THE **NEWSDAY INTERVIEW** WITH **LLOYD J. LANDOW**

Humanize the Building of Nursing Homes

Newsday / Alan Raia

ELDERS' ARCHITECT

Lloyd J. Landow is president of Landow and Landow, a Lake Success architectural firm that specializes in designing health-care facilities. He was interviewed by Newsday staff writer Denise Flaim.

Q: Give us a snapshot of the person who is living in the nursing homes you design on Long Island.

A: In today's world, the people who populate nursing homes are much more elderly and frail than they ever were before. I would guess that the average age in a typical nursing home is 87 or 88. And in many of the institutions we have worked with, 95 percent of the people are in wheelchairs, as opposed to maybe 20 percent 20 years ago.

Q: Is there such a thing as a "typical" nursing home?

A: It's difficult to be precise about that because sometimes there's a marked difference between a voluntary home and a proprietary one. A voluntary home is generally run by a religious or fraternal organization, and is not for profit. They do a great deal of fundraising and have volunteers, and the level of care is really superior. The proprietary is a for-profit home whose [owners'] objective is to make as much money as they possibly can. And, for that reason, you tend not to get the same degree of concern for the quality of life of the residents. For example, the social services department at a proprietary nursing home may have one or two offices. In a voluntary nursing home, you're probably going to have a social worker for every 80 beds, plus a social services office with a number of people in it.

Q: What should people be looking for when they choose a nursing home?

A: I hate to say it, but selecting a nursing home is like buying a cemetery plot. People walk into the administrator's office, do their paperwork, take a quick look at the people and say, "Oh, my God, that's going to happen to me someday." And they run out. The way to select a nursing home is to spend half a day there. The first thing is to see how involved the administration is in the nursing care. I would look very strongly at the physical facility to make sure it's bright and cheery and well maintained. And then I would look very hard at the people who are the direct care-givers to see whether they're truly concerned.

Q: So, a gleaming new building isn't a prerequisite?

A: If I had my choice between a beautiful piece of architecture with a lousy basic philosophy of care, I would rather use the inferior architectural model with the caring people.

Q: The majority of your design work today is for voluntary homes. Was that always the case?

A: When I started in this business in the late 1960s, we were working for the proprietaries exclusively, but it was a different breed of owner: A nurse working at a hospital and her husband who was relatively handy would buy an old house, make some alterations to it, and then they would file and have a nursing home. Then, the state passed the Metcalf-McCloskey Law, which said from now on you can't run a nursing home in a building that's not fireproof, that doesn't have an eight-foot-wide corridor or that wasn't built for either hospital or nursing-home use. It drove those folks out of the business, and those who took over were developers who saw nursing-home operations as a business, not with the idea "Let's extend our family and care for people."

Q: Your mother has lived in a nursing home for the last 12 years. How has that affected your design philosophy?

A: For a while she was in a facility in the Bronx, and she became my laboratory in a very real sense. I remember once getting into a debate with one of my clients when we were doing the artwork for their nursing home, and he told me, "Please don't do any abstract art — give me very real art." In my mother's facility, they had a tremendous art collection, and I would walk along and ask her questions. And I found he was absolutely right: She couldn't put the abstract art together, but with the real stuff she saw a horse and knew what it was, and it made her happy rather than frustrated.

Q: Your mother now resides at the Gurwin Jewish Geriatric Center in Commack, which you designed a decade ago and are currently expanding. What are you doing differently?

A: We used to provide lounges and recreation spaces, but we found that no matter where we put them, the people still wanted to gather around the nurses' stations, so that's where we put them. It makes the people feel they're part of what's going on, and it enhances the opportunity for the staff to observe them and make sure they're OK. It becomes like a living room for the facility.

Q: What about changes in residents' rooms?

A: In a typical hospital room, you have two beds on [the same] wall, and there will be a window bed, with a curtain between the two beds. The person who's in the bed near the labatory no longer has any

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In Choosing a Nursing Home, Find Caring People

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light — we joke and say one resident owns the window and the other moves into the lounge all day. Today's biaxial room has beds on opposite walls, toe to toe, so each one gets a window, each one gets an air-conditioning and heating unit under the window. It virtually creates two private rooms sharing a lavatory as opposed to a double room.

Q: What design elements address "wayfinding," or helping residents navigate the building?

A: A lot of the folks suffer from some level of dementia, and they really need a lot more cueing. For example, people with Alzheimer's like to wander in a circle. If you stop them from doing that, they act out and become really disoriented. And they love to cheat: If they had the opportunity to take a little bit of a detour, that's where they're going. So you plan the detours to allow them to do these things. To cue people where their rooms are when they can't read anymore, I have to take an object or a picture that they can still see or know the shape of and put it in some relationship to their rooms. So they know that after they get past that round thing on the wall, the next door is theirs.

Q: How have state codes changed in the last decade?

A: As the population has become more aged and frail, the state codes have changed to respond to that. So where before you were limited in the size of the room, now the state is saying you're limited only by the economics of the total design, but we want you to provide enough room for people in wheelchairs to turn around by themselves. They say, hey, you can't put dining and recreation in the same place because somebody who doesn't opt to eat right now and wants to watch television shouldn't disturb the people who are eating. It's really humanized the entire process.

Q: What do you think about one design element that screams "institution" — gleaming tile floors?

A: Most of the folks in nursing homes have cataracts. If you highly polish the floor, the reflection destroys any sight that's left for the resident. So how do you devise floor textures that look clean without going to the high polish? We just finished a 360-bed facility in Brooklyn, and we carpeted the entire nursing area, which hadn't been done before. We were able to get absolute guarantees that we any stain or odor could be removed. The difference has been absolutely phenomenal. It's quieter, it's much more homelike.

Q: Have you applied what you've learned in nursing homes to other design areas?

A: In the last 12 years, we've done more than 250 financial-institution projects.We found that even though ATMs were provided, you still needed tellers if you wanted to attract this age group in a retirement environment. You give them a coffee area and a place to sit down and meet with their friends, and the bank becomes a social environment.