(skilled nursing homes and chronic disease facilities) averages 34.6 each 1,000 persons 65 years of age and older.

1. DESCRIPTION OF FACILITIES

Over the years, the term "nursing home" has been applied to wide variety of nonhospital facilities bearing varying names offering a wide range in service. Among these are nursing nursing home units of hospitals, convalescent and rest homes, for the aged, boarding homes, and county homes. Services ranged from a purely domiciliary type of care to full-time prof nursing service with physical and recreational therapy, psy care and the services of other medical specialists.

Gradually, however, the definition of a nursing home has tightened to generally exclude the purely domiciliary-type and to represent one which serves convalescing or other patie are neither acutely ill nor in need of hospital care, but who do skilled nursing care beyond personal services. The Hill-Bur construes a facility for long-term care (including chronic hospitals and skilled nursing homes) as one which provides " nity service for inpatient care for convalescent or chronic patients who require skilled nursing care and related services." [2]

(a) *Physical Characteristics*

Until rather recently, a nursing home generally could be c as a large, multistoried house, usually in an older part of the munity, which had been converted to a home for elderly persons were either convalescing or chronically ill. Too frequently, space would be cramped, hallways narrow, elevators lacking, rooms few, and therapy aid nonexistent. Staff might be limited the nursing home owner—frequently an elderly woman—and a nursing aid or housekeeper-attendant. Many would have practical nurses as their highest nursing-skill level. Homes a this description still exist today in hundreds of communities out the country.

A new image of the nursing home has been emerging in rece however. While they approximate a homelike atmosphere to extent possible, they no longer serve merely as substitutes f dwellings but are developing as genuine medical institutions. of the new facilities are built as wings on community hospitals as separate units on hospital grounds. Most are free-standing independently operated. As a general rule they are one story, attractive, contemporary design, and planned to serve the needs of the nursing home patient. The nursing units a patient areas may resemble those of a community general Corridors are wide and bright and permit the passage of whe Centrally located recreation rooms and dining rooms are Patient rooms are large enough to allow for movement of using wheel chairs, walkers, canes, or crutches, with fu designed to accommodate the wheel chair patient. Privacy

[2] U.S. Department of Health, Education, and Welfare, Public Health Service, Division of Medical Facilities. *Public Health Service Regulations—Part 53—Pertaining to the Construct ernization of Hospital and Medical Facilities*, Dec. 29, 1964, p. 2.