# Collington Episcopal Life Care Community Written by Amy Carpenter, AIA Edited by Jeffrey W. Anderzhon, FAIA





# **Project Information**

FIRST OCCUPANCY:

**EVALUATION TEAM:** 

DATE OF EVALUATION:

EVALUATION SITE:	Collington Episcopal Life Care Community
COMMUNITY TYPE:	Continuing Care Retirement Community
REGION:	Mid-Atlantic
ARCHITECT:	Perkins Eastman
OWNER:	Collington Episcopal Life Care Community
COMMUNITY TYPE:  28 Independent Living Cottages 52 Independent Living Apartments 10 Assisted Living Apartments 34 Assisted Living Apartments for Dementia 12 Nursing Care Beds	Continuing Care Retirement Community
DATA POINTS: Resident Room:	500 gsf (assisted living) 275-465 gsf (assisted living for dementia) 290 gsf (nursing care)
Total Area:	1,928 gsf/cottage
Total Area:	54,000 gsf (cottages)
Total Area:	1,345 gsf/independent living apartment
Total Area:	74,000 gsf (independent living apartments)
Total Area:	525 gsf/assisted living apartment
Total Area:	5,250 gsf (assisted living)
Total Area:	1,119 gsf/assisted living for dementia apartment
Total Area:	38,050 gsf (assisted living for dementia)
Total Area:	2,208 gsf/nursing resident
Total Area:	26,500 gsf (nursing care)
Overall Total Area:	159,500 gsf
Project Cost:	\$275.86/gsf
Total Project Cost	\$44,000,000
Investment/resident:	\$316,547
Staffing:	6.13 care hours/resident/day
Occupancy:	91% as of April 2007

August 2003

Jack Carman, FASLA, RLA, CAPS; Amy Carpenter, AIA, LEED;

Ingrid Fraley, ASID; Mitch Green, AIA, Mark Goeller, Al Holsopple

April 2007

#### Introduction

Collington Episcopal Life Care Community is a place in constant transition and that has remained committed to its residents for over twenty years. Resident wellness is Collington's main focus and, from an outsider's perspective, a sense of home and familiarity also appears as a priority.

Located in suburban Washington, D.C., the facility originally opened 1988 and has since experienced rapid growth. The community is comprised of cottages, apartments and a health care residence for those with dementia. Residents play a very active role in the decisions of the facility. There are some 35 committees that help decide everything from what the facility will look like in the future to what type of light bulb should be used throughout the campus. The active lifestyle and active participation appeals to Collington residents, most of whom are former United States Senators, Admirals, Colonels, and retired government and military personnel. The lifestyle and diverse residency attracts residents not just from the Washington, D.C. area, but from the entire East Coast.

Not without its growing pains, Collington learned the hard way what it needs to change with the times and changing population it wishes to attract. The \$40 million construction and renovation project that is the subject of this evaluation started with good dialog between residents and the design team and finished with the completion of new cottages, renovated public spaces, larger apartments, and some renovated interiors. Problems soon arose and construction was slowed. Issues having to do with soil structural bearing ability brought the project to a halt for about ten months. Occupancy rates declined and administration turnover took its toll on the facility as they lost their accreditation. Residents reported that their participation in the design process and the communications with the design team was stopped after the new administration took over. At the end of the project, the original architects were not involved and it became a "design-build" process led by the construction contractor. This "design build" process led to some questionable coordination and design decisions from a resident perspective. Additionally, due to the delays and soil issues, the construction budget was exceeded and all of the originally planned renovations could not be completed.

At the beginning of the project, Collington boasted of a 98% occupancy rate and over 100 individuals on the waiting list. At the time of the evaluation, that number decreased to a 77% occupancy level in the independent living housing and 85% in the assisted living housing. The campus has recovered some and now has 28 new and very popular cottages with garages, two additional wings on the apartment complex, a memory support unit, an expanded and centralized library, and five additional health center beds bringing the total nursing beds on campus to 84.

Collington has embarked on a new approach to marketing themselves. They proclaim themselves as the "best kept retirement secret" in the area. A part of this new approach is an on-going process of renovating and refurbishing the original cottages and apartments to make them more attractive to potential residents. However, this constant construction can be a cause of consternation for residents as it disrupts the community and can contribute to a lack of continuity. This new approach is also the cause of an internal struggle between the residents who have lived on campus for a while and who wonder why such change is needed and the new or potential residents who see the changes as being fresh and exciting.



#### Architect's Statement

The project began as Collington celebrated its tenth anniversary; however, the facility faced an uncertain future unless it repositioned itself to meet market demands.

- Older, frailer residents were arriving; couples rejected small units that did not fit their lifestyle
- The nursing center had shared rooms, medical model operations and environment, and those with dementia had no supportive place to reside.
- Successful fitness, theatre and educational programs outpaced available space, resources and technology

Over 40 special interest groups met continuously throughout the planning and design process. Community wide presentations and "fireside" chats with the architects created a unique solution for a community only ten years old, using a thoroughly democratic process.

The repositioned Collington includes large cottages with integral garages, larger garden-style apartments with diverse amenities, a new display cooking dining program, a specially designed environment for dementia residents, a renovated household model nursing center with private rooms, and expanded, upgraded and re-organized common areas.

## Designers' and Operators' Stated Objectives and Responses

Editor's note: The design objectives and responses were paraphrased from a narrative written by the Architects.

Objective: Create larger units to meet market demand of active couples

Design Intent: A variety of cottages and garden-style apartments offer a choice of living style. Twenty-eight new cottages, each with a patio, are clustered in eleven separate neighborhoods around and above the lake. The two and three bedroom cottages offer larger living spaces, garages, covered walkways leading to the health center and a variety of floor plans. The apartment building additions add fifty-two new units with a variety of floor plans and larger resident rooms. All corridors of the existing apartment building were renovated.

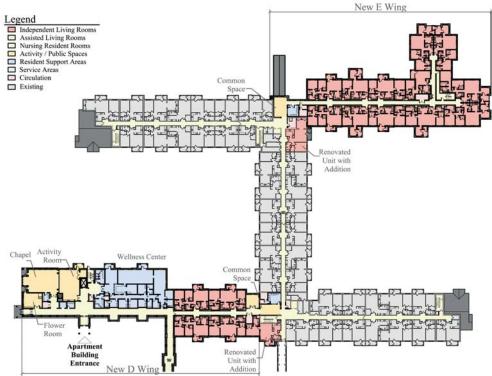
Objective: Provide increased choice in living style, dining, wellness and other services

Design Intent: The critical piece for repositioning Collington was a dramatic renovation to the Community Center. Renovations to the existing 5000-volume library and auditorium, and the addition of formal, informal and private dining areas with display cooking and bar service provide residents with social opportunities and dining choice and variety. Other amenities include a wellness center, country kitchens, game rooms, meeting spaces, gardening opportunities and extensive walking paths throughout the community.

Objective: Create a special environment for dementia residents

Design intent: The design includes a 36-bed facility for persons with dementia. The Arbor offers residents a great room, library, country kitchens, living room and safe, secure wandering garden with elevated planters for gardening activities. The dementia program area is now physically and socially integrated into the Collington community creating a supportive and secure environment.

Level 1 Apartments and Social Spaces



Field Observations: Meeting the Objectives

Objective: Create larger units to meet market demand of active couples

Field Observations: The 28 new cottages are very popular. They were located to take the best advantage of natural views and clustered to create a village-like ambiance. When interviewed by the evaluation team, residents cited the attached garage and the storage space as the main reason why they chose their cottage. Collington also allowed a good deal of flexibility with design options so the first residents were able to customize their homes to their individual tastes and lifestyles. Many expanded the cottages with additional storage space, vaulted ceilings, sunrooms or patios. Collington is actively targeting younger retirees to help boost the financial stability of this continuing care retirement community.

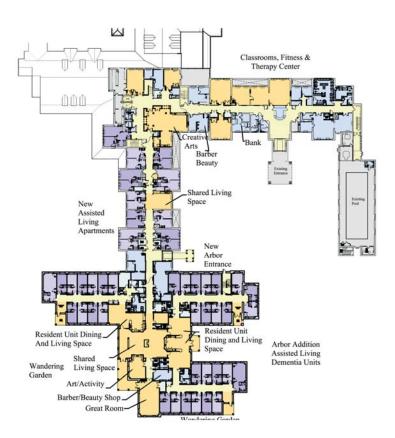
The independent living apartments are popular with residents who may have a spouse who resides in The Arbor, or another area of the health center, as the apartment building is directly connected to the health center. The new and renovated apartments are spacious and well appointed. Bathrooms have shower stalls and ceramic tile floors and the bathroom vanities have ample storage. Each apartment has a patio or small deck that is accessed through a sliding glass door. Unfortunately, due to financial restrictions, not all areas and units in the existing apartment buildings were renovated. However, Collington is pursuing plans to upgrade all apartments as one resident leaves and before another moves in.

Objective: Provide increased choice in living style, dining, wellness and other services

Field Observations: The new dining venue was conceptually well designed but it has more the feel of a commercially located food court than of an intimate dining room. Efforts were made to divide up the large space into more intimate and comfortable areas. The use of skylights and dormer windows brings in a good deal of natural lighting and helps make the area light and appealing. However, rooftop ductwork is visible through some of the dormers and is quite distracting from the enjoyment of a meal.

## Floor plan of the health center





The display kitchen is a nice feature, but it is a bit far removed from the main kitchen and creates a high traffic area as food is brought to the display cooking area. The quality of the food quality comes into question as supplies, workers and rubbish travel back and forth from the display kitchen through one of the dining room seating areas. When interviewed by the evaluation team, the kitchen staff felt that there was not enough food preparation and cooking space at the display kitchen island thus limiting what they can do.

There are acoustic issues in this area of the building as well. The ventilation systems are loud and the staff often shouts over this noise simply to be heard. The ceramic tile floor around the buffet is good for cleanliness but the constant cart traffic being wheeled over it generates a lot of noise. Over 450 meals are served daily in this one dining venue. Collington hopes to add another dining option for residents in the near future and believes this will alleviate some of the issues that have arisen within this project.

The newly expanded and centralized library features an area that showcases books written by residents. The library has also recently added computers for both staff and resident use. This is a very comfortable place that is easy for all to use.

Objective: Create a special environment for dementia residents

Field Observations: The Arbor is the newly built memory support unit with 36 beds designed as three households of twelve residents in each household. Each household has a theme that is displayed within the name of the household, imagery on the signage and artwork within the household. A great room is located where the households come together and has been designed with comfortable seating, a fireplace and a very realistic looking stuffed, sleeping sheepdog. This all combines to give a welcoming and cozy residential feeling.

The units in The Arbor accommodate residents well by having resident beds which are easily adjustable for resident ease of access. The resident rooms have wide windowsills for display of personal belongings, built-in window seats and storage. Each resident room has a private bathroom that includes a shower and sliding doors at the bathroom entrance. Adjacent to the entry of each resident room is a shadow box and a name plate that is magnetic and can be adjusted based on the height and posture of the resident that lives there. The shadow boxes are well used and most display pictures of the residents and their families. During interviews with the evaluation team, staff reported that the memory boxes worked quite well for the residents and that they serve to help residents find their individual rooms.



Although each household has a kitchen which was designed for resident meals preparation, these kitchens were not being utilized for that purpose, largely due to the lack of communication to staff regarding the purpose and function of the space. The kitchens are unfortunately being used as staff workstations and storage areas for a variety of staff and resident supplies. Food for the Arbor residents is delivered in hot carts originating from the central kitchen, and then transferred to a mobile steam table cart from which the resident meal is then plated.

# Field Observations: Themes and Hypothesis

#### Creating Community

Security is taken very seriously at Collington. A visitor's first impression is that the campus resembles a fortress. Substantial security guard booths straddle the entrance road and two separate checkpoints must be navigated while arriving by automobile before one finally enters the campus. Upon entering the main building the visitor is immediately confronted by a massive security desk and must first speak with the security officer and then sign in as a visitor. Marked security cars regularly patrol the entire campus. These measures certainly provide a sense of safety and security, but do not contribute to a warm and welcoming feeling. Signage that may direct the visitor to the appropriate campus location is lacking and even signage indicating that you have arrived at Collington is non-existent.

Adjacent to the Collington campus is an 80 unit age-restricted condominium community. This community shares the Collington entry drive and each community allows residents from the other to share community and amenity spaces. The prevalent campus security deters those from the greater community from interacting with the residents aside from this common bond with the adjacent condominiums.

Making up for the lack of outside community interaction is the very strong sense of community within Collington itself. Activities on campus, both structured and unstructured, are not in short supply. Residents can walk the newly renovated trails that circle the campus, take advantage of the gardens by growing whatever they wish to plant, participate in Tai Chi, yoga, pilates, massage therapy and acupuncture in the fitness center, play board games, practice

woodworking skills in the shop area, watch television on the big screens in the community areas, use the library and participate in monthly cocktail social hours. Residents are encouraged to join one of the many committees and share their personal or favorite artwork and furnishings by allowing them to be displayed in the hallways. Another unique display area is a rotating gallery of photos of residents with famous people with whom they've interacted, such as past U.S. presidents, leaders of other countries or celebrities from the non-political world. This photographic display areas serves as a conversation starter and helps residents get to know each other better.

#### Making a Home

In the community building and independent living apartments, there is a very residential feel and a sense of home. Many residents have donated fine pieces of furniture and artwork from their former homes for use and decoration in these common spaces. There is even a resident committee that determines what can be displayed and where within the building is appropriate to showcase it. Unfortunately this decorating committee does not extend their work into the health center areas and as a result a stark contrast between the two areas is evident. Many of the assisted living and nursing corridors with almost no artwork at all are bland in comparison to the rest of the campus.

Along the community building corridors there are numerous places to sit and rest, or little nooks with tables for playing games or putting together a jig-saw puzzle. These spaces help create opportunities for spontaneous interaction among residents. In addition, as Collington has many talented residents and a strong arts program, there are ample areas for display of resident artwork along the corridors.

#### Regional and Cultural Design

The design team did a commendable job of weaving the new additions into the fabric of the existing campus. They were even able to get the same brick color for a seamless match. The new cottages are evocative of the "Tidewater" regional vernacular and create a village setting. The use of wide trim, shake shingles, porches and colonnades helps to bring a very residential feeling to the campus.



Memory support resident rooms have wide window sills for display of personal belongings



Lighting in the corridors of the health center is primarily provided by recessed incandescent "can" lights. While this provides a more residential ambiance than fluorescent fixtures, these lights do not provide adequate or appropriate lighting for the elderly residents. The corridors were quite dark and fell well below currently acceptable standards for use in a facility for the elderly. The resident units were also quite dark and lacked overhead fixtures. Residents must rely on table lamps for illumination.

Environmental Therapy

One of the interesting features in the corridors of The Arbor was the hanging on the wall of interactive and tactile artwork just above the chair rail. These sorts of "children's toys" are very good for developing and retaining fine motor skills and help

the residents maintain mental and physical agility. Unfortunately, the evaluation team did not observe any residents interacting with these pieces of artwork although staff reported that they are indeed utilized by residents.

#### Outdoor Environment

Collington is fortunate to be situated on 125 acres of land with both a small pond and a lake on its property. In addition, to the East of the campus there is natural parkland owned by the State of Maryland and maintained in a natural state. The campus has extensive walking trails that are paved making them highly accessible even for those using wheelchairs and electrically powered scooters. Solar powered sensors along the trails tie into the emergency call system throughout the campus and allow residents to summon help from even the most remote corner of campus. Tennis courts, a greenhouse and extensive gardens, and boating on the lake are other amenities provided by Collington in the exterior environment.



While the main grounds of the campus are beautiful and varied, containing a wide variety of amenities for active residents, the same cannot be said for the outdoor spaces that the nursing and dementia residents have access to. The nursing wings are located on the second floor of the health center with no specific an outdoor patio or deck space provided for them. There is, however, access for these residents to a patio that is through a lounge at the end of one hallway. This patio is not visible from the corridor, nor is there any signage to direct people to it. At the time of the evaluation visit, the patio had just been resurfaced so there was neither furniture nor residents on it. Staff did indicate during interviews with the evaluation team that the space was not well used. We would like to see planters used to define the space better, provide shade and seating areas and really make this a destination.

The three Assisted Living and dementia gardens are adequate in size and have doors leading to the garden from either the kitchen or recreation room spaces. Access to the gardens, though, is restricted with doors being kept locked, having departure alarms on the doors, and, when the evaluation team toured the building, being blocked with furniture or carts. Staff reported that they only take residents outside for special events. Once outside, the gardens are not well planted and lack visual interest. While they have a well defined walking path, there is nothing to entice a resident to want to go into this garden area.

#### Quality of Workplace and Physical Plant

The staff at Collington is very warm and approaches their work with a hands-on attitude. Part of the each staff member's job description is a program which requires that they must spend 15 minutes each day face to face with a resident. This program helps build relationships and puts residents at ease with staff. It is a wonderful idea and appears to be working well.

According to nursing management, the nursing center is being used as the design and plan was intended. They are working hard to transition from the medical model of care provision to a hospitality model. However, staff has complained that within the new construction, the supplies needed to carry out their daily tasks are not conveniently located. This was a particular problem for the housekeeping staff. There were strong odors in the skilled nursing areas, and it is possible that the lack of decentralized supplies makes these offensive odors harder to control. In addition, though the long halls were acceptable to management, the staff complained about this design and saw no potential for improving it in the future. In the interviews with the evaluation team, staff stated that the long halls necessitated lengthy walks and contributed to being tired at the end of the day.

Upon entry to the building there is a massive security desk greeting the visitor



The household kitchens are being used as staff workstations rather than resident kitchens



There is a residential feel to the community building with some furniture donated by residents



## General Project Information

Project Address:

Collington Episcopal Life Care Community 10450 Lottsford Rd. Mitchellville, Maryland 20721

Project Design Team:

Architect:
Interior designer:
Landscape architect:
Structural engineer:
Mechanical engineer:
Electrical engineer:
Civil engineer:
Contractor:

Perkins Eastman
Perkins Eastman
Mahan Rykiel Associates Inc.
Atlantic Engineering Services
Elwood S. Tower Corporation
Elwood S. Tower Corporation
Greenhorne & O'Mara, Inc.
Harkins Builders

Project Status: Completion date: August 2003

Project Areas:

Overall Project:

Project Element					
	Units, Beds, or Clients	New GSF	Renovated GSF	Total Gross Area	Total on Site or Served by Project
Apartments (units)	52	74,000	24,000	98,000	168
Cottages/villas (units)	28	54,000		54,000	208
Senior Living/assisted living/personal care (units)	10		7,000	7,000	10
Special care for persons with dementia	34	28,000		28,000	34
Skilled nursing care (beds)	12		18,500	18,500	59
Common social areas (people)	600				600
Kitchen (daily meals served)	900				900
Elder day care (clients)	8		1,000	1,000	8
Retail space (shops/restaurants, etc)	1		650	650	1
Fitness/rehab/wellness (daily visits)	48	3,500	3,200	6,700	48
Pool(s) and related areas (users)	36			5,120	36

## Residential Facilities:

Project Element	Cottages				Cottages				Apartm	ents
	No	<b>Typical</b>	Size Range	No.	Typical	Size Range				
		Size	(GSF)		Size	(GSF)				
		(GSF)			(GSF)					
One bedroom units				10	900	810-940				
Two bedroom units				19	1,100	1,050-1,150				
Two bedroom with den units	17	1,800	1,700-1,870	13	1,300	1,230-1,340				
Three bedroom and larger units	11	2,135	2,120-2,150	0	0	0				
Total (all units)	28	54,000		52	98,000	GSF				
Residents' social areas (lounges, dining and spaces)					15,000	GSF				
Medical, healthcare, therapies and activities spaces					6,700	GSF				
Administrative, public and ancillary support services					8,100	GSF				
Service, maintenance, and mechanical areas					8,000	GSF				
Total gross area					189,000	GSF				
Total net usable area (per space program)					119,700	NSF				
Overall gross/net factor (ratio of gross area/net useable area)					1.58					

# Assisted Living Facilities:

Project Element	New	Construction	Renovations		
	No. Typ Units		No. Units	Typical	Size
One bedroom units		GSF	10	500	GSF
Total (all units)		GSF	10	5,250	GSF

## Dementia-Specific Assisted Living:

Project Element	New Construction		
	No. Units	Typical	Size
Shared Units	2	465	GSF
Single Occupancy Units	32	275	GSF
Total (all units)	34	28,000	GSF
Residents' social areas (lounges, dining & recreation spaces)		6,000	GSF
Medical, healthcare, therapies and activities spaces		1,500	GSF
Administrative, public and ancillary support services		1,600	GSF
Service, maintenance, and mechanical areas		950	GSF
Total gross area		38,050	GSF

## Skilled Nursing Facilities:

Project Element		New Construction			Renovations		
		No.	Typical Room		No.	Typical 1	Room
		Beds	Size		Beds	Size	
Residents in one-bed/single roo	ms	12	290	GSF	39	300	GSF
Residents in two-bed/double ro	oms			GSF	8	400	GSF
No. of residents Rooms: 54	Beds: 59	12	3,500	GSF	47	15,000	GSF
Social areas (lounges, dining, a	nd recreation	spaces)				5,200	GSF
Medical, healthcare, therapies,	and activities	spaces				800	GSF
Administrative, public and anci	llary support	services				2,000	GSF
Total gross area						26,500	GSF

## Other Facilities:

Project Element	<b>New Construction</b>			Renovations		
	No.	Size		No.	Size	e
Dining Rooms	3	2,800	GSF	5	5,400	GSF
Auditorium			GSF	1	3,500	GSF
Library			GSF	1	2,000	GSF
Clocktower Commons			GSF	1	1,800	GSF
Wellness Center	1	3,500	GSF			GSF
Interfaith Chapel	1	1,300	GSF			GSF
Classrooms	2	975	GSF			GSF
Physical Therapy			GSF	6	3,200	GSF
Barber/Beauty Shop			GSF	1	500	GSF
Creative Arts			GSF	1	1,400	GSF
Flower Room	1	450	GSF			GSF
Social Areas (Lounges, Dining & Recreation Spaces):					15,000	GSF
Administrative, Public & Ancillary Support Services:					8,100	GSF
Service, Maintenance & Mechanical Areas:					8,000	GSF
Total Gross Area:					93,700	GSF

#### Site and Parking

Site Location: Suburban

Site Size:

Acres: 20

Square feet: 871,200

Parking:

Editor's note: This project was an addition and renovation to an existing continuing care retirement campus which had substantial surface parking. Thus no additional parking was either required or included in this project.

Construction Costs

Source of Cost Data: Final construction cost as of August 2003

Soft Costs: Editor's note: This project was an addition and renovation to an existing continuing care retirement campus. Thus there was no land or land improvement costs included in the data provided for the evaluation. There were also no soft costs included in the data provided for the evaluation.

#### **Building Costs:**

New construction except FF&E, special finishes, floor and window coverings, HVAC and electrical \$32,000,000 Renovations except FF&E, special finishes, floor and window coverings, HVAC and electrical \$10,000,000 FF&E, and small wares N/A Included in above Floor coverings Window coverings Included in above HVAC Included in above Included in above Electrical Included in above Medical equipment costs and FFE and window coverings Total building costs \$42,000,000

Site Costs: \$2,000,000

Total Project Costs: \$44,000,000

Financing Sources: Non-taxable bond offering through Maryland Health and Education Finance Authority