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Aging with Independence and Interaction: An Assisted Living Community

Steven J. Flositz

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Aging with Independence and Interaction:

An Assisted Living Community

by

Steven J. Flositz

A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Architecture
School of Architecture and Community Design
College of The Arts
University of South Florida

Major Professor: Dan Powers, M.Arch
Stephen Lafferty, B.Arch
Debra Dobbs, Ph.D.

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Dedication

This project is dedicated to my love, Emily Jensen, for her understanding and encouragement from the beginning to completion of architecture school. To my parents, Tom and Nina, for their love and support.
Acknowledgements

I would like to thank my friends and family for their assistance. To my Major Professor Dan Powers, thank you for your interest and expertise. To my committee members, Steve Lafferty and Debra Dobbs, for your guidance and constructive criticism that has only enriched my project.
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Aging with Independence and Interaction: An Assisted Living Community

Steven J. Flositz
Abstract

As the U.S. population gets older, there is an increased need for senior housing. However, elderly housing is currently associated with dependence and isolation. There is a great disconnect from the retired community with its surrounding context. Senior housing and nursing homes are becoming more similar to miniature hospitals rather than a residential type. This negative view of nursing homes is becoming clear to the general population. In fact, most seniors fear the idea of living within an aging complex. Also, people generally avoid these places, even while visiting family. Florida is on the frontline for the effects of the retiring baby boomers. This master's project is about researching and designing a multi-housing community that strives toward social independence and interaction for the elderly.

How does one solve the problem of the increasing need for senior housing when everyone discards the idea of old senior housing facilities and nursing homes? How could one create a place that can handle the needs of an aging community while attracting outsiders?

In order to change the perception of elderly housing facilities, there needs to be major fundamental change in the design process. Healthcare and efficiency, even though vitally important, need to become secondary to social independence and multigenerational interaction as the driving force for design and development. These communities need to hold an identity that is appealing for different uses and for people of different ages. By improving the fundamental design process of senior housing, it is possible to introduce a sense of place and home which lack in current senior housing developments.
Problem Statement

According to the 2000 U.S. census, 35 million people were over the age of 65 and approximately 100,000 were over 100 years old. There are roughly 3 million people over the age of 65 in the state of Florida with more arriving every day. Some soon-to-be retirees think ahead about the lifestyle they expect to obtain. “Many people approaching or in retirement look forward to sun, fun, and relaxation in a completely new environment” (Porter 5). Some retirement communities have accommodated these interests for many years. A few have catered to higher-income, active adults who seek a new home rich with recreational opportunities. Select communities have included a variety of upscale amenities from golf and tennis to boating and swimming. Others have attracted elderly people of more modest means to live. They provide small homes or mobile-home parks, but still include plenty of leisure activities. Frequently, people purchase land in these communities well before retirement. Sometimes, they plan to utilize these purchases only seasonally. Though retirement communities may require a fairly radical change in location, they offer the company of older people with similar interests (Porter 4-6).

Even though seniors are particularly resistant to change, a market does exist for housing communities that focus on seniors who need living assistance while not requiring full-time medical aid. There are multiple reasons why it may be necessary for the elderly to move. Deteriorating neighborhoods, declining property values, and worsening living conditions are certain cases where current housing situations are no longer acceptable. As their living conditions decrease, the qualities of their lives equally decrease. A housing complex with people of similar situations and backgrounds can create a positive family-like community.

“In recent decades, the direct impact of design on the aging has become more widely recognized by both the general public and design professionals. Prior to this time, the frail elderly who could no longer live in their own homes had few, if any, good alternatives. Most of the very old saw a shared room at an ‘old folks home’ as the only option” (Perkins 2-3). For the majority, it was a dreaded choice; tens of thousands of families can tell stories of trauma of having to place parents or grandparents in an institution. Even with recreational activities mentioned before, almost every elderly person fears the idea of being placed into any kind of nursing home. This could, in part, be blamed on the design strategy of senior housing developments. Senior living
options began as what can basically be described as miniature hospitals. To add comfort for its residents, designers placed a residential look to these buildings. However, this solution was simply masking the problem. By 1980, there was a growing demand for more attractive options that would meet health and support service needs within residential settings (Perkins 2-3). Today’s older adults are demanding more benefits. They feel more comfortable when living in a community designed as a place to dwell, not as a place to seek medical attention. Simply stated, people want a place to live, not a place to die. The elderly are better educated, commonly have more money, and anticipate being more physically and intellectually active than their predecessors. Children of the post-WWII period have “quality, service, and delivery expectations” that are not parallel with conventional nursing homes and continuing care retirement communities.

An additional issue comes from the lack of age diversity in assisted-living facilities. By placing a single age group together, they can become isolated from the rest of the world. Concentrating older persons into a single building or a community of buildings has been criticized as separating and restricting access to that population group. Some have said that “it is argued that a society tolerating and encouraging such housing is coldhearted, unsympathetic, and inhumane” (Porter 6). However, the same people have also contradicted that statement by stating the many positive aspects of such living conditions. For example, community residents are in the position to provide social and psychological support for each other. Housing for the aging can present a place where similar people have shared stressful experiences, solitude, adjustment to aging and change in physical abilities. The question arises, which is better for assisted living facilities, a single-age population with like activities or a multi-age population with a variety of activities. Diversity in people, unit types, and services will allow easy adaptation with changes in users and in market demands (Dobbs 5).

In more recent years, larger arrays of aging living options have been developed to meet the needs and demands of those who require supportive care. Senior housing options now range from single buildings to small and large complexes that include congregate-care, assisted-living, and skilled-nursing facilities, along with completely independent single and family residents. Sometimes the difference between these types is blurred and a
variety of forms are united. General housing types for seniors “may be combined in various ways and may or may not include skilled nursing facilities for patients who require medical, nursing, or rehabilitative services. For example, congregated seniors’ housing sometimes is augmented by an assisted-living facility or a skilled nursing facility. Independent-living facilities may be combined with one or more types of dependent-living facilities” (Porter 7). Additionally, a variety of age groups can allow for more personal support. Children and young adults who are simply neighbors with the elderly may form unique relationships that are unavailable in elderly-only housing. Diversity in age and service should allow for long term use. By establishing a diverse, stable residential populous, there is a greater opportunity for forming and keeping friendships. This then generates strong community relations. The trend for the elderly to withdraw into depression and isolation lessens with new, younger residents entering the neighborhood and enhances interaction. By creating a place that encourages interaction of the various ages, the community has a greater chance to coexist (Dobbs 6-8).

With the elderly population growing so rapidly, there needs to be further attention paid to the question of how to support a group of people who are in need of proper assisted-living options. The best location for such a place is in the center of an existing framework of community facilities and activities already popular to potential residents. In an overall community, potential residents search for their favorite grocery store, shops, restaurants, banks, cultural and educational amenities, parks and recreational places, and medical care facilities. Easy transportation to these places of interest is a must while keeping a balance of privacy. By being aware of the social needs and demands of the aging population, it is possible to introduce a sense of home which is lacking in current housing developments.
Figure 2. Multidimensional continuum of care model.
Framework for Assisted Living

Conceptual framework allows for a hierarchy of considerations that identify the fundamental nature of what a well-designed senior living facility hopes to provide. Some living facilities provide support for specific medical needs, such as Dementia or Alzheimer’s. Design principles for these types focus on control, wayfinding and safety. A facility that concentrates on 24 hour medical care differs greatly from one which is for independent residents. The design type of a 24 hour medical care unit is more similar to a hospital rather than a home. That model environment leans on the institutional side with little to no home-like features. As the medical needs lessen to part-time care, design principles focus less on efficiency and more on personalization. Modern assisted living facilities are attempting to balance the need for medical care and personal comfort.

Architect Victor Regnier collected a list of principles that focus on identifying an assortment of characteristics for senior housing design. Some of these attributes, such as privacy and interaction, are opposite of each other. All environments, however, need to contain a range of options for both social interaction and privacy. Other principles on this list are qualities for stimulating architecture relevant to all population groups. However, the special needs of the elderly can underline the meaning and importance of these qualities, orientation and wayfinding for example. Complex environments where navigation cues are not easily noticed can confuse the elderly. Symmetry or repeating features, such as a double loaded corridor, create problems for older, frail people with spatial memory impairments.

The list of 12 principles from Regnier’s “Guidelines for Housing the Physically and Mentally Frail” includes privacy, social interaction, control, wayfinding, security, accessibility, stimulation, sensory aspects, familiarity, aesthetics, personalization, and adaptability (Regnier 2002 31-34). Privacy is the most common and important goal in any framework type. Even dementia and Alzheimer’s frameworks, the more institutional types, recognize the importance of privacy. “Provide opportunities for a place of seclusion from company or observation where one can be free from unauthorized intrusion”(Regnier 2002 31). This is necessary to provide individuals with a sense of self and separation from others. Personal privacy can be difficult to obtain in homes with double-occupancy rooms. For an assisted living complex where residents can still maintain a sufficient level of independence, double-occupancy rooms damage personal space. Double
rooms should be considered only for married residents or on the rare occasion when residents prefer roommates. Otherwise, a dwelling unit is best designed for single residents.

Social interaction is one of the most basic ways to create social exchange, recreational activities, and friendship development. Social exchange offsets depression in older people by allowing them to share problems, life experiences, and current events. Social interaction should not be for age-segregated groups only, however. A healthy living environment needs to provide accessibility to external activities and resources. An urban context will allow for access to shops, restaurants, and public parks. At the same time, a socially active complex needs to provide public space that outsiders can also utilize. By bringing in people which do not reside in the place, social exchange can be diverse and remain stable for longer periods. An urban context will provide a diversity of people; the living facility should provide the place for interaction. Along with social interaction, senior living faculties offer control and choice. “Provide opportunities for residents to make choices and to control events that influence outcomes” (Regnier 2002 31). Especially in an independent living arrangement, residents require a sense of mastery and ability to keep themselves satisfied with their environment. A highly restricted and regimented setting more often brings with it alienation, dissatisfaction, and dependents. This setting also makes it harder for visitors to interact. Accidental interaction is a key feature for the preservation of an older person’s social mental health.

Wayfinding and security are interrelated concepts that attend to increasing impairments associated with aging. “Foster a sense of orientation within the environment that reduces confusion and facilitates wayfinding” (Regnier 2002 33). Feeling lost or being disoriented within a home is a frightening feeling that can reduce confidence and self-esteem. Those who have memory loss conditions are more easily disoriented within a featureless, symmetrical, or repetitive environment. Even for those without memory problems, personalization and uniqueness provides people with comfort and the confidence of knowing exactly where they are within a place. Exterior views from within also help this concept. Along with wayfinding, safety and security “provide an environment that ensures that each user will sustain no harm, injury, or undue risk” (Regnier 2002 33). Well-designed aging communities can lessen the high
rate of injury that the elderly incur from home accidents. These communities also account for accessibility and functioning. Within a dwelling unit and circulation space, there are important considerations in the layout of the building that is to be occupied by the elderly. The design of bathrooms and kitchens needs to account for reach capacity and strength limitations of the users, while the design of stairs and corridors must account for special dimensions.

Stimulating environments are an important principle since it keeps the elderly alert and engaged. Stimulation can vary by color, spatial diversity, visual patterns and viewpoints. Intergenerational activities, pet-friendly spaces, and music programs are more ways of creating stimulating environments. Each resident is different and should be allowed to experience a personal level of complexity and challenge. Urban settings help provide such stimulating environments. The city itself will make it possible to supply an assorted range of activities. A rural aging living facility cannot efficiently contain multiple restaurants, a museum, a hospital, and retail shopping. Since a vibrant city already has these amenities, it is a logical place for an assisted living facility.

Three of the principles that Regnier discusses, sensory aspects, familiarity, and aesthetics can be linked when thinking about senior housing designs. Moving into a new housing situation can be disorientating and discomforting for many older adults. Creating connections to the past is reassuring and assists in the transition. Sensory stimulation can help with this connection to what is comfortable. The smells of a garden or views to the landscape are sensory inputs used to make a place interesting and acceptable. The overall aesthetics of the environment sends a symbolic message to visitors, friends, and family about the older resident. A place that appears institutional provides negative views about the condition of the home and its residents. If the place smells and looks like a hospital, it will not be attractive for visitors or even its own residents. Home-like features will assist in the creation of a well-designed living facility.

Personalization and adaptability are two more interrelated principles because they both allow for individual residents to express their identity. “Provide opportunities to make the environment personal and to mark it as the property of a unique single individual” (Regnier 2002 34). In institutional frameworks,
personalization and adaptability are often extremely limited. Two-bed rooms furnished with hospital beds, over-the-bed trays, and medical supplies leave little space for personal items. These items can animate a space by triggering past associations. Additionally, having one’s own furniture and unique space allows for a stable, calm environment. The entry of each dwelling unit should be included when considering personalization and adaptability. Something as simple as placing plants and chairs at the entrance of a unit creates a sense of place and belonging. These design features also reassure other principles such as wayfinding, control, and sensory aspects. Adaptable designs will allow for a wide range of users which is essential to the long-term stability of a senior living facility (Regnier 2002 3-39).
The Residents

This facility will be a mix-use assisted living building designed for those who are considered semi-independent. These residents will often need assistance with daily activities, but are not long-term bedridden or in need of extended medical care. Care giving staff may provide assistance when needed, but the social structure emphasizes resident independence, autonomy, dignity, and shared responsibility. Residents are to be the primary decision makers with regard to their care and lifestyle. Their dwelling units are to be considered their private rooms within a mostly public, supportive community (Brummett 1).

Lower intensity-of-assistance needs facilities focus on providing help with minor daily needs of its residents. These living arrangements provide meal options, medication assistance, laundry, housekeeping, and social services but with little assistants to major medical needs. The following profiles have been created by Brummett as a means of describing the needs and problems of typical assisted living residents for lower intensity arrangements:

“Profile 1: A person of good physical and mental health who lives alone and, because of general frailties and slight sensory impairments, feels vulnerable to accidents and/or crime and thus seeks the security of group living and professional protective oversight. This person may also be less able to travel to social places and functions and, hence, may seek the camaraderie and companionship of group living.

Profile 2: A person of fair health but with chronic physical frailty. The burdens of household chores such as cooking and cleaning may be too strenuous, difficult, or consuming for this person. He or she may also seek protective oversight.

Profile 3: A person who is in good physical health but suffers from relatively consistent (yet relatively slight) confusion and disorientation. This person may seek protective oversight, professionally delivered meals, medication and cleaning services, and occasional behavioral cueing and assistance.

Profile 4: A person with a combination of the above physical and cognitive needs.” (Brummett 7)
The goal of care for the senior living facility will be to avoid institutional characteristics in order to create a homelike environment. For this to happen, intensive services will remain on the middle to low area leaving mostly basic daily assistance. “Not only should the environment present a physical and spatial experience throughout that is homelike, it should also provide and afford the same opportunities for normal, homelike and community-like social interaction and activities of daily living as experienced at home” (Brummett 15).
Case Study 1 | Rosewood Estate

Location: Roseville, Minnesota

Architect: Arvid Elness Architects, Inc.

Year: 1989

Figure 3. Rosewood Estate Photograph (Google Images).
Rosewood Estate is a sixty-eight unit senior living community designed to operate on a home care delivery model. The residential scale and characteristics of the building, along with a decentralized cluster of units, reinforces a sense of interdependence and informal social interaction between residents. Dwelling units are complete with full kitchens and bathrooms. About two-thirds are one-bedroom units of approximately 550 square feet, while one-third are 400 square feet studio style units. The rooms are large enough for another person to stay short-term. Eight to ten units are organized around decentralized lounges. Connecting corridors have been offset to avoid the perception of long corridors. The lounges provide shared common space and allow for variety to corridors. However, these spaces often lack natural light and appear identical in style, making them monotonous and somewhat disorienting (Regnier 1994 131-135).

Positive and useful aspects of this facility include a residential appearance and shared common space design. The estate appears from the street to be a colonial style mansion. The dominant center building uses an entry porch to give it focus as a residential type. Dormers were added to the roof, making
the building appear smaller. Familiar building characteristics help to create a home environment. An important design feature is the clustering of dwelling units to create shared entries. These lounges create an opportunity for residents to individualize the spaces, creating diversity and uniqueness within the building. The units are well designed with each having a kitchen and dining room.

Rosewood Estate has attempted a number of exciting ideas but has experienced a few problems. Lacking a strong inside outside connection minimizes the role of landscape architecture in the daily life of residents. The double loaded corridor makes it difficult to fully expose outside views and allow natural light to enter the interior spaces. Repeating interior design features with little or no connection to the outside can become confusing for those who can become lost easily. Even with some natural light penetrating the hallway, a double loaded corridor gives an impression of an efficient hotel design rather than a home environment.
Common spaces are clustered around the symmetrical entry connected by double-loaded corridors. The existing lounges are too small for furniture and contain little to no natural light. The lounges and hallways make the building disorienting at times.

Figure 6.  Rosewood Estate Partial Plan Diagram

Common spaces are clustered around the symmetrical entry connected by double-loaded corridors. The existing lounges are too small for furniture and contain little to no natural light. The lounges and hallways make the building disorienting at times.
Four dwelling units along a single-loaded corridor create a shared entry space. The shared space can be enlarged to create a lounge with tables, chairs, and live plants.

The diagram extends the one-bedroom units’ living rooms to create more corner conditions.
Case Study 2 | Humanitas Bergweg

Location: Rotterdam, the Netherlands

Architect: EGM Architects bv

Year: 1996

Figure 9. Humanitas Bergweg Axonometric
Humanitas Bergweg’s interesting concept has been described as “an apartment for life project.” The concept focuses on the creation of a large gathering space where everyone, including people who live outside the facility, is welcome. Mixed-use support services such as a grocery store, restaurant, post office, and retail create a community center that attracts a variety of people onto the site. Residential units are design around and above an atrium space. Residents are encouraged to take as much responsibility as possible for their self-care needs, maintaining their independent life choice. Since all of the necessary support services for the elderly are located within the public atrium or nearby, the “apartment for life” idea allows residents to move into an apartment and stay as long as they live. This is appealing to couples who wish to live together in a group environment. Care managers are employed to coordinate individual care from a variety of resources surrounding the public space or within the city (Regnier 2002 158-162).

Positive and useful aspects of this project focus mostly of the city center idea. Rather than creating a residential type that includes public spaces, the designers of Humanitas Bergweg have created a large communal space as its focus. The center
is defined by the surrounding service units and residential units. The atrium is the major gathering space for everyone and resembles a shopping mall. The approach relies on separating housing from services. This is done to deinstitutionalize the environment and to open the residential units to anyone; healthy and sick, and young and old. It generally keeps care cost low and allows residents to remain stable and independent.

The weakness of this project is in the design of the dwelling units. Since the focus of the project was placed on the center gathering space, less thought was placed on the units and the circulation between them. The corridor, although single-loaded, is nothing more than a four feet path with repeating entrances. This leaves little room for residents to express their individualism and creates hotel-like characteristics. For a facility that encourages aging in place, there are only a few reasons beyond location to live there. Residential design needs to be equally considered with community social spaces.
Figure 12. Humanitas Bergweg Plan Diagram
Case Study 3 | Jan Van Der Ploeg

Location: Rotterdam, Netherlands

Architect: EGM Architects bv

Year: 1988

Figure 13. Jan Van Der Ploeg Atrium Photograph
Jan Van Der Ploeg is a seventy-nine unit triangular-shaped structure that conforms to a unique site in an urban district of Rotterdam. The triangular-shape allows for a glass covered garden atrium surrounded by common support spaces on the ground level and residential units above. The facility offers services such as nursing, home help, and meals to its residents as well as to the surrounding community. The management philosophy focuses on self-maintenance and interdependence. The residents are encouraged to help support one another and the common areas. The large atrium provides a protected space for social interaction and live plants. The residents are responsible for planting and maintaining the live foliage in the common areas. The single-loaded corridors, which allow for light from two sides into the dwelling units, are curve shaped to accommodate a small table and chairs. Planter boxes attached to the balcony rails give the space a lively and colorful gardenlike character (Regnier 1994 126-130).

Positive and useful aspects of this facility include the use of a single-loaded corridor, personal entry space, natural light, large community space, and mix-use support. Dwelling units are all connected by a single-loaded balcony corridor that overlooks

Figure 14. Jan Van Der Ploeg Axonometric
the garden atrium. The corridor width is only four feet wide, but a curved edge provides additional room for furniture to view the space below. This extra one and a half feet of space allows for each individual to utilize the floor area as they please. Although a limited amount of space, it brings creativity and diversity into the community. Natural light is accessible from two sides of the units as well as in the circulation space. Allowing natural light to flow throughout the complex helps to create a home-like environment. The large centralized public space is the heart of the project. Open to residents and the local community, the garden atrium is an ideal place for diverse social interaction. It is activated by public mix-use support services such as occupational therapy, personal care services, and restaurants and bars.

Weak aspects of this facility include thin corridors, high maintenance features, and dwelling unit designs. The walkway width is only four feet with an additional one and a half feet for each unit entry. These measurements are the minimum required for long corridors. Wider circulation space will lessen the visual appearance that is similar to a hotel. Plants and public seating is a great way to support gathering spaces, but too much can produce excessive maintenance issues. This project relies on

Figure 15. Jan Van Der Ploeg Ground Floor Plan
residents and volunteers to maintain plant life and to clean the furniture. In the United States, it is unlikely that there are enough residents and volunteers that are willing to maintain large public spaces. Enough though all of the dwelling units contain natural light from two sides, the layouts create closed, divided rooms. Open floor plans, especially between the kitchen and living room, allow for small square footage to appear larger. Also, the unit mixture only includes one or two bedroom units. Studio style units should be included for residents who prefer smaller spaces to maintain.
Figure 17. Jan Van Der Ploeg Ground Floor Plan Diagram

The “V” shaped mass structure surrounds a garden atrium. The atrium forms a public space with a continuous walking path for the residents.

Figure 18. Jan Van Der Ploeg Typical Units

Curved portions of the balcony corridor can accommodate a small table, chairs, and foliage.
Case Study 4 | Parkview Terrace

Location: San Francisco, CA

Architects: Kwan Henmi and Anne Fougeron

Year: 2008

Figure 19. Parkview Terrace Photograph
“Rather than assume that senior citizens want their housing gussied up in wood shingles and faux Victoriana, the architects of Parkview Terraces in San Francisco treated the project’s residents as people looking to the future rather than the past” (Pearson 200). The “L” shaped concrete structure features and open courtyard on an alley and two rooftop terraces. The building massing responds to the site context by limiting height to three stories along the calmer street and rising to nine stories along the busier street. The glassy articulated facade reinterprets in a modern vocabulary the classical bay window rhythm of a typical San Francisco street. The entire ground level is devoted to social services such as counseling and health screening, and common spaces such as a community room, a recreation space, and a hair salon. Several of these functions are designed to have direct access both from the sidewalk and from within the building. The dwelling units are about equally divided between studio and one-bedroom apartments, all of which contain a full kitchen and are handicap accessible or adaptable (Fougeron).

Positive and useful aspects of this project include the modern aesthetics of the building and the variety of courtyards and terraces. The architects decided to use a modern twist to

Figure 20. Parkview Terrace Ground Floor Plan
a traditional local architectural characteristic, the bay window. The modern interpretation adds more depth and animation to the exteriors while offering residents different angled views. Parkview Terrace includes three main exterior spaces spread out on three levels. These three spaces provide the residents with a mix of possible uses, activities, and views.

Weaknesses of this project include the institutional characteristics, the location of the main courtyard, and a double-loaded corridor. Although the façade creates an interesting animation, it does not look like a residential building. From the street view, it is difficult to understand the use of the building. The elements most lacking are that none of the units have balconies. Besides improving the units, balconies will provide the exterior of the building with a much needed residential quality. In addition, the designers decided to place the main courtyard along the alley side elevated to the second level. The courtyard is obviously private use for the residents only, but would be more socially active if given to public use. By placing the courtyard at ground level and rotating the “L” shaped building to accommodate the courtyard at the busy street corner, there would be less isolated relationship between the public and the residents. The two rooftop

Figure 21. Parkview Terrace Upper Floor Plan
terraces are more than enough space for private use. The interior of the building lacks style and comfort because of the straight, double-loaded corridor containing almost no natural light. The double-loaded corridor should not be applied to residential types because of its efficient, institutional characteristics.

The building has three outside gathering spaces located on three separate levels. The spaces are intended for resident-use only.

The diagrams show the existing parti (left) and the recommended parti (right). The existing parti provides a private courtyard away from the busy corner. The second parti rotates the “L” shaped structure to create a public corner courtyard.
Programming

The underlying objective for this assisted living facility is the social connection between the residents and the surrounding community. One of the great advantages of assisted living over institutional nursing homes is that residents have the ability and desire to stay socially and physically active (Regnier 2002 96). Spaces provided in an assisted living community usually include larger, more active spaces for group gatherings and events, as well as smaller, more intimate shared spaces. Active spaces such as courtyards, gardens, libraries, pools, and physical therapy rooms may be utilized by the facility residents and neighboring residents together. Intimate spaces such as porches, balconies, and living rooms may be kept more semi-public for use by the facility residents and their friends, family, and invited guests. Additional social and service spaces including a small market, beauty parlor, shops, restaurants, and doctor’s office may be publicly provided depending on the size of the facility and the availability of such services within the local community (Brummett 18). The primary purpose is to create a place for living targeted at an aging population while providing amenities to support an urban context.

Researching existing facilities has revealed that more and more modern designs are setting space aside for civic use. A crucial design driver for this project is the development of a pedestrian friendly “town center” to provide goods and services for facility residents along with the surrounding community. This concept is important in order to avoid isolation by creating a facility that is not intended to solely stand alone but one that has a connection, physically and socially, with the greater community. With patrons that include residents and community members, accidental social interaction may be more common. This town center will also be placed in a greater economical situation because of the diversity its of customers (Novotnak 46).

To reiterate, the purpose behind this master’s project is to create a place for living while interacting with the urban community. “Providing residents with opportunities for social interaction and control over their interactions with others is a key element in successful design. Creating places and situations that attract residents to interact directly with others is stimulating” (Regnier 2002 76). The building should be designed to be friendly and inviting. Circulation pathways that overlook and connect, and places for previewing should be unified together in order to establish a setting that encourages social interaction.
Residents should feel confident to be able to leave their units daily to move around and explore.

Residents with dementia should not spend all day in their own rooms. Those with dementia prefer places where something is active; the living room, garden, courtyard, or shopping center for example. Sufferers can occasionally become restless and feel the urge to move around. This is understandable in order for one to maintain contact with the surrounding environment. A variety of calm and active spaces should be provided in which to cater the needs of residents with forms of dementia. Connecting corridors or space between buildings can provide moments of perception by offering views, pictures, or changes in natural light and shading. Places to rest and relax are equally important both indoors and outdoors (Feddersen 61).

One of the greatest sources of stimulation for persons with dementia or difficulty with ambulation is to leave their unit and sit on a bench to view activities taking place nearby. In Florida, weather can disrupt exterior activities, meaning that interior views to the outside are also important to successful design. Relationships and connections between inside and outside should be exploited wherever opportunities exist. Viewing attractive landscapes from shared spaces or from individual dwelling units can encourage stimulation and satisfaction (Regnier 1995 41-42). Plant materials humanize a setting while providing an opportunity for residents to actively participate in a daily ritual. The elderly often nurture and care for plants as a hobby (Regnier 2002 114). Seniors that still enjoy cooking everyday may still enjoy maintaining an edible garden. In order to ease the transition into assisted living, it is important for the designer to consider having amenities and activities that the residents had before their lifestyle change.

The dwelling unit is the most private space for the residents. It is the place where they spend the most amount of time and can personalize to their liking. Single-occupancy units, which are fully equipped with kitchens and bathrooms, are the catalyst of modern assisted living models. A private apartment is certainly the only acceptable arrangement that truly supports the essential concept of privacy and autonomy (Brummett 22). Privacy is the most important principle with assisted living residents, which is why a single dwelling unit shared by strangers is simply not reasonable. Studio and one-bedroom apartments
should have an open floor plan with a visual connection to the outside. An open floor plan with views to the exterior will allow the units to seem as if they are larger. In the United States, there are ongoing debates relating to the size and features of kitchens within a single unit. Kitchens need to contain enough features in order to be functional for food preparation. However, smaller kitchens are realistically better so that valuable space can be utilized in the living areas (Regnier 2002 124). Maintaining a large kitchen can also cause too much trouble for residents. Bringing living space, such as the dining area, into the kitchen may be a positive balance to the kitchen size. Bathroom designs must be able to accommodate a handicapped person. When designing for residents with dementia, it is important to have a view of the toilet from the living space. Forgetting to use the bathroom is a common situation for dementia sufferers; therefore having an easy view may remind them to use the toilet (Lafferty). Senior living bathrooms in Europe are almost always designed with a sliding barn door. Research has identified these as the easiest doors for a handicapped resident to operate (Regnier 2002 118-124).
Architectural Character and Image

The character, image, and appearance of a structure can greatly impact the understanding of its location and function. The expectations, for performance and future behavior, a person establishes for a building type is understood through past perceptions of similar building types. For example, an image a person has of a hospital comes from feelings and assumptions based on past experiences. A hospital appears efficient, clean, and institutional and gives the impression as a place for the ill. “The mid-rise form; the wide, double-loaded (i.e., having rooms on two sides) corridor configurations; the nurses’ station locations; the uniformed personnel; and the entry designed for emergency vehicles all reinforce ideas about the identity of the place. The more typical these responses are, the more they become internalized” (Regnier 1995 33-34). People generally anticipate certain aspects and behave according to preconceived ideas.

The architectural design of both the interior and exterior of senior housing should respect the fact that most seniors are sensitive to the appearance of functionality of their homes. It is likely that most of the residents moving into an assisted living facility are former home owners. The exterior design of senior housing should create a homelike quality by appearing to be residential rather than institutional; and should reflect the history and culture of the region (Porter 53-55) (Regnier 1995 35). The surrounding context of the site should be influential to the design process.

Plain rectangular, multistory buildings can easily appear as institutional. Many seniors respond more positively towards housing developments that emphasize the human scale by maintaining low rooflines, having porches, and segmenting large buildings into smaller sections (Porter 55). “Sloped roofs are often selected for senior housing and care facilities, for residential character and image in addition to excellent watershedding characteristics” (Perkins 203). Figure 24 is an example of Woodside Place in Oakmont, Pennsylvania using the long porch, gabled roofs, and clapboard exterior to establish a homelike quality. Some of today’s architects use modern interpretations of these architectural details. Figure 25 shows a rendering of a gable roof structure being applied to a Christian church (Hallflants).

The inside of the facility should allow residents to feel
secure and supportive while mutually providing a comfortable and lively living environment. Common spaces such as lobbies, lounges, hallways, and courtyards should provide homelike impressions. The individual dwelling units should present a sense of privacy and security, which is essential in all cases including congregate-living communities. Seniors appreciate natural light and views of exterior landscapes from within their living spaces. Spaces should allow for a liberal amount of flexibility for individual furnishings and ease of movement for the residents. Obstacles such as variations in floor levels, hard to open bi-fold doors, and narrow hallways must be avoided within the dwelling units. Some type of kitchen and eating area, even rudimentary, allows for some private dining (Porter 55). The design and specification of rooms, doors, windows, and materials should be sensitive to the imagery that is consistent with a residential character. At stake is more than a “feel-good” appearance of the setting, but its influence on how the residents, as well as their friends and family, behave within that setting (Regnier 1995 35).
Works of Addison Mizner

Addison Mizner was an American architect who designed resorts, country clubs, and residences with shops in southern Florida mostly between the 1910s and 1920s.

During the early design phase of this master’s project, the research of Mizner’s residential and shop designs have proven to be helpful. The use of materials in a tropical environment, the use of space between buildings, and the connection between private (residents) and public (shops) spaces, have aided in the design of this assisted living community. Images on the following pages are from the book, *Florida Architecture of Addison Mizner.*
Constructed of stone, tile, and stucco, Mizner’s buildings were well suited for Florida’s semi-tropical climate. Exterior spaces included native plants and furniture for resting.
Mizner mixed the use of his buildings by placing shops at ground level and housing above. Balconies allow for viewing between semi-private to public spaces.
Exterior circulation takes advantage of Florida's climate, allowing breeze to flow through spaces.
The space between buildings can serve many functions including sitting, gathering, product display, and circulation.

Figure 29. Via Parigi: Yard of Mizner products shop (from Mizner 14)
Site: Selection and Analysis

When searching for site locations, it is important to consider surrounding context, views, and activities. The assisted living facility needs to be located within an urban context with pedestrian friendly streets. Having a site with great views to a park, river, lake, or ocean is a big asset. The location needs to be near activities such as a museum, shops, and restaurants as well as a hospital.
Site 1: Tampa, FL

Site 1 is located along Kennedy Blvd. and the Hillsborough River in the city of Tampa, FL. The site is nearby a riverwalk park, the University of Tampa, and many shops and restaurants. More importantly, it is also close to a hospital. This site was not selected because of the poor public transportation options, high vehicle traffic, and unfriendly pedestrian streets. It is also in a high crime area with an unfortunate homeless population.
Site 2: Clearwater, FL

Site 2 is located along the beach in the city of Clearwater, FL. The strengths of the site include incredible views of the Gulf of Mexico and the inner coastal waters. It is also an active location with unique shops and restaurants. This site was not selected because it is a tourist area in a high evacuation zone with heavy traffic.
Site 3: Bradenton, FL

Site 3 is located near Old Main Street and the Manatee River in the City of Bradenton, FL. This location has all of the requirements including active, pedestrian friendly streets, close proximity to attractions, and a hospital. Bradenton is the selected site for this project.
Figure 40. Bradenton Views

Figure 41. Bradenton Roads
Summary of Conversation

On October 14, 2010, a meeting with Stephen Lafferty took place at his office to discuss case studies, design concerns, and site issues. Stephen Lafferty is the principle of Lafferty Architecture Group and has experience designing senior living facilities and multi-family housing. Subjects covered in the conversation include parti/overall design, dwelling unit design, and Bradenton site design.

The overall parti of an assisted living facility must consider the needs of those with dementia. Sufferers of dementia may generally be in good physical health, but may consistently experience slight confusion and disorientation (Brummett 7). Lafferty explained that walking in a continuous path was a good physical and mental exercise for residents with dementia. Corridors with dead-ends can be difficult for these residents because they “can become stuck” at the end of the hallway. A continuous path, usually around a public space or atrium, with multiple views is the best layout to fight the effects of dementia. Lafferty also introduced what he calls the “30 seconds-2 minutes-15 minutes rule;” which is a concept to enhance social interaction. Outside of the dwelling unit, the facility should include types of spaces for assisting in social interaction: space for a quick conversation, space for an informal conversation, and space for a formal extended conversation. A quick conversation area is simply a space for two people to be able to talk without being in the middle of a hallway. A small area adjacent to a corridor or balcony can provide enough room for two people to step out of the way of others to briefly acknowledge each other. An informal conversation area provides space for 2-4 people to sit and interact briefly. The curved portions of the balconies from the Jan Van Der Ploeg case study are a good example of a 2 minute conversation space. A formal conversation area allows for extended interaction for a small group to take place. Generally a lounge or lobby, a 15 minute conversation area includes space for seating, tables, and other furniture. Figure 42 is an example of a 15 minute conversation space (American 49).

Dwelling units within a senior living community are generally kept relatively small. Open floor plans allow for small spaces to appear larger. Large windows provide both light into the unit and views to the exterior. This helps create a home-like character to dwelling units. Lafferty continued by stating that a kitchen within a unit is mostly a marketing tool to sell the apartment. Unit kitchens, if used at all, are mostly used to create
quick meals and snacks. It is rare for these kitchens to be used for large meals. So it is the responsibility of the designer to include a unit kitchen that is small but remains functional. Including a counter at sitting level can double as a kitchen prep area and as a dining table. Unit bathrooms must follow the American with Disabilities Act, allowing for wheelchair bound residents to easily use the space. Lafferty, through his experience, has realized that residents with dementia may forget to use the bathroom. The solution for this situation is to provide a view of the toilet from the living area. Figures 43 and 44 show a unit design where a resident in bed has views to the exterior and to the toilet (American). These figures also show the use of accordion style doors for the bathrooms. Accordion or sliding style doors are sometimes used in senior living units because they require less space to function. The large handles on these doors are easy for senior residents to grip.

Stephen Lafferty then looked over the site plan for Bradenton. The service and retail shops should be placed along the busiest streets, 1st Avenue and 13th Street. Since the location is in a downtown context, less parking is required. One parking space per three dwelling units should be required by code.
plus additional parking for staff and retail stores. Approximately one parking space per two dwelling units should satisfy parking requirements. Gathering spaces for the residents should include visual and audio connections to the public street. A space on the second level with a view to the busy street will allow for the residents to see what is happening without compromising safety.
## Project Program Chart

**Housing:**
- Studio w/o balcony (20) - 300 SF
- Studio w/ balcony (16) - 450 SF plus 100 SF balcony
- One-bedroom (12) - 580 SF plus 100 SF balcony

**Administration:**
- Lobby w/ reception & mail - 2600 SF
- Administration Offices (3) - 155 SF each
- Conference Room - 500 SF
- Library Office - 100 SF
- Nurses' Station (4) - 200 SF each
- Staff Lounge (4) - 175 SF each
- Supply Room - 200 SF
- Receiving - 885 SF
- Mechanical - 160 SF
- Storage - 160 SF

**Outdoor Recreation:**
- Pool Deck - 2070 SF
- Swimming Pool - 475 SF
- Terrace - 5645 SF

**Resident Amenities:**
- Bird Aviary (two stories) - 265 SF
- Dinning Room - 3700 SF
- Great Room - 3800 SF
- Library - 525 SF
- Game Room - 500 SF
- Laundry Room - 200 SF
- Computer Room - 400 SF

**Public Amenities:**
- Exterior Courtyard - 4200 SF
- Exterior Event Space - 4200 SF
- Restaurant Dinning - 3700 SF
- Kitchen (used by ALF) - 2500 SF
- Cafe - 1230 SF
- Riverwalk - 1.5 miles

**Retail Space:** 29,000 SF
- Salon, Social Services, Fitness Center, Pharmacy,
- Food Market, Arts & Craft Store, other shops
Parti Models

The design process began by creating models to organize the use of the site. The north and east streets are more active than the south and west. Therefore, the massing of the residential and retail programs are placed to the north and east while the south and west are designated for parking and “back of the house” programs. Residential pods consisting of twelve units, six lower and six upper, were modeled to organize a unit parti. The number twelve came from research and the recommendation of the committee to satisfy economies of scale and comfort issues. These residential pods were never actually glued onto the model because of the high variety of possible solutions. Figures 45 and 46 show the model to the residential pods solutions.

When it became clear that there was a need for a different approach other than using the residential pods, another model was created. Figures 47 and 48 show how the same number of units could be organized on the same level within a single structure.
The organization of the common and retail spaces is shown with residential pods around the model. An example of how residential pods could be placed above common and retail spaces.
Figure 47. Parti Model Three

Figure 48. Parti Model Four

Models showing single structure parti.
Scheme Designs

The best three partis were developed into schemes. Parti A arranges residential pods along a central corridor above retail spaces. Parti B arranges residential pods around a central common area, still above retail space. Parti C arranges residential units within a single structure with circulation and views as the influence for the organization. Parti C includes a lobby at the ground level surrounded by retail spaces; while the residential spaces on the upper levels.
Scheme Designs - Parti A

Figure 49. Parti A - Model

Figure 50. Parti A - Ground Plan
Scheme Designs - Parti B

Figure 55. Parti B - Model

Figure 56. Parti B - Ground Plan
Figure 57. Parti B - Second Level Plan

Figure 58. Parti B - Third Level Plan
Scheme Designs - Parti C

Figure 61. Parti C - Model

Figure 62. Parti C - Ground Plan
Figure 65. Parti C - Fourth Level Plan

Figure 66. Parti C - Fifth Level Plan
Parti C was chosen to be developed into the final design solution because it was the most simple, had the best circulation, and fit well with Bradenton’s context.

The next step in the design process was to continue developing the floors plans, sections, and create a sketch model.
Figure 69. Sketch Model One
Figure 70. Sketch Model Two
Figure 71. Sketch Model Three
Final Floor Plans

Figure 72. Site Plan
Figure 73. First Level Plan
Figure 74. Second Level Plan
Figure 77. Fifth Level Plan
Final Sections

Figure 78. Section A-A

Figure 79. Section B-B
Perspectives

Figure 82. Front View
Figure 84. Side View
Figure 86. Residential Room towards Marina View
Figure 87. Interior Circulation View
Figure 89. Lobby View
Final Model

Figure 90. View from Above
Figure 93. View of Front
Conclusion

In conclusion, a year of researching and designing for senior living has come to a point not of termination, rather a point of transition. A transition that will hopefully lead to a more perfect solution to a very real issue. Senior housing is becoming more of a necessity while at the same time the design process of this type is becoming less about good architecture and more about effectiveness. The end of this project is meant to show how a good design process can lead to a place that will be more and more acceptable for today’s senior residents.

Good architecture, when related to an assisted living facility, can simply be described as the positive balance between three qualities: function, beauty, and user reaction. The function of senior assisted living has usually been to provide housing as well as security and services for those in daily need. The beauty of the structure and peoples’ reaction to it has lately been treated as a minor design requirement, especially in the United States. This master’s project aims to close the gap so that the aesthetics and users’ response gain importance.

The function is the main design element of assisted living. However, function must include more than just a place to sleep, feel safe, and receive daily assistance. For an assisted living community to be considered good architecture, it must still have the qualities of a home. The residents need to feel like they belong to a community, with all of the amenities to continue through life. The residential units are designed on an open layout with large windows to allow for plenty of natural light and maximum exterior views. Living spaces are complete with sitting areas, full kitchens, eating space, and personal storage. The unit floors are filled with programming, including dinning and great rooms, game room, library, and a garden, to keep the residents active. The location of the community was decided because of its close proximity to other activities. This part of Bradenton includes shops and restaurants, museums, art galleries, and a riverwalk park. The idea of this master’s project is to plan the functions of the assisted living community around the residents’ mental and social needs first.

The beauty of the facility should be as heavily considered as any other well designed architectural project. The aesthetics can easily, and usually is, the first component to be tossed aside in favor for cheap and efficient means of design and construction. However, to be considered good architecture, the designer must
go the extra step to provide a condition that allows the residents to have a sense of belonging and home. Using programming and beauty together to provide most residents with individual balconies so that they each has a place for plants and patio furniture, the exterior of the building will appear as a place for living with home-like qualities. A resident should feel as if they are moving into another place to live, rather than a place to seek help or possibly a place to end their life.

The users' reaction to the assisted living community is the quality that this master's project is suggesting should become the most important. A living facility should not be considered as good architecture if the users, not limited to just the residents, feel uncomfortable. Good architecture is a place where people feel welcome. The concept of this project suggests that the users include more than the people living within it, but also friends, family, and surrounding neighbors. If the friends and family of the residents feel comfortable within the community, then they will visit more often. If the surrounding neighbors are given a reason to come to the property, to use service and retail shops for example, then it allows for accidental interaction with the residents. Bringing people to the assisted living community where interaction occurs can greatly increase the mental health of the residents.

The design process of this master's project is meant as an example of continuous change in the way architects think about senior assisted living. The concept and driving force for the design of senior assisted living shifts from institutional efficiency towards a home-like environment. By giving the residents architectural features such as natural light and open-concept living spaces that they are familiar with, they will more likely accept these new living options. If residents are able to maintain the home-like emotions during their transition to assisted community living, then the project can be considered successful.

This master's project started with an abstract and problem statement. The project was to address isolation, dependence, and a lack of community in today's senior living options. The goal was to introduce interaction, independence, and a sense of community. These elements created a condition that would be appreciated by its residents, rather than feared.
Therefore, the end result of this master’s project brought me to realize that it is through a layering of many issues that a more successful type of senior living can be created. It was my intent to show that assisted living can be a positive option for those whom are in need every day. By giving residents of senior living a sense of place and belonging through independence and interaction, they are given the chance to thrive in their environment. The final design of this project will allow me to continue to explore more perfect solutions for not just senior living, but for plenty of other design problems.
References


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