CHAPTER 5. RESIDENTS’ PERCEPTIONS OF ASSISTED LIVING FACILITY AS A “HOME”

In this chapter, the difference between “homelike” environment and “home” is described through examining previous research and interviews with the administrators and the residents of assisted living facilities (ALFs). In turn, how the residents think of their current dwelling as a “home” and what attributes influence the residents’ perception of ALFs as a “home” are identified.

Meaning of Home

Our mission is to provide quality residential and clinical services to our residents and community through the provision of appropriately licensed housing accommodations, recreational activities, assistance in daily living, rehabilitative services, and extended term nursing care. Central to this mission is the commitment to support our community by providing care and services to individuals of varying financial means. (Document: Mission Statement and Philosophy, Walnut Hill)

Homelike

The concept of “homelike” contains the provision of the home experience. Residents of “homelike” facilities are encouraged to be involved in the group they live with in the community. The “homelike” setting is warm and cheerful. As Pastalan and his colleagues (1993) said, “homelike” is an ideal philosophy of care that explicitly aims to recreate a sense of “home” in a public place. It is a complex relationship of person and place in which all the various activities of daily life are undertaken as people not patients.
Thus, “homelike” is a word that combines both the ideal and the reality of residing in a communal setting such as assisted living (Rapoport, 1995). Ideally, the “homelike” setting will be like a home in that it will be comfortable, cozy, and familiar. At the same time, the term “homelike” acknowledges that assisted living is not the residents’ true home. It may contain characteristics that make it similar to “home,” but it will not truly be a “home” for many reasons such as lack of connection, lack of history, and lack of an active role (Schwarz, 1999).

Creators of ALFs strive to establish a “homelike” environment for residents. Residents compare assisted living to their own homes and they agree that assisted living is “homelike” (Kontos, 1998). The architecture and interior design of assisted living do make the environment less institutional. In fact, most of ALFs have indeed succeeded in creating a more residential environment for their older residents. Searching for transferable attributes that symbolize the “home” environment has been the major issue of the design and research about ALFs. Designers and researchers of environment-behavior studies promote the concept of “homelike,” in spite of the ambiguous nature of the concept of “home” (Rapoport, 1995; Gurney & Means, 1993). Unlike traditional institutions like nursing homes, the “homelike” environment can encourage independence and stimulate continuing growth on the part of the resident. The preference among residents’ families is for residential care settings that maximize residents’ autonomy and dignity. Providers also try to change existing settings to reflect a more “homelike” atmosphere for marketing purposes. Consequently, many facilities assert that they provide care in residential settings (Brent, 1999). However, there is no agreement on what constitutes a residential or “homelike” setting.
To the question of attributes that make a “homelike” environment, administrators emphasized the importance of physical features and diverse services and activities to provide a “homelike” atmosphere to their residents:

Our philosophy is to have happy residents…[and] Our residents are happy. We provide the space and they provide all their own furniture and everything they own. So they can have it as homelike as they want to. (administrator of Pine Ridge)

We will never be able to substitute for their family but we’re here to provide them [residents] with safety, security, and comfort and to provide as homelike atmosphere as possible. We try to do that by serving meals and to encourage a more social setting as opposed to being isolated in a nursing home…We’re trying to make it create a homelike atmosphere with these many diversions and activities that they might enjoy so they don’t feel like they become stagnant. (administrator of Maple Terrace)

With emphasis on physical features, services, and activities, the administrators also indicated that staff attitude and close social relationships between residents and staff were major factors in making a “homelike” environment. They said that they train their employees to treat each resident as if they were their own family members. They seemed to try to better meet residents’ needs by focusing on some of their backgrounds.
Home

When I asked the residents “Where is your home?” almost half of them responded “Right here.” However, the others mentioned their former homes to the same question. Do the people who think their current dwelling is their home really perceive it as their real home? Then, what factors are influencing these perceptions? (Journal, June 25, 2001)

The concept of “home” contains multidimensional meaning. Much of the research dealing with concept of “home” suggests that the need for a “home” is a fundamental human imperative, providing a locus of order and control in a world of chaos (Rowles, 1987). “Home” includes a sense of identity, security, and belonging. The phenomenon of “home” consists of a tangible relationship between people and the places in which they dwell. Hayward (1975) identified the common dimensions of “home” as “physical structure,” “as territory,” “as locus in space,” “as self and self-identity” and “as a social and cultural unit.” This analysis suggests that affective qualities and human relations are as significant as physical dimensions.

In this study, respondents of assisted living expressed their meaning of “home” based on their personal experiences. When I asked the residents “What does home mean to you?” some of them mentioned love, fellowship, privilege, children, independence, stability, and security as a shelter:

It means love, happiness, righteousness and honesty. (79 year-old female, Walnut Hill)
Home means love. It means fellowship...Home is joy, sharing, helping each other. Doing what you can for people. (70 year-old female, Walnut Hill)

It means stability. It means that my needs will be met. (75 year-old female, Pine Ridge)

It means that I don’t have to feel dependent on my children and my family… It means security. (77 year-old female, Locust Lane)

As presented in the above statements by the residents, the concept of “home” referred to an experiential phenomenon rather than just to the physical entity such as house or building. Only one resident mentioned the physical setting in the meaning of “home.” However, this statement also implies the social relations with family and friends within the place:

[Home means] A place to provide a shelter and food and a comfortable place to sleep. And a place to entertain family and my friends. (88 year-old female, Pine Ridge)

Frank (1999) stated that “home” has a psychological and metaphysical significance over and above being a shelter in which to conduct everyday life. “Home” is a set of rituals, personal memories, and routines of everyday life that need their temporal stability and continuum to develop. The passage of time appears to be central in the process of developing attachment to a place, and consequently the “home” is a gradual product of the dweller’s adaptation to the world. Thus, a “home” in its essence includes
both the physical properties of house and the psychological territories of identity, memory, habits, and culturally conditioned reactions and values:

It means a place where I can have lots of memories, lots of fellowship with my neighbors and the church, teachers, schoolteachers and treasures.
(82 year-old female, Ash Meadow)

Current Dwelling as a “Home”

We are very pleased you have selected Pine Ridge as your new home. Our primary goal is to provide a supportive atmosphere of comfort, security, convenience, and friendship while allowing our residents to maintain their independence and privacy. We feel in this setting, our residents can enjoy their retirement years and their contemporaries without the everyday worries of maintaining their own home.
(Document: Resident Handbook, Pine Ridge)

The safer the environment, the more likely residents can move about by themselves and make independent choices like “at home” (Hansson & Carpenter, 1994). In Frank’s (1999) study, most residents of assisted living said that their current dwelling was not their “home” due to feelings of loss, lack of social role, and lack of social life and friendship. Past life experiences also inform the way they view their current residence.

In this study, many residents responded that they thought of their current dwelling as their “home.” To the question of “Where is your home?” over half of the respondents referred to their current dwelling. However, several mentioned their former home to the same question. In other words, they did not think of their current dwelling as their real “home” but just an alternative housing or temporary “homelike” environment.
Residents’ perception of ALFs as a “home” were influenced by several categories such as safety and security, services and care, autonomy/privacy, independence, social life/friendship, family support, daily routine, personal belongings, and physical environment, and rules and regulations.

Safety and Security

This intelligent 88 year-old lady, a former schoolteacher, has just moved in here three months ago. According to her, her three children live nearby and visit her almost everyday and she feels safer and securer than did living alone. She also says it is much more enjoyable than living alone because she has many friends in here. Considering the deteriorating health condition, safety and security may be the most important issue for most elderly people. (Fieldnotes, June 1, 2001, Ash Meadow)

Some residents said that they think of their current dwelling as their “home” because of the safety and security provided by the facility. When I asked them “What makes you feel at home?” some people responded:

Security. I know I’m taken care of…my every need is met really and truly. And we are close to the police station, the fire station, the rescue squad. To me, it’s an ideal situation. (88 year-old female, Ash Meadow)

I feel very safe and secure here. (80 year-old female, Locust Lane)

I can say this home is security. I have a place to stay, a roof over my head and food to eat. What more could I want? I like to be friendly, especially to the residents. I like to be different. (70 year-old female, Locust Lane)
As seen in the above, psychological and physical comfort was revealed as a major attribute that makes residents feel “at home.”

**Services and Care**

Convenience and comfort of services and care were considered another attribute shaping the residents’ perceptions of the assisted living as a “home.” To the question of positive aspects of living in assisted living that make residents feel “at home,” some people talked about services and care provided by the staff and the facility:

Their [staff’s] help is absolutely marvelous. They do everything for you. And I’m perfectly happy with it all. (88 year-old female, Ash Meadow)

I like the overall way that they are taking care of things. Everything is clean. They take me where I want to go and help me in every way they can. They make everything very comfortable. (82 year-old female, Ash Meadow)

I don’t worry about anything. I don’t have to worry about transportation, nursing care, doctor services, or anything. As far as I know, everything that I have needed has been provided. (88 year-old female, Pine Ridge)

I like the people here and most of the nurses. You can do what you want to. You can come and go as you want. (64 year-old male, Walnut Hill)

Oh, everything’s good. I said fine personnel. They keep the place clean, oh my goodness. Better than I do. I can highly recommend. (86 year-old female, Pine Ridge)
The good thing is that I don’t have to get my own groceries or do my own cooking. There is nothing too bad about it. (64 year-old male, Walnut Hill)

**Autonomy/Privacy**

*In general, there seems no problem related to privacy issue in every assisted living facility. If they want to be alone, all they have to do is to come in their room and shut the door. People do not bother other residents unless they wan to be bothered.*  
*(Fieldnotes, June 1, 2001, Ash Meadow)*

Researchers say autonomy is one of the most important things in creating housing for elderly people (Brent, 1999; Cohen & Weisman, 1991). Frequently, the terms of control, choice, and personal autonomy are used interchangeably as fundamental aspects of residential environments. Autonomy can mean keeping an excessive number of personal possessions, traveling, supervising workmen, being able to eat and sleep at will, and so on. According to Brent (1999), respecting stories of residents’ former lifestyles and homes is just the first step to provide autonomy to the residents of assisted living. She also states that it needs to be followed by interpreting these stories and creating individual supports in each one’s environment. When autonomy is experienced, it perhaps indicates the achievement of other positive therapeutic goals. If it is not experienced, many other needs and wants may be abandoned.

All respondents in this study said that their privacy is highly respected in their current residence. Some residents agreed that they have enough choices and freedom in their daily living such as meal time, menus, activities, setting own schedules, and so on. These choices contributed to the residents’ perception of the current dwelling as a
Well, just that when I told you that you are able to live with your own life, that to me is important…I’m satisfied because I can do what I want to do.
(84 year-old female, Walnut Hill)

I like the freedom. We have freedom here. We have to abide by the rules. You don’t have to be hateful to other members here or the staff. You can treat them with respect and they should treat you with respect too.
(70 year-old female, Walnut Hill)

When I want to get out of here I go out. I go downstairs and kid around with the staff. I don’t feel like I have a lack of choices.
(81 year-old male, Locust Lane)

I chose a home that I thought I would enjoy living in since I could not be independent. So I just made myself enjoy it. When it is the best you can do, you have to make the best of it. Most of the residents don’t keep up with television and they don’t keep up with what is going on. I keep up with what is going on in the world, a lot of which is not pleasant.
(94 year-old female, Ash Meadow)

You don’t have a certain time to get up in the morning. You don’t have a certain time you have to go to bed. You can stay up and read or watch television. People take you places and people come and visit you. In the mornings you get up and go to breakfast and eat. After you eat you can come back to your room and if you have an activity you can go to that…
(70 year-old female, Walnut Hill)
On the other hand, some people complained about the lack of choice and freedom in their daily living compared to their former homes:

What a big change! Here, you get up early, get dressed, go down to eat, and rush, rush, rush!! (70 year-old female, Locust Lane)

Independence

This 84 year-old lady, a widowed pastor’s wife and a writer, emphasizes the independence and freedom as a positive aspect of living here: “To me, it is important to live with my own life.” “I like the freedom. We have freedom here.” (Fieldnotes, May 11, 2001, Walnut Hill)

Independence represents the cultural sanctification of the individual through the ability to control one’s personal affairs, legal rights, and moral responsibilities (Rubinstein, Kilbride, & Nagy. 1992). The idea of independence is embodied in the person’s ability to control the domain of personal affairs and choices. People cannot have independence without choice. A lack of freedom reflects a lack of choice. The environment of independence is also closely linked to the idea of control. People make choices in order to gain control about that over which they have control. Thus what is controlled becomes a choice-rich environment.

In one’s own home, people are able to make a wide variety of choices about actions and conditions there. Even in a group residential setting such as ALF, people can feel “at home” if resident’s needs are fulfilled by the facility in terms of person-environment fit. A lady in Locust Lane, 77 year-old former nurse, was a highly independent person. For her, home meant independence and security. To the question of
“Where is your home?” she responded “Here” without hesitation. She thought her current dwelling was quite manageable and comfortable to keep her independent.

Some people thought that the lack of ability to get somewhere without having to rely on others was a major loss of independence:

I feel like a dog or cat cooped up. I don’t get to go out. I reckon I am worn out. At home I was usually in and out of the house, watering the flowers, and feeding the chickens, and stuff like that. I get to go out when they take me out…(91 year-old female, Maple Terrace)

I no longer drive the car. I just gave up the privileges of my driving…I’ve always been going anywhere I wanted to go. Now I have to arrange transportation and be dependent upon someone else to take me around…I was a very independent person. But sure it is changed. (75 year-old female, Pine Ridge)

I don’t have an automobile. I can’t drive anymore. I don’t have any way to get any place unless I go to Wytheville with the assistance provided by the guardians. They do have a van and on certain times, we do go to the grocery. (88 year-old female, Pine Ridge)

A few people just accept their current dwelling as a “home” because there is no other choice for them. They do not want to be dependent on others, even their family members:

It’s ok. I mean there’s no other choice…I can move to my daughter’s but I’m gonna put my burden on her with two little kids. (73 year-old female, Locust Lane)
This is the only home I have as I sold my home. (94 year-old female, Ash Meadow)

Social Life/Friendship

A social life is one personal resource that can help elderly people mediate the stressful aspects of residential relocation from one’s own home to the group residential setting. Friendship can be built based on common interests and similarity in basic social status variables such as age, gender, race, and social class. According to George (1980), social homogeneity facilitates the development of new relationships and better personal adjustment to residential relocation.

To the question about the reasons for feeling “at home” in the current dwelling, some people mentioned the close relationships with other residents, friends, and staff members:

I call this my home. This is my home now. I have friends [here]. Just like when you lived at another place where you grew up, you had friends and neighbors. Here you have people that you care about. (70 year-old female, Walnut Hill)

Well, firstly the people who supervise or operate it are very friendly. Plan your activity and...good food. Oh, yeah, that’s important. (86 year-old female, Pine Ridge)

Well, the people who live here are caring people. I have been very pleased. Whenever I have had a situation that needed attention, they have been
very willing to provide the attention that I needed. So anything that I have needed I have found available. (88 year-old female, Pine Ridge)

All the residents here are very nice. My friends remind me of being at school. Living with women, having to sign in and sign out. It makes me think of being off at school. (80 year-old female, Locust Lane)

As seen in the statements above, adequate or more than adequate social support from the social network such as family, friends, and neighbors can contribute to the residents’ feeling “at home.” Because of living in a group residential setting rather than living in one’s own home, residents are expected to show distant and integrative relations with other residents and service providers rather than the close and personal relations with their family and friends (Lemke & Moos, 1989).

Those respondents who did not have as much social contact with others as they wanted, seemed to suffer from feelings of loneliness and this caused them to have a negative perception of ALFs as a “home.” For example, an 82 year-old lady in Ash Meadow emphasized the importance of social contacts with friends and neighbors in defining a “home.” Compared to her former home and neighborhood, she did not have many friends here and she did not think of her current dwelling as a real “home,” in spite of being highly satisfied with the overall way that the facility took care of her. This case can be explained as a partial fit between the environment (ALF) and the resident’s need (enough social contacts).

Many people did not use the public spaces often because they received unwanted interaction with other people. This caused them to feel lonely, and as a result, they did not feel “at home” with their current dwelling.
Family Support

Like friends and staff members, family can serve as an effective source of care and service for residents in long-term care facilities (Lynch, 1998). Considering valuable family relationships with residents in long-term care, Greene and Monahan (1981) suggested that visits from family contribute positively to the well-being of older persons and providers of services need to be aware of ways to enhance those relationships.

The administrators in this study were aware of the importance of family support in making a homelike environment for their residents. In fact, frequent visits and communications with family members helped some residents adjust to their new environment easier:

Well, I have my daughter who comes in and sees me every now and then… (75 year-old male, Maple Terrace)

Here they do not have to worry about me. I have been convinced by my children that I am better off here. (82 year-old female, Ash Meadow)

From a different point of view, separation from their family may influence the residents negatively. To the question about the biggest difference between living in one’s own home and living in assisted living, a few responded:

In your own home, you live with your own family. In here, you live with people you don’t know. (82 year-old female, Ash Meadow)

[The biggest difference is] Just having my family members [in my own home]. (75 year-old female, Pine Ridge)
Thus, for some people, the role of family members was more significant in their current life situation than other attributes in feeling “at home.” One lady, who was 79 year-old in Walnut Hill mentioned the love and happiness of family life as a meaning of home. When I asked her “Where is your home” she said her former home in Pennsylvania. Although she was completely satisfied with everything in her facility, she indicated that there was nothing like her own home.

A male resident, who was an 81-year old former successful businessman and professor in Locust Lane, also stated the importance of family. To him, home was “Where I root.” He loved his wife and children very much. After his wife passed away a year ago, he was living alone surrounded with her memories. He still missed his wife and felt lonely all the time. Although he said his current dwelling was his home now and was satisfied with his facility greatly, he did not like the way of living with others:

There is no comparison. In your own home, you are not involved with strangers. (81 year-old male, Locust Lane)

Daily Routine

Youngjoo: “What are some of the rules that you have to follow?”

Resident: “You have to be on time for meals. Bedtime is pretty open. Bathing is pretty regulated. You can’t just decide that you take shower or bath. It has to be programmed. But I understand. That’s just the way of the world. But it wasn’t the way I lived. I thought I want to take a bubble bath in the afternoon.”

At home, we can do everything what we want. Feeling “at home” can be accomplished by usual daily routines such as a bubble bath in the afternoon. How does
Typically, when one moves from home to a new situation such as an ALF, giving up one’s home of long duration constitutes a break in the continuity of the daily routine (Schwarz, 1999). These daily routines help to give meaning to individuals in terms of who they are, where they are, what they do, and why they do it. When people become frail or otherwise unable to enact their daily activities, the consistency and continuity of daily life is disrupted. Deprivation of daily routines can cause immense difficulties in keeping a sense of place and a sense of self (Pastalan & Barnes, 1999).

An appropriate environmental and psychological context in which to situate individualized routines seemed to be necessary to maintain or improve the quality of life for the older adults. When I asked them to tell me about a typical day, respondents showed almost the same pattern of daily life. However, for some residents, a schedule of planned mealtime was not acceptable. In a real sense, a scheduled mealtime is for the staff members’ convenience, not for consideration of individual resident’s routine:

There is something that we would like to have changed… The meals are 7:30 to 9:00, 11:30 to 1:00 then 4:30 to 6:00. We would like to have that changed to 8:00, 12:00, and 5:00. (82 year-old female, Ash Meadow)

Activity programs provided by the facility on a daily basis did not draw much interest from the residents:

My typical day is getting up at 7:00 and getting to breakfast at 7:30 and when I come back, I read the paper. After I read the paper, I get dressed
for lunch and then between that and the lunch, I watch TV. When I come back, I have certain things I look at. Then in the afternoon, I read again. I fill my day very well. I have a couple of friends in Roanoke. When you give up your home and your activities and go to a retirement home, your friends know that you are living but that is about all. They don’t mean to be discourteous but when you go to a nursing home or retirement home, that is it. I am guilty of people that I knew went to a nursing home and I did not call. My daughter and I talk often. She sees that I get everything that I need. (94 year-old female, Ash Meadow)

All right. [Getting] Up at 5:30. Breakfast at 7:00. Lunch at 11:00. And after breakfast, right now, I’m having physical and orthopedic therapy. Other than that, I have friends who call me or I call them. And that fills my morning. Usually when I come up from lunch, I nap because there’s nothing else that I want to do. And in the early afternoon, I sit around and watch TV, I make phone calls, then I go down to dinner and come back up. Then I have my bath in the evening or my shower. So that’s what my typical day is like. (77 year-old female, Locust Lane)

[It’s] Just the same. Getting up, getting a bath, going to breakfast, coming back to your room, looking at television, maybe take a walk…(79 year-old female, Walnut Hill)

Personal Belongings

Youngjoo: “What is the most meaningful thing to you?”
Resident: “All of them [are meaningful to me]. I feel at home with these things because these things that I have had for several years.”

Every personal belonging has its own history for each resident. People can remember all the experiences and memories relating to their family, friends, and
neighbors in the past and present with these things. (Fieldnotes, May 19, 2001, Pine Ridge)

The personal environment in a group living facility is a significant source of autonomy and satisfaction. Through decorating with personal belongings, the residents can symbolize the self and help organize memories and personal history. Another important aspect of personalization is its use to define a territory. In turn, this personal territory can provide the resident with privacy.

Because most of the residents in ALFs spend so much time in their rooms, private rooms need to be decorated and furnished personally to create a soothing mood that triggers positive memories. Being able to live in an environment furnished and decorated with residents’ own belongings may increase a sense of belonging and reduce feelings of loss and loneliness.

Surrounded by their own furniture and photographs of family members in their own private space, most of the respondents were satisfied with their environments. To the question of reasons for feeling “at home” with their current dwelling, some people indicated that their personal belongings were the most important factor:

Having my own things [is the most important]. I brought some of my own furniture. That makes me feel that way [at home]. That’s probably the thing mostly that appeals. (77 year-old female, Locust Lane)

I have a good bed. I got to personalize my surroundings lovely. We choose tables and couches and chairs, bed…they’re all around. (82 year-old female, Ash Meadow)
My apartment is my heaven and that is where I am able to at least be reminded of my blessings. (81 year-old male, Locust Lane)

I’ve come to like my little apartment. I feel quite like I can manage it. (77 year-old female, Locust Lane)

Physical Environment

The physical characteristics of the new environment can influence personal adjustment to residential relocation. Empirical evidences (Butterfield & Weidemann, 1987; Carp, 1978; Cohen & Weisman, 1991) show that the carefully designed housing for the elderly that is suited to the physical and social needs of older people helps to offset the stressful aspects of moving to a new home.

Many respondents liked the physical features of their dwellings and thought that the facility provided them a comfortable and supportive environment like a “home.” To the question about the aspects of feeling “at home” people responded:

I like everything. I like [the] environment. I like the location oh, it’s pretty enough. I like the building, I like the furnishings, I like the personnel. So far I haven’t found anything that disturbs me. It’s just great. (86 year-old female, Pine Ridge)

Well, it’s a supportive place. It’s attractive and comfortable. (75 year-old female, Pine Ridge)

Only one lady who lives in a much smaller room (150 ft²) of Maple Terrace expressed a minor complaint about her room:
I guess it’s alright. There is not much I can do about it. Just put up with it. It is comfortable. They have air conditioning in the summertime. It gets pretty hot up here. (91 year-old female, Maple Terrace)

Rules and regulations

<Rules of Conduct for Residents: Maple Terrace>

- Please be aware that no taking of anyone’s possessions will be allowed, and is grounds for immediate discharge. Should you lose something, please report it to the office. We will search for it for you, but the company will not be responsible for lost or stolen personal items.

- Courtesy: Please treat other residents with respect and courtesy and observe their privacy. Do not enter a room unless you are invited to visit.

- Please, limit your use of TV and radio to reasonable hours, so as not to offend others. Volume should be lowered from the hours of 9:00 PM to 6:00 AM. Failure to honor these hours will result in a loss of privilege to keep a television or radio in the room during those hours. If loss of hearing is the cause of the refusal to follow this rule, headphones will be encouraged.

- No gifts or loans are to be made to staff or requested of staff. Exception to this is Christmas and birthdays because giving gifts to friends at such occasions is a part of normal social behavior. A small token of friendship (not to exceed $20) will be permitted...

How many people have read and known these rules? Most of the residents that I interviewed in Maple Terrace did not even recognize the rules the facility provided. Except one lady who complained about the courtesy rule that prohibit entering a room unless he/she is invited to visit, people just follow the rules as the staff guide. According to the administrator of Maple Terrace, some people occasionally put their personal possessions such as earrings in other resident’s room and forget, and sometimes this caused a problem. Although the reason is right in terms of courtesy to other residents,
restraining residents from visiting other's room may be a controversial issue in terms of residents’ rights. (Journal, June 20, 2001)

Management of the home environment can be related to several aspects of life such as control, independence, privacy, and expression. In a group residential setting such as assisted living, there can be a conflict between individual values and tastes and community standards and expressions due to the rules and regulations provided by the facility.

To find out what the residents thought of the rules and regulations, I asked them “Tell me about some of the rules that you have to follow.” Despite the possibility of a conflicting situation, respondents were quite satisfied with the management of the facility:

The normal rules that you would follow in any place like this. I try to follow all the rules. I try to do all the things they asked me to do. I can’t think of anything else we need. (88 year-old female, Pine Ridge)

I don’t have no rules. I just act like a normal person. They never say nothing to me at all. I try to fit in, you know, that’s what you got to do. (73 year-old female, Locust Lane)

For some people, however, these rules were not acceptable to feeling “at home.” When I asked the residents “What is the biggest difference between living in your own home and living here?” a few replied:
You have to be ready by a certain time for meals. (82 year-old female, Ash Meadow)

I used to smoke cigars but I don’t smoke anymore. (95 year-old male, Pine Ridge)

They don’t like for you to associate with each other. I don’t know [why]. They don’t seem to want you to have friends…It’s just a rule. I can’t change it. (91 year-old female, Maple Terrace)

When living in your own home, you can do as you please. But living here, you have rules. You have to sign in and sign out, so they have a check at night and make sure everybody is here. (80 year-old female, Locust Lane)

Summary

To provide a “homelike” atmosphere to their residents, administrators emphasized the importance of physical features and diverse services and activities. In addition, they also indicated that staff attitude and close relationships between residents and staff are crucial. Respondents expressed their own meaning of “home” based on their personal experiences. For the meaning of “home,” they mentioned love, fellowship, privilege, children, independence, stability, and security as a shelter.

The administrators tried to make the residents feel “at home,” however, they mentioned the limitation of providing a real “home” for the residents due to the residents’ diverse background. Many responded that they thought of their current dwelling as their “home.” However, to the question of “Where is your home?” some respondents referred to their former homes.
Ten categories that influence the perception of ALFs as a “home” were classified by the researcher. Some people mentioned safety and security as a major attribute that makes them feel “at home.” For them, psychological and physical comfort was a significant factor in feeling “at home.” Convenience and comfort of services and care were considered another attribute that influences the residents’ perceptions of assisted living as a “home.”

All respondents stated that their privacy is highly respected in their current residences. Some agreed that they have enough choices and freedom in their daily living such as meal time, menus, activities, setting own schedules, and so on. And this contributed to their feeling “at home.” However, a few people complained about the lack of choice and freedom in their daily living compared to their own homes. Although many respondents thought that they had enough choices in their daily living, some complained about their diminished independence and choice in new residences. They especially viewed the lack of ability to get somewhere without having to rely on others as a major loss of independence. A few just accepted their current dwelling as a “home” because there was no other choice for them. They did not want to be dependent on others, even their family members.

Family support was another influential attribute in feeling “at home.” Individualized daily routines seemed to be necessary to maintain or improve the quality of life and feel “at home” for the aging individual. For some residents, a schedule of planned mealtime was not acceptable and interfered with feeling “at home.”

Surrounded by their own furniture and photographs of family members in their own private space, most of the respondents were satisfied with their residences and some
of them felt “at home.” Respondents liked the physical features of their dwellings and thought that the facility provides them a comfortable and supportive environment like a “home.” Despite the possibility of a conflicting situation due to the rules and regulations, respondents were quite pleased with the management of the facility. However, for some people, these rules and regulations were not conducive to feeling “at home.” Scheduled mealtimes, especially, were a problem and seemed to be scheduled for the staff’s convenience, not the residents.