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Compliance with Standards of Geriatric Nursing Home Facilities in the Philippines: An Evaluation

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Abstract:*This studyevaluated the different geriatric nursing home facilities in the Philippines in terms of their compliance with standards in planning and design of hospital and health facilities. Out of twenty-two (22) institutions in Region 4a and NCR that were sent letters for the conduct, only three institutions ultimately agreed. Descriptive analysis specifically purposive sampling was employed to facilitate the assessment. The questionnaire was an inventory-type largely based on Department of Health (DOH) standards. The data gathered from the survey were then compared to national standards for health institutions as mandated by the Department of Health (DOH) in order to determine the relative degree of compliance among institutions. Based on the data collected, all institutions were largely compliant to Department of Health (DOH) standards for health facility in the Philippines except for fire protection in which none among the institutions has a fire detector or alarm. The three (3) institutions were also compliant in terms of accessibility, freedom from pollution and privacy. Although all of the geriatric institutions were compliant, none of them were adequately prepared for fire hazard. There was a general lack of attention given to this particular safety aspect*
Keywords: *Aging, elderly, geriatric nursing, nursing home, old age, compliance*

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I. Introduction

The number of older people who are no longer able to look after themselves in developing countries is forecast to quadruple by 2050. Many of the very old lose their ability to live independently because of limited mobility, frailty or other physical or mental health problems. Many require some form of long-term care, which can include home nursing, community care and assisted living, residential care and long stays in hospitals. [1]

This growth will certainly pose a challenge to country governments, particularly to the developing countries, in caring for their aging population. In the Philippines, the population of 60 years or older was 3.7 million in 1995 or 5.4% of total population. In the CY 2000 census, this has increased to about 4.8 million or almost 6% (NSCB). At present there are 7M senior citizens (6.9% of the total population), 1.3M of which are indigents. With the rise of the aging population is the increase in the demand for health services by the elderly. A study done by Racelis et al (2003) on the share of health expenditure of Filipino elderly on the National Health Account, the elderly are “relatively heavy consumers of personal health care (22%) and relatively light consumers of public health care (5%).” From out-of-pocket costs, the aged are heavy users of care provided by medical centers, hospitals, non-hospital health facilities and traditional care facilities.[2]

The implications of this on Philippine development are significant, specifically on social welfare dimensions. An important point in this regard is the quality of life of the elderly i.e., beyond ensuring their basic survival needs of food and health, an enabling environment should be nurtured by way of support services and opportunities for senior citizens to continue their self-development and to contribute to community and national development. [3]

The objective of the study is toevaluate the degree of compliance of different geriatric nursing home facilities noting that the Philippine government through the Department of Health has set a general standard for the planning and design of hospitals and other health facilities in the country.

II. Literature Review

1.1. Ageing Population in the Philippines

In the Philippines, the number of older people is increasing rapidly, faster than growth in the total population. In 2000, there were 4.6 million senior citizens (60 years or older), representing about 6% of the total population. In one decade, this grew to 6.5 million older people or about 6.9% of the total population. The National Statistics Office projects that by 2030, older people will make up around 11.5 % of the total population.An ageing population increases the demand for health services. Older people suffer from both

degenerative and communicable diseases due to the ageing of the body's immune system. The leading causes of morbidity are infections, while visual impairment, difficulty in walking, chewing, hearing, osteoporosis, arthritis and incontinence are other common health-related problems.According to the Department of Social Welfare and Development (DSWD), a nearly a third (31.4%) of older people were living in poverty in 2000. Currently, this number is estimated to be 1.3 million older people. More than half of all older people (57.1%) were employed in 2000. More males were employed (63.6%) than women (37.4%). The majority of those employed (41%) were involved in primary economic activities such as farming, forestry work and fishing.[4]

In the dissertation of Dr. Letty G. Kuan, RN, RGC, EdD entitled "*Retirement and Role Discontinuities"*, she found out that retirement is an inevitable change in one's life. It is evident in the increasing statistics of aging population accompanied by related disabilities and increased dependence. This developmental stage, even at the later part of life, must be considered desirable and satisfying though the determination of factors that will help the person enjoy his remaining years of life. It is of primary importance to prepare early in life by cultivating other role options at age 50 to 60 in order to have a rewarding retirement period even amidst the presence of role discontinuities experienced by this age group

She also identified determinants of positive perceptions in retirement and positive reactions toward role discontinuities:

1. Health Status – refers to physiological and mental state of the respondents, classified as either sickly or healthy
2. Income – (economic level) refers to the financial affluence of the respondent which can be classified as poor, moderate or rich.
3. Work Status
4. Family Constellation – means the type of family composition described either close knit or extended family where three or more generations of family members live under one roof; or distanced family, whose members live in separate dwelling units; or nuclear type of family where only husband, wife and children live together.
5. Self-Preparation[5]

1.2. Nursing Home in the Philippines

In the Philippines, the idea of sending old family members to institutional care such as nursing homes continues to receive a negative perception. Filipinos believe that caring for a family member is a filial responsibility and should not be transferred to external institution.Hence, nursing home in the Philippines, which are mostly run by the government and NGOs care for those elderly people who are generally abandoned by their families. It is only fairly recent that private nursing homes were established to care elderly people whose families can afford to pay for the cost of professional geriatric care. The trend in nursing homes is gradually changing, due to the changing social dynamics brought about by globalization and industrialization in the country. For people who have less time and means to care for their aged parents or grandparents but have the financial capability to do so, the idea of professional care in nursing homes becomes a welcome alternative.[6]

In 1985, the Philippines government has created the Philippines Retirement Authority (PRA to attract and assist foreign nationals to invest and retire in the country through land and real estate investment schemes. Now under the Department of Tourism, the program has been coupled with government effort to promote Philippines as a tourist and retiree haven in the region. Processes for retirement visa application and entry to the Philippines have become easier to make the country a top choice for foreign retirees. In fact, the PRA (2013) reports a surge of retirement facilities being established in the following provinces: Cebu, Batangas, Laguna, Tagaytay (in Cavite), Pampanga and Subic (in Zambales). The retirement market in the country has now expanded to include institutional and home-based care for elderly clients needing medical and daily care. Several caring institutions in the Philippines have begun to cater to elderly foreign nationals for long-term care. These nursing homes have accommodated elderly patients of various nationalities: American, Canadian, Chinese and Japanese among others.[7]

1.3. Guidelines in the Planning and Design of a Hospital and other Health Facilities

A hospital and other health facilities shall be planned and designed to observe appropriate architectural practices, to meet prescribed functional programs, and to conform to applicable codes as part of normal professional practice. References shall be made to the following:

- P. D. 1096 – National Building Code of the Philippines and Its Implementing Rules and Regulations
- P. D. 1185 – Fire Code of the Philippines and Its Implementing Rules and Regulations
- P. D. 856 – Code on Sanitation of the Philippinesand Its Implementing Rules and Regulations
- B. P. 344 – Accessibility Law and Its Implementing Rules and Regulations
- R. A. 1378 – National Plumbing Code of the Philippines and Its Implementing Rules and Regulations
- R. A. 184 – Philippine Electrical Code

• Manual on Technical Guidelines for Hospitals and Health Facilities Planning and Design. Department of Health, Manila. 1994
• Signage Systems Manual for Hospitals and Offices. Department of Health, Manila. 1994
• Health Facilities Maintenance Manual. Department of Health, Manila. 1995
• Manual on Hospital Waste Management. Department of Health, Manila. 1997
• District Hospitals: Guidelines for Development. World Health Organization Regional Publications, Western Pacific Series. 1992
• Guidelines for Construction and Equipment of Hospital and Medical Facilities. American Institute of Architects, Committee on Architecture for Health. 1992
• De Chiara, Joseph. Time-Saver Standards for Building Types. McGraw-Hill Book Company. 198

1. Environment: A hospital and other health facilities shall be so located that it is readily accessible to the community and reasonably free from undue noise, smoke, dust, foul odor, flood, and shall not be located adjacent to railroads, freight yards, children's playgrounds, airports, industrial plants, disposal plants.
2. Occupancy: A building designed for other purpose shall not be converted into a hospital. The location of a hospital shall comply with all local zoning ordinances.
3. Safety: A hospital and other health facilities shall provide and maintain a safe environment for patients, personnel and public. The building shall be of such construction so that no hazards to the life and safety of patients, personnel and public exist. It shall be capable of withstanding weight and elements to which they may be subjected.
4. Security: A hospital and other health facilities shall ensure the security of person and property within the facility.
5. Patient Movement: Spaces shall be wide enough for free movement of patients, whether they are on beds, stretchers, or wheelchairs. Circulation routes for transferring patients from one area to another shall be available and free at all times.
6. Lighting: All areas in a hospital and other health facilities shall be provided with sufficient illumination to promote comfort, healing and recovery of patients and to enable personnel in the performance of work.
7. Ventilation: Adequate ventilation shall be provided to ensure comfort of patients, personnel and public.
8. Auditory and Visual Privacy: A hospital and other health facilities shall observe acceptable sound level and adequate visual seclusion to achieve the acoustical and privacy requirements in designated areas allowing the unhampered conduct of activities.
9. Water Supply: A hospital and other health facilities shall use an approved public water supply system whenever available. The water supply shall be potable, safe for drinking and adequate, and shall be brought into the building free of cross connections.
10. Waste Disposal: Liquid waste shall be discharged into an approved public sewerage system whenever available, and solid waste shall be collected, treated and disposed of in accordance with applicable codes, laws or ordinances.
11. Sanitation: Utilities for the maintenance of sanitary system, including approved water supply and sewerage system, shall be provided through the buildings and premises to ensure a clean and healthy environment.
12. Housekeeping: A hospital and other health facilities shall provide and maintain a healthy and aesthetic environment for patients, personnel and public.
13. Maintenance: There shall be an effective building maintenance program in place. The buildings and equipment shall be kept in a state of good repair. Proper maintenance shall be provided to prevent untimely breakdown of buildings and equipment.
14. Material Specification: Floors, walls and ceilings shall be of sturdy materials that shall allow durability, ease of cleaning and fire resistance.
15. Segregation: Wards shall observe segregation of sexes. Separate toilet shall be maintained for patients and personnel, male and female, with a ratio of one (1) toilet for every eight (8) patients or personnel.
16. Fire Protection: There shall be measures for detecting fire such as fire alarms in walls, peepholes in doors or smoke detectors in ceilings. There shall be devices for quenching fire such as fire extinguishers or fire hoses that are easily visible and accessible in strategic areas.
17. Signage. There shall be an effective graphic system composed of a number of individual visual aids and devices arranged to provide information, orientation, direction, identification, prohibition, warning and official notice considered essential to the optimum operation of a hospital and other health facilities.
18. Parking. A hospital and other health facilities shall provide a minimum of one (1) parking space for every twenty-five (25) beds.
19. Zoning: The different areas of a hospital shall be grouped according to zones as follows:
   Outer Zone – areas that are immediately accessible to the public: emergency service, outpatient service, and administrative service. They shall be located near the entrance of the hospital.

Second Zone – areas that receive workload from the outer zone: laboratory, pharmacy, and radiology. They shall be located near the outer zone.
Inner Zone – areas that provide nursing care and management of patients:nursing service. They shall be located in private areas but accessible to guests.
Deep Zone – areas that require asepsis to perform the prescribed services: surgical service, delivery service, nursery, and intensive care. They shall be segregated from the public areas but accessible to the outer, second and inner zones.
Service Zone – areas that provide support to hospital activities: dietary service, housekeeping service, maintenance and motorpool service, and mortuary. They shall be located in areas away from normal traffic.

20. Function: The different areas of a hospital shall be functionally related with each other.
The emergency service shall be located in the ground floor to ensure immediate access. A separate entrance to the emergency room shall be provided.
The administrative service, particularly admitting office and business office, shall be located near the main entrance of the hospital. Offices for hospital management can be located in private areas.
The surgical service shall be located and arranged to prevent non-related traffic. The operating room shall be as remote as practicable from the entrance to provide asepsis. The dressing room shall be located to avoid exposure to dirty areas after changing to surgical garments. The nurse station shall be located to permit visual observation of patient movement.
The delivery service shall be located and arranged to prevent non-related traffic. The delivery room shall be as remote as practicable from the entrance to provide asepsis. The dressing room shall be located to avoid exposure to dirty areas after changing to surgical garments. The nurse station shall be located to permit visual observation of patient movement. The nursery shall be separate but immediately accessible from the delivery room.
The nursing service shall be segregated from public areas. The nurse station shall be located to permit visual observation of patients. Nurse stations shall be provided in all inpatient units of the hospital with a ratio of at least one (1) nurse station for every thirty-five (35) beds. Rooms and wards shall be of sufficient size to allow for work flow and patient movement. Toilets shall be immediately accessible from rooms and wards.
The dietary service shall be away from morgue with at least 25-meter distance.
21. Space: Adequate area shall be provided for the people, activity, furniture, equipment and utility.[8]

III. Methodology

In order to facilitate the assessment, descriptive research was specifically purposive sampling. The researcher initially surveyed on the presence of geriatric institutions in CALABARZON after which, letters of permission to conduct surveys were sent to the respective management. Although more than 15 geriatric institutions were asked to participate, only 3 agreed to the survey which is quite a testament to the inherent 'high degree of discretion' among these institutions.

After the initial selection of institutions, the questionnaire which is designed to be filled-up both by the researcher and representatives from the institution, aimed to gather information pertaining to physical facilities and environmental conditions. The data gathered from this survey were then compared to national standards for health institutions as mandated by the Department of Health in order to determine the 'relative' degree of compliance among the institutions.

Research Instrument

The questionnaire utilized for this research was anchored on: 1) researchers' work experience as a nurse; 2) questionnaire from other scholarships and; 3) guidelines provided on professional journals and lastly; 4) standards for health facilities and institutions by the Department of Health (DOH). The questionnaire was an inventory type of questionnaire largely based on the DOH standards. The information gathered includes the name of the institution, official address and inventory of facilities both liquid and fixed, floor plans and area

IV. Results And Discussion

The operations of geriatric institutions in the Philippines, especially those which operate as foundation in nature, can be generally characterized as unregulated. This entails that the government generally lacks control on the way these institutions are being administered. Although, it is worth noting that the Philippine government through the Department of Health has set a general standard for the planning & design of hospitals and other health facilities in the country. These standards as stipulated in the guidelines issued by the DOH in November of 2004 were utilized in this study in assessing the physical facilities of geriatric institutions under study. The compliance of the three geriatric institutions will be utilized to help in the interpretations of level of satisfactions on these institutions as perceived by both patients & the management.

Table 1 details the status of compliance of the institution vis-à-vis standards stipulated in the DOH standard. A quick scan on the data provided below informs the reader that Nursing Home-A (Rural-based) is largely complaint with the DOH standards except for three things: 1) fire protection; 2) kitchen area and; 3) floor area. Nursing Home-A (Rural-based)currently has 10 males & 13 females residing in the charitable shed. This patient size is too large for the current dimensions of its bedroom wards and kitchen. Also, Nursing Home-A (Rural-based)only has fire extinguishers as preventive measure against fire hazard. The institution currently lacks fire detectors/alarms. Nursing Home-A (Rural-based)is the youngest among those included in the analysis, yet the most progressive and well-endowed in terms of facilities. Again, this level of progress may have something to do with its semi-private nature.

Table 1.Compliance of Nursing Home-A (Rural-based)facilities on DOH standards.

FACILITIES	DOH GUIDELINES	Nursing Home-A (Rural-based)	
		SPECIFICATIONS	REMARKS
1. Safety	Building made of sturdy materials	Made of concrete	Compliant
	Presence of two(2) exit doors	2 exit doors present in the ward area	Compliant
2. Patient Movement	Corridors shall have a minimum width of 8 ft.	Passage ways are 8.5 ft. wide	Compliant
3. Lighting	Areas should be well illuminated	Ward: two 12 watts of bulbs, three windows	Compliant
		Receiving area: one 12 watts bulb	
		Kitchen area: one 12 watts bulb	
		Comfort room: one 12 watts bulb	
4. Ventilation	Areas should be well ventilated	Ward: 2 ceiling fans, 3 electric fans, 3 windows	Compliant
		Other areas: 2 stand fans	
5. Auditory & Visual Privacy	Must have acceptable sound level & adequate visual seclusion	Ward is 10 ft. away from the road and windows have curtains	Compliant
6. Water Supply	Availability of potable water	Mineral water are delivered	Compliant
7. Housekeeping	Presence of personnel for daily housekeeping	2 volunteer personnel	Compliant
8. Segregation	Wards shall observe segregation of sexes	Sexes are separated	Compliant
9. Fire Protection	Presence of fire alarms, smoke detectors and fire extinguishers	Only fire extinguishers present	Not compliant
10. Parking Area	Minimum of one (1) parking space (100 ft^2) per every twenty-five (25) patients	Approximately 120 ft^2	Compliant
11. Recreational Area	At least 6.88 ft2 per person	Approximately 16 ft2 per person	Compliant
12. Bedroom Area	80 ft2 per person	56 ft2 per person	Not compliant
13. Kitchen Area	50 ft2	40 ft2	Not compliant
14. Dining Area	35ft2/person	40 ft2	Compliant
15. Receiving Area	6.88ft2/person	30 ft2	Compliant
16. Comfort Rooms	17.90ft2	40 ft2	Compliant
17. Sewerage System	Approved according to public standards	Present	Compliant

Nursing Home-B (Urban-based) resembles a 'square' or 'rectangle' with the sides being the wards and dining area while the center which is partly open air features a mini garden and a prayer house. Nursing Home-B (Urban-based) operates on a purely charitable basis and seldom conducts fund raising activities which pose a serious limitations on the financial liquidity of the foundation vis-à-vis its everyday needs. The institution is under the management of the diocese and thus being supported financially and logistically through volunteer staff from the spiritual congregation. The structures of the Nursing Home-B (Urban-based) although still compliant, as will be discussed later, are not fully furnished and 'well-maintained' compared toNursing Home-A (Rural-based).

Nursing Home-B (Urban-based) core building is concrete while exit doors are present, thus compliant with the DOH's safety regulations. The corridors of Nursing Home-B (Urban-based) are wide and spacious thus the patients who usually visit the chapel and garden can easily move around and roam the facility. In the morning, the semi-open air characteristic of the compound allows natural lighting to illuminate the areas while at night, the doorways, rooms and kitchen are illuminated by fluorescent bulbs. The bedrooms both for male and female are likewise well ventilated primarily though wide window fans. The facility is also endowed with a 24-hour supply of potable water.

In terms of housekeeping, Nursing Home-B (Urban-based) has a lot of volunteers who regularly clean the facilities. The home also has a spacious parking lot for visitors who are abundant all year round. The recreational area of the institution include a mini garden with flowering plants and some fruit trees situated in the middle of the facility giving the area a fresh and cozy atmosphere. Nursing Home-B (Urban-based) also has

a small store which serves as a display area for crafts handmade by the residents. The dining and kitchen areas are likewise spacious allowing the residents to eat their meals together.

The areas for improvement in the Nursing Home-B (Urban-based) boil down to two things: 1) fire protection and; 2) bedroom size. It seems that preparation for fire hazard is not a primary concern of geriatric institutions under this study. If this is true for all homes for the aged here in the Philippines, this poses a serious threat to the safety of older adults who, due to old age will be less responsive to emergency cases such as fire incidents, thus are more vulnerable compared to other age groups in the community. This area is clearly 'under-regulated' by the government. Firsthand measurements by the researcher revealed that Nursing Home-B (Urban-based) houses patients beyond its ward size capacities. With 14 females and 7 males, Nursing Home-B (Urban-based) needs to expand its female ward by $56ft^2$ and its male ward by $32ft^2$ in order to be compliant.

Table 2.Compliance of Nursing Home-B (Urban-based)on DOH standards.

FACILITIES	DOH GUIDELINES	Nursing Home-B (Urban-based)	
		SPECIFICATIONS/	REMARKS
1. Safety	Building made of sturdy materials	Made of concrete	Compliant
	Presence of two(2) exit doors	Female: Doors are collapsible Male: 2 exit doors	Compliant
2. Patient Movement	Corridors shall have a minimum width of 8 ft.	Female Corridor: 12 ft wide Male Corridor: 8 ft wide	Compliant
3. Lighting	Areas should be well illuminated	Light bulbs, Female area: CR-3, Ward-2, Staff room-1, Hallway-3	Compliant
		Light bulbs, Male area: CR-1, Ward-2,Staff room-1, Hallway-2	
		Light bulbs, communal areas: Entrance-1, Store-1, Meeting area-1, Rest house-1, Chapel-4, Dining area-2, Garden & pathway-3	
4. Ventilation	Areas should be well ventilated	Female ward: 2 ceiling fans, 2 stand fans, 4 windows	Compliant
		Male ward: 2 ceiling fans, 2 stand fans, 4 windows	
		Communal areas: 5 stand fans, trees and plants around the area	
5. Auditory & Visual Privacy	Must have acceptable sound level & adequate visual seclusion	Area adequately secluded from the main road as well as the Cathedral	Compliant
6. Water Supply	Availability of potable water	24 hour supply of potable water	Compliant
7. Housekeeping	Presence of personnel for daily housekeeping	7 volunteers from church members and additional 5 children scholar-volunteers	Compliant
8. Segregation	Wards shall observe segregation of sexes	Sexes are separated	Compliant
9. Fire Protection	Presence of fire alarms, smoke detectors and fire extinguishers	None present	Not compliant
10. Parking Area	Minimum of one (1) parking space (100 ft^2) per every twenty-five (25) patients	Parking space through the cathedral	Compliant
11. Recreational Area	At least 6.88 ft2 per person	Approximately 34 ft2 per person	Compliant
12. Bedroom Area	80 ft2 per person	Female: 24ft2 per person Male: 48 ft2 per person	Not compliant
13. Kitchen Area	50 ft2	120 ft2	Compliant
14. Dining Area	35ft2/person	38 ft2	Compliant
15. Receiving Area	6.88ft2/person	Female hallway: 29 ft2/person Male hallway: 25 ft2/person	Compliant
16. Comfort Rooms	17.90ft2	Female: 196 ft2 Male: 112 ft2	Compliant
17. Sewerage System	Approved according to public standard	Present	Compliant

Table 3 shows the details of compliance of Nursing Home-C (Suburban-based) vis-à-vis DOH's standards for health facilities. In terms of safety, Nursing Home-C (Suburban-based) building facility is made of concrete and thus complies with the national standards. The movement of patients around the building is observed to be comfortable since the passage ways are at least 8.5 feet wide and also currently only houses 5 female patients. The whole facility is well illuminated and ventilated. The building is sufficiently far from the highway and thus patients are not bothered by the noise of traffic while screens and drapes maintain the privacy of patients.

Nursing Home-C (Suburban-based) as of the moment, has two regular volunteers who maintain the cleanliness of the facility aside from occasional labor force coming from 'on-the-job-trainings' of nursing students from different universities in province. Since the water from the faucet is not potable, a supply of mineral water is regularly delivered. Comfort rooms are adequate, a proper sewerage system is in place and there are parking & receiving areas for visitors.

The areas which Nursing Home-C (Suburban-based) can improve upon are: 1) fire protection; 2) bedroom ward area and; 3) kitchen area. Personal inspection by the researcher has again revealed that just like the preceding two geriatric institutions, Nursing Home-C (Suburban-based) is not adequately prepared for fire disasters with only fire extinguishers. An additional 24 ft^2 has to be added in order for Nursing Home-C (Suburban-based) to comply with national standard size for bedroom ward in the Philippines. Lastly, the kitchen area has to be expanded by 10 ft^2 to comply with the DOH standards. In general, although Nursing Home-C (Suburban-based) were compliant with the standards, it cannot be said that the building facilities were fully furnished and well-maintained as much as the level of Nursing Home-A (Rural-based).

Table 3.Compliance of Nursing Home-C (Suburban-based) on DOH standards.

FACILITIES	DOH GUIDELINES	Nursing Home-C (Suburban-based)	
		SPECIFICATIONS	REMARKS
1. Safety	Building made of sturdy materials	Made of concrete	Compliant
	Presence of two(2) exit doors	2 exit doors present in the ward area	Compliant
2. Patient Movement	Corridors shall have a minimum width of 8 ft.	Passage ways are 8.5 ft. wide	Compliant
3. Lighting	Areas should be well illuminated	Ward: two 12 watts of bulbs, three windows	Compliant
		Receiving area: one 12 watts bulb	
		Kitchen area: one 12 watts bulb	
		Comfort room: one 12 watts bulb	
5. Ventilation	Areas should be well ventilated	Ward: 2 ceiling fans, 3 electric fans, 3 windows	Compliant
		Other areas: 2 stand fans	
6. Auditory & Visual Privacy	Must have acceptable sound level & adequate visual seclusion	Ward is 10 ft. away from the road and windows have curtains	Compliant
7. Water Supply	Availability of potable water	Mineral water are delivered	Compliant
8. Housekeeping	Presence of personnel for daily housekeeping	2 volunteer personnel	Compliant
9. Segregation	Wards shall observe segregation of sexes	Only accepts female patients	Compliant
10. Fire Protection	Presence of fire alarms, smoke detectors and fire extinguishers	Only fire extinguishers present	Not compliant
11. Parking Area	Minimum of one (1) parking space (100 ft^2) per every twenty-five (25) patients	Approximately 120 ft^2	Compliant
12. Recreational Area	At least 6.88 ft2 per person	Approximately 16 ft2 per person	Compliant
13. Bedroom Area	80 ft2 per person	56 ft2 per person	Not compliant
14. Kitchen Area	50 ft2	40 ft2	Not compliant
15. Dining Area	35ft2/person	40 ft2	Compliant
16. Receiving Area	6.88ft2/person	30 ft2	Compliant
17. Comfort Rooms	17.90ft2	40 ft2	Compliant
18. Sewerage System	Approved according to public standards	Present	Compliant

V. Conclusions

Although all the three geriatric institutions were compliant to DOH's standards, none of them were adequately prepared for fire hazard. There was a general lack of attention given to this particular safety aspect.

The lack of preparedness for fire hazard is a critical finding of this study. This is also reflective of the largely inadequate regulation of these institutions by the government. Information was also very hard to gather because of inherent privacy issues among foundations. The government should enjoin these foundations to regularly submit pertinent information through the Department of Social Welfare and Development or DSWD as this information are necessary towards the formulation of policy for a holistic geriatric institution.

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