

COMMUNITY LIVING CENTERS

“...put the ‘Home’ into Nursing Home.”

VA Community Living Centers (CLCs) is a U.S. Department of Veterans Affairs term for the ‘small house’ concept in skilled nursing facilities. “Gone is the institution where patients are housed in a facility designed primarily around operational efficiency...[the CLC is] resident focused and centered on their needs.” Ideally, per the *Guidelines* and hybrid applications, the CLC consists of the following:

The Home

- 10 Residents per Home
- Shared living, dining and quiet areas
- Home kitchen for meal preparation, 24-hour access to food/beverage, smells permeate to Resident rooms and encourage participation
- Minimal staff support areas to encourage staff to be in Resident areas

The Neighborhood

- Resident & staff support areas that should be near the Home but may be shared amenities for 2-4 Homes, such as: laundry, exam/consultation room(s), bathing suite and/or storage

The Community Center

- 1 Community Center or “Commons” building needed for up to 12 Homes
- Resident & staff support areas that can be shared for the whole CLC community, such as: chapel/ meditation room, multi-purpose event room and physical & occupational therapy
- Administrative offices and conference rooms, staff training support areas

Home & Community Center Gardens

- Walking paths, exterior landscape spaces for quiet reflection & outdoor activities

WDVA is participating in this evolution - changing skilled nursing facilities into smaller, CLC environments. WDVA has studied recent projects: learning from The Green House® philosophy and touring new CLC homes, including the Texas Veterans Land Board facility in Tyler and a civilian home in Longview. The “lessons learned” from these homes have informed the design and planning for the new Community Living Center in Walla Walla.

Comparison of Traditional Nursing Homes & The Green House® Long-term Care Residence

(Source: Green House® Project Guidebook)

	Traditional Nursing Home	The Green House® Long-term Care Residence
Size	Usually 120+ beds divided into 20-40 bed units	7-10 elders
Philosophy	Medical model emphasizing provision of clinical services to patients	Habilitative model emphasizing intentional communities that prioritize elders' quality of life
Organization	Hierarchy - nurses control unit activity	Flattened bureaucracy - empowerment of direct care staff, nurses visit the house to provide skilled services
Decision Making	Decisions made by the organizational leadership	Decisions made by elders or person closest to elders as often as feasible, House Councils plan menus, activities and house routines
Privacy	Typically shared bedrooms and bathrooms	Private bedrooms and bathrooms
Access	Space belongs to the institution; elders have access to their room and public areas but many spaces are off-limits	Space belongs to the elders and they may access all areas of the house
Outdoor Space	Often challenging to access, particularly without assistance or supervision	Easy access, fenced, shaded and in full view of the hearth and kitchen to allow observation by staff and open access
Living Areas	Lounges and dining rooms usually at the end of long corridors	Central hearth with an adjacent open kitchen and dining area, bedrooms open to the hearth
Kitchen	Off-limits to elders and visitors	Elders and visitors have access and may participate in cooking activities
Nurses Station	In the center of most units	Medication and supply cabinets in each room; nurses visit rooms to administer medications and treatments. Office / study provides space for administrative tasks such as record maintenance.
Dining	Large dining rooms with many elders, separate “feeder” tables	One dining table providing a focal point for community meals
Staffing	Departmental with segmented tasks/ specialized tasks	Shahbaz is a universal worker providing direct care, laundry, housekeeping and cooking services



Example Home Kitchen



Example Green House® Living Room



Example Resident Room

Walla Walla Veterans Home

Washington State Veterans - the Need

One in nine Washington residents is a veteran. Our state ranks fifth in the nation in the percentage of veterans in the overall population.

- The USDVA identified an unmet State Home **need for 642 new beds** in Washington State.
- Existing homes in Retsil, Orting and Spokane cannot accommodate additional beds. The proposed Walla Walla facility will provide much needed beds in eastern Washington.

WDVA Experience in Caring for Washington Veterans

All three of the existing State Homes provide excellent care with high occupancy rates, ranging from 96-99%. In comparison, the average occupancy rate for private nursing homes in Washington State is typically less than 90%.

- State Home care is the **most affordable and cost-efficient way** to provide skilled nursing care for Washington State veterans, in a comfortable home environment with their peers.

Programming & Design

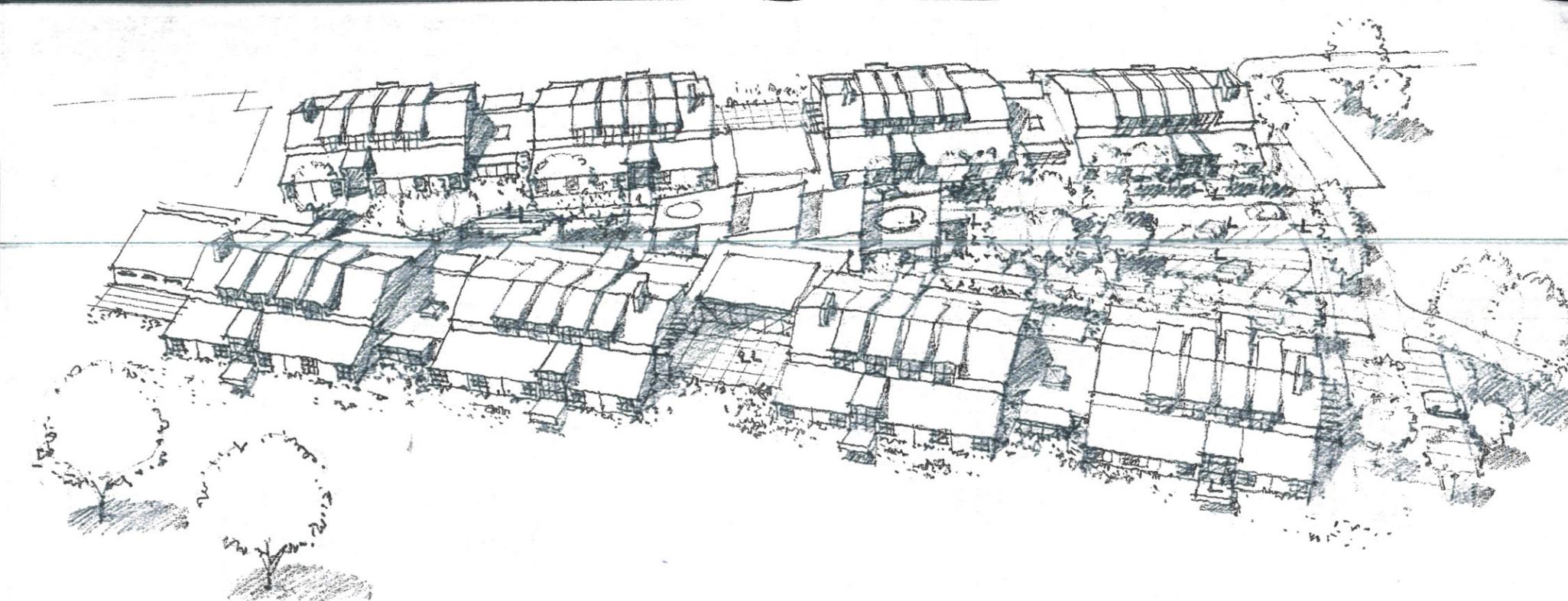
The State Legislature approved design funding in the 2010 Supplemental Budget. Design is underway with construction anticipated in Fall 2012.

- **80 Beds provided in eight 10-bed Homes**, with all meals prepared in Home Kitchens and Living / Dining areas hosting resident activities.
- Shared support spaces located in four connecting **Neighborhoods**.
- **Community Center** offers physical and occupational therapy, administrative support and resident amenities including a multi-purpose gathering area, chapel and barber shop.
- Site development will include gardens for outdoor activities, therapies and exercise, staff and volunteer parking, receiving/maintenance shop and relocation of an functioning USDVA water tower.
- **Approximately 82,000 gross square feet** of total building development.

Projected Costs

WDVA needs the Legislature's commitment for **35% of the total Project Cost** in order to apply for the USDVA's State Home Construction Grant program, which will fund 65% of the Project Cost. The Project Cost is based on:

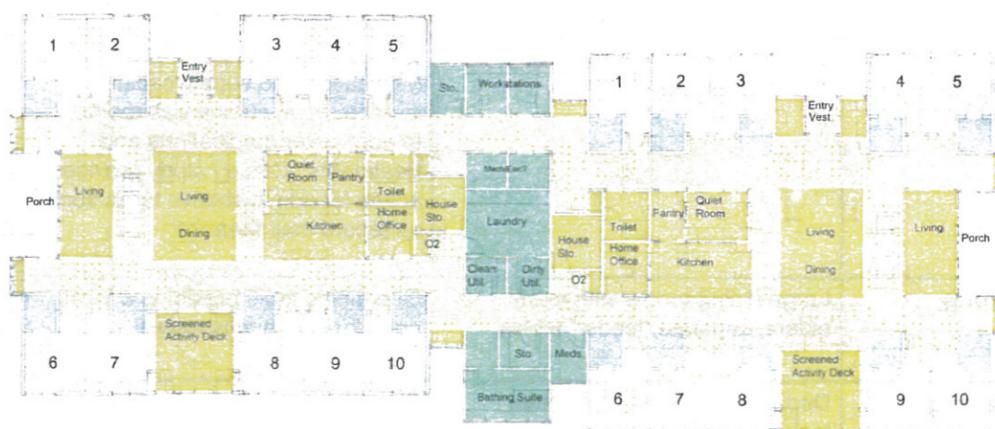
- **\$31.5 million Maximum Allowable Construction Cost (MACC)**
- \$1.5 million Sitework / Infrastructure / Water Tower Relocation
- \$48.0 million Total Project Costs or **\$16.8 million from Washington State ~ 35% capital cost commitment**



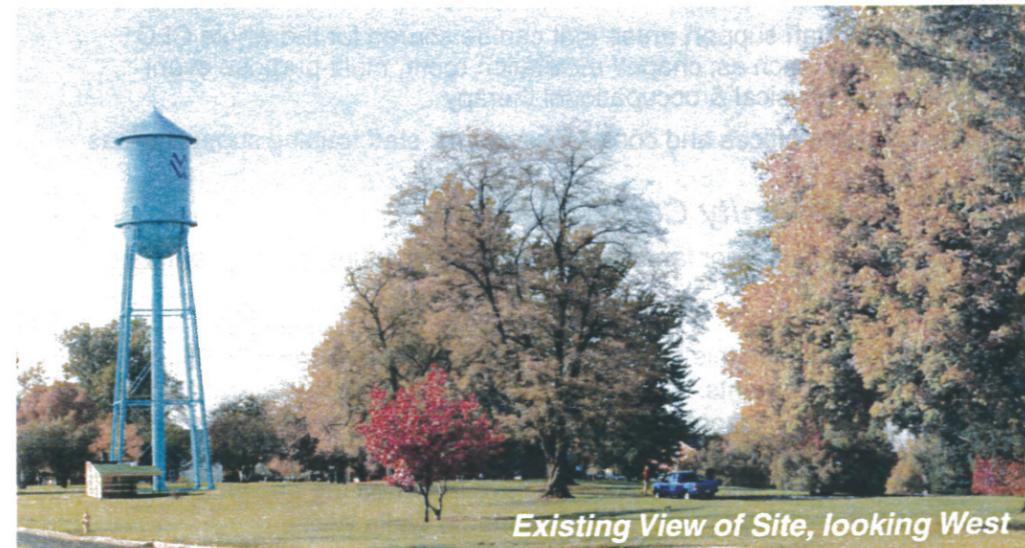
Conceptual Sketch of Home, looking Southeast



North Elevation of 2 House Neighborhood (Schematic Design)



Floor Plan Diagram of 2 House Neighborhood (20 Residents)



Existing View of Site, looking West