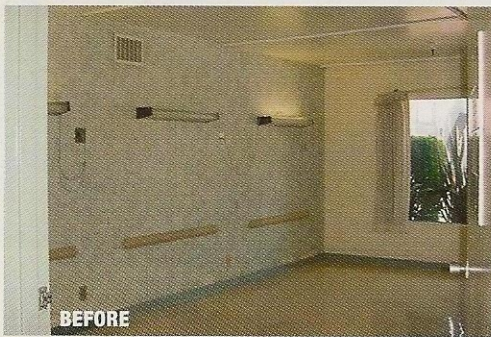
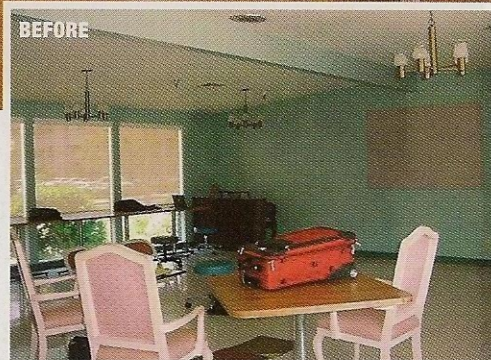


Crystal Cove Care Center NEWPORT BEACH, CALIFORNIA  
**Interior Images, Inc.** YORBA LINDA, CALIFORNIA



The Crystal Cove Care Center is a licensed, 96-bed, skilled nursing facility in Newport Beach, California. The facility was built in 1967 and includes 39 patient rooms, 19 of which were built to accommodate three beds and 20 rooms to accommodate two beds. Through a long list of unusual circumstances, this facility was mistakenly depopulated and targeted for demolition. Complicating the situation further, the state licensing board mandated that at least 10% of the 96 occupiable beds would have to be completely functional, staffed, and ready for occupancy within six weeks of possession, or the operating license could be pulled. As with many older skilled nursing facilities in the country, this one met very few of the current code requirements set by Title 24 and the various regulatory agencies, and therefore operates under a "grandfathered" status. It was highly probable that if we could not meet the State's timetable, the existing license would be revoked and a new one would be impossible to acquire due to the lack of regulatory compliance of the existing physical plant.

**PROJECT CATEGORY:** Remodel/  
Renovation  
**CHIEF ADMINISTRATOR:** John  
Kimball  
**FIRM:** Interior Images, Inc., (714)  
692-2211  
**DESIGN TEAM:** Cheryl A. Sanders,  
CID, ASID, Senior Designer,  
Project Manager; Suzanne  
Garcia, CID, Senior Designer,  
Facilitator; Robin Shekels,  
Designer, Specifier; Emily Job,  
CAD Draftsperson; Tina Nicosia,  
Bookkeeper/Office Manager; Erin  
Alderson, Purchasing Agent  
**PHOTOGRAPHY:** www.falkephoto.  
com (before and after photos)  
**NUMBER/TYPE OF HOUSING UNITS:**  
39 rooms, 96 beds  
**TOTAL AREA (SQ. FT.):** 22,197  
**TOTAL CONSTRUCTION COST**  
(EXCLUDING LAND): \$1,500,000  
**CONSTRUCTION COST/SQ. FT.:** \$68  
**COMPLETION:** December 2008



Our client won the right to operate this facility among many competitors, but realized something different had to be done to compete with the five surrounding skilled nursing facilities fed by the local acute-care hospital. They decided to change the focus from a standard skilled nursing to a more progressive, upscale, rehabilitation facility. They originally requested that the interiors be an extension of the recently renovated acute care feeder hospital. Instead, we suggested a "spa-like" environment that would not only reflect the change of focus from a standard skilled nursing facility to a rehabilitative one, but would also evolve their environment to a unique and more hospitality-like status rather than the "Traditional" or "Country" design concepts that existed within the competing facilities. We also suggested a switch of function between the dining room, which was located in the front of the facility, and the rehab room, which was located in the back. This moved the new Rehab focus to the front of the building for better marketability and patient access. It also allowed patient access to an exterior patio for outside physical therapy on pleasant days.



Although the overall number of beds within the facility was reduced from 96 to 78, the state still required that the difference of 18 beds would remain available in an emergency, through a 24-hour turnaround period. This required that all permanent fixtures such as the rebuilt patient room closets, the overbed lights and the cubicle track with curtains had to be installed to accommodate three beds, even though two were only going to be used. These changes, plus the installation of individual plasma screen televisions mounted on extension arms, provide greater comfort, mobility, and privacy for each resident.

Our challenge was to renovate the entire interior of the facility only, which essentially hadn't been touched in 41 years. This presented a unique opportunity, as it is very uncommon to renovate a vacant, licensed, skilled nursing facility, in which concern for the patients does not have to be the

primary focus. Therefore, a much more invasive and complete renovation could be performed. There was no architect or general contractor involved. The work was performed by our subcontractors, the in-house construction supervisor, and maintenance team. Per the strict code requirements, however, for a state-licensed skilled nursing facility in California, we could not remove or change any of the existing footprint of the building, including walls or the nurse's station. Instead, our instructions were to renovate, repair, or replace any interior component that needed attention which, of course, was everything. Our scope of work, therefore, included all of the programming, specification, project management, and installation of all interior finishes, furniture, fixtures, and equipment.

**Jury comment:** Going from a three-person room to a two-person room increases resident opportunities for privacy and personalization.

