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BUILDING CONSIDERATIONS

FUNCTION

FUNCTION

The elderly person needs security, independence, involvement, and privacy. The retirement home to some extent should provide these needs. The following discussion of the aged needs was taken from "Buildings for the Aged" by Musson and Hensinkveld:(11:10)

1. Security— He needs a sense of physical safety— safety from falling; safety from the alarms of rushing children, bicycles, automobiles; safety from the danger of fire. He wants to be sure that in time of any emergency he can get help. He wants to know that he can get health services should he become ill. His desire for financial security is equally strong. He doesn't want his money to run out. He wants to live within his income, whatever it may be. His retirement home can and should meet these needs.

2. Independence— To help him retain his dignity and self respect, he needs the maximum leeway for coming and going and doing as he pleases. In other than completely independent living, the administrator can meet this need by careful attention to house rules, especially dining room hour and seating flexibility.

3. Involvement— He needs acceptance for himself by people with whom he can find intellectual rapport. He needs involvement in the life about him so that he will be encouraged to give of himself. This can prevent the unfortunate tendency to withdrawal, so common in elderly people. He needs adventure, a spark, something to look forward to, something to make tomorrow different from today. Anticipation helps to keep people young.

4. Privacy— He needs a place to be alone when the mood directs. Even greater than the obvious need for physical recuperation is the need for the

opportunity to think through his personal problems and develop spiritual and intellectual resources to meet them. Life deals us all varied experiences of both joy and sorrow, for which we need the quiet mind to remember and the courage to forget. For this, and for personal meditation, the true source of spiritual strength, privacy is essential.

The later years can be fruitful ones. The right atmosphere in the retirement home can offer opportunity for continued growth in the realm of the mind and the spirit, although of course it cannot guarantee the individual resident's response to that opportunity.

Existing Retirement Home Survey

The following discussion is a character survey of the existing retirement homes throughout the nation. The tables and figures were taken from the Federal Housing Administration Pamphlet No. 372, "FHA Housing For The Elderly."

Most of these projects have nonprofit sponsors—primarily religious organizations—but fraternal, union, and other groups also have participated, as have a number of profit-motivated sponsors.

Size of Projects

The size of housing projects for the elderly varies from fewer than 20 units to more than 375 units. Congregate projects with entrance fees more often have between 50 and 150 units, although some larger ones raise the average size to

slightly over 150 units. The congregate projects without entrance fees are decidedly smaller. Most of them have fewer than 100 units, with a median size of 71 units; a few much larger projects, however, raise the over-all average size to 92 units.

Housekeeping projects without entrance fees tend to run to larger sizes, with an average of about 200 units. The few housekeeping projects with entrance fees are generally smaller, ranging between 50 and 150 units. (2:3)

SIZE OF PROJECTS (2:4)

Number of Projects Reporting by Type of Project

No. of Units in Project	<u>Congregate</u>		<u>Housekeeping</u>	
	With Entrance Fee	No Fee	With Fee	No Fee
<u>No. of projects</u>	<u>43</u>	<u>58</u>	<u>11</u>	<u>37</u>
1 - 50	3	19	1	5
51 - 100	11	25	4	4
101 - 150	13	5	4	6
151 - 200	7	2	1	7
201 - 250	5	3	-	4
251 - 300	2	2	-	2
301 - 350	1	1	1	4
Over 350	1	1	-	5
Total number units	6,562	5,321	1,298	7,559
Average number of units	153	92	118	204
Median number of units	131	71	104	184

*"Congregate," applies to all projects with room and board accommodations.

Entrance and Founder's Fees

Some nonprofit projects have required the payment of an entrance or founder's fee as a condition of admission. These fees are used for various purposes. Some projects use the funds to cover debt service, to reduce monthly charges, or to provide lifetime care. The great majority of the projects refund part of the entrance fee to those who leave. In case of death, any unused balance is almost always retained by the project. Profit-motivated sponsors are not permitted to charge entrance fees or similar fees.

The entrance fee charged often has varied with the means of the applicant, although most projects with entrance fees have a minimum and a maximum.

In congregate projects charging an entrance or founder's fee, the average fee was typically between \$5,000 and \$10,000.

Maximum fees in housekeeping projects were mostly between \$1,000 and \$5,000. (2:4)

ENTRANCE OR FOUNDER'S FEES (2:5)

Average Amount of fee	Number of Projects by type			
	<u>Congregate</u>		<u>Housekeeping</u>	
	Min. Fee	Max. Fee	Min. Fee	Max. Fee
Total Reporting	104	103	51	51
No fee*	63	63	40	40
\$ 100-\$ 999	5	3	7	2
1,000- 4,999	9	3	4	8
5,000- 9,999	25	10	-	1
10,000- 14,999	2	7	-	-
15,000- 19,999	-	8	-	-
20,000- 24,999	-	5	-	-
25,000 and over	-	4	-	-

Occupancy and Waiting Lists

Occupancy rate in those projects in which initial occupancy had begun after January 1, 1962, indicated that housing projects for the elderly have generally experienced no great difficulty in achieving practically full occupancy within 12 to 18 months after initial opening. Evidence of the demand for these facilities is reflected in waiting lists. About two-thirds of the 83 congregate projects reporting had waiting lists, which totaled over 2,000 applicants. For house-keeping projects, 11 of the 29 cases reporting had a waiting list. (2:5)

Sex and Marital Status

Almost three-fourths of all project residents were women. One-fourth of the occupants in the projects were married couples. Almost two-thirds were single women, and 14 percent single men.

DISTRIBUTION OF RESIDENTS BY SEX AND MARITAL STATUS (2:5)

<u>Sex</u>	<u>Single</u>	<u>Married</u>	<u>Total</u>	U. S. Population
				Age 62 or Older <u>April 1, 1963</u>
Total				
Number	9,638	3,178	12,816	20,330,000
Percentage	<u>75.2%</u>	<u>24.8%</u>	<u>100.0%</u>	<u>100.0%</u>
Men	13.6	12.4	26.0	45.5
Women	61.6	12.4	74.0	54.5

Age of Residents

Although a median age of 75.6 years was reported for all residents, marked differences in age distinguished the occupants of the different types of project. The typical occupant of housekeeping projects was 68 years of age; the typical occupant in congregate projects was 79. The existence of entrance fees in a project had relatively little effect on median age.

AGE OF RESIDENTS OF VARIOUS TYPES OF PROJECTS (2:6)

Project Type	No. Res- idents	Total	Under 62	62- 65	66- 70	71- 75	76- 80
Total	11,302	100.0%	6.8%	9.5%	14.6%	20.9%	21.1%
Congregate	7,252	100.0	.7	2.5	9.2	19.9	28.0
Housekeeping	4,050	100.0	17.8	22.1	24.3	22.6	8.6

81- 85	86- 90	Over 90	Median
15.8%	8.2%	3.1%	75.6
22.7	12.2	4.8	79.2

Residents' Place of Origin

Most of the residents were drawn from the immediate locality of the project or its surrounding area: 71 percent had lived within a 50-mile radius. Housekeeping projects with entrance fees and congregate projects without such fees draw 80 percent of their residents from within a 50-mile radius.

DISTANCE FROM PROJECTS TO PLACE OF ORIGIN FOR RESIDENTS OF
VARIOUS TYPES OF PROJECTS (2:7)

Project Type	No. Residents	Total	Local Comm.	50 mi. Radius	Remainder State	Other States
Total	12,289	100.0%	43.2%	27.4%	15.9%	13.5%
Congregate	8,276	100.0	40.2	32.5	15.1	12.2
Housekeeping	4,103	100.0	49.4	16.8	17.5	16.3

Income of Residents

The typical resident of an FHA-insured project for the elderly had an annual income close to \$2,600. About 10 percent had no income, slightly more had incomes above \$5,000, and about 30 percent had incomes between \$2,000 and \$3,000. Striking differences appeared between the income levels of the residents of congregate projects with entrance fees and without them. For example, the median income of the former was almost double that of the latter—\$2,720 compared with \$1,420. Only 10 percent of the residents of congregate projects with entrance fees had incomes under \$1,000 as against 43% of the residents of congregate projects without entrance fees. (2:8)

ANNUAL INCOME OF RESIDENTS OF VARIOUS TYPES OF PROJECTS (2:8)

Project Type	No. Resid.	No Income	Under 1,000	1,000 1,999	2,000 2,999	3,000 Over	Median Income
Total	6,450	9%	8%	16%	29%	38%	\$2,580
Congregate	3,988	13	12	18	21	36	2,350
Housekeep.	2,462	3	1	15	40	41	2,770
Entr. Fee	2,810	2	6	22	32	38	2,610
Congregate	2,186	3	7	18	30	42	2,720
Housekeep.	624	1	2	36	39	22	2,290
No fee	3,640	15	9	12	26	38	2,550
Congregate	1,802	26	17	17	11	29	1,420
Housekeep.	1,838	4	1	8	41	46	2,920

Rent Assistance

About 87 percent of the congregate residents and 99 percent of the housekeeping residents paid the full scheduled rent. The remaining residents received assistance from church or benevolent sources, or to a lesser degree, from non-church charities and public welfare agencies. Of the residents who were paying the full rental, about 15 percent of the residents of housekeeping projects and 13 percent of the residents of congregate projects received assistance from relatives and others.

ABILITY OF RESIDENTS TO PAY MONTHLY RENTALS (2:9)

<u>Project Type</u>	<u>No. Resi- dents</u>	<u>Sub-total</u>	<u>Paying Full Rent</u>		<u>Not Pay- all Rent</u>
			<u>Self Support</u>	<u>Assist- ance</u>	
Total	10,850	92%	78%	14%	8%
Congregate	6,812	87	74	13	13
Housekeeping	4,038	99	84	15	1

Outside Employment

Thirty-one percent of the congregate projects reported at least one resident with full-time outside employment. Over two-tenths of the congregate projects reported one to three residents employed full time, compared with less than one-tenth of the housekeeping projects. In 40 percent of the housekeeping projects 10 or more residents worked at full-time outside jobs, whereas in only 3 percent of the congregate projects 10 or more residents worked as such jobs. (2:9)

These differences between the residents of the two project types are in accord with other survey findings such as much higher percentage of couples living in housekeeping projects as compared with congregate projects, a much greater proportion of persons under age 62, a higher percentage of residents with annual incomes above \$5,000, and a much lower intensity of infirmity care and wheel chair confinements.

Distinctions between the employment patterns of the two types of projects were less pronounced for part-time workers. For each project type, almost two-thirds had no part-time workers engaged in outside jobs. Relatively small differences in outside employment were observed between projects with and without entrance fees.

FULL-TIME AND PART-TIME OUTSIDE EMPLOYMENT (2:9)

Type of Job and Project	No. Projects Reporting	None	1 to 3	4 to 9	10 or more
Full-time jobs					
Total	105	60%	18%	9%	13%
Congregate	78	69	22	6	3
Housekeeping	27	33	8	19	40
Part-time jobs					
Total	102	63	24	8	5
Congregate	78	64	26	7	3
Housekeeping	24	63	17	8	12

Admission Limited to Ambulatory Residents

Three-fourths of the residents of all congregate projects lived in projects which accept only ambulatory applicants,

while half of the residents of housekeeping projects lived in projects which accept only the ambulatory.

DISTRIBUTION OF RESIDENTS OF VARIOUS TYPES OF PROJECTS
ACCORDING TO WHETHER PROJECT ADMISSION IS LIMITED TO
AMBULATORY INDIVIDUALS (2:10)

<u>Project Type</u>	<u>No. Residents</u>	<u>Total</u>	<u>Limited</u>	<u>Not Limited</u>
Total	12,146	100%	66%	34%
Congregate	8,174	100	75	25
Housekeeping	3,972	100	49	51
With entrance fee	5,143	100	80	20
Congregate	4,123	100	93	7
Housekeeping	1,020	100	28	72
No entrance fee	7,003	100	57	43
Congregate	4,051	100	56	44
Housekeeping	2,952	100	57	43

Infirmary Bed Care

Although applicants for admission to congregate projects were screened to guard against selection of high-intensity-care residents, the statistics indicate that large numbers of congregate projects still made provision for such care. Housekeeping projects, however, generally did not contract to provide this care and usually did not provide infirmary facilities. Wide variations occurred in the number of infirmary beds, from none to over 50, depending variously upon the size of the project, the length of time it had been in operation, and the general health of the occupants.

Eighty-six percent of the occupied congregate projects provided infirmary bed care; they could accommodate 22 bed

patients on the average; and 71 percent of these projects considered their facilities adequate. Of such projects charging entrance fees, 94 percent provided infirmary bed care, with an average of 18 beds, and 65 percent regarded their infirmary capacity as sufficient. Only 12 percent of the housekeeping projects charging entrance fees provided infirmary bed care, with an average of one bed; half of those reporting felt their infirmary bed facilities were adequate. (2:10)

PROVISION FOR INFIRMARY BED CARE IN VARIOUS TYPES OF OCCUPIED PROJECTS (2:11)

<u>Project Type</u>	<u>No. of Projects</u>	<u>% With Beds</u>	<u>Avg. Bed No. in Projects With Beds</u>	<u>No. of Projects</u>	<u>Average Number of Residents</u>
Total	109	63%	16	101	11
Congregate	79	86	22	71	16
Housekeep.	30	3	*	30	*
Entry Fee	43	79	15	38	10
Congregate	35	94	18	30	12
Housekeep.	8	12	1	8	1
No Fee	66	53	16	63	12
Congregate	44	79	24	41	18
Housekeep.	22	—	—	22	—

*Less than 0.5 percent

Length of Infirmary Stay

Although the typical infirmary stay ran 45 days for those congregated projects charging entrance fees, it was only 16

days for those with no such fees. In 30 percent of the congregate projects charging entrance fees the stay exceeded a year or was terminal. Yet one--fifth of the residents in congregate projects with entrance fees and two--fifths of those in such projects without entrance fees received infirmary care of less than a week's duration. (2:11)

Bed Patients

The number of residents actually confined to bed, either in infirmaries or in living units, averaged only four in the congregate projects, far below the 22 infirmary--bed capacity reported by these same projects. (2:11) The substantial unused bed capacity undoubtedly reflected both an available reserve to accommodate daily fluctuations in need and the fact that most of these projects were quite new. A number had not yet achieved full occupancy, and even in those which had attained substantial occupancy, the number of residents confined to bed had not reached the number of beds available. (2:12)

RESIDENTS CONFINED TO BED (2:12)

<u>Project Type</u>	<u>No. of Projects Reporting</u>	<u>% Projects with Res. Confined</u>	<u>Avg. No. of Res. Confined</u>
Total	110	43%	3
Congregate	84	55	4
Housekeeping	26	—	—

Wheel Chair Confinements

Although 17 percent of the congregate projects reported no wheel chair residents, 49 percent had between 1 and 4 such residents, and 8 percent had between 20 and 40. More than half (54%) of the housekeeping projects reported no wheel chair residents; 30 percent reported only 1 or 2; and none reported more than 6. (2:12)

Provision for Room Care

Food service in living units was provided for congregate project occupants in the great majority of cases, regardless of whether or not entrance fees were charged. Nursing care was provided in residents' living units in more than 70 percent of the congregate projects. A relatively small proportion of housekeeping projects provided food service in living units, but none of the housekeeping projects provided nursing care in residents' apartments.

KINDS OF ROOM CARE PROVIDED IN VARIOUS TYPES OF PROJECTS (2:13)

<u>Project Type</u>	<u>No. of Projects Reporting</u>	<u>% Providing Room & Food Service</u>	<u>% Nursing Care</u>
Total	109	67%	56%
Congregate	84	85	73
Housekeeping	25	8	—
With entrance fee	43	72	58
Congregate	35	86	71
Housekeeping	8	13	—
No entrance fee	66	64	55
Congregate	49	84	73
Housekeeping	17	6	—

Nurses on Duty

Three-fourths of the congregate projects reported practical nurses on 24-hour duty, and almost two-thirds reported registered nurses on 24-hour duty. Nurses on such duty were reported by a considerable higher percentage of congregate projects charging entrance fees than by those not charging such fees. Housekeeping projects, with or without entrance fees, generally did not have nurses on such duty.

NURSES ON 24-HOUR DUTY IN VARIOUS TYPES OF PROJECTS (2:13) (Projects with Initial Occupancy)

Project Type	No. of Projects	Type of Nurse		Avg. No. in Projects	
		Prac- tical	Regis- tered	Prac- tical	Regis- tered
Total	112	56%	50%	3	1
Congregate	84	75	64	4	2
Housekeeping	28	—	7	—	*
With entrance fee	43	70	67	4	2
Congregate	35	86	80	5	2
Housekeeping	8	—	12	—	*
No entrance fee	69	48	40	3	1
Congregate	49	67	53	4	1
Housekeeping	20	—	5	—	*

*Less than 0.5 percent

Proposed Function

The basic function of the proposed retirement home is to provide a residence where a retired person can not only exist, as in an institution, but where he or she can have companionship, independent living, stimulus and fulfillment of interests, and relief of housekeeping cares. It is not

intended that the aged be isolated from the rest of the world. Older people want to be a part of the main stream of public life, and the retirement home must allow and provide for this.

The retirement home should resemble an apartment house or housing project with special facilities added which cater to the needs and desires of the retired. These needs include space for living, nursing unit or health center, recreation and hobby areas, beauty shop, lounges, greenhouse, and dining facilities. Services provided for should include all utilities except telephone, meals including special diets when needed, maid service, linens and linen laundry, use of lounges, coffee rooms, hobby and recreation areas, and complete nursing care and hospitalization when needed.

The retirement home should have an informal residential atmosphere and give the resident a sense of pride in his new home. The design considerations discussed in section one of this report can be used as a guide for developing the functions of the proposed retirement home.

In the retirement home where meals are served and more or less personal service provided, residents will have far less responsibility and more leisure time. Therefore facilities for a greater variety of activities should be provided. These may include physical, creative, cultural, and volunteer

services in the community.

Physical Activities

For outside exercise, bowling-on-the-green, fishing on site or off, gardening, and attractive pathways for walking. Benches for occasional resting periods should be provided along the pathways. Shuffleboard, both outdoor and in, will be found popular. For indoor exercise, square dancing is a favorite with elderly people, and a large recreation room must be planned for this purpose.

Creative Activities

Creative activities not only give personal satisfaction in achievement, but help to keep the fingers limber. Therefore craft rooms, with adequate storage space for materials, can be planned for weaving, ceramics, jewelry making, millinery, dress design, photography, lapidary work, and woodcarving and making wooden articles with electric tools. A handicraft teacher to direct creative activities, either on a voluntary or staff basis should be provided. A relatively large crafts room where many people may work at different pursuits or enjoy watching what others are doing could possibly be provided. Woodworking and tool rooms should be separate from other craft rooms. The recreation and hobby rooms should be located in such a location in the home as to encourage community contemporaries to share them.

Cultural Activities

Facilities for the individual will include a library and reading room, recordings and a player. A piano can be provided in lounges of residence wings, with adjacent seating. Older people enjoy playing and singing informally.

Group Activities

These can include religious services, lectures, movies, slides, book reviews, discussion groups of all kinds. A separate chapel may be provided, although an auditorium can double for this purpose. For special interest groups small meeting rooms off lounges would be desirable.

Small tables in informal lounges, ready for card games, checkers, chess, scrabble, etc., will encourage mixing. Even visual stimulus promotes activity of the mind, and a simple thing like a goldfish bowl recessed in a wall of the lounge can bring enjoyment. A view of movement on a river or highway will prove a source of entertainment to those whose mobility is limited.

Volunteer Services

The community can be a rewarding activity for residents of a retirement home. Their various experiences and abilities will be welcomed by many agencies of the Community Chest, as well as churches and service clubs. The sponsors of the retirement home should make community contacts to this end.

The proposed retirement home will have a capacity of 100 separate living units. The home is not intended for those aged people who would need constant nursing care, but rather for those who are still ambulant and need only periodic infirmity care. The following section "Building Program" gives an outline of the spaces to be provided.

AESTHETICS

AESTHETICS

It should be provided in building for the elderly -as in all buildings- a product which will be above all else, architecture. The goal should be a structure that will be a fit and delightful home for the human spirit as well as a workable shelter for the human body. This is an aesthetic consideration in a degree that our culture is still very slow to recognize yet takes into account and acts upon with considerable discrimination, if not full competence. When an attempt to produce architecture is made, "practical" considerations are not set aside and "unnecessary frills" are not added. Rather the main attention goes into the building materials and their uses. It is very practical to design for a happy feeling, as well as for durability, workability, and ease of maintenance. All materials, colors, and textures should be used in a sense of order and security, warmth and used as in a home. Space relationships are also important

in developing the right atmosphere. The spaces should always be in harmony. Transition from space to space can be accomplished through uninterrupted surfaces passing from space to space. The spaces should be scaled to the individual rather than the group.

Homes for the aged, of course, are a sort of institution, and so a most important part of the design problem is to avoid the impression of an institution and to create real homes. The problem of the environment is built up by many different things, all the way from the fundamental elements to the smallest details. The Swedish National Social Welfare Board has found that small homes of 50 to 70 occupants where residents can continue to live in the locale in which they have spent their earlier years are the most economically sound.

Adaption To Site

The first problem is adaption to site. The exterior design details should adapt to fit the characteristics of the architecture of the region as much as possible while still striving for new forms. The floor plans should continually be modified to give as much privacy as possible within the home while at the same time breaking facade areas into continually smaller units. This is a desirable approach to make homes for

the elderly belong to a residential neighborhood.

Closeness to a village center or a view over a square or a much frequented road is more valuable than a beautiful view in a quiet, removed location.

Approach

A friendly house-like approach to the home is important for a good first impression every time the resident returns home. Sheltered loggias, terraces, and yards easy to reach and with different orientations stimulate and facilitate outdoor life.

Small Units

Since the retired come more and more from dwindled households, they should not be forced to live in a great collective. The home must be broken down into small units of eight to ten rooms, each with its own entrance, living room, kitchenett, dining room, etc. The staggered house is a way to get a minor scale. The small unit must be developed in a manner which retains convenient traffic patterns for the staff.

Entrance Halls

Inside the home, departures from institutional patterns should become immediately apparent. Small entrance halls establish a sense of welcoming intimacy. The entrance must be given immediate contact with furnished spaces. It should

have an interesting outlook on the living room. When one enters, the view into the living room combined with dining room should give a positive and stimulating first impression of the home.

Living Rooms

The main living room should be at the entrance, and can be connected with one of the dining rooms. The two rooms can be separated by a movable curtain, wall and when opened can serve as an assembly hall. The rule of thumb in planning the combinations is to provide enough space to seat twice as many people as there are residents. Since these halls are used only a few times a year, it is very important to be able to reduce them to more intimate, specialized rooms the remainder of the time. The furniture is designed specially for the needs of the elderly.

Corridors

One of the major problems of the humanization of institutions is the design of the corridor. The long, dark, antiseptic hall, lined with rows of doors and facing a dead end, is one of the distinguishing signs of the institution. To get away from this situation several solutions can be used. The goal is to create short and well-lighted corridors with visual contacts with furnished spaces; the staggered plan helps

this. Varying the width of the corridor breaks the monotony and can provide supplemental living space. Having furnished rooms always in the viewline helps give a homelike atmosphere. Visual and physical contact with outdoor areas removes sterility. Recessing doors in niches varies the corridor width and conceals the number of doors. Both structural and decorative materials are chosen that will underline the non-institutional character of the home.

Apartment Rooms

Because the residents use their individual rooms as private sitting rooms, they need privacy and as much usable floor space as is economically feasible. The rooms **must** be comfortable and familiar and not have too much of a bedroom character. Each room should have a large window, and be oriented toward receiving maximum sunlight. For married couples, two single rooms can be used as bedroom--sitting room suites.

Dining Room and Kitchenett

Dining rooms should be arranged so that no more than six people sit at a table. This tends to scale the atmosphere down to a more individual state and helps to curb institutionalism. Cane racks should be provided so that canes will not be hung on the backs of chairs and cause possible accidents.

Since the kitchen is the heart of home life, especially for

women, a home--size kitchen should be provided in the apartment areas. Every resident can have a locker for his or her supplies. The residents can chat over a cup of freshly brewed coffee as they did in their own homes.

Hobby Rooms

Men and women alike are used to working and producing usable products. They can continue such occupations in the hobby workroom. Their profits will provide additional spending money as well as giving a sense of pride to the creator.

BUILDING DESIGN

Building Program

The following table gives the spaces required for the proposed retirement home; the number of special spaces; and the estimated floor area for the different spaces.

Space	Area in Sq. Feet.	No. of Units
Entrance Lobby-	800	1
Function :	Waiting area for guests Informal atmosphere Easy traffic flow	
Capacity :	20 seated guests	
Equipment:	Upholstered chairs and couches, telephone, and high illumination	
Receptionist Area-	150	1
Function :	Guest reception Mail distribution Information center	
Capacity :	2 staff members	
Equipment:	Receptionist desk Mail facilities P. A. System File space	
Business Area-	200	1
Function :	Secretarial space File space General business facilities	
Capacity :	3 staff members	
Equipment:	Desks, files, work tables and chairs	

Space	Area in Sq. Feet.	No. of Units
Rest Rooms (Lobby Area)-	60	2
Function :	Toilet facilities for men and women	
Capacity :	4 each	
Equipment:	Mens' -1 water closet, 1 urnal, 1 sink Womens' -2 water closets, 1 sink	
Administrator's Office-	200	1
Function :	Private Office	
Capacity :	Administrator and 4 guests	
Equipment:	1 desk, files, 5 chairs	
Conference Room-	450	1
Function :	For staff meetings and resident meetings	
Capacity:	14 seated persons	
Equipment:	Conference table, chairs, and cabinets	
Main Lounge-	1500	1
Function :	General living space for residents Should have an informal residential atmosphere Above average illumination Adequate electrical outlets	

Space	Area in Sq. Feet	No. of Units
Capacity : 150 seated persons		
Equipment: Upholstered chairs, couches, coffee tables, carpets and lamps		
Library-	500	1
Function : To provide residents with reading facil- ities Above average ill- umination To have a quiet at- mosphere		
Capacity : 24 seated residents		
Equipment: Book shelves, read- ing tables, Uphol- stered chairs, and lamps		
Chapel-	600	1
Function : Nondenominational religious facilities for residents Atmosphere should be inducing to meditation and simple		
Capacity : 100 seated residents		
Equipment: Simple worship facil- ities, seating, and cane racks		

Space	Area in Sq. Feet.	No. of Units
Rest Rooms (Main Lounge Area)-	80	2
Function :	Toilet facilities for men and women Well illuminated	
Capacity :	5 each	
Equipment:	Men's- 2 water closets, 1 urinal, 2 sinks, seat- ing Women's- 3 water closets 2 sinks, and seating	
Recreation Area-	2,000	1
Function :	To provide space for residents to play shuffle board and other games, work on crafts, and as a general rec- reational area	
Capacity :	120 residents	
Equipment:	Upholstered seating, work tables, lamps, piano, moving picture equipment, craft facil- ities, television, speak- er system, phonograph, ample storage space, game equipment, above average illumination, and capabil- ity of division of main area into smaller areas	
Rest Rooms (Recreation Area)-	80	2
Same as for Main Lounge rest rooms		

Space	Area in Sq. Feet	No. of Units
Main Dining Room-	2,000	1
Function :	Dining service for residents and guests	
Equipment:	Should have cheerful atmosphere with small table groupings	
Capacity :	150 residents and guests	
Equipment:	Tables, upholstered chairs, service tables, water outlet, cane and coat racks, above average lighting, good ventilation, good sound-proofing	
Main Kitchen-	1,420	1
Function :	To provide for preparation and serving of meals	
Included Spaces-		
Food Preparation	900	1
Capacity :	6 staff	
Equipment:	Refrigerator, range, work tables, storage, sinks, dishwasher, cabinets, counters, good ventilation and sound control	
Receiving Room-	200	1
Capacity :	3 staff	
Equipment:	Supply distribution area, and garbage rack area	

Space	Area in Sq. Feet	No. of Units
Food Storage-	200	1
Capacity :	2 staff	
Equipment:	Cold and warm storage space, with ample light- ing and shelves	
Dietician's Office-	120	1
Capacity :	Dietician and 2 staff	
Equipment:	Chairs, desk, filing cabinets, storage	
Staff Lounge-	400	1
Function :	Resting space for staff, coffee break area, and location of staff lockers	
Capacity :	16 staff	
Equipment:	Couches, chairs, lamps, tables, lockers, and coffee equipment	
Rest Rooms (In Staff Lounge)-	90	2
Capacity :	3 staff	
Equipment:	Men's- 1 water closet, 1 sink, 1 urinal, 1 shower, Women's- 2 water closets, 1 sink, 1 shower	
Staff Dining-	400	1
Function :	For feeding staff between working hours, for staff members only	

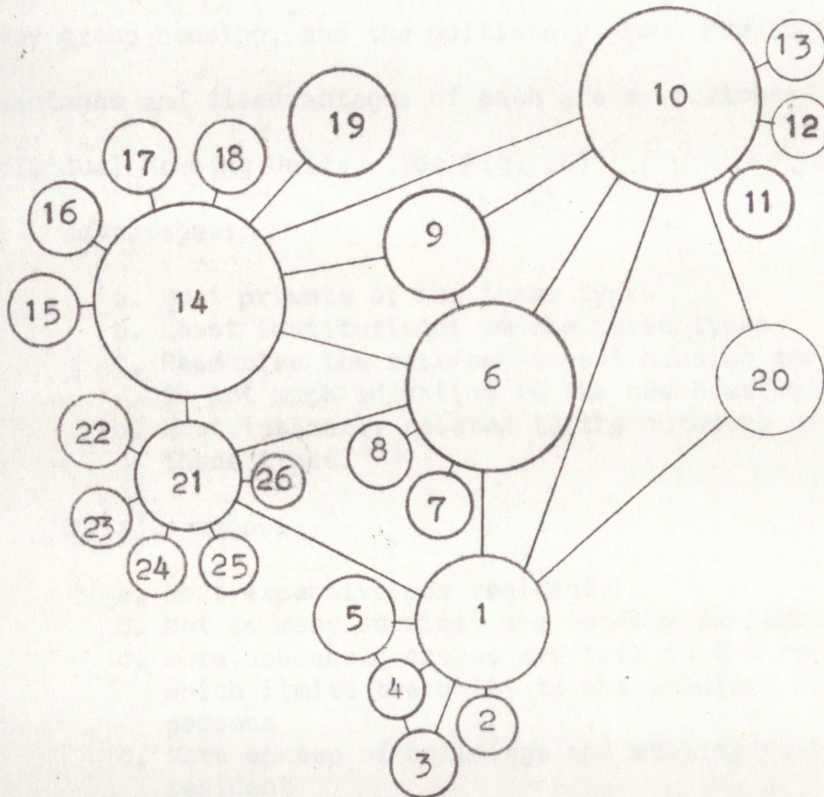
Space	Area in Sq. Feet	No. of Units
Capacity : 16 staff		
Equipment: Chairs, tables, service facilities, and water outlet		
Apartments-	Varies 280-800	100
Function : Private apartments for residents Includes bathing, sleeping, toilet, storage and living space		
Capacity : From 1 to 3 depending on the unit size		
Equipment: Upholstered chairs and couch, tables, lamps, bed (or beds), book shelves, storage, bath, tub, toilet, and sink (The amount of each depends on the unit size)		
Small Lounge-	550	1/Wing
Function : Lounge area more immediate to resident apartments Informal, sociable atmosphere Above average illumination		
Capacity : 20 residents and guests		
Equipment: Upholstered chairs and couches, tables, lamps, piano, card game facilities, and reading facilities		

Space	Area in Sq. Feet	No. of Units
Small Kitchen-	150	1/Wing
Function :	Not for continual meal preparation Coffee preparation Pastry baking	
Capacity :	4 residents	
Equipment:	Refrigerator, range, work counter, table, chairs, sink, cabinets, individual cabinet locker space	
Beauty Parlor-	200	1
Function :	Hair dresser facil- ities, and mens' barber facilities	
Capacity :	8 residents	
Equipment:	Hair dressing facil- ities, barber facil- ities, waiting chairs and couches, reading facilities, and good lighting	
Laundry Room-	100	1/Wing
Function :	For washing of per- sonal things of res- idents Above average lighting	
Capacity :	4 residents	
Equipment:	2 automatic washers, 2 dryers, seating and individual locker space for each resident	

Space	Area in Sq. Feet	No. of Units
Storage Room-	2,000	1
Function :	Storage of clothes, luggage, and other possessions of residents	
Capacity :	100 residents	
Equipment:	Lock, shelves, and clothes hanging bar	
Boiler Plant-	1,600	1
Function :	Location of heating plant, electrical switches and fuses, hot water heating etc.	
Equipment:	Heating, cooling, ventilating, water heater, etc.	
Infirmary-	880	1
Function :	To care for temporary illnesses or residents	
Include spaces for :		
Sick Beds-	80	8
Equipment:	Hospital bed and stand, Above average lighting, Radio and television	
Nursing Office-	150	1
Function :	For general nursing use and file keeping	
Capacity :	3 nurses	
Equipment:	Desk, counter, chairs, files, medical supply storage, and medical equipment	

Space	Area in Sq. Feet	No. of Units
Examination Room-	300	1
Function :	For periodical check-ups for residents Can be used as an emergency room	
Capacity :	Doctor, 3 nurses, and 2 patients	
Equipment:	Examining tables, stretcher carts, chairs, small desk, and medical facilities	
Dental Room-	200	1
Function :	For residential dental work by periodic visits of dentists	
Equipment:	Dental chair, cabinet, and sink, couch, chairs, desk, and dental equipment	
Doctor Office-	150	1
Function :	Private office accommodation for periodic visits of doctors	
Capacity :	Doctor and 3 others	
Equipment:	Desk, chairs, files, book shelves, and closet	

Flow Diagram



General Space Requirements:

- | | | |
|--------------------|---------------------|--------------------|
| ✓ 1. Entry Lobby | ✓ 10. Main Dining | 19. Storage |
| ✓ 2. Receptionist | ✓ 11. Main Kitchen | 20. Boiler Plant |
| ✓ 3. Business | ✓ 12. Staff Lounge | 21. Infirmary |
| ✓ 4. Administrator | ✓ 13. Staff Dining | 22. Sick Beds |
| ✓ 5. Conference | ✓ 14. Apartments | 23. Nursing Office |
| ✓ 6. Main Lounge | ✓ 15. Small Lounge | 24. Examination |
| ✓ 7. Library | ✓ 16. Small Kitchen | 25. Dental |
| ✓ 8. Chapel | ✓ 17. Beauty Parlor | 26. Doctor Office |
| ✓ 9. Recreation | ✓ 18. Laundry | |

Building Studies

There are three major types of retirement home building patterns. These are the individual housing units, the one story group housing, and the multistory group housing. The advantages and disadvantages of each are as follows:

Individual Housing Units (See Fig. 18)

Advantages:

- a. Most private of the three types
- b. Least institutional of the three types
- c. Resembles the resident's past housing and there is not much adjusting to the new housing conditions
- d. Most intimately related to the outdoors of the three types.

Disadvantages:

- a. Most expensive per resident
- b. Not as many services are readily available
- c. More household chores are left to the residents which limits the units to the ambulant retired persons
- d. More upkeep of buildings and utility costs per resident
- e. Requires more site area than other building types per resident
- f. Requires a larger site than other building types

One Story Group Housing (See Fig. 19)

Advantages:

- a. A more intimate relation to outdoors than the multistoried building
- b. No vertical traffic problem
- c. Services are more available than in single housing units
- d. Easy exit in case of fire
- e. Less upkeep than single units
- f. Requires less site area per resident than single units

Fig. 18 Individual housing unit.
HILLCREST HOMES, BOZEMAN, MONTANA

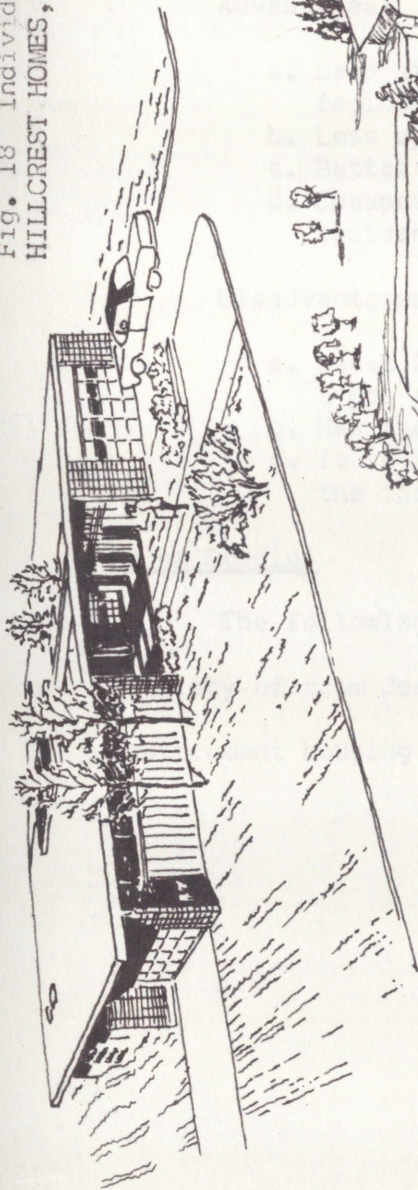


Fig. 19 One story group housing.
THE HAROLD S. HAALAND'S HOME, RUGBY, N.D.

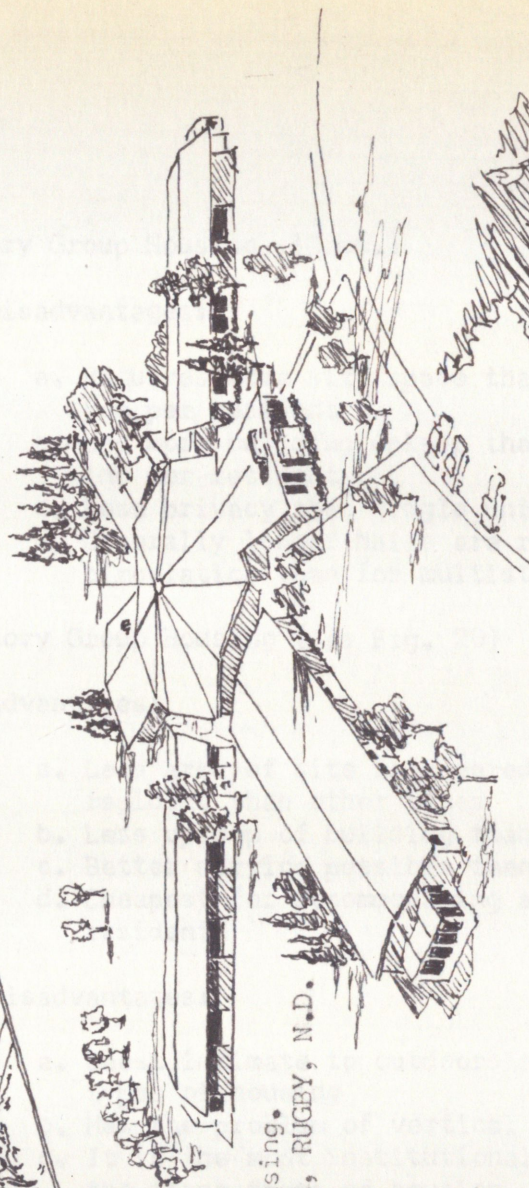
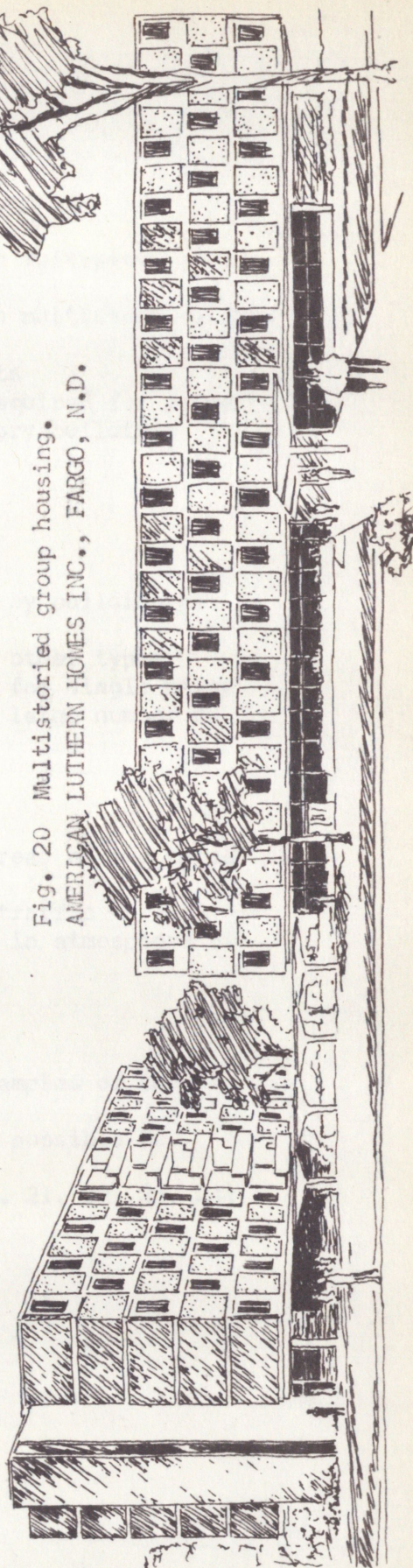


Fig. 20 Multistoried group housing.
AMERICAN LUTHERN HOMES INC., FARGO, N.D.



One Story Group Housing (Cont.)

Disadvantages:

- a. Requires more site space than multistory building per resident
- b. Has more building upkeep than multistory building per resident
- c. Less privacy than single units
- d. Generally longer halls are required for proper circulation than for multistory buildings

Multistory Group Housing (See Fig. 20)

Advantages:

- a. Less area of site is covered by building per resident than other types
- b. Less upkeep of building than other types
- c. Better service possible than for single units
- d. Cheapest for accommodating a large number of residents

Disadvantages:

- a. Least intimate to outdoors areas of the three types of housing
- b. Has the problem of vertical traffic
- c. It is the most institutional in atmosphere of the three types of housing

Room Studies

The following illustrations are examples of the variety of room designs and arrangements possible for retirement housing facilities. (See Fig. 21, 22, 23, 24)

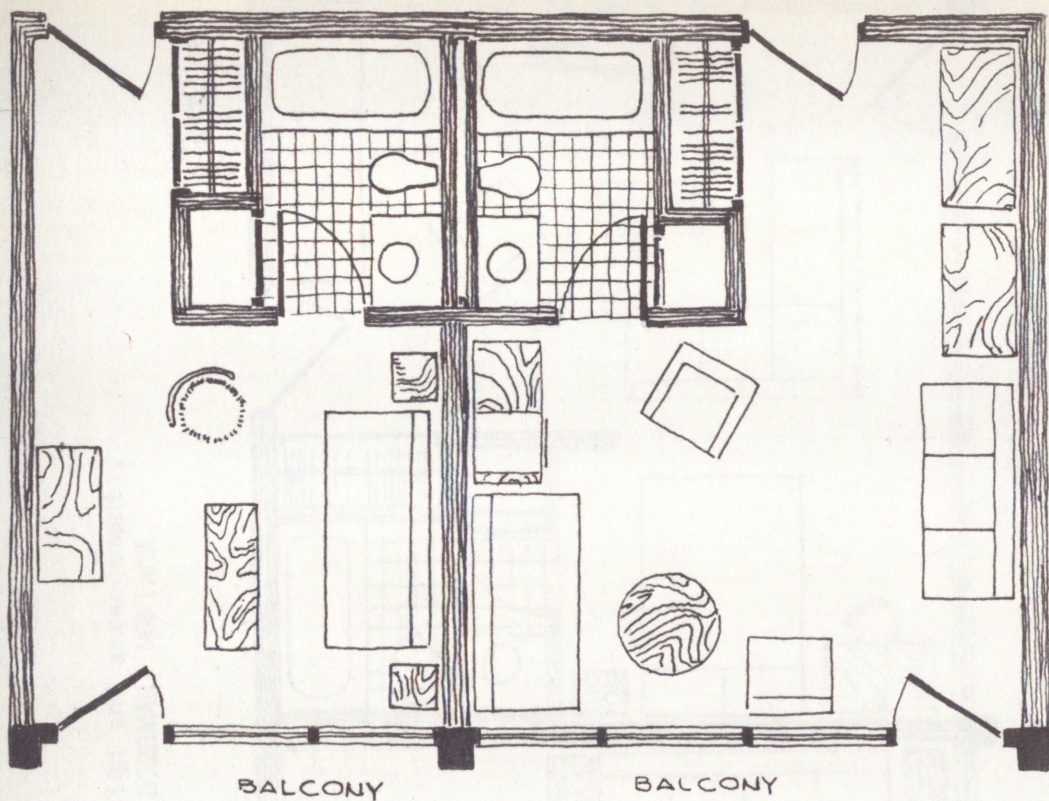


Fig. 21 Examples of room design and arrangements.
COURTESY OF HILLCREST HOMES, BOZEMAN, MONTANA

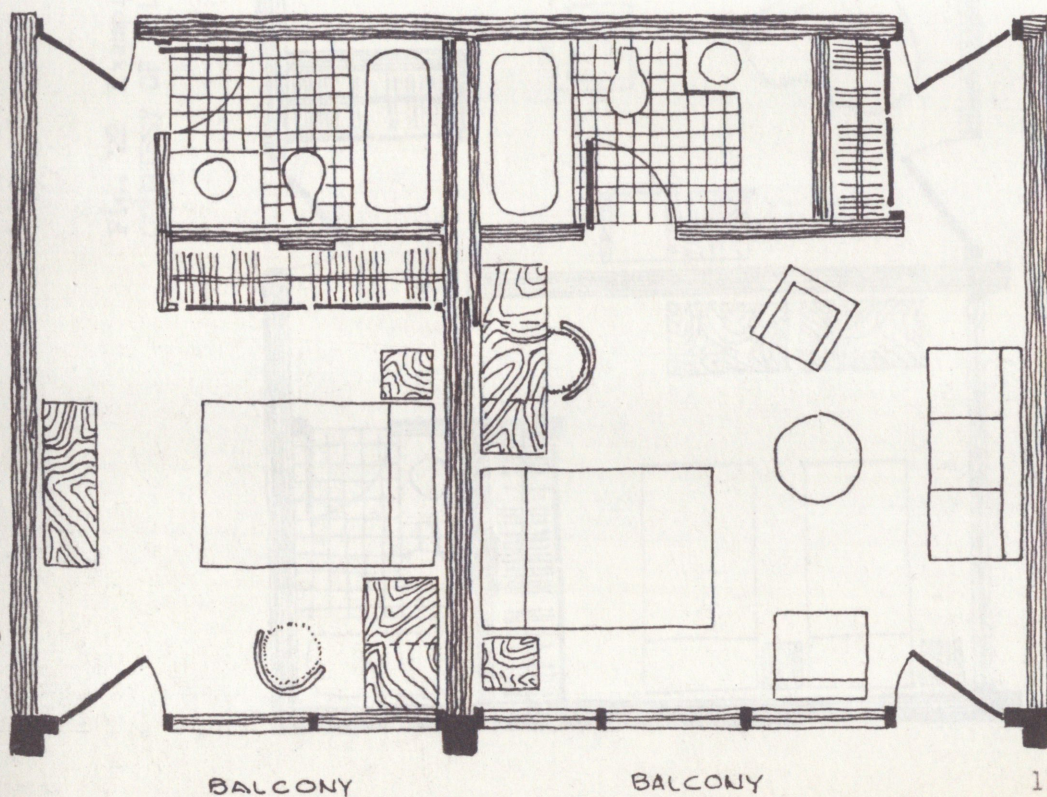
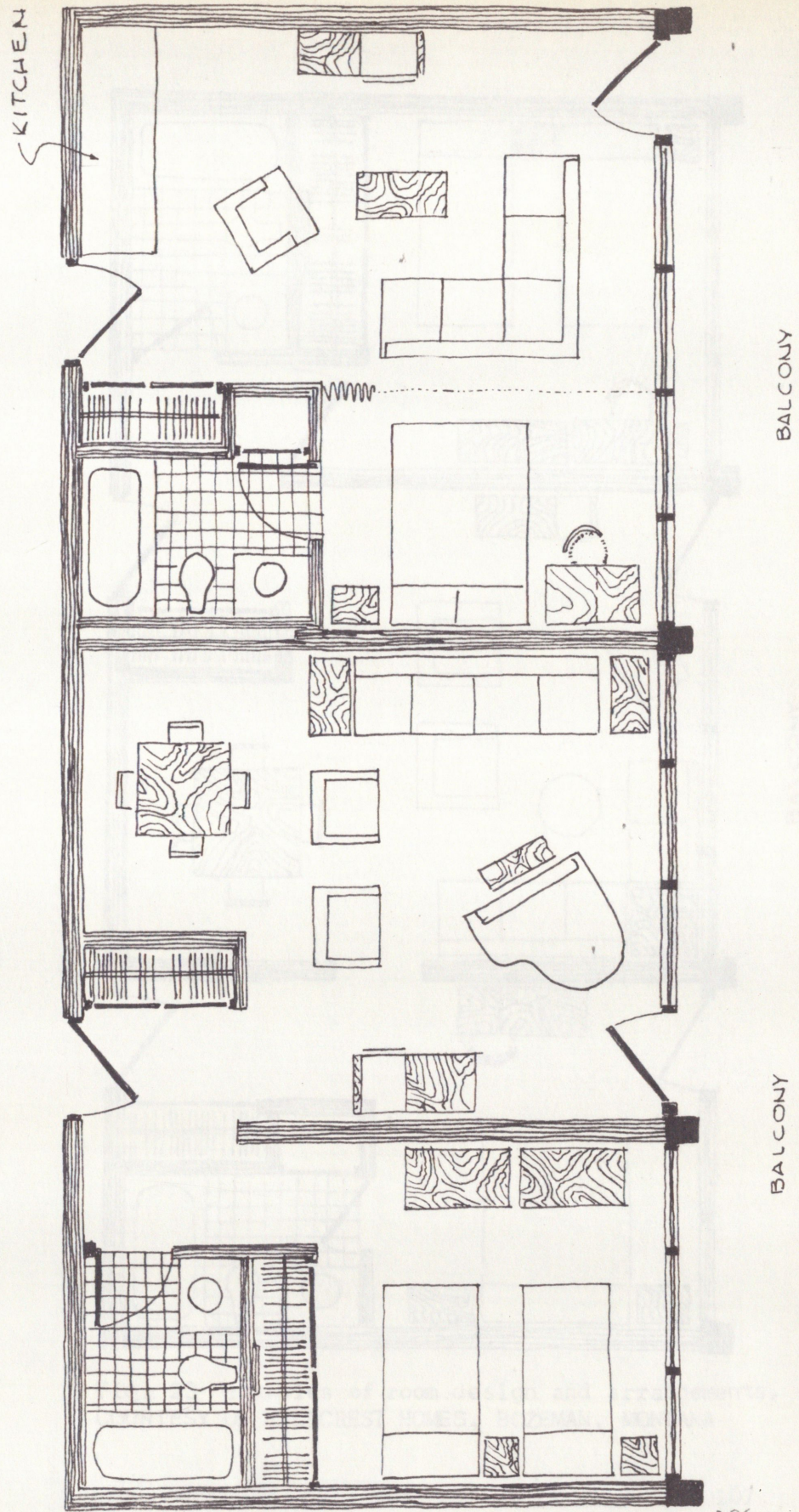


Fig. 22 Examples of room design and arrangements.
COURTESY OF HILLCREST HOMES, BOZEMAN, MONTANA



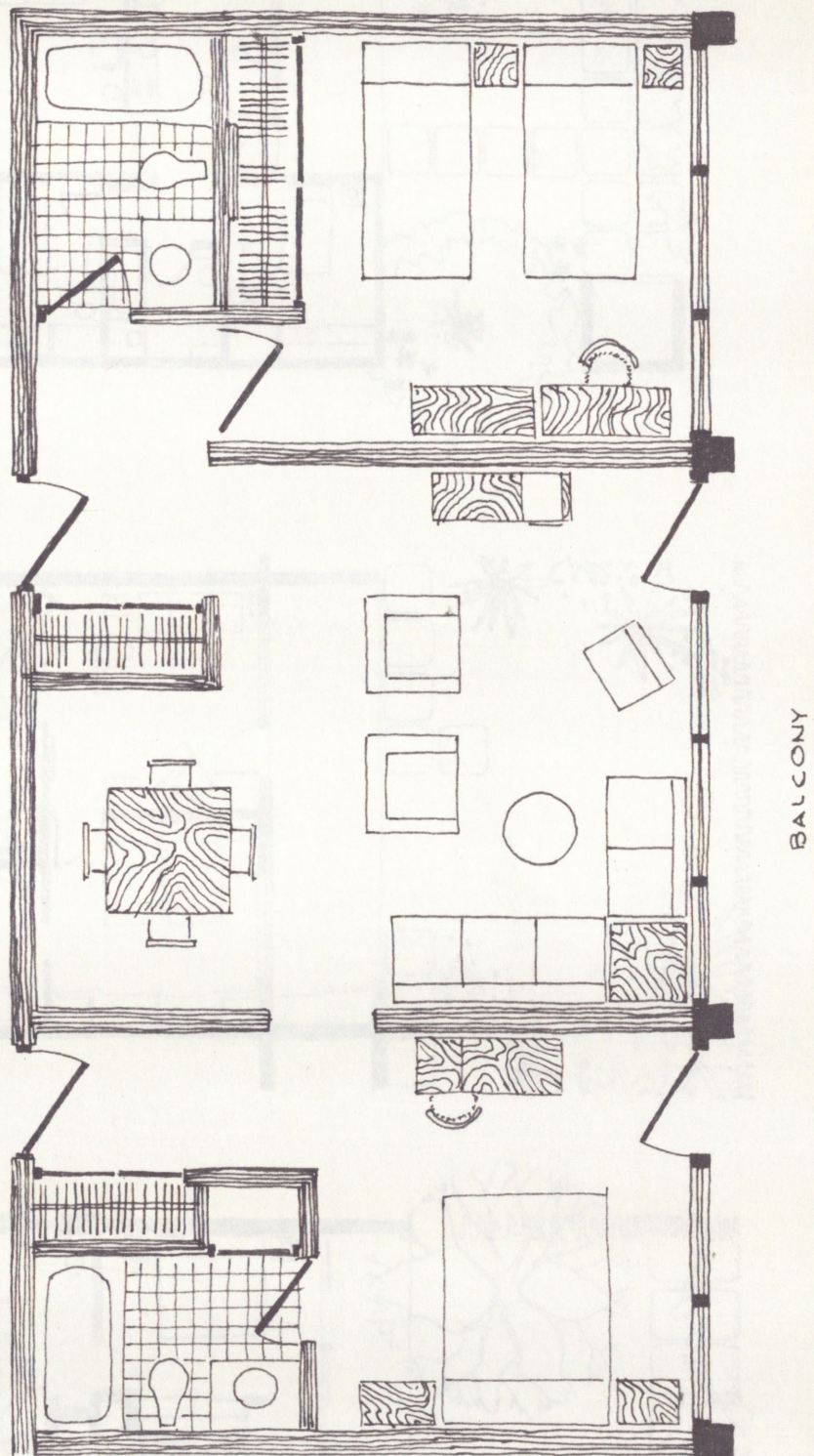
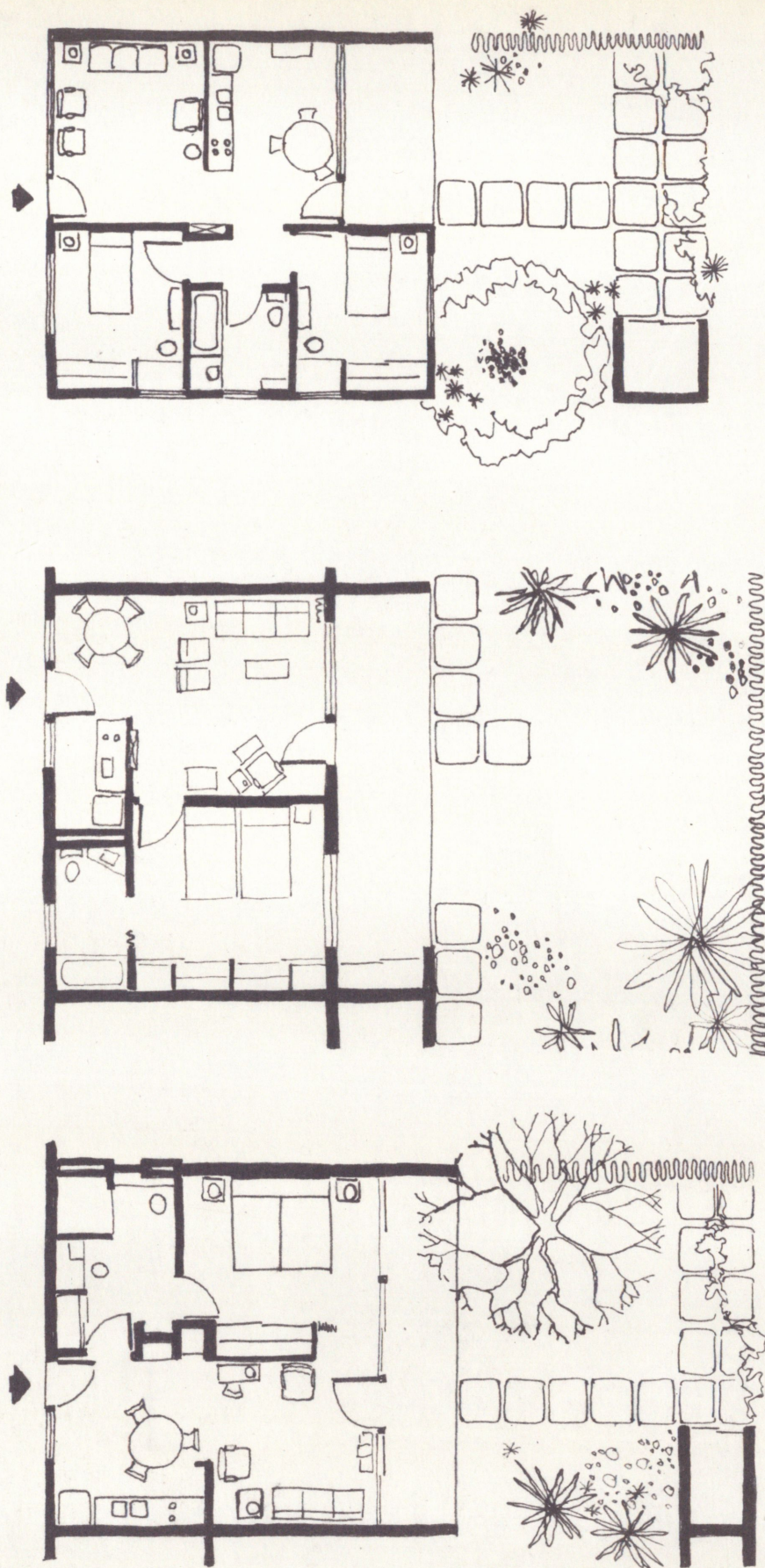


Fig. 23 Examples of room design and arrangements.
COURTESY OF HILLCREST HOMES, BOZEMAN, MONTANA

Fig. 24. Examples of single housekeeping unit design and arrangements.
COURTESY OF EAST RIDGE RETIREMENT VILLAGE, BISCAYNE BAY, FLA.



ECONOMICS

Cost Of Retirement Home

The basic factors, or categories of decision, which determine cost are: size, quality, and budget.

Size

Many elderly want to escape from the burden of houses that have become too big. But their problems of operation are just as acute if the house, or apartment, is too cramped. Effective size is not necessarily determined precisely by the number of square feet included. A compact unit which is carefully designed may yield more convenience and livability than one 10 to 20 per cent larger which is poorly planned.

Quality

Quality is a term which should be used to cover the degree of mechanization as well as costliness of building materials chosen. It is obvious that the cost of the individual house or apartment is increased, without changing its size, if teakwood flooring is used in place of oak or plain asbestos tile. Also it is obvious that adding mechanical refinements such as garbage grinders, dishwashers, electronic air filters, and motorized garage doors increase the unit cost rapidly without adding a single square foot of space.

Other Cost Factors

Other factors that affect cost are as follows:

1. Area of country in which construction takes place
 - a. Labor costs vary from one area to another.
 - b. Material costs vary from one area to another.
 - c. Construction practices vary from one area to another.
2. Climate of area:
 - a. Number of working days due to weather.
 - b. Degree of weather protection needed during construction.
 - c. Amount of environmental protection needed, such as insulation and double glazing, and mechanical elaboration.
3. Size of project:
 - a. An individual residence will cost appreciably more than if it is one of a group of 30 or 40.
 - b. Proximate and congregate residences go down in unit cost as the number of units is increased, because the shared facilities for service, recreation, and care do not increase proportionately.
 - c. Designing for future expansion, can put a special cost burden on the original residence units, because certain parts of the work are not expandable, so work must be done in the first stage on a scale to accommodate the completed project.
Items in this category are as follows:
 1. Land costs
 2. Site development: Grading; landscaping; utilities, taps, and entrances; wells; and sanitary systems

3. Public spaces: Lobbies, meeting, and dining rooms.
4. Service facilities: Kitchen, elevators receiving, and mechanical rooms and equipment.
- d. Careful designing can minimize the cost imbalance of some of these items but they cannot be completely circumvented.

4. Site

- a. A flat site is generally more economical to build on than a sloping or hilly one.
- b. Ease of access to site in regard to location or terrain can affect cost.
- c. Location determines some important cost factors such as need for private water supply, private sewage disposal, and type of available fuel.
- d. Size of site: If the area is constructed or confined to the size of the building itself, as on a lot in the central city, cost may be higher than if the contractor has space for stockpiling materials on the site and for maneuvering without regard to public traffic.

5. Codes and regulations:

- a. Codes vary from state to state, city to city, and affect cost of construction noticeably. This may be due to one code's being much older than another; to a desire in certain suburbs to force quality construction; or to a reluctance to accept new construction practices.
- b. Lending institutions may have their own standards of construction which must be met if they are to accept a mortgage, and these standards may or may not be realistic in terms of modern construction.
- c. Fire-insurance ratings can affect operating costs appreciably, and it may be that some extra expenditure on construction can reduce the cost of insurance on a long-term basis.

- d. FHA has construction requirements affecting costs of construction.

6. Architectural design:

- a. Design decisions can also affect the unit costs per square foot and per cubic foot. For instance, suppose we raise all the ceilings in a project one foot. This actually reduces the calculated cost per cubic foot cost. But the square foot cost is increased.
- b. A project with a number of large open spaces, such as social halls, a gymnasium, a large dining room will show more favorable unit costs than a project which consists primarily of living units with small room sizes and proportionality higher number of kitchens and baths. On the other hand, a one-story project requiring a fairly low degree of fire proofing may show more favorable unit costs than a fully fireproof project of two or more stories, even though two-story residential construction is usually more economical than one-story. High-rise building costs are expensive at the start and go down as the building increases in height until the optimum is reached when the cost of elevators is balanced out against the number of units. But above a certain height--10 to 15 stories--the construction costs rise markedly, canceling out the advantages of increased height.

As can be realized from the foregoing discussion many factors enter into the cost of a building project. Therefore I have estimated the cost of the proposed retirement home through comparison of existing retirement project costs.

The following estimates are for 100 units of residential apartments for the aged and their supporting facilities:

Congregate Housing (Group living)-

Cost per square foot:	\$17.00
Cost per cubic foot :	\$1.67
Total cost	: \$700,000 to 1,000,000

Proximate Housing (Individual homes generally not including board)-

Cost per square foot: \$17.00

Cost per cubic foot : \$ 1.80

Total cost : \$600,000 to 900,000

Financing

There are several sources of financial assistance available for retirement housing. For the purpose of this report conventional loans, and Federal Housing Administration loans will be discussed.

Conventional Loans

Conventional mortgage loans are made by lending institution -- banks, building and loan associations, insurance companies, trust funds, pension funds, etc. All the risk is assumed by the lender, and in case of the borrower's inability to meet his obligated payments, the lender must recover the amount owed to him by forcing the sale of the property. Lending institutions are regulated by law as to interest rates. Amendments to the United States Housing Act give Federal Building and Loan Associations considerably more leeway in financing homes for the elderly. Such loans may be made in amounts up to 90% of the appraised value of the secured property and run for 30 years. They would be less costly than if financed through the Federal Housing Administration programs. Lenders are establishing more en-

lightened lending policies.

To obtain a conventional loan, the sponsor should make the desired down payment and get a loan for the balance from the bank or other lending agencies. This would be repaid, both interest and principal, by agreed upon monthly payments.

Federal Housing Administration Loans

The FHA mortgage insurance program is designed to assist in providing a variety of types of privately finance housing meeting the special requirements of the elderly or handicapped at reasonable cost. The projects developed under FHA programs are in no sense "Government Projects" of "Government-sponsored projects."

The Section 231 program is open to nonprofit organizations, such as churches, lodges, local governments, etc., or profit-motivated groups. Projects may include not only those of economical construction but also those with the more complete types of conveniences which high income people can afford. Commercial facilities, health services, recreational facilities, etc., may be covered by the insurance. Profit-motivated groups are limited to developing housekeeping projects and may not use founders' fees, etc. as funding devices. This restriction is not placed upon nonprofit groups. The maximum loan is 12.5 million, except for a public mortgagor like a local government, which may insure a loan up to 50

million. One hundred percent of FHA estimated replacement cost insurance is permissible for nonprofit groups; only 90 percent for profit-motivated groups. The period of amortization is set by the FHA and is usually around 40 years.

The projects must meet FHA minimum property standards. These include provisions for privacy of dwelling units and for the safety and convenience of elderly or handicapped residents. The FHA maintains no direct control over the operation of the project and can assume no responsibility for the project's continued financial solvency. (See Fig. 25)

Budgets

There are three budgets to be considered: the income budget, the operating budget, and the construction budget. The following discussion is concerned with these budgets and their details.

Income Budget

The income budget, out of which a home is to be operated, takes account of all sources of expected income. The income budget will normally include the following items, among others:

1. Entrance fees
2. Monthly fees of room, services, and board
3. Special rents for garage space

LIMITATIONS ON SECTION 231 PROJECTS

	<i>Non-Profit (NP)</i>	<i>Profit - Motivated (PM)</i>
MAXIMUM MORTGAGE AMOUNT	\$12.5 million (\$50 million if public mortgagor)	\$12.5 million
MAXIMUM LOAN RATIO	New construction-100% of FHA-estimated replacement cost Existing construction- 100% of FHA-estimated value at completion	New construction-90% of FHA-estimated replacement cost Existing construction-90% of FHA-estimated value at completion
MAXIMUM MORTGAGE MATURITY	40 years	40 years
MAXIMUM INTEREST RATE	5¼%	5¼%
FHA MORTGAGE INSURANCE PREMIUM	½ of 1% annually on outstanding balances	½ of 1% annually on outstanding balances
MAXIMUM DOLLAR LIMIT PER FAMILY UNIT	\$8,000 without bedroom \$11,250 with 1 bedroom \$13,500 with 2 bedrooms \$17,000 with 3 or more bedrooms For elevator structures \$9,500, \$13,500, \$16,000, and \$20,000, respectively Up to 45% increase in these amounts where cost levels require	\$8,000 without bedroom \$11,250 with 1 bedroom \$13,500 with 2 bedrooms \$17,000 with 3 or more bedrooms For elevator structures \$9,500, \$13,500, \$16,000, and \$20,000, respectively Up to 45% increase in these amounts where cost levels require
NON-RESIDENTIAL FACILITIES (adequate for residents' needs)	May be included in the mortgage	May be included in the mortgage
DESIGNED FOR ELDERLY OR HANDICAPPED	Must be 100%	Must be 100%
OCCUPANCY OF DWELLING UNITS	Preference or priority must be given to elderly or handicapped persons	Preference or priority must be given to elderly or handicapped persons
TYPE OF MORTGAGE PAYMENT	Level annuity, combination, or accelerating declining annuity	Combination or accelerating declining annuity
MINIMUM NUMBER OF DWELLING UNITS	8	8
FOUNDERS FEES OR RELATED MONIES	May be collected only by a sponsoring organization other than a mortgagor corporation	Not permitted
LABOR STANDARDS	Prevailing wage rate unless labor donated	Prevailing wage rate
COST CERTIFICATION	Certification of actual cost required	Certification of actual cost required
TAXATION	May be, but not required to be, tax-exempt	Not tax-exempt
WORKING CAPITAL DEPOSIT INCIDENT TO INSURANCE OF ADVANCES	2%	2%

Information contained in this publication is subject to regulatory and statutory changes.

Fig. 25 Limitations on FHA section 231 mortgage insurance.
COURTESY OF FEDERAL HOUSING ADMINISTRATION, WASHINGTON, D.C.

4. Subsidies from charitable sources to cover part or all of certain residents fees
5. Fees for special services such as nursing, medical treatment, etc.
6. Donations (conjectural, but usual)

Estimates of real income are usually based on a 90 to 95 percent occupancy. (11:61)

Operating Budget

The operating budget should cover the normal monthly and yearly operation costs of the project after the first year or two of occupancy. During the first year or two, expenses may exceed those normal after the home is in good operating order. The period during which a congregate home is filling with residents, and the expenses continue as usual before the income builds up to a full flow, is a period of financial stress for many projects.

The operating budget will include the following items:

1. Salaries, plus payroll taxes, hospitalization, retirement fund payments
2. Administration costs and supplies
3. Legal and accounting fees
4. Public relations, advertising, publicity, printing, and postage
5. Licenses and memberships
6. Housekeeping costs and supplies
7. Laundry

8. Food
9. Health fees, costs, and supplies
10. Costs of supplies and other expenses for program, crafts, and activities
11. Utilities
12. Expense accounts and allowances
13. Travel and gasoline, etc.
14. Outside hospital fees
15. Contract services: Laboratory, X-ray, sterilizing, elevator, air conditioning, septic tank, window cleaning, exterminator, etc.
16. Taxes
17. Debt service
18. Insurance
19. Replacement reserve: furniture, equipment, etc.
20. Maintenance of building, grounds, furnishings, equipment, etc.
21. Depreciation of building, furniture, equipment

Construction Budget

The construction budget should reflect the total financial plan of investment. It will include the following items:

1. Legal and accounting fees
2. Real estate fees
3. Architect's fees
4. Landscape architect's fees
5. Consultants' fees (Interior design, kitchen design, infirmary and therapy design, elderly housing design)

6. Financing costs
7. Permits, surveys, test borings
8. Construction loan interest
9. Utility connection fees (water and gas taps, etc.)
10. Land
11. Building
12. Equipment
13. Furnishings
14. Site improvements, clearing, demolishing

For a group project of proximate or congregate kind, the corporation organization costs, advertising promotion, and personnel costs during construction must be added also.

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CORRESPONDENCE

24 Jefferson Court
Bozeman, Montana
January 14, 1965

Mr. Robert J. Munzenrider
Director of Hospital Facilities
State Board of Health
Helena, Montana

Dear Sir:

I am a student of architecture at Montana State College in Bozeman. This quarter I am writing a thesis report on a Retirement Home for Great Falls, Montana.

I would appreciate information concerning retirement homes, such as:

1. Special equipment
2. Special Board of Health specifications
3. Listing of existing retirement homes
4. How, if so, is the need for retirement homes growing

Any other pertinent information will also be greatly appreciated.

Sincerely yours,

James R. Searl

James R. Searl



JOHN S. ANDERSON, M.D.
EXECUTIVE OFFICER AND SECRETARY

State of Montana

State Board of Health

HELENA, MONTANA

January 22, 1965

Mr. James R. Searl
24 Jefferson Court
Bozeman, Montana

Dear Mr. Searl:

Your letter to Mr. Robert J. Munzenrider of January 14, 1965 has been forwarded to this office for reply.

Retirement homes are not required to be licensed in the State of Montana and therefore no specific minimum standards have been developed to cover their construction or equipment. It has been our experience, however, that those retirement homes constructed in Montana have found it necessary to obtain licensing under the Montana Licensing Law and Standards for Homes for the Aged in order to be eligible for welfare payments. We are sending you, under separate cover, a copy of the Montana Licensing Law and Standards for Homes for the Aged and in general the equipment required in retirement homes would most nearly be reflected in the requirements of boarding homes as outlined in the Standards.

To our knowledge the following are the retirement homes constructed in the State of Montana:

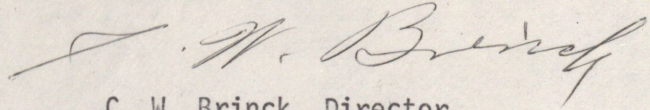
1. Hillcrest, Bozeman
2. St. John's Lutheran Home, Billings
3. Richland Homes, Sidney
4. Montana Pioneer Manor, Plentywood

There is currently under planning a retirement home at Glendive. These are the homes which we are familiar with in that several of them have applied to this office for licensing and in most instances they have met the basic minimum requirements to be licensed as a boarding home.

January 22, 1965

There have been no calculated statistics on needs for retirement homes in the State of Montana made by this office. However, agencies involved in financing these homes may have some information on this subject. It is suggested that you direct any inquiry of this nature to the Director of the Housing and Home Finance Agency, Mr. Frank Lowrance, Steamboat Block, Helena, Montana.

Very truly yours,

A handwritten signature in cursive script, appearing to read "C. W. Brinck".

C. W. Brinck, Director
Div. of Environmental Sanitation

CWB/clp



JOHN S. ANDERSON, M.D.
EXECUTIVE OFFICER AND SECRETARY

State of Montana

State Board of Health

HELENA, MONTANA

August 28, 1963

TO: HOMES FOR THE AGED

There is enclosed a copy of AMENDMENTS TO MONTANA LICENSING LAW AND STANDARDS FOR HOMES FOR THE AGED, 1960, INCLUDING September 8, 1960 AMENDMENTS of the Montana State Board of Health.

These amendments are a part of the Standards and should, therefore, be inserted into your copy of the Standards which have previously been forwarded to you.

Sincerely yours,

Robert J. Munzenrider

Robert J. Munzenrider, Director
Division of Hospital Facilities

RJM/ssg
att.

24 Jefferson Court
Bozeman, Montana
January 14, 1965

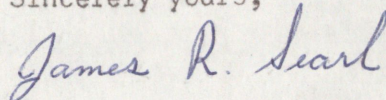
Mr. Al Massman
Director of Montana F.H.A.
Federal Housing Administration
Helena, Montana

Dear Sir:

I am a student of architecture at Montana State
College in Bozeman. This quarter I am writing a thesis
report on a retirement home for Great Falls, Montana.

I would appreciate information on what assistance is
available from the Federal Housing Administration for the
financing of retirement homes. Also, if there are any
specifications for getting financial help, this and any
other pertinent information will be greatly appreciated.

Sincerely yours,

A handwritten signature in blue ink that reads "James R. Searl". The signature is written in a cursive style with a large, stylized "S" at the end.

James R. Searl



FEDERAL HOUSING ADMINISTRATION

January 25, 1965

Office of
THE DIRECTOR
Helena, Montana

IN REPLY PLEASE REFER TO:

Mr. James R. Searl
24 Jefferson Court
Bozeman, Montana

Dear Mr. Searl:

I am pleased to have your letter of January 14 and hope that the information enclosed will be of some help to you.

Out of our changing times, the increased number of our population in the upper age brackets, increased incomes due to various pension plans, Social Security benefits, and other changes have resulted in an increased emphasis for proper care of the elderly.

The care and accommodations needed, range all the way from ordinary houses or apartments to small houses on small lots, apartments with elevators, apartments with dining facilities, business or institutions which will assume only a minimum amount of supervisory obligations to the point that they will see that their "guests" are able to care for themselves; on to homes which provide skilled nursing care for terminal illnesses, etc.

Terms for describing these various levels of need or care have not in all respects been completely firmed or become identifiable. As a result, what is thought of as a "retirement home" by this agency in our interpretation of a particular law may be different than the interpretations of other agencies. The State Board of Health, which supervises public accommodations in many respects and with respect to day care, retirement homes, nursing homes, etc., have, perhaps, a slightly different definition from those of the Community Facilities Administration of the Housing and Home Finance Agency, and as established by Federal Housing Administration (which also is a constituent agency of Housing and Home Finance Agency). You will also find that the Farmers Home Administration, whose state offices are at Bozeman, also have a retirement home program.

Enclosed is Consumer Bulletin No. 415, which describes our regular rental housing program; Consumer Bulletin, FHA Form No. 247, Mortgage Insurance for Housing the Elderly, refers to projects which would provide no nursing care, as such, but would ordinarily include an infirmary section for perhaps 3% to 5% of the resident capacity of the project. From the Community Facilities Administration (whose office happens to be down the hall from us here in Helena) I have obtained copies of Fact Sheet entitled "Federal Programs for the Elderly. I have also enclosed FHA Form No. 372 entitled, "Some Facts

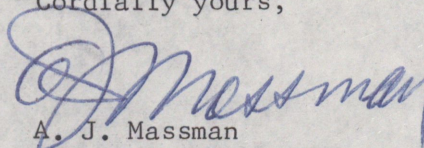
Mr. James R. Searl

January 25, 1965

about FHA Housing for the Elderly Projects and People. Finally, I have enclosed FHA Form No. 696 (Nursing Home Mortgage Insurance). This last bulletin is slightly out of date in that the law was changed last September, striking the requirement that a nursing home to be eligible for FHA mortgage insurance assistance be a proprietary facility, i.e., a profit motivated project as distinguished from a non-profit organization, such as a church, fraternal lodge, etc. At this time, then, we can consider applications for loan insurance on nursing homes whether the project be sponsored by a profit or non-profit organization.

If we can be of any further assistance please call on us.

Cordially yours,



A. J. Massman
Director

Enclosures



HOUSING AND HOME FINANCE AGENCY

OFFICE OF THE REGIONAL ADMINISTRATOR

Box 444

Helena, Montana 59601

February 16, 1965

Mr. James R. Searl
24 Jefferson Court
Bozeman, Montana

Dear Mr. Searl:

I hope you will forgive the delay in answering your letter of January 27, 1965. I have been out of the office for some time, and my secretary has been out with the flu so we find we have quite a backlog of correspondence.

I am enclosing some information concerning the Senior Citizens Housing program obtainable through this Agency. Under this program loans are made to non-profit organizations for the construction of rental housing.

Also enclosed is a fact sheet, Federal Programs for Housing the Elderly, which briefly describes other programs available for housing the senior citizen.

It may be of interest to you to know that the Lutheran Retirement Home, Billings, Montana was financed through this Agency. We are also financing a retirement home at Plentywood, Montana, and at Glendive, Montana.

I hope this information will be of assistance to you in writing your thesis.

Very truly yours,

Frank E. Lowrance
atg

Frank E. Lowrance
HHFA Engineer

FEL:atg
enc.

GLOSSARY

GLOSSARY

Ambulant	Capable of moving or walking about from place to place.
Congregate residences	Assisted living units for the elderly clustered in a group, under a management and usually under one roof complex.
Entrance fee	Fees required for general admission into a retirement home aside from monthly payments.
Foster homes	Private families who take in nonrelated elderly for pay.
Infirmary	Facilities for minimum care of temporary illness or during convalescence.
Institutional living	Protected living units for elderly under one roof for care, treatment, or surveillance.
Minimum care	Care of temporary illness only (infirmity)
Nursing unit	Facility for complete nursing during convalescence or of a temporary or chronic illness; simple laboratory facility.
Proximate residences	Independent living units for the elderly clustered in a group.
Therapy	For non-medical treatment and rehabilitation procedures.

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