

**An Assisted Living Facility's
Development and Operations Plan: Greenwood Life Community**

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The content of what you are about to read is practical. My family and I will be designing, building and creating a space and environment to care for elderly who need assistance. The location already has some elder-care development, with a 56-bed nursing home across the road and a 60-home retirement community, with 20 more houses planned to be built. An assisted living would fill in the felt need for a level of care that falls between our independent homes and the nursing home. However, I want to begin by stepping back and looking at the big picture of what it means to age. Any attempt to make a plan for the physical, emotional and spiritual needs of our elders should begin with the end in mind—that there is a preparation, a hide and seek, a game of lost and found that our elders must play. This is how Wendell Barry expresses it in the voice of his character Jayber Crow:

I whisper over to myself the way of loss, the names of the dead. One by one, we lose our loved ones, our friends, our powers of work and pleasure, our landmarks, the days of our allotted time. One by one, the way we lose them, they return to us and are treasured up in our hearts...Finally a man stands up alone, scoured and charred like a burnt tree, having lost everything and (at the cost only of its loss) found everything, and is ready to go. Now I am ready. (Barry)

The belief that our elders are eternal, made in God's image and as such they have value, as well as a preparatory work to do even as their care needs increase and mental acuity decreases, impacts the philosophy that will govern this home for the future residents of Greenwood Life Community (GLC). Celebrating each person's unique personality, choices and memories will be at the heart of what we do. This paper will outline that philosophy and how the domains of

organization, personnel, financial, environmental, and resident care management will integrate together and support this foundational belief.

**Overview of current nursing home, retirement establishment
and vision for GLC's buildings**

If you live in Washington, DC or Baltimore, MD and decide to visit Delaware's beaches you might take route 16 after crossing the Bay Bridge. Just before the speed trap in Greenwood, DE, the road will make a bend and on the right you will see what some of our 56 residents call "a big house" (The Country Rest Home) surrounded by a variety of simple ranch-style retirement homes. Across from the road are the rest of the 60 homes and a large pile of dirt, the future site of Greenwood Life Community.

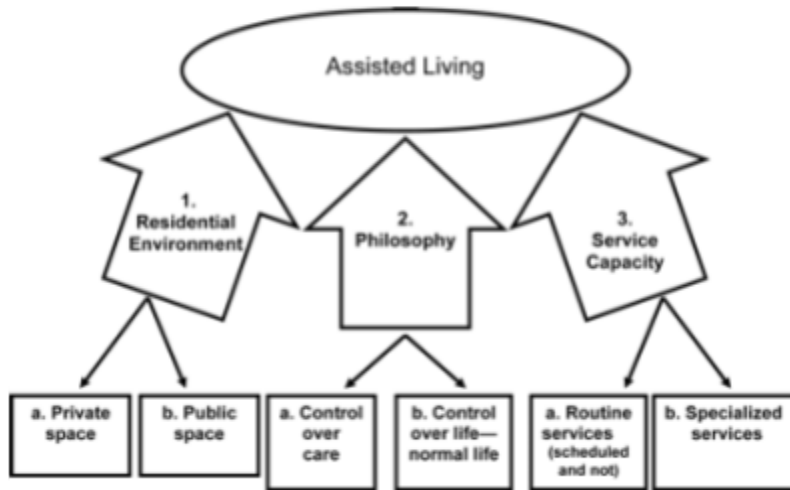
Plans change. Blueprints for a large and elaborate assisted living and independent living under one roof were recently scrapped. How can we design affordable structures that support elders and their caretakers' well-being, creating places that encourage socialization, family interaction, normal home experiences and relationships? We now believe a well-planned circle of smaller 8-12 bed buildings will both be more affordable and will create the homey atmosphere that is so healthy for elders. Also, growth can happen more slowly—this circle can start with one home, but be planned to include more units and a community center that has a hairdresser, exercise/PT center, and kitchen/dining that the retirement community and future independent residents can also use. Finally, once all the GLC buildings are finished, there will be a secure outdoor courtyard inside this circle with front porches facing inward, perhaps containing a playground, chickens or pets. Our favorite room at the Country Rest Home is a sunroom, and GLC will have many, as well as covered walkways connecting the homes.

Greenwood Life Community's Philosophy

Figure 1

Graphic illustrating the distinctives of assisted living.

(Kane et al., 1998)



Pinning down a definition of assisted living is slippery business due to varied regulations from state to state and because of changes in the industry over time. Our state of Delaware defines it as a “housing option that provides supportive services to residents who need help with

daily activities. Supportive services usually include personal care, supervision, and some access to nursing care. Generally, assisted living care provides a resident with more independence than nursing home care. (Delaware, n.d.)” Figure 1 illustrates the distinctives of assisted living, where privacy, community, resident-center care and life and support services come together to allow for as rich a life as possible for elders needing this level of care. The name ‘Greenwood Life Community’ reflects its philosophy; we will pursue a vibrant life for our elders through community, choice, and service. These three things will mean: 1. A home-like environment where the architecture, staff job descriptions, and activities encourage residents’ socialization and purpose. The connected but multi-building plan will lend itself to making connections to the wider community a natural and integral part of the residents' lives. 2. Resident-centered holistic care where people keep their independence and choice as long as possible, and where their spiritual, mental, physical and social well-being are all looked after. 3. Leveled services where

aging-in-place, which can occur but where the placement connection to the company's nursing home will preserve the integrity of the (ongoing) assessment that differentiates between someone suitable for assisted living vs. a nursing home. The nearby presence of The Country Rest Home will allow for a continuity of care, should changes in status occur that would make the resident benefit from a more intensive and medical model of care. *See Table 1 for more details concerning the GLC's service levels.*

Table 1

(National Academy for State Health Policy, 2001):

Service Level	Type of Service
Low	Core services and supervision, meals, minimal assistance with limited ADLs.
Moderate	Low services and assistance with most ADLs and self-administration of medication.
High	Low and moderate services and medication administration, incontinence care, nursing services.

The management of GLC in the areas of company structure/organization, personnel, financial, environmental, and resident care follow below.

Greenwood Life Community's Five Management Domains

Organizational management

Development of GLC specifically and Assisted Living Communities in general

Designing and opening a new assisted living in the current climate must be done with an

eye set shrewdly at the future regulations that are sure to come, and an eye on the past at what has been done well and less well. I can mark the history of the nursing homes/assisted living by the few years I've been living. I was born in 1983, soon after my grandparents bought a local nursing home that was only 27 years old. The Country Rest Home was built by a Mennonite couple who had filled their personal home to the brim with elders in the 1950's, a time when nation-wide 'homes for the aged' were a precursor to the modern nursing home (cite). In our family's history, my dad, Mark Yoder, began his career in this industry and built onto the original building in the 1990s. As a young teen I remember animated discussions about new nursing home regulations— government reactions, no doubt, to genuine need for more oversight and culture change in the nursing home industry.

Disappointment with the nursing home model was the impetus for the rise of some AL communities (see Table 2), but those newer models and homes weren't always better. The risk of assisted living communities operating as unregulated nursing homes is long-standing. Eldercare researcher Keren Brown Wilson recalls that early tension. She says the new care models "were considered novelties during this early period and were quite controversial. Licensing agencies, nursing facility providers, many professionals, and some advocate groups openly talked of their potential to be unlicensed nursing facilities." (2007)

Table 2

(Information taken from Wilson, 2007)

Time period	AL Development Markers	Characteristics
1979 to 1985	Birth of a Paradigm Shift	The rise of the modern nursing home and

		reactions to it that made a new model attractive
1986 to 1993	Neither Fish Nor Fowl	A time of growth of many Assisted Living models
1994 to 2000	Growing Pains: From a Model to an Industry	Assisted Living hits Wall Street, becomes a lucrative business with rapid growth);
2000 to the Present (2007)	Taking Stock: A Crisis of Confidence	Assisted Living Facilities, the target of criticism since inception, are in a period of heavy scrutiny

The years not mentioned are 2007 to 2024, which saw an economic shake up, some political instability and COVID19. The predicted effect of this timeline on assisted living communities is that they will be held to tighter and tighter government regulations. Greenwood Life Community needs to be prepared for staffing regulations and scrutiny, but that shouldn't intimidate us from creating this home. There is a real silver tsunami of elders coming and who currently need care in our state and we need to be as creative and proactive as possible in taking care of the elderly. While costs are ever increasing, the positive side of building in this age is the technology that can be built in as tools for caring for elders. For example, we have seen families use Alexa, Ring videos and video conferencing to monitor and talk to elders while they are out on errands. Wisdom says that developing a multi-building facility depending that technology will help minimize staffing needs at night or in general would be wise to develop hand-in-hand with legislators, or at least discuss possible pitfalls and have also have a current knowledge of

changing state regulations

Assisted Living Models

Hospitality, housing and healthcare are foundational aspects for AL (Wilson, 2007), and a variety of AL models that include these three abound. There are models where the residents stay in what amounts to an apartment, models where the AL community functions almost as a resort, and models that provide levels of medical care that make the AL distinction blurred indeed. In the 1990s a culture-change movement toward resident-focused care rose for both nursing homes and assisted living facilities (Yee-Melichar, et al., 2023). The Pioneer model, the Eden alternative and the Greenhouse Project (GHP) come from this shift, and the main idea of all is resident-centered care in a place that is as much their home as possible.

Building Plans and the Greenhouse Project

I emailed the Greenhouse Project for more information. When I opened the pamphlet that their sales and systems administrator included in her response I was shocked at how closely the cover photo reflected the building circle that had been in my imagination (see Figure 3). Some key elements of the Green house model are (a) a community of homes, (b) one home housing for

6-8 residents, (c) CNAs (Shabaz/Royal

Falcon) as cornerstone staff-and are

trained in all other aspects of home

management, (d) Medical staff do not

have supervisory authority over CNAs,

but guides (an administrator) do, and

finally (e) the outside community and the

elder home is to be porous, and hard to

Figure 3
(The Greenhouse Project, n.d.)



distinguish architecturally (Yee-Melichar, et al., 2023).

Of these tenets, architecture is the most attractive to me. The other points gave me pause, and the cautions I had were echoed by an interview with a nurse who formerly worked at Virginia Mennonite Nursing Home (VMSH) when they put in their first two trial Greenhouse homes, which were successful enough that they quickly built 8 more. (The interview I have requested from current managers at the home has not yet been confirmed). This nurse, Melanie Niess, was clear about the strengths—the home environment made families comfortable when visiting, the bright sunrooms, the front porch / outdoor visiting and the cohesiveness of each 8-bed home were all positives. An example of this cohesiveness was the one building designated just for female residents (Mast, Neiss, 2024). I like the idea of having a home with the potential to be used later for a specific demographic. I've heard the opinion that Delaware needs specialized care units; for example there are younger people needing care who are scattered in geriatric homes for whom this type of architecture could possibly serve, though at this time that is not our desired niche.

The three weaknesses Neiss mentioned were (a) the Shabaz role or job description, (b) state regulations, and (c) staffing. First, the Shabaz role takes a unique and special person, and that transition from CNA culture in a nursing home to the one responsible for food, laundry, activities, and family meetings is a distinct paradigm shift. Second, with the kitchen in the center of the home, and cooking together part of the GHP program, state regulations about hazards like stoves and knives weren't always compatible. Finally, staffing could be tough. There had to be two Shabaz in the homes at night and so staffing and call-outs were problematic. So was navigating work relationships, because the design has two people working closely in a home, could generate difficulties as well. Also the community room went largely unused because of monitoring and transport issues—one staff person had to stay in the home while the other moved people—and then monitoring residents in the community room was difficult (Mast & Neiss, 2024). Making activities, transportation and events happen can be like herding cats with elders and busy staff members, and a new building isn't likely to change that. Residents like the familiar, and they often don't like adventures or...getting out of bed. But as much as architectural choices can help, that is the goal to reach for.

Personnel management

Personnel don't just need management, they need leadership. Leadership is “the ability to effectively move a collective group of people through the necessary identified processes to successfully achieve the mission and vision of the organization” (NCAL, 2014). I fall under Likert's description of a ‘consolation manager’ who makes decisions after communicating within the hierarchical levels” (Yee-Melichar, 2023). I am supportive of the nurse/CNA hierarchy and accountability and uncomfortable with the term and role of “Shabaz,” but I also believe CNA's have the most important job at the nursing home, one where the avenues for advancement are

narrow and too few. As a CNA advocate said, “It's not just that they're trying to make a hard-won living. Whether they made long-term care their career choice based on personal experience with caregiving, from an inborn desire to comfort those nearing the end of life, or for spiritual fulfillment, most CNAs given a chance turn out to be dedicated, committed caregivers who do their jobs for pure, unselfish motives (Hoben, 2006).”

I do believe the first goal for the administrator in GLC's initial stage, where there is only one building, is to recruit a few key caretakers with a teachable attitude and ability to catch the vision of Greenwood Life Community. These staff members should have a fantastic work ethic—people who, while on the job, are always looking to be active in meaningful work. They should be known for their integrity, have a love and skill relating to elders, and an ability to run a household well. In time and with more buildings there will be more staff and support structures for whom these high standards might not be as critical.

One support will need to be in place at the beginning—a governing board for financial and decision-making accountability. A board of directors isn't something we know how to create and build because in our family business this hasn't yet been done, but there are resources on ‘Board Recruitment and Orientation’ for companies setting this up from ground zero (Leading Age, 2024).

No matter the size of the team, all personnel need a leader who has traits of good communication, trust and respect, mentoring, competency and collaboration, compassion, and accountability (NCAL, 2014). Initially there will be at least two staff members in the building at all times. They can be CNAs/caretakers, a nurse, an activities person, a cook, an administrator or someone who is a combination of all of these. Some support from staff such as HR/DON/ADON/Dietary/Activities/Financial/Medical Records/Groundskeeping at the Country

Rest Home will be needed with only 8-12 beds.

The staff targeted for recruitment of house management in the first stage will have the opportunity for their skills to be developed and career advancement as buildings are added and staffing needs increase. In anticipation of regulations, all caretakers will get their CNA license and there will be ongoing dementia training. Every month will have a training focus and for that focus staff will take turns being the month's facilitator of Learning Circles (Yee-Melichar, 2023, p. 63). The main focus though will be treating each other like family, having fun with our residents and each other, eating together, and having purpose in what we do.

Job Descriptions

In one sense job descriptions are rigid, because there are duties that simply must be done. In another, a small assisted living functions as a home—a family—and as such a job description that can flex and grow with the person that is occupying them, so that a person's individual aptitudes can fill the needed places. There is still a need for clear expectations, regular job performance reviews, and job descriptions. But in a small business being someone that can get things done, that communicates well and is a team player, and that can do a variety of things is more important than the most carefully written job description.

This is where a modified version of the Greenhouse do-everything-CNA might be implemented at GLC. Meal planning, grocery shopping, bookkeeping, billing, transportation, tours, personal care, nursing, scheduling, marketing, maintenance, admissions, staff development, taking care of plants and pets, gardening, activities, family visits, laundry, wardrobe maintenance—the list for work and potential work to be done in a small assisted living is daunting. In this smaller setting the ambitious caretaker could advance in any number of the job descriptions. This life does contrast to the CNA picture painted by Jennifer Morgan of the

Gerontology institute where she says “The system we’ve set up works against them. Direct care workers in long-term care settings experience low wages, few benefits, heavy workloads, dangerous jobs and little no career mobility” (Bonvissuto, 2024).

Financial management

In a large assisted living community the relationship between the admissions personnel, the marketing specialist, the financial officer and the administrator are key to being financially solvent and having the bed’s filled and the books balanced. In our new building, the financial relationship and lines between the Country Rest Home, the Greenwood Country Retirement and the Greenwood Life Community will need to be clear and where other companies have four people for four jobs, the administrator will need to know what jobs they can take and what they need to hire for. If medicare and medicaid are an option for our hitherto private-pay-only facility the administrator will need a solid background in those areas. Every administrator should have a good knowledge of his or her strengths and weaknesses and then seek to build a balanced team that help in those areas. For example, the tasks of community liaison, marketing, tours, admissions, trying to keep census up, hiring, team building, problem solving, negotiating personnel disputes, planning for future growth, keeping departments within their count-down budget and delegating tasks are all areas I am happy to take on—but the roles of a financial officer and bookkeeper are not ones I consider wise to spend a lot of time trying to do..

However, because planning is needed, having a financial plan for these buildings must be a priority for the administrator. This plan will hopefully be made with the assistance of the (future) board of directors, the Country Rest Home’s owner, the CRH’s administrator and GLC’s administrator. This plan will include these things: (a) Purpose, Goals, and Services. (b) Resources Needed, (c) Target Population, (d) Time Frame, (e) Business Strategies, (f) Facility Operation, and (g) Customer Wants (Yee-Melichar, 2023). Other financial considerations, though not

comprehensive, are deciding the insurance needed, monthly charges, expected payroll, number of staff, reimbursement system for Country Rest Home staff time, building and loan costs, start-up costs, ongoing supply costs and expected time until making a profit.

Environmental management

'Country' is in the name of two of our businesses; we value a down-home, relaxed feeling and we don't want our families to pay for a glamorous look. This principle will continue at Greenwood Life Community. GLC will be a lively place, with plants, fish and maybe birds or some other kind of pet. Also, being outside and being able to see outside will be prioritized—TVs will be in the sunrooms, if possible, and there will be doors, front porches, and eating areas that lead into the safe courtyard. Walking and movement will be encouraged, and there will be walking trails in the nearby woods, around the retirement homes and around the pond that will be used when the residents are deemed fit to walk with staff. Staff will be expected to be interested in PT and will be trained to always follow PTs recommendation for their residents. One suggestion from a physical therapist who works at a local nursing home was that the physical therapy area have part of a non-working car to help residents practice getting in and out of vehicles! According to Elizabeth Galik, functional decline is limited when people can be in environments that facilitate physical activity. In short, everything will be done to encourage physical activity. Good lighting and interesting destinations for residents to move to will be built in, in addition to paving walkways in the courtyard (2014).

If possible, one room will be a bariatric room, and at least half will have hooyer lifts built into the ceilings. State regulations for fire drills, codes and sprinkler systems will be followed, but if we can build without the expense of an elevator or a firewall that course will be chosen. Ideally the person doing maintenance will also be able to multitask in other roles.

Resident care management

Residents and families will know before signing admission papers what assessment level will make GLC insist that they move to a nursing home. Because a certain level of care will create an exit, the rates will not increase as care increases. Care plans will occur whenever there is a change in status and yearly. Great care will be given when designing for handicap accessibility and universal design will be preferred when there is an option. The seven principles of universal design ensure that it makes life better for all people, not just those with disabilities. Those principles are equitable use, flexibility in use, use that is intuitive, designing information so that it can be accessed by a variety of strategies, minimization of error, low effort, and finally, space that is usable and comfortable for those who sit in wheelchairs or stand. Universal design is better suited for assisted living because most older adults benefit from environmental space that is designed for people with disability and mobility issues, even if they are mobile and fit (Yee-Melichar, 2023).

Resident preferences will be observed, but high expectations for personal appearance will be set for the people assisting them—daily shaves, thorough bi-weekly showers, and clothing clean. No traditional hospital gowns will be used or industrial-looking clothing protectors. For activities, getting groups into town, going shopping and to events like church, high school games, and concerts will be the norm. For this purpose a used Dart bus or some kind of group wheelchair bus will need to be purchased. Greenwood has a cheer center, a local high school, a private Mennonite school, antique shops, a coffee shop, three restaurants, a great library, and town events such as a farmers market and Christmas parade—having the administrator get out of the building to serve in town planning, volunteering and events, and play the role of a community liaison can help with planning activities for the residents, informal marketing and even bringing in admissions. Bringing the community to assisted living will also be as regular as possible.

Cautionary Questions and Ideas

- The small-town of Greenwood is my favorite place in the world, and I am interested in

creating spaces that could both serve the community at large, serve the Country Rest Home complex, and integrate the town, community and our people, but this could get very messy and confusing. Is there a reason why most places aren't very 'porous?'

- I like the idea of a two story building that would allow for offices or music/art studios on the second floor which could be rented out. I am 41 and I have seen that so much open land in Delaware has been developed since I was young. This makes me think that building up is wise—that in another 40 years people will wish for our building to have space for other purposes on the second floor.
- I would also like a daycare building to be a part of this circle, ideally rented by an outside company, so that elders and children are in close proximity and so that our staff can use the daycare and be close to their children. What kind of child-safety issues need to be considered in having elders and children in the same courtyard—there would need to be monitoring and a fence, but are there other things, like looking into sex offender registries when accepting a resident into the home?
- The original plans had space for independent living. What I'm seeing from my family friend who is aging and even my own parent's preferences is that when people are truly independent they don't want to go to a building—they want to live in an apartment that is in the same home as a child or friend that can help them out a little. I propose that the architecture of twenty homes that we have yet to build take into account the need for housing people that are independent but require help with transportation, groceries, meals, check-ins and house cleaning. Instead of doing the life leases that has worked in the past, these homes and their independent apartment quarters, would be carefully designed by us instead of according to the buyers preferences, with universal design and

would be handicap accessible. They would have technology built in for checking in with independent residents and meal delivery could be an option. If these homes are made in duplexes or like the Amish 'dawdy' homes, there can be a job description/staff position who operates from the GLC circle who can organize these services for the nearby independent living, but now is the time to be making decisions if this kind of future will be possible for these residents.

Back to Wendell Barry

In our original plans I could not stop thinking about a small room dedicated to prayer, to contemplation/mindfulness. I pictured a beautiful stained-glass closet of a chapel, where family members grieving the aging or loss of loved ones could step away, where overworked CNAs and nurses could have a quiet moment, a place of peace. I don't know where this sacred place fits into the new vision, but I do know that as I give my life to the work of loving the elderly "one by one" we lose them. But they are wiser than we are. They sit in stillness and talk about the days when they used to bustle and work, and now they work by being still. We here at GLC stand on the edge of so much potential and growth, but I'm reminded of a verse that says "unless the Lord builds the house, they labor in vain that build it (Ps 127)." The lines from the beginning of this paper are what I think as we dream about 'Greenwood Life Community'---we will build and work and bustle, and then at the end of our lives there will come this realization-- "having lost everything and (at the cost only of its loss) found everything...[I am] ready to go. Now I am ready. (Barry)"

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