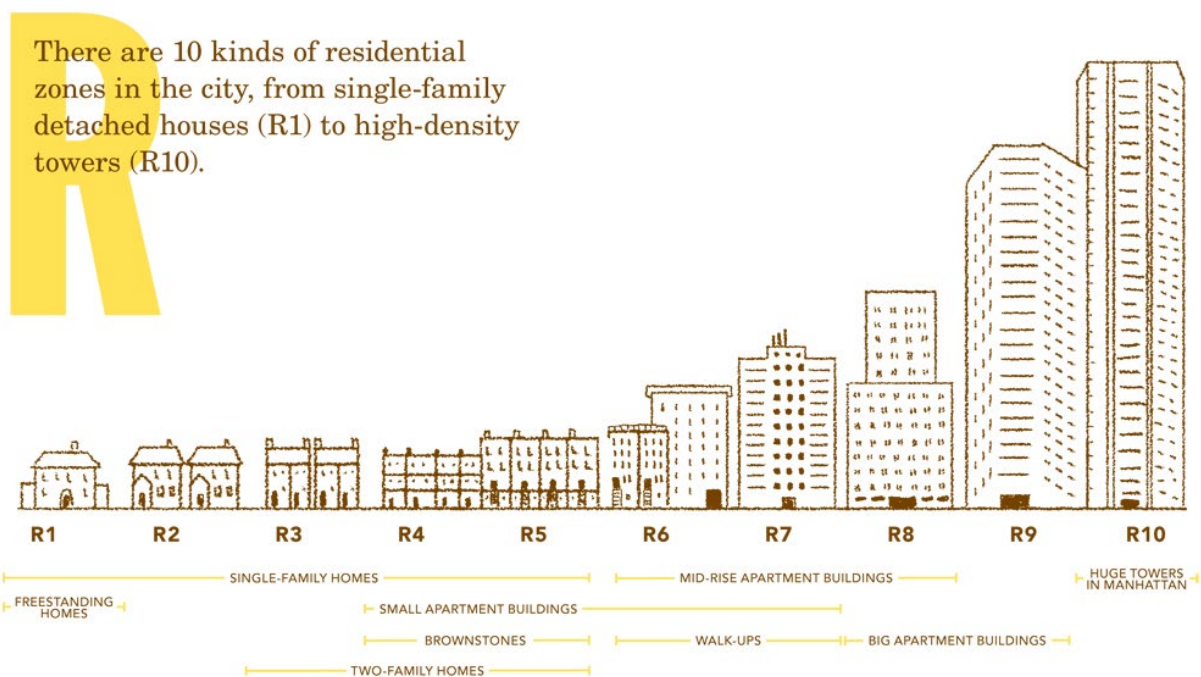


PHOTO 1.2

In Don and Jill’s case, the replacement of the kitchen with the kitchenette is intended to keep the residents safe. It is not uncommon that as residents age in assisted living facilities, some will begin to develop signs and symptoms of dementia, Alzheimer's, or other memory loss illnesses, like Don. Refraining from the inclusion of a stove and oven create a safer environment as residents will be unable to forget to turn the appliances off and burn themselves. Special attention to detail should be considered when deciding the layout of these spaces. Open concept

floor plans allow for less confusion. In terms of the bathroom, it “shouldn’t only be near the bedroom; a clear, unobstructed path from the bed to the bathroom door should be an important design element.” (Hidad, 2018).

Residents in assisted living facilities are given the opportunity to pursue a sense of community and get out of their home – be that a single occupancy bedroom, an apartment, or a house – to do the things they love; this comes hand in hand with their independence. However, it is important for designers to keep in mind their need for somewhere to retreat to relax and recharge (Hidad, 2018). As Hidad explains in her article, *Why the Bed and Bathroom are Key to Innovative Nursing Home Design*, residents are much like their younger counterparts. A significant amount of one’s life is spent in their bedroom and more specifically in their bed. Another great deal of time is spent in the bathroom, where most of one’s private time can be accounted for. This creates a role for the designer to create a space that feels private and secure; confusing, maze-like layouts and ostentatious design elements like cathedral ceilings or silk shower curtains would be considered inappropriate for most assisted living settings. This environment should reflect the lifestyle of the average middle-class resident.

Another aspect to consider when designing these spaces is the inclusion of families (LeVine, 2021). Family members are critical aspects to a successful move into a new place, no matter the age or circumstance. The ability to be surrounded by loved ones in this notoriously stressful time for a senior is greatly beneficial for their mental health and emotional wellbeing. They are also given updates on their loved ones via trained nurses and nursing assistants like Don and Jill’s nurse, Amelia, planned to do (Kelley, 2021). Fortunately for them and their family, Amelia was around to notice this sign. However, if Jill had been the only one to witness it and brushed it off, this facility would become unsafe for Don should his dementia progress. Design

teams are often hired to develop an entire campus or to renovate an entire building, but it is important to understand the client and for the client to understand the environment for maximum efficiency. An ill-placed resident could result in feeling too restricted in a memory care facility or unsafe due to being too lenient in an assisted living facility because, “each senior care option is designed to meet different needs,” (Bemis, 2019). In the design of these campuses, attention to the design of community spaces should also be considered. Of course, this element of the design embodies an entirely new criteria to be met, all of which include ADA requirements, buildings codes, regional influence, budget, etc.

# MEMORY CARE | 2015

WALNUT LVP



SHERWIN WILLIAMS IVORY LACE



AMPLE LIGHTING



By 2015, Don lived for three more years in his Memory Care apartment. It was only a suite, with **a bedroom, a bathroom, and a table** that he and Jill would sometimes play cards at. Don's studio received modern finishes including highly contrasting floors and walls and ample lighting; his wing of the facility was color coded to orange, to aid in wayfinding for himself and his family. Oddly enough, the studio was cozy to Jill. It was just the right amount of space for the two of them and their afternoon visits. It may also have had something to do with **the appropriate heights and grab bars** intended to accommodate wheelchair users that made her life easier.

## Memory Care Living

*Over the next few years, Jill slowly watched Don forget his life. It broke her heart, and she held on to him for as long as she could. She was reluctant to tell her girls about it, as she knew they would begin to make changes Jill would hate. And that was fine, for now. Jill did not want Don to feel like a prisoner in Memory Care Living. It was a lovely place to live, with accommodating staff and beautiful living quarters, but far too restricting for someone that was only experiencing the beginning signs of dementia.*

*The first time that Don forgot Jill was a morning in April 2015. Jill woke to see that her husband was not in bed, but in their bathroom, dressed in his finest khakis and button down. Jill had asked what the occasion was, and Don explained to her that he needed to look his best for the most beautiful stranger in his bed. Maybe, he told her, if he looked half as good as she did, she might give him a shot and let him take her out for a chocolate shake at Lou's on the corner. Did she know the place? She did, of course. But Lou's was on the corner of Dawson Street and Sheila Circle and had gone out of business in 1947. Don had traveled back to '45, when he asked her on their first date. At least she knew he would do it all again, if given the chance. She said yes to the shake, because she would too.*

*By July, Don was all settled into his new apartment for dementia patients. There was only one floor to the building, and every exit was marked with red handles, exit signs, alarms, and ramps to accommodate those in wheelchairs. Don was not, he could still move about freely, but Jill's knees ached when she walked, and she spent most of her time in her wheelchair when she came to visit him. She had moved into the suite her daughter had in her new house only 15 minutes from Don and their old, assisted living apartment. There, she had the same help as before with her nurse, Jamie, to help her bathe and take her medicine and her daughter to fix homemade meals and braid her hair at night. She loved being so close again with her daughter and the ability to see two of her grandchildren every day, but she missed Don terribly. She visited every afternoon with the help of Jamie to take her.*

*The staff at Don's new facility were all so nice and remembered her by name every time she came by. Even the receptionist was trained to recognize signs of dementia and to help in situations where a resident was having trouble remembering things. To be completely honest, Jill liked the facility. It had so much light, even in the winter, when the sun would set at 5 PM, the building remained lit up like it was daytime inside. All the faucets were like hers at home, single touch, so that those with arthritis like her could use them with ease. Everything was color coded here, too. She first recognized this when she came with Don and her daughters on a tour to see about Don staying here. "The orange wing is where all residents like Don reside," the tour guide had explained. After that she noticed a common theme of orange. This seemed to be a sign that this was the right fit for Don as it reminded her so much of their blue apartment back in '75 after the girls had gone off to start their own lives.*

*Don lived for three more years in his Memory Care apartment, if it could be called that. It was only a suite, with a bedroom, a bathroom, and a table that he and Jill would sometimes play cards at. Oddly enough, it was cozy to Jill. Just the right amount of space for the two of them and their afternoon visits. It may also have had something to*



*do with the appropriate heights and surplus of grab bars to accommodate her wheelchair that made her life easier.*

*Jill did her best to exercise Don's memory, hanging pictures of their family and the holidays they spent together all around his room. She played memory card games with him, and they both laughed when neither could remember which cards matched. They listened to music that brought the two of them back to their youth, whether Don recognized that as the past or not. They had lived a great life together, and Jill knew that Don would agree even on the days that he needed help remembering who the most loved people in his life were. Jill was proud to call him her husband and even more to be his wife.*

“While assisted living communities focus on entertaining residents, memory care communities offer dementia-specific activities tailored to the unique cognitive needs of people with dementia,” (Kelley, 2021). Memory care facilities seek to exercise resident’s memories, so as not to confuse them further; things like music from their youth, card games and puzzles or looking back on old family photos can remind them of their life. Small scale spaces and intimate settings with their neighbors and staff are greatly beneficial in maintaining a sense of peace and normalcy for residents as well as aiding in wayfinding cues. This is best illustrated in the Green House Project, where the goal of the organization is to create homes for residents where they are nurtured and allowed to age in dignity as opposed to spending the rest of their lives as a hospital prisoner. 10-12 bedrooms and a common space including a dining and living room are included in an effort to create a sense of home (The Green House Project, 2021).

Wayfinding, put simply, refers to how people find their way through a space (Davis, Weisback, 2016). In memory care facilities, this is important for the wellbeing of residents in that it helps to avoid strangeness, confusion, or disorientation of their surrounding environment. In their paper, authors Davis and Weisbeck explain the effects of bad wayfinding or an overall lack thereof and note:

. . . residents had problems locating “their own apartments, public or private bathrooms, main activity room, dining rooms, and dining room table and seat.” Thus, people living in these residences had difficulty meeting their most basic needs of sleep, food, socialization and toileting. Without intervention, wayfinding problems can lead a person to have a severe decrease in independence and function, along with a loss of dignity and health.

(2016)

Designers may be inquired to create wayfinding cues for residents in all settings, but especially in senior living communities and even more specifically in memory care. Adding accent lighting to a statue at a corridor intersection, using a different flooring material around public entrances, or offering memory boxes filled with personal photos and belongings are all examples of how designers can have a direct effect on the well-being of residents and their experiences; each of these examples works to create a highlight or a landmark, so to speak, that is recognizable to residents in identifying where they are on campus. This can be juxtaposed against long corridors void of different color or architectural details that cue where one is in a building. These efforts can help residents to recognize where they are and therefore avoid disorientation.

Like in assisted living settings, memory care buildings make use of ADA guidelines – ramps, grab bars, pile heights – in public settings like dining rooms. In private spaces, universal design is again implemented in knee spaces and counter heights. These facilities are vastly different, however. As Jill notices, there is much more security involved in memory care facilities, as residents may wander and get lost due to confusion about when they are. Exits are alarmed and residents follow a schedule, that helps to keep them in a recognizable routine. As Kelley mentions, this type of security can become too restrictive for those that are not to a

specific needed level of care, but to memory care residents and families, these security additions can add a sense of relief to all involved (2021).

Designers must take responsibility when creating memory care spaces and consider these additional functions of the facility. Research into security, education in caring for those with dementia, an understanding of wayfinding and how to silently cue people are all design features that must be explored in designing a community such as this.

### Conclusion

Design is ever changing and evolving with time. As people age, it is important that their space changes with them so that it may continue to be accessible and serve them in their present state of mind and body. In senior living communities – which may include independent, assisted, and memory care living – each stage of a resident’s life and functionality must be understood to a point that their home may be modified to meet their needs. This can be evidenced by a modification in materials, surface heights, thicknesses, architectural details, space planning, and much more. Designers should be educated in stages of life, functionality, civil laws, and organizations or other efforts that seek to better the quality of living in the aging community. It is the responsibility of the designer to create a space that serves the occupant in any case, but especially in the case of seniors. Specializations, certifications, awards, and conferences like the Certified Healthcare Interior Designer (CHID), Built Environment Network (BEN), or the Environmental Standards Council (ESC) all contribute to benefiting the Design for Aging field (CHD, 2017) (AAHID, n.d.). A drive to better understand the topic continues to propel research that will not only encourage growth of the design for aging field, but also foster a prosperous community through end-of-life care.

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