



DEMENTIA CARE SERIES

Michigan Department of Health and Human Services
THOUGHTS & SUGGESTIONS FOR CARING

Caring Sheet #7: The Bedroom:

Suggestions for the Physical Environment

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Introduction

This caring sheet addresses design and safety issues regarding the bedroom of a person with dementia. While a bedroom is mostly used for sleeping, it can also offer privacy and sanctuary. The environment should, therefore, reinforce the self-esteem, individuality, and security of the user. His or her present and past should be easily evident in the bedroom.

- **Mood:** The sights, sounds, textures, and overall physical and psychological characteristics of the setting set the atmosphere or tone of any room. The person with dementia still emotionally responds to the environment. If the mood of the room is overly stimulating, the person may feel confused and restless. On the other hand, a room that fosters feelings of cozy comfort, warmth, retreat, or calm may encourage relaxation and rest for its occupant. Strive to create a comfortable setting. Avoid having it appear cold and sterile.
- **Location:** If a caregiver has input regarding where the bedroom is located in relation to the main living area, have it be in a similar location to that of a former household where the person with dementia lived. The person may be able to locate a bedroom in a new setting more easily if it connects to the other rooms in a familiar way. If a person exits the bedroom and takes a right turn to find the living room, odds are a previous home had the same spatial relationship. Therefore, when a person with dementia relocates to an adult child's household or long term care setting, and if there is a choice of bedroom, select the room with the same room relationship to old visual or spatial patterns.



- **Landmarks:** Other means for finding one's room can include landmarks. A particular hallway or a corridor with a large plant at the end can remind one that this is the pathway to the bedroom. Specific furnishings, artwork, and wallpaper, for example, can also serve as landmarks for finding the way. Many residences use name plates, display boards, showcases, or items attached to the bedroom door that display memorabilia to trigger room identification. This principle can also be used in private homes where persons with dementia often find themselves in grandchildren's or children's bedrooms while searching for their own bedroom.
- **Layout:** Keep the layout of the room simple and intuitive or easy to understand. Avoid cluttering the room with an excessive amount of furniture. Maintain simple paths of travel to enter, exit, and locate the closet, dresser, and bathroom. Locate the bed in a position to repeat old visual or spatial patterns. In other words, in a former household, as one sat up in bed and exited the bed, was it a right or left turn to go to the bathroom? Try to repeat that layout, so the resident does not get confused and turned around in his or her quest to leave the room. Try to keep old relationship patterns the same for all of the furniture. For example, the relationship of a night table to the bed, the dresser to the closet, or the chair to a window. Old patterns feel familiar and reassuring.
- **Space Allowances:** Position the bed with space around it to enable the bed-making task. For some persons with dementia, it may be better to have one side of the bed against the wall to prevent falling out or to encourage exiting direction consistent with old habits. If a wheelchair is used, consider clear floor spaces to enable freedom of movement. The door needs to have at least a 32 inch opening. The room needs at least one 5 foot turnaround area within the room to complete a turning radius with the wheelchair. Provide 4 feet in front of the closet as a comfortable spatial arrangement for taking clothes on and off.



Allow 3 feet next to the side of the bed to enable transferring from a wheelchair onto the bed or to accommodate the space needed for a caregiver to provide assistance. Avoid blocking a window with furniture to ensure a person's ability to independently open and close either the window or the window treatments (i.e., drapes, blinds, etc.).

- **Aesthetics:** The new setting should reflect its resident's previous aesthetic tastes (e.g. warm, country, soft pastels; or traditional and formal; or trendy). Aesthetic tastes of those who came through the Depression will not be the same as those of the baby-boom generation. Similarly, the baby-boom generation will have different tastes from that of their children. As both generations age, period preferences and trends change. Ethnic and cultural diversity should also be considered, particularly in private space areas such as the bedroom. Remember that white paint costs the same as colored paint and interesting textural painting techniques, such as ragging or combing, are less expensive than wallpaper. Border paper placed at ceiling height will not be noticed by the person with dementia whose field of vision is aimed more toward mid-wall or floor level. Keep aesthetics within sight, personal, and interesting without being confusing.
- **Furniture Selection:** Room furnishings should remind the person with dementia of a former home. It is usually best to use the person's own bed, dresser, chair, TV, stereo, desk, etc. When this is not possible, try to select new items similar to the style of those used in a former household (e.g. Victorian, Queen Ann, Shaker, Georgian).
- **The Bed:** The bed needs to be comfortable for the user. Some people like a very firm mattress while others prefer something soft and body conforming. It is usually easier to get on and off a firm mattress than a soft one. The height of the bed off the floor is also important. For persons who have a problem falling out of the bed, a mattress on the floor may be safer. Bed rails can be dangerous. There are adjustable hospital beds that allow a full range of heights. They can be lowered to



promote exiting and entering with feet touching the floor, or elevated to aid bed-making by the caregiver or person with dementia. As a person sits on the edge of a bed, the person's feet should be firmly planted on the floor in order to rise with assurance. When the toes barely touch (e.g., in short women), the person feels uncomfortable and stability is compromised. The bed height for a tall man should be very different from that of a petite woman.

- **Chairs:** Chairs are a necessity in a bedroom for sitting while dressing, for tying one's shoes, for reading or looking at pictures. There are a number of chair characteristics that are important for an older individual. The seat height, like the bed height, needs to allow feet to rest firmly on the floor. A firm cushion enables the person to get up off the chair more easily. A soft cushion tends to envelope the user and causes the person to struggle and perhaps use a rocking motion to get out of the chair. An open space in the front of the chair between the chair legs will allow the person's feet to be positioned slightly back under the chair to facilitate getting up. Chair arms need to be at a comfortable height so that when the user rests them there, his or her shoulders are not hunched upward. The chair arms also need to extend slightly beyond the front seat edge; this lets them serve as a grab bar for getting in and out of the chair. The desired chair back height depends upon the user's size. Allow for the user's head to rest in a comfortable position; even the wings of a wing back chair can offer a side resting spot for short naps. The backs should be soft to accommodate bony or painful backbones. The chair should be heavy and sturdy enough to not move when one lands hard while sitting down or leans on it when getting up. Chairs also need to be sturdy when they are located in an open area of the room; the seat back may serve as a walkway grab bar or handrail. In these cases the seat back height should be 3 feet from the floor. When chairs are located at tables where the caregiver might push the person up to the table, it may be helpful to have wheel casters on the front legs only. The caregiver can, if possible, then lift up the backside of the chair allowing the front wheels to more easily roll the person up to the table, desk, or vanity mirror. Wheels on



all four legs make it unsafe for the person to get in and out of the chair, since the chair can easily move out from under the person. With wheels only on the front, the chair does not move when one gets in or out.

- **Dressers:** Dressers in bedrooms provide storage of personal items while offering a top surface for the display of accessories and family pictures. The unit should have drawers that easily glide open. Drawer size should not be too deep. When the depth is great, clothing tends to get buried and hard to find. Keep things orderly with common items stored together. Labels may be helpful for those persons with dementia who can still read. Label the drawers with brief names of the clothing stored within. The drawer hardware should be a pull fixture rather than a knob. Arthritic hands can get a drawer open with one finger hooked inside a pull when the hands won't conform to the shape of a knob. The hardware should visually contrast in color with that of the dresser so it is readily visible.
- **Desks:** Desks in bedrooms have been used by some caregivers as a means to trigger old memories and activities. Persons, whose previous employment found them using desks at an office for most the day, may enjoy spending time at a desk reliving old work habits. Some persons with dementia have been known to occupy hours of their day, working with a typewriter, calculator, paper and pencil, checkbook ledger, etc. Offering this option allows meaningful ways to pass the time. For some persons, the desk works better in another room rather than the bedroom, since most people leave a bedroom to go to the office or study. For people who did the household finances and wrote letters at their desk in the bedroom, however, a bedroom desk might work well.
- **Surface Treatments:** Keep the surface treatments on walls, floor, and ceiling easy to clean and easy to understand. Busy wallpaper patterns may be distracting and misinterpreted; some individuals may choose to pick the wallpaper flowers off the wall. Textured wall coverings help to control sound and prevent the reflection of light that



causes glare. Patterned flooring may cause dizziness as one focuses on where he or she is walking. Solid color surface treatments seem to work the best, but in using them try to prevent a boring setting. Some visual interest is desirable. Visual interest can be added by accessories and colorful pillows or bed linens or comforters. There is a fine line between creating visual interest and creating visual confusion with too many colors, patterns, and textures. Keep it simple.

- **Color Contrasts:** Provide color or intensity contrast each place a task needs to be performed or where someone truly needs to see an item (e.g. light switch relative to wall, chair seat relative to flooring, cabinet and dresser hardware relative to cabinet door front or dresser drawer, bed fabrics relative to flooring, lamp shade relative to wall color). As eyes age, the lens of the eye becomes yellow in color. This makes color perception difficult unless strong contrasts have been provided. A pale yellow will blend with a pale blue or green. A strong yellow in contrast with a light blue will show environmental distinctions. If there is a step up from one area to another, create a contrast so the step is visible. If there is no step, then no contrast is needed even if the flooring material changes (e.g., when going from the bedroom to the hallway or bathroom, keep the color and pattern of the carpet and the vinyl tile similar in appearance if there is no step). Some older individuals excessively raise one leg anticipating a level change when moving from one type of flooring to the next. They are unsure about the height difference since depth perception becomes impaired as the eyes change with normal aging. If it is appropriate to hide something, however, such as a storage area or certain outlet or switch, then avoid a color contrast. Let the item fade into the background or use the same wallpaper or paint on the item as on the area surrounding it.
- **Window treatments:** Treatments (e.g., blinds and curtains) should be easy to open and close without breaking. Since they are in a bedroom, they should offer privacy for dressing while allowing natural daylight into the space. Daylight can also generate glare; so diffuse the



light with sheer fabric or the ability to tilt blinds to angle the direction of the light pattern out of one's field of vision. At night time, window treatments should be able to close completely. Reflections, for some persons with dementia, have been misinterpreted as stalkers or other persons outside looking in. The new options for window treatments are wonderful. Some rise from the bottom up, allowing for privacy at the bottom and open daylight from the top. A new cordless blind is available to enable opening and closing by lifting or lowering the bottom edge. Most older persons grew up with drapes, however, and find them to be a familiar reminder of home. Drapes do not provide the light and glare control of other window treatments. It may be better, therefore, to use blinds, shades, or verticals with the drape over the top. The drape could totally close or just remain off to the side of the windows in a decorative fashion.

- **Accessories:** Use of as many personal possessions and accessories as possible is crucial to room acceptance. This is not the time to freshen-up the decor with new unfamiliar accessories. Persons with dementia need these cues to reinforce their sense of place and not feel abandoned in a totally strange setting (regardless of how tattered these accessories may be getting). Be sure accessories are visible from a sitting or sleeping position. Frequently, a tall male puts the picture nail at his standing eye height. With glare from the glass in the picture frame, many pictures can not be seen from a lower vantage point. Determine the average eye height of the person using the room and whether the person is predominantly standing, sitting, or resting in bed. While a room could be filled with interesting visual accessories, if out of view by the person who counts the most, then in essence they don't exist.
- **Mirrors:** Some persons with dementia are confused by their own reflection. If this is the case, then avoid mirrors all together. As one's vision declines, he or she may need to be standing or sitting very close to a mirror to really see effectively. The distance from the front edge of a dresser to the mirror attached to the back side of the dresser may be too



far. Provide a setting where one can be nose to nose with the mirror if need be. For example, a full-length mirror may offer the opportunity to get very close or to back away to get an overall view. Be sure the position of the mirror is such that good lighting is available, and the light does not come from behind the person. Back lighting causes shadows that make features difficult to see. It also makes one appear to have less hair than one really has. This is not very flattering. The mounting height should allow appropriate viewing without bending or stretching to see oneself. Viewing from a seated position (e.g. from a wheelchair) requires the mirror be mounted lower than usual.

- **Lighting:** An 80 year-old person usually needs three times as much light as a teenager to perform the same function. Therefore, it makes sense to provide light where there is a task to perform. Provide light by closets, dressers, desk, and bedside. Be sure the user is not standing in shadow. Balanced lighting (e.g. fixtures on either side of a bed or dresser) provides the desired increased quantity of light with less glare. Use lamp shades and light diffusing measures to evenly spread the light to avoid shadows. Controls should be easy to operate for arthritic fingers and within reach from a sitting or lying down position. Touch panels or controls are helpful. There are also lighted light switches that are easy to locate in the dark. This provides environmental cueing.
- **Temperature:** Personal preferences need to be accommodated with regard to temperature. When someone is not feeling well or has not moved around a lot to promote good blood circulation, then a warm setting is typically preferred. However, many people like to sleep in a cool setting with windows open, ceiling fan in full motion, or air conditioning cranked up to the most powerful setting. They then bury themselves in warm comforters or prefer only a sheet for cover. If the person with dementia has difficulty conveying needs or preferences, then the caregiver should recall former preferences and set the thermostat accordingly. Because body temperatures are unstable in dementia and may fluctuate during the day, it is still important to monitor the person's



reactions and adjust the temperature frequently. Remember that sleep and wake temperature preferences vary, often dramatically. If not feeling warm and comfortable, some folks will refuse to change clothing. Individual uniqueness and fluctuations throughout the day must be respected since many times the caregiver is sweating while the person with dementia is cold.

- **Sound Control and Acoustics:** As in all rooms, the goal is to control sounds so they do not travel to other rooms. In a bedroom, sounds are easily controlled by the textured items in the space, such as bed linens, blankets, pillows, drapes, upholstered furniture, carpeting, hanging clothing, books, and accessories. If the room is too sound absorbing, conversations will be difficult to hear and understand. It is important to provide a balance of smooth and rough textures. This can happen with the addition of a number of hard surface furnishings in the room (wardrobe, dresser, desk, head and foot board on the bed).
- **Storage:** Multiple storage options in the bedroom are often preferred by caregivers. To avoid confusion regarding what to wear, some caregivers keep only a few items in the closet and fill another closet that only the caregivers access. This caregiver closet is camouflaged by painting its door and hardware the same color as the wall. Keeping this closet locked can prevent the person from choosing out of season items. The closet that the person with dementia uses should be visible by color contrast with the wall. It should have orderly storage with open wire binds so one can see what is stored. If possible, only hang appropriate clothing for the day in an accessible spot. Lay out the items in the order one would put them on his or her body. Some persons with dementia can independently dress themselves with this setup as the only cue.

Conclusion

Getting a sound night's sleep or an effective nap can for most individuals promote higher functioning, a more congenial temperament and more pleasant behaviors, as well as assist in the healing process should an



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Page 10 of 10

ailment be present. Deep sleep can enhance pain reduction and promote health. Supportive surroundings that appear as familiar as possible and reflect the personality of the user may help the person with dementia sleep more soundly. Create a cozy setting that says, “Ah, I’m home.” For persons in a long term care setting, the bedroom very likely is their home.

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All Caring Sheets are available online at the following websites:

http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_38495_38498---,00.html (Michigan Department of Health and Human Services MDHHS), at **<http://www.lcc.edu/mhap>** (Mental Health and Aging Project (MHAP) of Michigan at Lansing Community College in Lansing, Michigan), and at **<https://www.improvingmipractices.org/populations/older-adults>** (Improving MI Practices website by MDHHS)

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