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Making Your Building More Subacute

Driving Forces



As a Senior Care Professional, you have probably been spending a good part of your time in recent years dealing with wave after wave of changes in the Managed Long Term Care Environment. (MLTC). You have no doubt become expert in negotiating contracts with ACOs and in fighting the “Battle of the Bundle”. Your focus has been on getting your organization motivated and trained to handle heavier care, subacute residents. So you and your organization are ready.... Is your Building Ready?

Yes Your Building! A heavier case mix requires more “Care Area”, (more square footage per resident) than a baseline geriatric census. Depending on your ACO contracts and/or care plans, your building’s infrastructure and systems may also need to be modified to support subacute care.

Regulatory changes and market forces which parallel MLTC are also impacting your building and its bones. I will discuss these impacts across the full breadth of a typical Long Term Care Center Building (LTC) starting where the first impression of your organization is formed... at the curb.

At the Curb

Upgrading your building’s curb appeal is not mandatory and your ACOs in most cases could care less what your building looks like. You most likely are not going to get “better rates” if you dress up your building’s facade. So why do it? My clients who upgrade their facades and public spaces do it essentially for one reason: Branding. Although the MLTCs/ACOs are dictating when a resident with a “hip” or “knee” is eligible for a subacute stay, your residents and their families still have a choice, and you want them to choose your organization. One of our more typical “curb appeal” upgrades is a lobby renovation which also includes a nicely appointed family room as an extension of the admissions suite. Fireplaces, wet-bars, flat screens and comfort seating are typical amenities in this family lounge.

A façade upgrade is a big commitment, but can go a long way in improving your customer’s perception of your organization and its brand. The most common approach to spruce up your building’s exterior is to “re-skin” it by applying an Exterior Insulation and Finish System (EIFS). EIFS is essentially synthetic stucco applied over a rigid foam insulation board and a plastic mesh. EIFS comes in an almost infinite number of colors and can be sculpted into many forms and shapes, giving your architect the design flexibility to preset any number of motifs for you to consider.

A good balance of budget and aesthetics is to upgrade just the main entrance facade of your building. This gives you curb appeal where it counts the most. We strongly recommend that our clients replace their windows in conjunction with an EIFS upgrade as this allows for water proofing materials to be wrapped behind the window for a better installation.





In the Gym

Your Rehab suite is the engine of your subacute program. Rehab residents want to feel that they are working-out in a health club instead of being treated in a nursing facility. In some cases, we are more than doubling the size of Rehab areas with a focus towards providing Activities of Daily Living (ADL) suites that have the look and feel of a one-bedroom apartment. Exercise areas are ample, open spaces with natural light that allow flexible treatment layouts with larger equipment and systems such as driving simulators and Zero-G™. In some instances, owners “go to the next level” by installing a therapy pool which almost always requires a physical addition to the building to house the pool, changing/toilet areas and sophisticated dehumidification/ventilation equipment.



Extending the therapy program to the outdoors is also a popular upgrade. In this case a driving simulator can be replaced with an actual car. Outdoor ADL elements include; ramps, curb, stairs, crosswalks, multiple walking surfaces, a therapy garden and even a putting green.

On the Unit

Subacute impacts on resident units are driven by a combination of MLTC, regulatory requirements and market forces



The vast majority of existing Long Term Care Facilities (LTCs) predate the Americans with Disabilities ACT (ADA). As a result, most LTCs are not very “wheelchair friendly”. Given the influx of short-term rehab residents with mobility issues, accessibility upgrades are a practical matter as well as an ADA issue.

Widening doorways and lowering nurse/reception station counter heights are readily achievable ADA modifications. Enlarging toilets and tub rooms however, are more costly upgrades which are also logistically more difficult to achieve.

Many LTCs get more “bang for their buck” by linking resident room ADA upgrades with a bariatric program. In these cases, we are also adding overhead lifts to better facilitate bed and toilet transfers.



A growing short-term rehab program also triggers the need to upgrade staff areas on resident units to handle the larger volume of admissions and discharges. We frequently are called upon to replan clinical core spaces more efficiently, taking advantage of code permitted functional overlaps to create more charting and office space.

From a market perspective, short-term rehab residents prefer private rooms, and a dedicated gym that is not part of the LTC geriatric program. WIFI, flat screen televisions, tablets and in-room telephones are expected amenities.



Tub rooms are being transformed into spa rooms with glass tile accents, teak benches and aroma therapy. Rehab residents also want a variety of amenity spaces such as libraries, game rooms and internet cafés.

Depending on your case mix, your LTC may also be caring for respiratory residents. Operationally, it may be clinically necessary to install piped medical gases (oxygen, suction, air). Committing to a medical gas system most likely will trigger some level of upgrade to your emergency power system as critical care power must be on a dedicated branch of the “emergency tree”. Added emergency power demand may also trigger an upgrade to your emergency generator.

Architecturally, respiratory units require more private rooms for infection control and most often require tub room alterations to allow for the installation of recumbent tubs.

Getting your building “subacute ready” requires a thoughtful linkage of your case mix and care plans with the intended renovations to insure maximum effectiveness. Working with an experienced senior care architect who can also recommend quality contractors is a key to a successful renovation.

