

A Case Study on Continuing Care Retirement Community in the United States

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Abstract

In the continuing care retirement community (CCRC) in the United States various residential types, customized medical service, and convenience facilities are in place. Therefore, CCRC is new assisted living facilities assuring the life of elderly people with no need to move to somewhere else. This study deducts characteristics of the CCRC by studying and analyzing the CCRC cases having many best practices. As a result, it is found that there are residential, medical, and convenience facilities in the CCRC, and dependent facilities are placed in the center of the land, and independent facilities are located in the perimeter in the independent form. Various types of planes respecting users' individualities are in place, and the CCRC is a new welfare facility type for elderly people with the facilities that can meet user needs within the complex by offering a variety of hobby facilities.

Keywords: *CCRC (Continuing Care Retirement Community), Case study, Independent living, Nursing home, Assisted living*

1. Introduction

1.1. Background and purpose

As physical functions decline as one gets older, the fact that lots of injuries and deaths of elderly people occur in the housing or streets composed of the traditional spaces built by focusing on healthy people was also revealed in the statistics of the number of deaths due to accidents within home. Therefore, the housing for the elderly has been researched and developed since the 1980s. The three major causes to the problems of elderly people have been regarded as disease, poverty, and loneliness, and thus importance is attached to treatment and economic support. In this regard, living performance added with a treatment function is introduced to hospital, facility design, and the housing for elderly people in a community. Also, such performance is systematized, and equipment development and networking of the equipment are being carried out. Various types including silver housing and care houses responding to each elderly person's living state are becoming materialized globally. [1] The developed countries are looking for a new alternative in the aging era, while attempting a variety of programs. CCRC is a new type of welfare facility for elderly people and simultaneously a type having the highest improvement possibility that can attempt various alternatives. This study aims to analyze the characteristics of spaces through case

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study of the CCRC showing many previous cases and to provide basic data of spatial plan to apply the analysis results to the Korean environment.

1.2. Scope and method

The scope of this study is the CCRC facilities in the U.S. accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF: an international non-profit accreditation body to offer better welfare services to consumers by providing accreditation for continuous quality improvement on the welfare services for elderly people, children, and adolescents).[7]As for case selection criteria, this study tried to select the facilities, of which management and operation are systematic, and that consumers highly trust. Therefore, the facilities accredited by the CARF are set up as the study scope. The study method is as follows: First, data are collected through literature review. Second, spatial characteristics are analyzed by selecting cases. Third, spatial characteristic is deduced on the basis of the analyzed data.

2. Literature review

2.1. Review of existing studies

The scope of existing literature review is deduced with the keyword, “U.S. facilities for elderly people,” and the details are shown in Table 1. Most study method is the case study on the CCRC and the concept and administrative system in the United States of the welfare facilities for elderly people are reviewed. The residential type and type service system on the common use space are identified as the conclusion of the existing studies. This study, however, aims to concretely analyze the characteristics of residential facility types, common use space classification, and composition system of residential and common use spaces, as well as characteristics of CCRC.

Table 1. Review of existing studies

Author	Purpose	Main Content
Gwak (2001) [2]	Review on the characteristics of the CCRC in the U.S.	Various living spaces can be selected, and treatment or nursing facilities, leisure facilities, and other convenience facilities are set up.
Gwon (2001) [3]	Examination on the types of the U.S. facilities for elderly people and supply characteristics	Increase in demand for nursing service for elderly people, facility specialization and diversification, facility operation by private sector and financial support from the public sector, bipolarization phenomenon of facility scale.
Park (2010) [4]	Cases of collective housing for elderly people associated with community	Classified into closed type, optional open type, CCRC facility open type, and free open type. The most type is the selective and open type.
Sheen (2010) [5]	Checklist of common use spaces of CCRC	Five common use space’s functions, considerations, details checklist, and required space components are deduced.
Cho (2013) [6]	Spatial composition of Korea’s CCRC	The location type is classified into city type and suburban type. Facility placement and cross section type is divided into segmented type and all-in-one type. Residential combination type is classified into five types.

2.2. Concept and spatial composition of the CCRC

In a CCRC, movement according to life cycle is possible within a residential complex without moving to other residential facilities due to change in health, and also various convenience facilities can be used. CCRC has a merit to solve the needs for living, medical service, and hobby within the complex unlike other facilities to help independent daily living such as ADL (activities of daily living). According to the classification of the American Institute of Architects (AIA) (1985), the facilities for elderly people can be classified into five types, and also these five types are segmented into 31 facilities. The facilities defined as the general factors of CCRC are independent living, assisted living, and nursing facilities for elderly people, protection center during the day time, and community center. [6]The services generally offered from CCRC are housing complex, nursing home, medical service, cafeteria, laundry, and cleaning service. Also, common use facilities include health club (fitness center), bank, and religious facilities, which are diverse convenience facilities. [5]

3. Case study

3.1. Overview








































The CCRC facilities accredited by CARF are 217 facilities, and they were managed by private firms, private persons, and religious organizations, respectively. The facilities managed by specific non-profit organizations received the most accreditation. This study selected four facilities suitable for literature review among the facilities accredited between 1991 and early 2000, and carried out the case study. As for case study details, this study arranged and analyzed spatial composition as a basic principle based on the details of study review on the CCRC mentioned above.













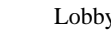
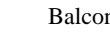
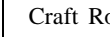
3.2. Survey analysis

The A facilities consist of a nursing center for elderly people, assisted living, independent living facilities, and a community center. Their placement is U-shape, namely, the health center, assisted living, psychological therapy facilities, and an indoor swimming pool. A meeting room is located at the top side, and independent living facilities are located at the bottom side, centered on the community center located in the center. Large scale parking facilities and offices are located at the main entrance to the complex, and small-scale parking facilities are located in the central place in the independent living area. As for living type, the independent living facilities are classified into apartments, villas, and detached houses. The residences including personal bathroom and common cafeteria are installed in the assisted living area. The personal bathroom is included in the specialized nursing facilities, and the facilities consisted of living type in which medical service is offered. The B facilities are classified into office spaces, assisted living, independent living facilities, commercial and common use facilities, and protection facilities during the day time, and the spaces are connected mutually. At the entrance, commercial and common use facilities including a café and a swimming pool are located. To the right and left, independent living, assisted living and medical facilities are placed, respectively, and thus the flow of elderly people traffic becomes minimized. The C facilities are connected with two universities, and campus services (large hall, library, cafeteria and sports facilities) and independent living facilities are placed in the center of the complex. Various lectures and programs are offered. Living facilities are all individual detached houses, and they have 20 diverse planes. They are placed in a single row

along the trail. In the center, convenience and medical facilities are located, and detached houses are divided into three parts. The D facilities are well harmonized with the natural environment such as a lake, and independent living facilities (apartments) are located at the downside of the complex, and a community center and assisted living, skilled nursing, and memory care facilities are located nearby and also detached houses are placed around them. Specifically, the facilities are divided into living, dependent, and community centers. Assisted living, nursing, and memory care facilities are placed in the dependent facilities. There are various convenience facilities in the community centers. Although detached houses have a structure of clusters, they are separated from other facilities. Dependent facilities, namely apartments, and assisted living are connected with various facilities.

Table 2. Survey analysis

Case	Master Plan	Spatial Composition						
A [8]	 : Nursing Center : Assisted Living : Independent Living : Community Center	One Bed		 Living Room	 Bed Room	 Kitchen		
		Two Bed		 Living Room	 Bed Room	 Kitchen		
								
		Nursing Center	Indoor Pool	Community center	Main Dining Room	Lobby	Community center	
B [9]	 : Administration : Nursing Center : Assisted Living : Independent Living : Community Center : Daycare Center	One Bed		 Living Room	 Bed Room	 Dining Room		
		Two Bed		 Living Room	 Bed Room	 Dining Room		
								
		Community Gargen	Indoor Pool	Community Living Room	Main Dining Room	Community Entrance	Community center	
C [10]	 : Independent Living : Clustered Cottage : Duplex	One Bed		 Living Room	 Bed Room	 Kitchen		
		Two Bed		 Living Room	 Bed Room	 Kitchen		

	Cottage : Historic Structure : Health Center : Community Center						
		Community Center	Indoor Pool	Library	Communi ty Center	Main Dining Room	Sun Deck
D [11]	 : Cottages : Apartments : Creighton Center : Community Center						
		Two bed	Kitchen	Three bed	Living Room		
							
		Health Center	Meeting Room	Lobby	Balcony	Craft Room	

4. Spatial characteristics of the CCRC through case study

The following spatial characteristics of the CCRC are deduced through case study in this study: First, the living type of CCRC is classified into independent living, assisted living, nursing facilities for elderly people, and community centers. Concerning master plan, independent living is placed in the perimeter. Dependent living, community centers, and nursing facilities including medical, and management facilities are placed in the central part. The reason is that there are many apartments, villas, and detached houses in terms of residential type in which daily living is possible, and there is small number of nursing, and employment and management facilities. Also, they are placed in the center of the complex, because the flow of human traffic is concentrated. Second, various living plane types are provided in the CCRC. The independent living facilities have the same living environment as the general living environment so that independent living becomes possible. A variety of planes respecting users' individualities are offered, and thus the scope of selection has expanded. That is, detached houses and villas are mostly one-story buildings, and the apartments are medium story buildings. In the semi-dependent living facilities (not independent living facilities) that need help in daily living such as assisted living and nursing facilities for elderly people, sanitary facilities were installed inside. However, there are some cases that common use cafeteria that can be used together with other users in terms of kitchen, and they are adjacent to management and medical facilities. Third, a fitness center, an indoor swimming pool, a library, and a meeting room are set up as the common use spaces in the CCRC, and living is also possible within the complex. According to specific facilities, there are some cases that convenience facilities in a university can be used in linkage with the university. Planned characteristics including beauty parlor, post office and bank have been demonstrated in terms of convenience facilities. Fourth, the external spaces of the CCRC include parking lot, various sports facilities (golf course and gate ball place), a pond and personal gardens.

5. Conclusion

The purpose of this study is to examine things to consider for a new model of welfare facilities planned in Korea through best practices study on foreign welfare facilities for

elderly people. Because there is almost no case of CCRC in Korea among the types of welfare facilities of the CCRC can have significance as a new type of welfare facilities for elderly people planned in the future. Therefore, this study carry out literature review on the CCRC, and case study is conducted according to the review, and then this study derives spatial characteristics. The specific details are as follows: First, concerning the master plan characteristics of CCRC, management, dependent and nursing facilities are located in the center of the complex. Independent and semi-dependent living facilities are located surrounding the central part. Second, various living and medical facilities can be used according to user status within the complex, and also the programs and spaces linked with a university. Third, there are diverse residential planes, and the independent living environment is offered. Users requiring help can use common use facilities such as cafeteria. Fourth, the cultural and sports facilities including fitness center, swimming pool, and library required for users to lead a daily life and to be taken care of are set up in the common use spaces of the CCRC. The feature that convenience facilities are located so that users' convenience can be enhanced and the exchanges in life can be conducted was deducted.

The fact that studies and attempts of CCRC are carried out in the developed countries including the U.S. has been known, unlike Korea, through the case study. However, there is a limitation to apply the case study result to Korea, due to limited number of cases, and thus this study can have significance as basic data. Therefore, a fact-finding study is to be carried out in order to analyze spaces by visiting the United States and deduct the facilities for elderly people suitable for the Korean environment in the future.

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