



TOOL 1 — Resident Mix -> Layout Translation Matrix (RML Matrix)

Purpose

Convert **resident mix + staffing reality** into **layout non-negotiables** (so you do not end up with a plan that is “approvable” but hard to operate).

Inputs (fill in)

- Home concept / working name: _____
- Region / jurisdiction: Washington State | City/County: _____
- Target capacity (range OK): _____ residents
- Primary referral sources (top 2): _____ / _____
- Top promise to families (one sentence): _____
- Staffing reality on a hard day (day/night): _____

Resident profile bands (choose 1–2 “primary” profiles)

Use plain language. Your team should be able to picture the daily routine.

Resident profile (plain language)	Care / supervision realities	Staffing tasks & cadence	Layout implications (minimum features to protect)
A) Mostly independent + light assist	Reminders/cueing, occasional mobility help, low volatility	Distributed check-ins; meds support; meals; light ADLs	Clear wayfinding; common areas visible; short travel distances; visitor-friendly front zone; good acoustics
B) Moderate assist + mobility limitations	Transfers, bathing support, fall risk, high bathroom demand	Peak-hour clustering (morn/eve); frequent toileting; higher laundry volume	Bathrooms near bedrooms; minimal level changes; durable finishes; storage at point-of-use; maneuvering clearance
C) High supervision / memory or behavioral support	Wandering risk; agitation triggers; needs calm + predictable routes	High observation load; redirection; secure entries; de-escalation routines	Sightlines to key zones; controlled egress; minimize dead ends; retreat/calm space; outdoor access with controlled boundary
D) High acuity / complex care (as applicable)	Comfort + dignity; equipment coordination; privacy needs	Longer care episodes; equipment staging; family presence	Room supports caregiver work; family chair/overnight option; dedicated supplies storage; staff support zone nearby

Staffing Reality Check (mark what is true now, or will be true soon)

- Night coverage includes long periods with **1 caregiver on duty**
- Meal prep and supervision happen **at the same time** (limited float staff)
- Med administration is a predictable **daily bottleneck**
- Toileting/bath support causes repeated trips during **peak hours**
- Laundry/linen turnover is a major time sink
- Higher fall risk means **visibility + short travel paths** are critical
- Behavioral volatility means **calm zones + controlled egress** are critical
- Family visits are a key marketing lever (arrival/visit experience matters)

Output: Minimum Viable Space Program (your non-negotiables)

These are the items you protect when tradeoffs show up.

- Bedroom strategy (private/shared intent + clustering logic):
- Bathroom strategy (distribution logic + peak-hour plan):
- Supervision strategy (what must be visible from where):
- Calm/retreat strategy (where stress goes down, not up):
- Operations strategy (laundry + storage + meds + staff reset):
- Marketing/resident acquisition cues (what families must feel on arrival):

Design rule (scope guardrail): If a design change threatens any checked item above, it is a **scope change** and must be traded consciously against budget, schedule, or outcomes.