Vista Pines Village

Housing for the Elderly and Long Term Health Care Facility

Vista Pines Village
Richmond, Indiana
I would like to dedicate this thesis project to my parents, Samuel Stone and Doris Stone, for their kindness, leadership and especially for the hardships endured. Additionally, I would like to recognize the efforts of my brother, Samuel Stone Jr., for his supporting confidence and bond of friendship.
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Vista Pines Village

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9 October 1978
Acknowledgment of Participants

Vista Pines Village, a health-care facility for the elderly, is the thesis project of:

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Project Abstract

Vista Pines Village is a multi-functional center for the elderly in which an umbrella of nursing care would be available as well as housing and recreation activities. It was my intent, as the designer, to undertake such a project because of its sufficient value to the physical welfare of every individual that is reaching an older age in our society. I am also committed to the theory that a "Health Care Facility" is more than just a physical environment for aging citizens. This important aspect is one in which many of us must face in the future.

In April 1972 Development Economics Group of Washington, D.C. completed a study for the Wernle Residential Youth Center entitled "Economic and Marketability Analysis, Richmond, Indiana". This study consisted of an economic and marketability analysis in connection with the reuse opportunities for the Wernle Children's Home property in southeast Richmond. The analysis, among other development considerations, included an evaluation of need for housing for the elderly and for nursing, home care. It was concluded that the total demands for Lutheran-sponsored nursing care facilities on the Wernle site would reach 220-260 beds over the next ten years. It was further recommended that 120 nursing home beds be constructed in phase one of the development and after five years, 120 more beds in phase two.

A recent decision has been made by the Wernle Group to implement the first stage of the planned development.
Final Design Presentation

Introduction

I believe that a health care facility, which is designed for the elderly, can be a very interesting and important search into man's physical built environment. This is brought about when one looks at the many facets surrounding elderly health care. The concept of health care, with all of it's psychological as well as physical attitudes, can be greatly reinforced, creating a positive and effective statement within the environment. If, on the other hand, a health care facility is falling short of it's fullest design intent generally an institutionalized environment is created, which is purely a negative statement in terms of dealing with the elderly in a health care facility.

It is the purpose of the designer to focus and strengthen the positive elements of a health care facility to present an encouraging statement of a physical building expanding these health care goals:
1. Full profile of services
2. Complete health program
3. Offer independent living
4. Companionship
Final Drawings

The following material, in this section of the thesis book, is an accurate representation of my submitted design proposal focusing on a health care facility for the elderly.

The sequence of the final drawings is as follows:

Information
Zoning and Circulation
Process
Concepts
Site Plan
Health Center Plan
Apartment Unit Plan
Social Center Plan
Elevations
Sections
Sketches

Vista Pines Village
Richmond, Indiana
2. Expose finish in wall finish

1. Paint interiors

2. Wooden floor interior

2. Paint interior, wooden parts, panel, and floor

2. Paint interior, wooden part, panel, floor

1. Paint interior, panel, floor
I feel that there are many important and dominant issues serving as the foundation to this health care facility project. These issues focus on the process of the built environment and how they interplay with the application of the principles surrounding the health care area. In terms of the application of the principles of health care and its philosophy, I determined that "The most desirable level of assistance" is only that which the elderly person is unable to provide for himself/herself.

The health care facility should be an expression of the people within, for example, the elderly people themselves might function as the developers of the facility in which they form committees and become the ruling body of the project. In adapting this attitude, it allows the elderly person to distinguish his/her degree of responsibility, that is allowing the elderly citizen to pick and choose among companions and activities in the widest range of choices.

Briefly in summary, I believe that a health care facility focusing on the general welfare of the elderly citizen should attack the concepts dealing with the attitudes surrounding elderly health care as well as satisfying the physical built environment requirements. It is critical that special attention be comprehensively involved in applying these special attitude characteristics to their environment.

I will discuss these attitudes as individual components as well as how they affect each other in group nodal areas. Vista Pines Village can be internally broken down into four such components.
These four components are:

1. Health Center sq. ft. 36,000
2. Apartment Units 162,000
3. Social Center 33,000
4. Parking 192,000

Additional attitudes which I feel play a dominant role in the theory of health care focus on:

* Criteria for choosing a health care facility.
  1. Protection from crime
  2. Conveniences to help elderly citizen live independently
  3. Security and assistance of health care
  4. Community of peers.

* Security
  1. Protection from crime
  2. Assistance.

* Communal spaces should be designed to encourage social interaction, but allow residents some privacy.

* Urban site vs. Rural site
  1. Walk to shops
  2. Sit in parks
  3. See young people
     1. Good recreational program
     2. Good transportational system.

* Communal dining room
  1. Gives opportunity to check on people
  2. Elderly get at least one balanced meal.

Vista Pines Village
Richmond, Indiana
3. Forces people out to community.

* Private dining vs. Communal dining
  1. Private residence
     1. More choice of food, but lines of waiting are bad.

* Increase opportunities for individual choice.
  1. Widest possible range of personal choices.

* Walking, carrying, climbing, gripping, lifting, pushing, and pulling are all motor functions that become less forceful during the aging process.

* Spatial organization and circulation patterns must be simple and direct.

* The physical appearance of the facility has the capability of changing false notions about the elderly citizen and correcting outdated stereotypes.

The following material within this section focus on the specific design elements and their characteristics as they apply to the four individual components that comprise Vista Pines Village. Some of the specific design elements center on:

1. Courtyards
   Use as aesthetic scene
   Use as functional activities
   Use as sense of location within buildings.
2. Color
Use of strong color (bold and vivid) because of failing eye sight
Use as sense of location.

3. Atrium
Sense of space
Visual and physical stimulation.

Vista Pines Village
Richmond, Indiana
4. Windows
Very important to elderly
Their link visually to exterior world.

5. Recreation Rooms
Best to locate by passive areas (view sitting/play nodes).

Vista Pines Village
Richmond, Indiana
6. Front Lobby

- Important space
- People meet there
- Activity focus.

7. Open Plan Concept

- In areas of social and health centers
- Encourages participation since each activity is not isolated into closed rooms.

8. Stairs

- Encourage exercise – stairwells open and wide, brighten by skylights and carpeted, brick or wood textured walls, handrails.
9. Dining and Relaxation

Good place to get together
Different size tables
Possible use of protected exterior space.

I feel that a closer examination of the four physical components which comprise Vista Pines Village is needed. The philosophy and correlation behind each is important to understand, for it is through this process of evaluation that
I reached this final design statement.

The four components to be explored are:

1. Health Center
2. Apartment Units
3. Social Center
4. Parking

1. Health Center  sq. ft. 36,000

Nodes: Lobby
       Offices
       Clinic
       Therapy
       Bedroom Units
       Lounge and Dining
       Service Areas.

Facts: Provisions for 120 2-bed units
       Individual service cores
       Philosophy and attitude
       Public areas focus to exterior
       One story in height
       Pre-cast concrete panels, textured by formwork.

Theme: Relationship to physical and natural environments
       Desire and attitude of patient
       Offer patient exposure to exterior
       Skylight panels.

Sketches
CONCEPT FOR SKYLIGHTS

SUNLIGHT

ROOM

ROOM

APPROACH

Vista Pines Village
Richmond, Indiana
CONCEPT FOR SKYLIGHTS

SUNLIGHT

ROOM

ROOM

APPROACH

Vista Pines Village
Richmond, Indiana
2. **Apartment Units**  
*sq.ft.* 165,000

**Facts:** 200 Units / One story in height.

3 types:
- Efficiency sz. 12'x 13'
- 1 Bedroom sz. 14'x 20'
- 2 Bedroom sz. 20'x 24'

Outside deck area
Zoned:
- Public, Semi, Private
- Natural lighting

7 Cluster Units
- All inter-connected by glass enclosed passageway.
- Pitched roof plane
- Wood construction system

**Sketches**

**APARTMENTS**  

**EFFICIENCY**  
14'x18'

---

**Vista Pines Village**  
**Richmond, Indiana**
APARTMENTS

ONE BEDROOM
14' x 24'

TWO BEDROOM
W/ DECK
24' x 24'

Vista Pines Village
Richmond, Indiana
3. Social Center sq.ft. 33,000

Facts: Zoning criteria
       Active -- Passive
       Security
       Activity focus
       Two stories in height.

Nodes: 1st Floor
       Lobby
       Administration
       Shops
       Kitchen
       Dining
       Lounge
       Storage/maintenance
       Library
       Chapel

2nd Floor
       Multi-Purpose room
       Arts and crafts
       Pool room
       Game room
       Wood shop

Theme: Relationship between
       interior/exterior
       environment.

Sketches

Vista Pines Village

Richmond, Indiana
SOCIAL CENTER

SCHEMATIC 2Nd FLOOR

Vista Pines Village

Richmond, Indiana
4. Parking sq.ft. 192,000

Facts: Minimize direct automobile-pedestrian contact.
Perimeter auto circulation with interior pedestrian zone.

Sketches

- Peripheral orientation road
- Sub access to buildings

- Level changes where two systems cross

Vista Pines Village
Richmond, Indiana
Conclusions

In conclusion, the Vista Pines Village project provided an educational and informative lesson; one which will surely be beneficial to myself in terms of correlating informational data to such a comprehensive phase of design development. For this reason, I am happy and proud to have worked on a project of this character.

I see this Vista Pines Village thesis book as a visual working tool, which documents organization, process and product. I intend to expand and capitalize on this tool in terms of using the information within to make formal presentations to both James Associates Architects and Engineers and Vista Pines Inc. I also feel that this tool will be a excellent source of documentation to present to any future employers.

Designers Comments/Conclusions

Informative problem
Exposure to high technology in health care field
Honest expression and concern
Positive attitude critical to patients
Simple, straightforward construction technique
Two phase development -- expansion
Interaction important inside -- outside
Building -- building
Maximum opportunity for exposure of project.

Vista Pines Village
Richmond, Indiana
Critique Comments/Conclusions

Logical progression to project
Detail development of exterior courts needed site work
Next step -- physical model massing, proportion and scale
Well presented verbally
Good graphics and techniques.

This Vista Pines Village project has allowed myself as the designer to explore a highly complex set of concepts. Their surface and internal issues contribute to a very important field of study which I truly believe is now a major issue concerning everyone's future.

Sincerely,

[Signature]

Steven Emory Stone
5/13/79
Design Development

Alternatives

The design development phase of this Vista Pines Village project focuses on the following points:

1. Strong reasons for more than one site location for elderly urban - city vs. rural - country build case for my selection.

2. Wind/sun critical factors to be reevaluated.

3. Negative space and parking -- driveway and walkway parking in center.

4. Social Center -- facility for elderly is the major emphasis facility for the public is the secondary emphasis.

5. Work on transition spaces from public to private areas i.e., corridors to buildings courts

6. Work on private courtyard areas.

7. Parking -- explore areas, circulation integrate more.

8. Systems involvement advantages of prefabricating elements of structural, mech., and elect. systems off-site structural standardization -- time, cost and flexibility separate accessible floor -- systems too small of project?
Conclusions

The major points to reevaluate at the design development stage focused basically in two areas. The first being the basic layout of the apartment unit itself. For example, the concept of having a smaller meeting/social space within each apartment cluster decreased the dependence on the Social Center and also established a small internal community within each apartment unit. Thus, enabling the residents to have "their own space" so to speak. This in fact helped to create more flexibility in terms of social activity. Also the point was considered that all apartments should have at least one, hopefully more, exterior views and exposure. This could be possible through the use of windows, clerestory lighting, and the possibility of exterior decks. (See diagram on following page)

The second area of the design development phase which drew heavy consumption centered on the Health Center, specifically the orientation and physical layout of the individual 2-bed room unit. It was discussed that all of these 2-bed room health units must have an exterior exposure. I disagree with this line of thought in that I took a stand and built a philosophy around the concept that
the patient must want to establish a better state of health. To encourage participation in this stage I focused most of the exterior views and functions to a large common area which was situated adjacent to an interior lounge or sitting area. This allowed different levels of activity to occur and get the maximum exposure from these functions.

(See diagram on following page)
Schematic Design

Conclusions

The schematic design phase of the Vista Pines Village project centers around the zoning, circulation, and process organizational elements that bring together the roles of the activity components. These concepts focus on low rise, low density, expansion, and direct circulation. Other factors which contribute emphasis to the schematic design are:

Quiet -- Loud
Private -- Public
Auto -- Pedestrian
Pitched -- Flat roof
Orientation
Radius pavers
Water

(See diagrams on following pages)

Critique Comments/Conclusions

Emphasis on Linear scheme
Density of apartment units
Visual focus to Social Center.
PROCESS

3

Experiential Seq.

Circulation Sequence

Dedicated

Health Care

Activity Centric

Social niche focus

Active - Core

Active - Core

Active - Core

Health Care

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Health Care
Facility Program

Summary

In April 1972 Development Economics Group of Washington, D.C. completed a study for the Wernle Residential Youth Center entitled "Economic and Marketability Analysis, Richmond, Indiana". This study consisted of an economic and marketability analysis in connection with the reuse opportunities for the Wernle Children's Home property in southeast Richmond. The analysis, among other development considerations, included an evaluation of need for housing for the elderly and for nursing, home care. It was concluded that the total demands for Lutheran-sponsored nursing care facilities on the Wernle site would reach 220-260 beds over the next ten years. It was further recommended that 120 nursing home beds be constructed in phase one of the development and after five years, 120 more beds in phase two.

A recent decision has been made by the Wernle Group to implement the first stage of the planned development which would include the construction of housing for the elderly and a long-term health care facility.
It is the intent of the owner to develop a Lutheran-sponsored center for the elderly where the provision for nursing care would be available as well as housing. Although the facility will be Lutheran-sponsored, it will be open to all faiths. In addition, the entire development of the Wernle property will eventually encompass a one story health center structure of approximately 36,000 square feet. This facility will accommodate 120 bed care units with nursing stations and supporting areas; one story multiple apartment units of approximately 162,000 square feet. This facility will accommodate 200 self-contained units of two bedroom, one bedroom and efficiency capacity; a two story social center complex of approximately 33,000 square feet. The social center facility will have provisions for residential node areas, administrative area, commercial node areas, and a kitchen area serving the social center and the health center; and also provisions will be made to facilitate parking for residents and guests.

In response to financial projections, the estimated cost of construction of the three structures; the health center, apartments, and the social center, will be $16,320,000. The total budget required, including costs in the field of equipment expenses, professional fees, contingencies, and administrative costs will be $29,041,440.
Introduction

The introduction section of this program for a health care facility consists of three sub-sections. These sub-sections I wish to explore are:
1.) Background considerations of project.
2.) Demographic considerations of project.
3.) Scope of project.
4.) Participants and approach of project.

Background Considerations

The joint synod of Ohio and other states realized a need of an orphanage for Lutheran children in the latter half of the last century. A ten acre site at Richmond, Indiana was purchased in 1878 and the Wernle Children's Home as opened in 1879. Additional land was acquired and by 1905 the estate consisted of 123 acres.

Wernle's Children's Home continued through the years as an orphanage. As a result of trends produced by the advent of Social Security, there was an evolution of programs at Wernle to provide a greater range of needs and a trend away from the orphanage. In 1955 the facility began serving children who were emotionally disturbed. The home is now known as the Wernle Residential Youth
Center and is a residential treatment Center for emotionally disturbed adolescents from Indiana, Ohio, and Michigan.

Throughout the years, the farming operations at Wernle were an integral part of the institution's program. In 1967 the farming operation was dropped because it was no longer economically sound and the children in residence were mainly from urban settings and the staff found it was not particularly helpful in therapy and rehabilitation. In view of suspension of the farming activities and the inadequacies, age and general physical status of the existing buildings, the Wernle Board of Directors has selected to move the youth center to a new location and to construct a new building. The proposed housing for the elderly and the nursing home will be constructed on a portion of the 123-acre plot that will be vacated by the youth center.

It is the intent of the owner to develop a Lutheran sponsored center for the elderly in which an umbrella of nursing care would be available as well as housing. Although the facility will be Lutheran sponsored, it will be open to all faiths. In addition, the entire development of the Wernle property will eventually encompass a medical office building, other housing, a neighborhood shopping center and recreational facilities.
Demographic Considerations

It is proposed that the long-term facility be constructed within the city limits of Richmond, Indiana, in the southeast area of the city. Richmond is the county seat and is located in eastern Wayne county, which is in the mid-east section of Indiana adjacent to the Ohio state line. Richmond is only approximately four miles from the Ohio border.

Wayne county, along with Fayette, Franklin, Rush and Union counties, comprise health planning region IX. In most instances of nursing home planning one would consider the demographics of the involved health planning region; however, a much greater area must be considered in the case of the Wernle Lutheran-sponsored facility. The primary service area of the proposed nursing home is projected as fourteen counties in Indiana and two in Ohio.

Region IX has a total population of 149,202 with 16,367 (11.0%) 65 years or over. The sixteen-county (14-Indiana 2-Ohio) population is 591,664 with 60,928 (10.3%) 65 years or over. As one can observe, the percentage of elderly is consistent throughout the primary service area with approximately 10 to 11% of the total population being 65 years or over.

A recent survey of 40 Lutheran churches in the primary service area revealed that approximately 23% of confirmed membership is 65 years and over or approximately twice that of the general population.
Concerning the evaluation of need, the development economics group (DEG) in the study of 1972, sent a questionnaire to the 375 American Lutheran Churches (ALC) in Indiana and Ohio. The purpose of this questionnaire was to determine the demands for nursing home beds from ALC members who prefer a Lutheran-operated facility over facilities closer to their place of residence. Responses were received from 164 congregations, a remarkable high return rate of 44% (25% would have been average). From this questionnaire and its evaluation some conclusions can be drawn. (1) It would seem that there is an unquestionable need for a Lutheran-sponsored long-term care/elderly housing facility centrally located in the states of Indiana and Ohio and there is solid evidence that such a facility will be successfully supported. (2) The Wernle site at Richmond, Indiana provides an ideal setting for such a facility in view of its geographic location and Wernle's past background in the rendering of services to the people of Indiana and Ohio. (3) Based upon all available data it appears sound to plan for the construction of 120 long-term beds at this time and to consider later the possibility of adding another 120 beds toward the end of the first five years of operation. This appears to be the best approach in meeting the forecasted need during the 10-year absorption period. (4) It is recommended that the 120 beds be licensed "Comprehensive" and that 60 beds be certified SNF (skilled nurse facility) and 60 ICF (intermediate care facility). This number and spread of beds between two nurses stations will provide the best arrangement in the foreseeable future in meeting the projected demands.
Scope of Project

The Vista Pine Nursing Center will consist of 120 beds, 60 comprehensive intermediate care and 60 skilled nursing facility beds. The facility will be a one-floor structure and consist of 30,000 square feet. It will be constructed on a site approximately 5.5 acres (240,000 square feet) of land. All utilities are available on site, there is ample space for parking and the owner and architect report that there are no problems related to zoning at the proposed location.

The facility will meet all rules, regulations and standards of all pertinent local, state and federal agencies. The building will be air-conditioned.

The structure will be rectangular in design and consist of two housing units separated by a central core in which will be located kitchen and dining facilities, auxiliary services, lounge and administrative office. There will be a separate and complete nurses stations for each of the two nursing units.

Much confusion in terminology has arisen since the arrival of medicare and medicaid during the last decade. "Nursing Home" is a term generally used to include all types of long-term health care facilities. In Indiana, nursing homes are licensed as comprehensive or residential facilities. Because of the importance of these related terms, I shall define them:

(1) Residential care consists of providing room, food, and laundry for persons who are ambulatory and are
physically and mentally capable of self care and who require only general supervision of personal needs, including self-administered medications.

(2) Skilled nursing care consists of room and board and at least 2.5 hours per patient of daily nursing care which involves administering medications and carrying out procedures in accordance with the orders, instructions and prescriptions of the attending physician.

(3) Intermediate care, a term which originated with Medicaid, may be defined as similar to skilled nursing care except that a minimum of 1.5 hours (Maximum of 2.0 hours) of daily nursing care per patient must be provided.

Vista Pine, Inc. proposes to construct and develop a long-term health care facility consisting of 120 beds, all of which will be licensed as comprehensive; 60 beds will be certified SHF and 60 ICF. The facility will be constructed and staffed as to meet requirements for Federal certification under the Social Security Act.
Participants and Approach

The program for the Vista Pines Nursing Center is being constructed through the co-operative efforts of:

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Vista Pines, Inc.
2000 Wernle Road
Richmond, Indiana 47374
Goals

The goals and objectives of Vista Pines Village are to provide for the people of retirement age comprehensive living centers embracing every type of housing facilities, a full profile of services and care, and an innovative and complete program devoted to the spiritual needs of the individual, hobby and entertainment needs, and further programs that will enable the individuals to participate in community life in every way if they so desire.

A functional goal encompassing living and care facilities which provide for:

1.) Independent living: for fully active retirees, apartments and cottages.

2.) Room and board: for fully active retirees, private rooms or couple's suites.

3.) Personal care: assisted living, private and semi-private rooms with adequate nursing care.

4.) Intermediate nursing care: for persons with multi chronic illnesses who do not need observation of registered nurses on a 24-hour basis.

5.) Skilled nursing care: 24-hour skilled nursing care.

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Some additional goals and objects expressed by Vista Pine, Inc. pertain to:

1.) **Security**: by the resident's signed approval of the life occupancy agreement the Vista Pines Corporation is obligated to meet the resident's future needs. If and when physical or financial limitations develop, the corporation will deliver the necessary care with compassion and understanding. Medical needs will be served with the scope of the health center where licensed nurses are always on duty and a physician on call.

2.) **Ease of Living**: many people of retirement age, because of physical limitations, are unable to maintain a residential dwelling. Part-time dependable labor to perform the tasks of dwelling maintenance is practically non-existent and expensive. Residents of Vista Pines Village are relieved of these concerns and are free to pursue travel plans, personal interests, etc.

3.) **Transportation**: owning and maintaining an automobile is difficult and sometimes inadvisable for people of retirement ages. Transportation will be available to residents of Vista Pines Village at nominal cost. Plenty of parking space is available for residents who drive.

4.) **Economy**: when all factors are considered, the cost of living at Vista Pines Village over the long term will compare favorably with the cost of maintaining a home and attempting to provide similar services on an individual basis.
5.) Independence: residents of Vista Pines Village are free to maintain their lifestyle and enjoy the dignity and confidence that independence brings.

6.) Companionhip: residents of Vista Pines Village will live in an atmosphere of friendship and mutual concerns of people of contemporary ages. The wishes of those who prefer privacy will be respected.

7.) Nutrition: individually served meals are prepared to meet the nutrition requirements of each resident of the apartments and nursing facilities.

8.) Spiritual Emphasis: religious programming is provided at the Vista Pines Village for those who wish to participate.

9.) Convenient Location: the facility will be conveniently located near shopping, public transportation, culture centers, and golfing facilities.

In conclusion, it is the general goal of Vista Pines Village to accommodate all phases of living for the elderly and to enforce the resident's own individuality by creating an environment in which the resident can express themselves. It's this feeling of independence, yet of assured health care, that makes life at Vista Pines Village carefree and yet meaningful.
Organizational Data

The proposed long-term facility will be owned and operated by the Vista Pine, Inc., a non-profit corporation of Indiana. The corporation has been organized exclusively for charitable purposes. The Vista Pine Corporation's purpose is to promote the establishment of and to operate facilities for retired people in the realm of personal and social services, housing and nursing care.

A further analysis of organizational data will focus in the area of:
1.) Organization format and user analysis.
2.) Growth projections.
3.) Communication analysis.

Organization Format and User Analysis

An overview of the organizational format is as follows:
Administrator
Clerk Typist
Director of Nursing
RN's
LPN's
Aides
Kitchen Employees
Maids
Custodian

A more indepth analysis of the organizational format follows.
1. Administrator—This position will control the day-to-day function of Vista Pine Village. He/She will be in direct contact with the Vista Pine Corporation Board of Directors.

2. Nursing Services
   A. Director of nursing. The nursing service of the facility will be under the immediate supervision of the director of nursing who will be a qualified registered nurse employed full-time and who will have in writing, administrative authority, responsibility and accountability for the functions, activities, and training of the nursing service staff. This person is directly responsible to the administrator of the facility.
   
   B. Charge nurse. An R.N. or qualified L.P.N. will be designated as charge nurse by the director of nursing for each tour of duty. The charge nurse will be responsible for supervision of the total nursing activities in the facility during each tour of duty.
   
   C. 24-hour nursing service. The facility will provide 24-hour nursing service which will include at least one R.N. on the day tour of duty 5 days a week. Nursing personnel will provide a quality service that will insure that each patient will receive prescribed medications, treatments, diet and complete nursing care.
   
   D. Patient care plan. A written patient care plan for each patient, following the physician’s plan of care, will be implemented.
E. Rehabilitative nursing care. The facility will have an active program of rehabilitative nursing care.

F. Drug administration. Drugs will be administered by the nursing service in compliance with applicable laws and procedures will be established for verification of physicians' orders, identification of patient and recording to the medication record.

3. **Dietetic Services** - The facility will provide a food service that meets daily nutritional needs of patients, meets special dietary needs of specific patients and serves well balanced meals. A full-time qualified dietetic service supervisor will be employed, a consulting dietician will be engaged and sufficient dietary personnel will be on duty over a 12-hour period each day.

4. **Pharmaceutical Services** - The facility will be responsible for providing such drugs and biologicals for its patients as needed and will ensure that these services are provided in accordance with the accepted professional principles and appropriate federal, state, and local laws.

5. **Laboratory and Radiologic Services** - The services will be provided through arrangements with the Reid Memorial Hospital of Richmond. The facility will assist the patient with transportation, will provide service only on orders of attending physician and will file all signed and dated reports with the patient's medical record.
6. **Dental Services**- A dentist will serve in an advisory capacity, a list of dentists in the community will be maintained and the facility will assist the patient in arranging transportation for dental services.

7. **Infection Control**- The facility will establish an infection control committee from its professional staff, which will establish policies and procedures for investigating, controlling, and preventing infections.

8. **Disaster Preparedness**- The facility will have a written plan, periodically rehearsed, with procedures to follow in case of internal or external disaster and for care of casualties arising from such disasters.

9. **Isolation Facilities**- Provision will be made for isolating patients as necessary in a single room ventilated to the outside, with private toilet and hand washing facilities.

10. **Maintenance of Equipment Building and Grounds**- The facility will develop written preventive maintenance program to ensure that equipment is operative and that the interior and exterior of the building are clean and orderly.
Growth Projections

The projected total demand of 220-270 beds will supply sufficient service of the health care needs to the residents of Richmond and the Wayne county region. It is based on this data that it appears sound to plan for the construction of 120 long-term beds at this time and to consider later the possibility of adding another 120 beds toward the end of the first five years of operation. This appears to be the best approach in meeting the forecasted need during the 10-year absorption period. It is recommended that the 120 beds be licensed comprehensive and that 60 beds be certified SHF and go ICF. This number and spread of beds between two nurses stations will provide the best arrangement in the foreseeable future in meeting the projected demands.

Communication Analysis

The Vista Pine Village facility is rather small in comparison of its relationship to work and communication aspects when examined to a large health care facility. I wish to express this relationship first by looking at the demand at each position and secondly by breaking down this flow into some individual activity analysis of related areas.
Administrator
Clerk Typist
Director of Nursing
RN's
LPN's
Aides
Kitchen Employees
Maids
Custodian

Vista Pines Village
Richmond, Indiana
Space Requirements

The Vista Pine Village Facility consists of several physical elements integrated for an environment to serve its elderly residents. The Vista Pine Corporation wishes to provide several physical nodes for its residents for their possible use where as traditional elderly health care facility offered for less options for cultural involvement. In exploring the space requirements of Vista Pine Village, I wish to focus on two areas:

1.) activity nodes.
2.) activity description.

Activity Nodes

Vista Pine Village consists basically of four nodes which provide health care services, living quarters, recreational and commercial services, and physical planning for parking and circulation routes. These activity nodes provided are:

1. health center
2. apartments
3. social center
4. parking
Activity Description

1. Health Center - the health center will be a one-story structure for the specific reasons of ease of curculation and service. The health center will be designed in a linear fashion to help reinforce the statement of circulation and service. It is projected the health care facility will consist of approximately 36,000 square feet. The supporting physical features that are involved with this health center are:

1. 60 bed skilled care unit
2. 60 bed intermediate care unit
3. nurse stations and support areas
4. health clinic area
5. supporting services including:
   administration
   lounge and dining rooms
   physical therapy
   occupational therapy
   mechanical: electrical rms & storage

2. Apartments - the apartment complexes will consist of 200 self-contained units which are three-story structures. It is projected that the apartment complexes will consist of approximately 168,000 square feet. Within the structure of the 200 self-contained units there are provisions for living quarters of:

   expandable two bedroom
   two bedroom
   one bedroom
   efficiency

Vista Pines Village
Richmond, Indiana
Also provided within the Vista Pine Village apartment complex are provisions for balconies and patio area for the individual use of the resident. Another attribute to the resident of the apartment complex would be the possible use of a potting room and gardening store room.

3. **Social Center:** the social center will be a two story structure which offers many recreational and commercial opportunities to the residents of Vista Pine Village. It is projected that the social center will be approximately 33,000 square feet. The social center consists of many internal nodes during with specific recreational and commercial activities. These internal nodes are:

1. resident areas including:
   - dining rooms
   - chapel
   - multipurpose room
   - lounge
   - library
   - men’s pool room
   - game room
   - arts and crafts area
   - wood shop
   - tentant storage
Space Relationships

Activity Nodes: Health center
Apartments
Social Center
Parking

1. THE HEALTH CENTER

The health center is a very dominant feature to Vista Pine Village and should have direct access to all other activity nodes.

Vista Pines Village
Richmond, Indiana
The health center is efficient in its linear orientation lending itself to quick access and ease of circulation. Supporting features, such as administration nodes, dining, lounge, and therapy nodes can give architectural and visual relief in the linear scheme.

2. APARTMENTS

Apartments designed in clusters or complexes for reasons of security, friendship, visual unit which could tie all units together.
The apartments of Vista Pine Village could also conform to the linear scheme and by using the void space credited by different shapes and sizes, the option of decks and balconies are available.

3. SOCIAL CENTER

Vista Pines Village
Richmond, Indiana
The social center lends itself to an entry point with the most exposure to the public and the residents guests. The social center will function as a focal point.

The social center will be a main activity area for recreational and commercial activity. Therefore, it should be a center of activity, oriented to receive the exposure of the majority. The social center should be a functional space with regard user circulation, activity, orientation, and organization of support nodes.
General Environmental Criteria

Vista Pines Village is a functional aesthetic complex on 123 acres of rolling land in the city limits of south Richmond diagonally across from the beautiful eighteen hole golf course of the Forest Hills Country Club.

The functions of the living or care facilities are:

Independent living: for fully active retirees, apartments and cottages.

Room and Board: for fully active retirees, private rooms or couple suites.

Personal Care: assisted living, private and semi-private rooms with adequate nursing care.

Intermediate nursing care: for persons with multiple chronic illnesses who do not need observation or registered nurses on a 24 hour basis.

Skilled nursing care: 24 hour skilled nursing care

In addition to the Forest Hills Country Club golf course, there are within easy driving distance, three other golf courses. Two of which are public courses. Tennis facilities, paddle tennis facilities and shuffleboard will be available on the premises. In the independent living units, individuals will have the opportunity to maintain their own gardens and plants.

The hobby room, located within the social center, provides a place for an individual or groups to "do their own
thing" so to speak; be it the opportunity to weave or paint or build things plus a place to play cards, cook a meal, or store a cold drink if the individual chooses an apartment without a kitchen facility. Some days play shuffleboard, choose books from the library on each floor or walk on the grounds near the pond and wooded areas.

Vista Pines Village will provide three building activity nodes which play to the organization of the health care facility. These specific nodes are: the health center, apartment complexes, and the social center.

The health care's main function will focus on providing a facility in which all health care aspects of Vista Pines Village can be carried out and controlled. It is also the function of the health center to accommodate all supporting nodes: this, have an influence on areas such as reception, administration, lounge and dining.
SPACE RELATIONSHIPS
The site in relation to its activity nodes

Vista Pines Village
Richmond, Indiana
The apartment complexes at Vista Pines Village are to function as living units for those residents which are capable of independent living in an unrestricted environment. The apartments will feature fully equipped kitchens, (electric stove, frostfree refrigerators, disposal, ample cabinets) emergency call system, choice of carpet and wall colors, draperies, temperature range controls, storage closet and safety equipped bath with a 30 inch vanity. Service criteria supplied to all apartment dwellers include, 1.) general upkeep of apartments, carports, and grounds. 2.) street maintenance. 3.) water 4.) sewer 5.) snow removal 6.) lawn mowing 7.) trash pick-up 8.) service of administrative staff.

Pets are not permitted in Vista Pines Village. Personal and social habits may be continued provided such habits do not interfere with community living.

Residents of Vista Pines Village may have overnight guests in their own apartments. Meals are available at guest rates.

Mail will be delivered to the administration office and placed in the resident's personal mailbox.