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SMALL HOUSE Nursing Homes Some are trademarked as GREEN HOUSES®

Description:

A small house is an intentional residential community of 5 to 14 persons who have self-care limitations and who need on-going nursing care; supportive assistance; and help with activities of daily living, chronic-disease management, and sometimes dementia care. Small houses (some are created under the trademarked Green House® logo) are licensed as nursing homes, and a staff of highly trained workers lives and works on site. The houses are well-designed for easy usability by frail residents; they are organized and operated around the humanistic guiding principles of autonomy and dignity, and a home-like living environment is maximized.

The concept of a small, home-like nursing home was developed by Dr. William Thomas and termed a Green House,® with the first one built and licensed in Tupelo, Mississippi, in 2003 as an alternative to the traditional institutional nursing home. Since then, this housing and care concept has been replicated as nursing homes, incorporated into assisted living facilities, and built as additions to Continuing Care Retirement Communities. Multiple small houses have been clustered on a defined property; embedded individually in residential neighborhoods; and, in urban areas, an apartment configuration has been utilized. In addition, the concept has the potential to be operated as a cooperative by community dwelling groups.

Small house programs have been implemented in a variety of ways: (1) tightly defined, registered-trademark models such as the Green House,® (2) loosely defined, consultant-led implementations that accommodate an individual organization's choice, and (3) versions that have been internally envisioned and self-implemented by a group or organization.

While all small houses bear some unique implementation aspects, there is a set of design characteristics that define all of them:

- Each building is:
 - A self-contained house or communal apartment.
 - Accessible—permitting users to move freely and normally.
 - Adaptive—designed for very easy modification in order to accommodate people with a wide range of disabilities.
 - Accommodating and compatible—yielding, tolerant, and amenable to the functional limitations of the user.

- The physical environment is legible—that is, provides environmental cues that:
 - Enable frail residents to understand their surroundings, retain a feeling of familiarity, and perceive a "sense of place"—which is particularly essential for residents with dementia.
 - Supply messages and features that orient residents, help with way-finding and direction, and amplify differences between walls/floors, doors/walls, etc.
- Key design components include:
 - An open kitchen, to which residents are welcome and participate in meal preparation.
 - A dining room with a large table where family-style meals are served.
 - A living room with a fireplace.
 - A communal "heart" of the house, or hearth.
 - Private bedrooms that are configured around the hearth, within short distance, to eliminate facility-induced wheelchair use.
 - Bedrooms that are equipped with ceiling lifts and private baths with showers.
 - A spa-like bathing room for use by all residents.
 - A den.
- Each house includes a small office for use by staff and a utility area.
- There is outdoor space that is fenced or landscaped to eliminate wandering by residents with cognitive impairment, with access for residents to freely move in and out independently without requiring accompaniment by staff.
- Design emphasis is on use of the environmental details to support function, including incorporation of technology that enhances the environment.

There are many design elements that are integrated in small houses to improve outcomes for both elderly and younger-aged residents, including the small scale of the overall building, short walking distances, and outdoor access. Maximized functional independence is achieved by attention to "universal design" details such as "D" handles for doors and cupboards, single-lever faucets for bathrooms and kitchens, sit-to-work space at counters, adjustable closet rods, angled bathroom mirrors for grooming, reachable placement of light switches, furniture selection and placement, and many more.

Directly related to resident-outcome is: (1) the relationship between residents and on-site direct care workers, and (2) relationship between direct care workers and supervising nursing and medical staff. The direct care workers are given more training and added responsibility for making day-to-day decisions regarding the residents with whom they interact on a daily basis. Direct care workers maintain consulting contact with supervising nursing and medical personnel, who are typically stationed in a larger facility; and workers are accountable to these personnel who provide regular oversight. The increased status and responsibilities of the direct care staff imbue them with a greater investment in the successful

operation of the small house and with greater interest in the positive outcomes of their individual residents.

When completely implemented—physical design, trained staff, truly person-centered programming and care, and the philosophical underpinnings regarding both staff and residents—a small house reframes: (1) the philosophical view of the "person," integrates both the tangible and intangible aspects of "home" and of "family," and provides high quality care and support; and (2) the professional view of the direct care worker, increasing his/her responsibilities and decision-making, and, ultimately, job status and job satisfaction.

Small houses are a radical departure from traditional nursing home designs and operations. At the federal regulatory level, according to ncb capital impact, "In a February 2007 letter, Leslie Norwalk, Acting Administrator of the Centers for Medicare and Medicaid Services (CMS), found 'no barriers' that would prevent Green House homes adhering to the model's principles from being 'qualified as nursing homes under Federal regulations.'" The letter includes the Green House model among the larger culture change movement that CMS supports, commenting that 'we believe these innovations more fully implement the Nursing Home Reform provisions of the Omnibus Budget Reconciliation Act of 1987, from which our CMS nursing home regulations are derived.'" The full CMS letter to the United States Senate from the U. S. Department of Health and Human Services can be viewed at: http://www.ncbcapitalimpact.org/uploadedFiles/downloads/GH_CMS_MSCongressDelegation_Feb07.pdf.

In New York State, small houses and Green Houses[®] are regulated and overseen by the New York State Department of Health and must follow the regulations stipulated by the Department.

Benefits:

- *For residents:*
 - Residents receive high levels of care and service in a true home-like setting.
 - Non-institutional living environment.
 - On-going, routine access to the life and activities of a home; residents are directly involved in day-to-day decisions about meals, activities, programming, and operational aspects of the home.
 - Physical and programmatic design encourages maximized functional competence and self-confidence.
 - Residents retain their connection to the wider community.
 - Living in a small community encourages on-going interaction and decreases social isolation.

- *For staff:*
 - Greater decision-making status for direct care workers.
 - Positive working environment leads to greatly reduced staff turnover and high job-satisfaction by staff.

- *For the small house sponsor and the wider community:*
 - Cost-effective operation, because of (1) greater use of direct care worker staff and less use of more costly nursing staff, and (2) much less worker turnover because of increased job satisfaction.

Impediments or barriers to development or implementation:

- Small house nursing homes are complicated to plan and to implement. They require compliance with complex local, state, and federal regulations.
- New construction is usually necessary to achieve maximization of design that supports function. Retrofitting of existing structures is rarely cost-effective.
- Construction of a nursing home or assisted living small house is expensive – usually 1.5 times residential construction.
- The small scale of a small house does not take advantage of the economies of scale characteristic of a large nursing home.
- No current models of cooperatively owned small houses exist.

Resource—examples:

- Eddy Village Green, 421 W. Columbia Street, Cohoes, NY, 12047; cluster of 16 Green Houses[®] planned; six completed and operating; an additional 10 under development; (518) 237-5630:
http://www.nehealth.com/Senior_Services/Nursing_Homes/Eddy_Village_Green/.
- The Green Houses[®] at Traceway, Tupelo, MS., Methodist Senior Services of Mississippi. First small houses in the country— 11 houses licensed as nursing homes. Steve McAlilly, President and CEO, (662) 844-8977,
<http://www.mss.org>.
- Avalon by Otterbein, Otterbein Communities. Six clusters of small houses, embedded in residential neighborhoods, are scattered throughout Northwestern Ohio. Each cluster contains five houses. Jill Hreben, President and CEO, (419) 833-8912, <http://www.otterbein.org>.
- The Green House Project, ncb capital impact—extensive information about Green Houses[®] (<http://www.ncbcapitalimpact.org/forms.aspx?ekfrm=1278>) and a link to a list of Green Houses[®] in operation or development across the United States (<http://www.ncbcapitalimpact.org/default.aspx?id=150>).

Resource—written and web:

- New York State Nursing Home Regulations (Title 10, New York Codes, Rules, and Regulations), New York State Department of Health:
<http://w3.health.state.ny.us/dbspace/NYCRR10.nsf/56cf2e25d626f9f785256538006c3ed7?SearchView>.

- J. Rabig and D. Rabig (2008). *Small House Design Manual*, Vol. 1. Salt Lake City, Utah: Aardvark Global Publishing.
- R. Kane, T. Lum, L. Cutler, H. Degenholtz, and T. Yu (2006). "Resident Outcomes in Small-House Nursing Homes: A Longitudinal Evaluation of the Initial Green House Program," *Journal of the American Geriatrics Society*, Vol. 55.
- The National Alliance of Small Houses (NASH) lists current projects and resources information: <http://smallhousealliance.ning.com/>.
- J. Rabig and D. Rabig (March 1, 2008). "From 'Nursing Home' to 'Home': The Small House Movement," *Long-Term Living*:
<http://www.ltimagazine.com/article/nursing-home-home-small-house-movement>.
Also view this article at:
<http://www.thefreelibrary.com/From+'nursing+home'+to+'home'%3A+the+small+house+movement%3A+from+the...-a0187996968>.
- J. Rabig, et al. (2006). "Radical Redesign of Nursing Homes: Applying the Green House Concept in Tupelo, MS," *The Gerontologist*, Vol. 46, #4.

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