



**INSIDE**

**NIELSEN**

A PUBLICATION OF NIELSEN BUILDINGS FALL 2015

# *Senior Living in the 21st Century*





# NIELSEN

## Corporate Mission Statement

### Our Vision

Nielsen will be recognized as a premier construction organization with a commitment toward optimal performance in serving clients within the Commonwealth of Virginia. We will achieve this by consistently “striving for excellence” in providing professional building services.

### Our Values

#### People

Nielsen recognizes that our people are the critical element in achieving our vision. We will support a team approach through open communication among all employees. We will promote the growth and empowerment of our people and commit to human resource practices based on standards of excellence, safety awareness, fair treatment and equal opportunity.

#### Total Client Satisfaction

Nielsen will build on our reputation and commit to exceed the expectations of our clients by maintaining the highest level of skill and responsibility in providing professional services. We will deliver a superior price/value relationship in providing quality construction services with a profit objective at a fair level.

#### Leadership

Nielsen is committed to being a leader in the construction industry through innovative construction techniques and product development. We will strive to be a caring corporate citizen in enhancing the community and environment in which we do business.

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Nielsen Builders, Inc.'s commitment to quality assurance is based on responsible craftsmanship, leadership, innovation, safety awareness and employee satisfaction. Our guarantee to furnish our clients with a total quality product is the heart of our company's existence.

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It is the policy of Nielsen Builders, Inc. not to discriminate and to provide equal employment opportunity to all qualified persons regardless of race, color, sex, religion, national origin, disability, marital status, sexual orientation, gender identity or Vietnam era veteran status. This policy is applied to all employment actions including but not limited to recruitment, hiring, upgrading, promotion, transfer, demotion, layoff, recall, termination, rates of pay, or other forms of compensation and selection for training including apprenticeship.

Nielsen Builders, Inc. is committed to the principles of affirmative action and equal employment opportunity. In order to ensure its dissemination and implementation throughout all levels of the company, Jean Hieber has been selected as Equal Employment Officer for Nielsen Builders, Inc.

In furtherance of our policy of affirmative action and equal employment opportunity, Nielsen Builders, Inc. has developed a written Executive Order Affirmative Action Program, which contains specific and results-oriented procedures to which Nielsen Builders, Inc. is committed to apply every good faith effort. Procedures without efforts to make them work are meaningless and effort undirected by specific and meaningful procedures is inadequate. Such elements of Nielsen Builders, Inc.'s Executive Order Affirmative Action Program will enable applicants and employees to know and avail themselves of its benefits. The policy is available for review, upon request, during normal business hours.

Applicants for employment and all employees are invited to become aware of the benefits provided by the Affirmative Action Program.



## LETTER FROM THE PRESIDENT



Welcome to the fall 2015 Issue of *Inside Nielsen*.

The long-term healthcare market continues to grow as the “baby boom” generation moves into retirement. This issue will highlight the retirement community growth and changes from many different perspectives.

We are pleased to present articles from design professionals, administrators and a statewide organization of not-for-profit retirement communities. All of these contributors are longtime partners with Nielsen Builders, and we value their contributions to this issue. These individuals and organizations are leaders in the industry, and their perspectives will be extremely insightful.

The construction of retirement communities has always been a significant part of Nielsen’s history. We are currently involved with seven different communities with plans for expansion. The growth in the industry is exciting as all of our clients are upgrading current facilities or expanding with new offerings to meet the needs of a growing 50-and-older community.

This is the ninth year we have produced *Inside Nielsen*. We want to thank our advertisers and readers for their continued support of this publication.

Tony E. Biller  
President/CEO





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## PUBLISHER

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# Why Do We Need Culture Change in Nursing Homes?

submitted by Rodney Alderfer, President, Bridgewater Retirement Community

Today's "traditional" nursing homes were created about 50 years ago as "homes for the aged." Architecturally, many were built like hospitals and organized to be similarly run. Originating from a focus on illness and dependency, daily life in many nursing homes is organized around predetermined schedules and to-do lists for the staff, who may not know the resident well. Because the emphasis is primarily on quality of care and not on quality of life, the resident's life often lacks choice, meaning and purpose. There is little sense of being "at home."

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The culture-change movement is working to transform the institutional approach to care delivery into one that is resident-directed.

## What Is Culture Change?

"Culture change" is the common name given to the national movement for the transformation of older adult services, based on person-directed values and practices where the voices of elders and those working with them are considered and respected. Core person-directed values are choice, dignity, respect, self-determination and purposeful living. The transformation supports the creation of both long- and short-term living environments, as well as community-based settings where both older adults and their caregivers are able to express choice and practice self-determination in meaningful ways at every level of daily life. Culture-change transformation may require changes in organization practices, physical environments, relationships at all levels and workforce models — leading to better outcomes for consumers and direct care workers without inflicting detrimental costs on providers.

## Bridgewater Retirement Community's Culture Change Journey

The Bridgewater Retirement Community's (BRC) journey began in 2010 as it entered into strategic planning for the next five years, a process BRC has been doing for decades. After President Rodney Alderfer and others attended a Pioneer Network conference, senior management began forming the plans for moving forward during the next five years to bring the reality of culture change to BRC. The journey would begin in the nursing home, which, since it opened on May 1, 1965, had looked and operated in a very

*All households have a spacious living room with a fireplace, an abundance of natural light, a full kitchen and dining area, a parlor for small gatherings, and access to the outdoors, through either an enclosed landscaped patio or a large screened balcony.*

traditional, hospital-like fashion. As staff learned more and more about culture change through its partnership with Action Pact, it was evident that not only did the culture need to be transformed, but so did the nursing-home building itself. RLPS was chosen to be the architectural partner to design the addition to and renovation of the Huffman Health Center. Working with residents, families, staff and others, BRC and RLPS developed plans for a new “home.” Moving away from the institutional design of large nursing units for 50 or more residents, smaller households were created where 20 residents could live in a more engaging environment. Highlights of the design include mostly private rooms. All rooms, shared or private, have a full bath with a European shower. All households have a spacious living room with a fireplace, an abundance of natural light, a full kitchen and dining area, a parlor for small gatherings, and access to the outdoors through either an enclosed landscaped patio or a large screened balcony. In addition to the new resident households, the design includes a new canopied entrance, a spacious lobby, a cafe and a conference room on the first floor. On the second floor is the physical-therapy suite, complete with everything needed for both rehabilitation and occupational therapy. The third floor holds a multipurpose room for larger gatherings and a new beauty salon.

Nielsen Builders was selected as BRC’s construction partner on this exciting project and construction began in July 2013. The first phase of the project was the construction of two new three-story additions to the north and south ends of the building. Doing this allowed 72 residents from the existing hallways to move into new spaces in the fall of 2014.

Meanwhile, the cultural transformation continued. From February 2013 through June 2014, over 350 staff members, family, Board members and independent-living residents were part of a training that is integral to the success of a culture-change transformation: PersonFirst. PersonFirst was originally developed to help caretakers, whether family or staff, work more easily with residents with dementia. However, the tenets and methods apply universally to interactions with everyone. The community circles, the activity at the core of this program, bring together residents, staff and family members in regular social interaction, breaking down the isolation of so many people who live in nursing homes.

New roles were defined. Household coordinators and clinical coordinators became the leadership teams in each of the six new households. Simply, the clinical coordinator is responsible for the health of residents, and the household coordinator is responsible for the happiness, or quality of life, of residents. A new blended role of housekeeping and dining, the homemaker, also became a vital part of the new household staffing model.

Household training sessions continued with regular visits from Action Pact experts to help define goals and the characteristics of the households. The goal of this was to bring “home” to Huffman Health Center residents, not just in the physical sense, but also giving them empowerment over their lives. In the institutional model, going to bed and waking were on a set schedule, as were meal times. Now, individuals choose when they want to go to bed at night. This has made a remarkable difference

in many residents’ lives, allowing their internal clocks to govern their sleep patterns. As a result, residents are much more rested, less agitated and also more eager to eat on the new, less regimented schedule. In addition, should a resident awake after the regular breakfast period, there is a full kitchen in each household where the homemaker can prepare a “made-to-order” breakfast. With these culture changes and the new environment, life has become more robust for the residents, with frequent trips to nearby events and activities, as well as higher engagement from families, churches and the greater community, providing opportunities for social interactions and the enjoyment of life.

While there will, in the near future, be an end to the addition and renovation of the Huffman Health Center, the culture-change journey will go on. As new residents come to the home, their needs and wants may be different than those who live at BRC currently. This means the culture must adjust to those needs and wants, once again adjusting and empowering residents with choices over their lives.



Our partnerships with Action Pact, RLPS and Nielsen Builders, Inc. have made Bridgewater Retirement Community’s dream of bringing “home” to residents come true.

*Bridgewater Retirement Community is a continuing care retirement community (CCRC) housing multiple living options throughout our campus for the 55+. Located just outside of Harrisonburg and conveniently close to Richmond, Virginia, our community consists of independent living for the active adult, assisted living and skilled nursing care. Our Memory Support Program provides care for those with Alzheimer’s, dementia and memory loss.*

# Design for Dementia

by John R. Mather, AIA, Mather Architects, P.C.

## Overview

The design for senior care has its roots in hospital design. The hospital of the 1940s and 1950s served as the basic model, and it was simply adjusted to a “hospital-light” to serve folks who needed a degree of medical care. While this made sense at the time, what was lost was a sense of “home” and of warmth, and resulted in green glazed-tile walls, long corridors, hospital doors that clanged shut, and little rooms with one or two beds. It had become, unfortunately, a dreaded last stop in God’s waiting room!

No one wants to live in a hospital. As we have evolved, we realized that Mom and Dad just want to live in a place that feels like home, and that is also the kind of place we want to visit. More and more, we are developing “residential models” with “houses” of care, living rooms, dining rooms, outdoor gardens, residential materials and residential features. The idea, now, is to make it as home-like as possible while still maintaining the safety and medical care that is needed, so that residents and their families can enjoy life as much as possible in an otherwise difficult situation.

Residents with dementia are perhaps the fastest-growing special-needs population in the senior care industry. **Currently, there are 47 million people globally living with dementia, and that number will double every 20 years.** This is a big deal!

People with dementia sometimes have trouble understanding the world around them, especially if they are in unfamiliar surroundings. The goal for designers and facilities must be **to maximize their abilities to promote safety, encourage independence and maintain quality-of-life experience.** Following are some key design principles to follow when designing a dementia-, Alzheimer’s- or memory-support facility.

## Design Principles

*Maximize awareness and orientation* – Keep signs simple since residents may not be able to comprehend complex language. Personalize room entry to make it recognizable. Create a regular schedule by doing an activity in the same place at the same time of the day. Create purpose-specific rooms that are visible so residents always know what to expect when they enter.

*Control unauthorized exiting* – Determine the security level of the monitoring system. Exits that lead to unprotected areas should be easily monitored or protected with alarms. Decrease visibility of doors that residents should not use, such as exits, utility rooms or staff spaces. If possible, have exit doors not intended for resident use situated parallel to the hallway so they are less visible rather than at the end of the hallway. Keypads with codes are common to control entry into these locations.

*Acoustic stimulation* – Eliminate overhead public address (PA) systems. Avoid playing music throughout the facility. Minimize noise from equipment, such as icemakers, carts and pill-crushers. Avoid loud talking by the staff. Regulate the amount of noise generated by group activities; activity rooms should have doors that can be closed or left open. Utilize sound-absorbing materials in public areas. Equip a few bedrooms with extra soundproofing for residents with disruptive vocalizations.

*Visual stimulation* – Minimize glare from windows and lights by using carpeting, low-gloss floor waxes and sheer curtains. Provide even lighting as much as possible. Minimize or eliminate





# Care

unnecessary signs, such as signs noting the utility room. Vary design and décor in each room so the experience of one room is different from another. Position nonambulatory residents so they have interesting views, either a window looking out to a busy street or a view of an active area.

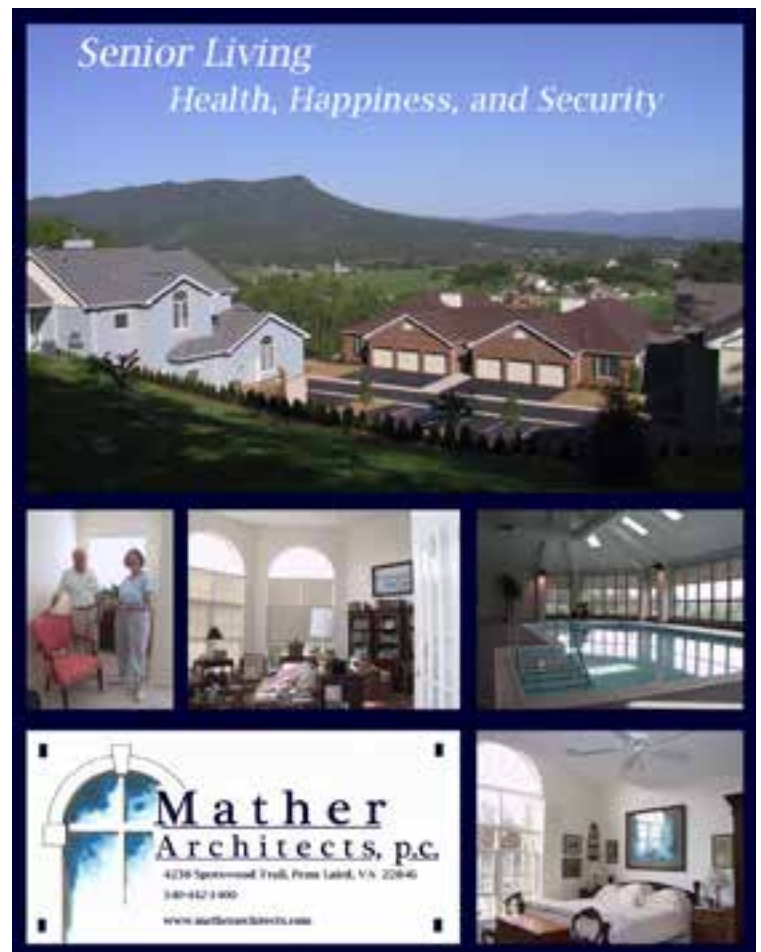
*Provide private rooms, or at least private bedrooms* – This population can be confused or disturbed by the actions of others (i.e., residents may think that someone took something from them). It is important that residents have personal space away from others and a place for their belongings.

*Provide natural light into the facility* – Our biorhythms are affected by our awareness of the natural cycle of night and day. Medical chronobiologists have found that biologic rhythms can affect the severity of disease symptoms, diagnostic test results and even the body's response to drug therapy.

*Provide for movement and exercise* – It is important to remember that many of these folks are fully physically able, thus they are able and want to move about. A circular path around the facility and in a safe garden area is desirable.

*Program activities* – Provide a program of activities to engage the residents. This can include activities such as sing-alongs, musical performances, special get-togethers for the holidays, recognition of veterans on Memorial Day, cookouts with the families, ice cream socials, etc.

*Music* – For many residents, the last area of the brain that processes the world in a normal fashion is the area that hears, processes and enjoys music. This was the case with my own father. He enjoyed music during his life, and most especially the classical pieces of the greats — Handel, Bach, Beethoven. We would play music on our phones and iPods when visiting, and we could see the joy and the connection. While we do not want to disturb others with our music, find a place to play it for residents. For me and my dad, it was usually on the porch outside, watching the trees and sky, feeling the warmth of the sun and a pleasant breeze, and listening to an 18th century master. It also helped the son. Find those happy places.



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by Jack Broaddus, President  
and CEO, Sunnyside  
Communities

# The Future Is Now

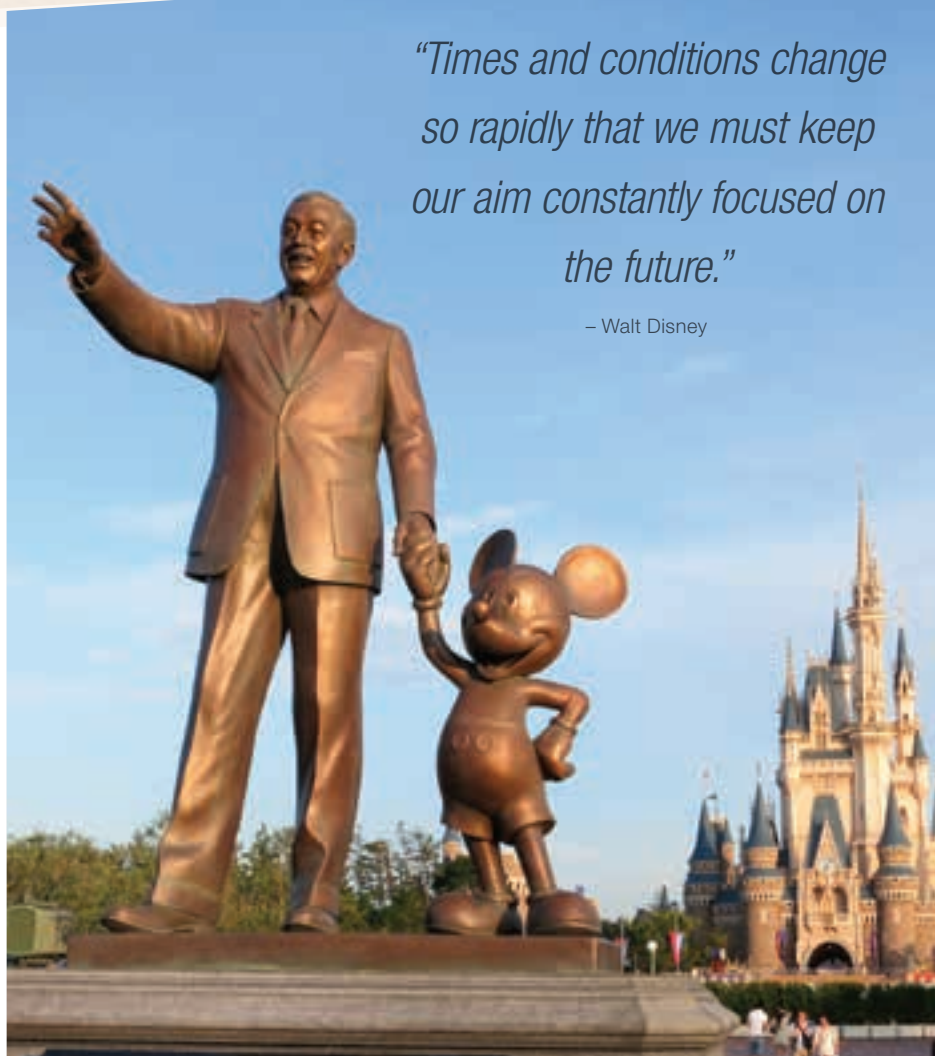
## *Predict. Prepare. Perform.*

Walt Disney was quoted as saying, “Times and conditions change so rapidly that we must keep our aim constantly focused on the future.” In many respects, this describes the posture of many senior-living communities — ensuring they are prepared for the future.

Today’s seniors are living longer, enjoying good health, staying active, and concentrating on exercise and wellness. Many are traveling, volunteering, focusing on sustainability and continuing to work. Their approaches to life are different than the conventional perception of retirement, and they are redefining senior living as we currently know it, so much so that a number of senior-living communities no longer use the word “retirement” in their name because it does not accurately describe their residents or future prospects.

What does this mean for senior-living communities? It means researching, anticipating and planning for the lifestyles, attitudes, mindsets and behaviors of future residents while continuing to meet those of current residents. Staying up to date in terms of campuses, living spaces, technology, programming, and services and amenities is still important, and it will continue to be in the future. However, a primary focus of senior-living communities today is to continuously monitor changing market demands to help them predict and prepare for the future.

At Sunnyside Communities, continually investing in capital projects to address the expectations of current and future residents is a primary driver of success. The renovations and improvements on each of our campuses — Sunnyside, King’s Grant and Summit Square — are a direct result of listening to



and anticipating market demands, and successfully executing a plan of action. The addition of more outdoor spaces, a community center, improved walking trails, enhanced health care rooms and spas, and shared spaces that allow for more socialization are just a few of the ongoing projects at Sunnyside Communities.

In addition to the capital projects, Sunnyside Communities remains innovative in its program and activity offerings for residents

in all stages of life — independent living, assisted living, health care, skilled nursing care and memory care. It is due to the unwavering commitment to excellence by its exceptional staff that Sunnyside Communities is a persistent leader in continuing-care retirement-community living.

*Established in 1912, Sunnyside Communities is a not-for-profit continuing-care retirement community with three campuses in Virginia: Sunnyside in Harrisonburg, King’s Grant in Martinsville and Summit Square in Waynesboro.*



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# Senior Living from Spectrum's Perspective

by David L. Bandy, AIA  
President/Director of Design

Many senior-living facilities across the country are looking at their communities and are trying to figure out how to give better care, provide more options, respect the environment, and provide the necessary income to be viable. These, among others, are some of the top design trends we are seeing.





Spectrum Design's most recent senior-living project is with the Kendal Corporation, based out of Pennsylvania. We are working with Kendal on its most southern location in Lexington, Virginia. Like most of its locations, Kendal at Lexington has universities close by. In this case, they are Virginia Military Institute and Washington and Lee University. The opportunities for interaction among different generations are abundant.

As we are all aware, the design parameters for senior living are changing due to residents' expectations, the economy and the constant desire for the community to be "more like home."

Presently, we are assisting Kendal at Lexington with a master plan that addresses its expansion needs through improved memory-care assisted living, upgrading the nursing-home model of care to a "household concept," short-term rehabilitation, and additional cottages and hybrid villas.

While there is ample space for expansions and new construction, Kendal wanted to be responsible in conserving open space. That, with the desire to have multiple unit options, led Kendal to consider the hybrid villa. A hybrid villa is an alternative to other models and provides wraparound views, outdoor living, generous daylighting and covered parking.

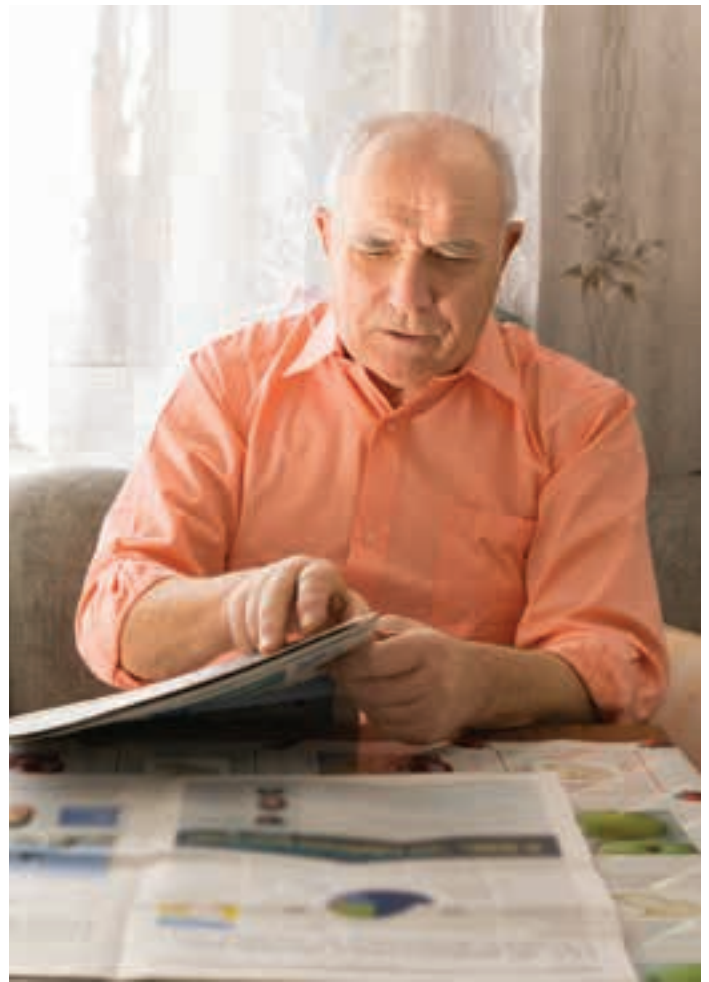
Another unit that conserves land is the duplex. Spectrum Design is taking particular care to design a duplex unit that separates each unit as much as possible by having the garages as the connecting piece. There will be upgrades that will also make the duplex more desirable, such as more architecturally styled sunrooms, private courtyards and additional storage.

Memory-care assisted living will be upgraded by providing all new finishes in the existing spaces and a loop walking system that provides new and expansive space for activities, living space, a country kitchen and dining. All of these spaces are open to a central, contained courtyard, which will allow the residents to participate in gardening and outdoor living.

*As we are all aware, the design parameters for senior living are changing due to residents' expectations, the economy and the constant desire for the community to be "more like home."*

The last big thing that we are seeing in long-term care is the household concept. Spectrum Design provided numerous options to the existing facility for Kendal to consider, and three were selected for further study. What we kept hearing was, "The more 'like home,' the better." Short distances from the rooms to the core of living, dining and activities are being provided. Spaces for the staff throughout the model are provided. These spaces will allow staff member to be more interactive and have a visual overview of their household residents.

From Spectrum Design's perspective, we are seeing the communities have higher expectations, are more involved in the



surrounding community, and are more technologically advanced, and the residents really desire to have multiple options. Perhaps one of the most interesting aspects of the Kendal communities is the desire of residents to be involved in all aspects of "decision-making" that affect their community. Extensive attention has been given to residents for their input in all design aspects of the master plan. After all, it is their home.

*Spectrum Design, P.C., was born in 2000 with the merger of Echols-Sparger Architects and Spectrum Engineers, P.C., offering full-service architecture and engineering in Roanoke, Virginia. With a current staff of 30, we provide architectural design, master planning and land planning services, as well as comprehensive structural, civil, electrical and mechanical engineering. Specializing in the design of educational facilities, historical preservation of older buildings, museums and performing arts, residential and senior-living communities, and municipal and government buildings, Spectrum Design provides creative architecture with smart engineering solutions.*

*Kendal at Lexington is a continuing-care retirement community (CCRC) nestled in the mountains of Virginia. The campus is located on 85 acres of rolling farmland in historic Lexington, Virginia. We are a not-for-profit, Quaker-based organization affiliated with the Kendal Corporation, a leader in the retirement industry for over 30 years. Kendal's campus and amenities are impressive, but it's the residents who make the community truly special. They share a deep appreciation for lifelong learning, volunteerism, culture, art and history. Many have had extremely accomplished careers, traveled the world, and given back to society in meaningful ways. Now they have the peace of mind and flexibility to pursue new interests in retirement.*

# PROJECT PORTRAITS

## BATH COMMUNITY HOSPITAL – PHASE 1

**Client:** Bath Community Hospital  
**Location:** Hot Springs, Virginia  
**Architect:** Tom Mullinax, AIA  
**Contract:** \$8.3 million  
**Completed:** December 2014

### SPECIAL FEATURES

Phase 1A included a vast amount of site work over the entire hospital property. Modifications to the site included completely new water-supply and waste utilities, a new storm-water-management facility, new and renovated parking lots, and an 18-foot retaining wall. The three-story addition was also included in this phase. The addition consists of a structural-steel frame with slab-on-grade and slab-on-deck floors. Load-bearing CMU (concrete masonry units) make up the stair and elevator towers. The shell of the new addition includes structural metal studs with an EIFS (exterior insulation and finishing system) exterior on the first floor and southern walls. The rest of the exterior is constructed out of an extensive curtain-wall system. The interior walls are constructed with metal framing and drywall. There are various finishes used

in the addition, including carpet, vinyl flooring, wood flooring, ceramic tile and VCT (vinyl composition tile). This addition adds the following features to the hospital: a new emergency department, trauma bays, exam rooms, orthopedic areas, administration areas, CT-scanning room and clinical-service areas.



Phase 1B included renovations to the existing hospital and entrance lobby. The renovations took place in the current office spaces, exam rooms, physical-therapy department and respiratory-therapy department. This phase also included an extensive abatement and demolition of the existing medical office building to allow for future expansions. Phase 1C included renovations to the existing medical-records and registration areas. While this work was underway, a new helicopter landing pad was constructed adjacent to the new emergency department. The helicopter pad included an electric snow-melt system to allow for operation in inclement weather.

## BLUE RIDGE AREA FOOD BANK EXPANSION

**Client:** Blue Ridge Area Food Bank  
**Location:** Verona, Virginia  
**Architect:** The Gaines Group, PLC  
**Contract:** \$3.03 million  
**Completed:** July 2015



### SPECIAL FEATURES

Phase 1 was a new two story building, approximately 7,574 square feet of new construction to the existing facility and all site work. Demolition of the existing office was included in Phase 1. Phase 2 included the renovations to the main warehouse. Demolition of the existing salvage-room wall and new rack-system layout work was included in this phase. Phase 3 was a 6,133-square-foot addition for the salvage/clean room area at the rear of the project. Phase 4 included new rack-system layout for the Shenandoah Warehouse, new interior office spaces, the Volunteer Vestibule and restrooms. The existing site is restricted by two easements at the front

of the property – power line and setback. The new office building has been located no closer to the easements than the current office building. The front parking is designed not to exceed the current number of parking spaces although the configuration of the parking has been modified. New parking spaces will be provided at the rear of the property, with a sidewalk added along the east side of the facility to connect the rear parking to the front of the building. The building foundation includes spread footings with masonry foundation walls. The main floor is a concrete slab-on-grade, and the superstructure is masonry bearing and steel stud framed with bar joists and deck for the second floor and

roof. The floor-to-floor height is 13 feet. The roof is an EPDM (ethylene propylene diene terpolymer) mechanically fastened roof on rigid insulation. The exterior skin has metal siding with “lick-and-stick” stone on the stair wall. All exterior windows are fixed aluminum with insulated glazing, and the entrance vestibule is aluminum storefront with a roof and attached canopy at the entrance. The salvage/clean room building foundation includes spread footings with masonry foundation walls. The main floor will be a concrete slab-on-grade. The superstructure will be structural steel with 4-foot insulated panels, with an inside clear height of 28 feet.



# PROJECT PORTRAITS



## BRIDGEWATER RETIREMENT COMMUNITY ADDITIONS AND RENOVATIONS

**Client:** Bridgewater Retirement Community

**Location:** Harrisonburg, Virginia

**Architect:** RLPS Architects

**Contract:** \$15.6 million

**Completed:** August 2015

### SPECIAL FEATURES

With the construction of two three-story additions, Bridgewater Retirement Community (BRC) has created six neighborhood settings within the health care wing of its facility. Each neighborhood has its own living room, dining room and kitchen space. The semi-private resident rooms include a bathroom and individual spaces to give the rooms a residential feel. The common spaces include a conference room, a multipurpose room, a beauty parlor, a cafe and physical therapy for all health care residents.

The additions are constructed of structural metal studs with pre-cast plank floors. The roof structure includes wood trusses and

shingles. The porte-cochere has a signature metal roof similar to other canopies on campus. A combination of brick and EIFS (exterior insulation and finishing system) connects the additions to adjacent buildings aesthetically. The mechanical system includes a four-pipe vertical heating and cooling system tied into BRC's central energy plant.

After completion of the additions, the 1995 addition was demolished to make room for the new entrance and porte-cochere. The final phase of construction renovated the existing health care wing into private rooms and other support spaces for the residents.

## DUFFEY MEMORIAL UNITED METHODIST CHURCH

**Client:** Duffey Memorial United Methodist Church

**Location:** Moorefield, West Virginia

**Architect:** Mather Architects, P.C.

**Contract:** \$1.3 million

**Completed:** May 2015

### SPECIAL FEATURES

Duffey Memorial Church has added a two-story addition with 4,900 square feet on the lower floor and 1,900 square feet on the upper floor. The foundation was constructed using masonry block foundation with wood exterior and interior framing. The roof structure is wood trusses with a standing seam metal roof. The exterior skin is a combination of brick and EIFS (exterior insulation and finishing system) with cast stone accents. The interior finishes include a nice combination of wood flooring, carpeting and VCT (vinyl composition tile). The walls have dry-wall throughout with impact-resistant drywall in the Fellowship Room. Each wood door is encased in metal frames, and the



wood windows have vaulted accent tops. There are three existing 12-foot-tall stained glass windows that were moved to the new addition after completion. The HVAC system is a single-stage dual-fuel-type furnace: 13.0 to 14.0 SEER by York. The commercial kitchen includes an exhaust hood with fire suppression as required by code. The addition also includes new bathrooms on each floor.

# PROJECT PORTRAITS

## HARRISONBURG CITY HALL

**Client:** City of Harrisonburg  
**Location:** Harrisonburg, Virginia  
**Architect:** Mather Architects, P.C.  
**Contract:** \$9.2 million  
**Completed:** July 2015



### SPECIAL FEATURES

The new Harrisonburg City Hall is a three-story addition to the historical municipal building in downtown Harrisonburg. The neighboring community-development building will be demolished after the addition is complete. The signature feature is the new dome that resembles the old spring house located on Court Square less than a mile away. The exterior skin of the addition includes bluestone, precast, GFRC (glass fiber reinforced concrete), EIFS (exterior insulation and finishing system) and glass curtain wall. The roof is metal with skylights in the atrium area. The superstructure consists of steel, CMU (concrete masonry units) and metal framing with precast planks as part of the elevated floor slabs.

## STONEY RUN DAIRY PARLOR

**Client:** Smith Family Farm  
**Location:** McGaheysville, Virginia  
**Architect:** The Gaines Group, PLC/LJB Inc.  
**Contract:** \$1.7 million  
**Completed:** December 2014



### SPECIAL FEATURES

Stoney Run Dairy is a partnership between Dairymen Specialty and Nielsen Builders to produce a state-of-the-art dairy parlor. This design-build tilt-construction project consists of 28,545 square feet under roof. Approximately 12,300 square feet of the building is open steel structure used as the holding and sorting pens for the cattle as they enter and exit the parlor. Based on the milk production for each cow charted electronically, they are either sent back to the feed barn or a special-needs barn. The remaining 16,245 square feet consists of offices, mechanical/chemical rooms, observation rooms, a milk-storage room and the milking rotary. The rotary sits on a circular wall 76 feet across that can only vary 0.5

inch from the center pivot point. This wall is structurally designed to carry the weight of 72 cows, rotary equipment, 6 inches of concrete and dairy brick. The tilt-up section of this building was constructed in a way that differs from the norm. In a typical building, the floor is poured, and then the panels are formed on the floor. Due to all the pipe and conduit in the dairy parlor floor, the panels were formed on casting beds outside the building footprint. Once the panels were erected, the floors were poured in the building. This building consists of 56 panels with a wide variety in weight and size. These panels range from 18 feet to 33 feet tall on the gable ends and 4 feet to 36 feet wide. There are four thicknesses of panels that range from 6.25 to 9.25 inches. With such

a wide range of dimensions, the panels can range from 10,000 to 79,000 pounds. A special feature of the concrete design is that all rebar and steel have to be ground. If one part of the building did not have a proper ground, then this would reduce milk production. A cow can sense less than 0.5 ohm of electrical energy to stop milk production. In order to ground the tilt panel, Nielsen used a steel insert to ground the rebar. The rebar was tied to the insert and then grounded through a grounding circuit inside the building. This circuit essentially looks like a lightning-protection system in the building.



# PROJECT PORTRAITS



## PETRO STOPPING CENTER

**Client:** Bobby Berkstresser  
**Location:** Raphine, Virginia  
**Architect:** Kirchner & Associates Architects  
**Contract:** \$3.5 million  
**Completed:** July 2015

### SPECIAL FEATURES

The Old White's Truck Stop on Interstate 81 has a new look. The Petro brand influences the design and construction of this 19,094-square-foot "open mall" facility, complete with all the comforts of home for the truckers and other travelers. The facility offers 24/7 shower, laundry and dining features, as well as a theater, a barber shop and The Medicine Shoppe pharmacy. Subway, Popeyes and Caribou Coffee are located inside to offer a variety of dining options for the public. A travel retail store is also included for convenience shopping.

In addition to the mall component, the Petro Stopping Center facility includes a 4,604-square-foot central receiving warehouse for handling logistics for the entire Petro campus. Employee facilities are available adjacent to the warehouse. This design-build facility is constructed using the tilt-up construction method, featuring the Petro paint scheme and natural-stone veneer to make this facility a "Destination Station" along the I-81 corridor.



## Rick Wooddell *Celebrates 30 Years* with Nielsen



With nearly 30 years of service under his belt at Nielsen, Superintendent Rick Wooddell has one of the longest tenures of all current superintendents. Accumulating that much time at one company is easy when you enjoy what you do and the people you work with. Wooddell said he feels as though Nielsen is "like one big extended family." Those who have worked closely with Wooddell have only positive remarks. Nielsen Project Manager Jacob Hull worked with Wooddell to oversee the construction of Harrisonburg's new City Hall. "Rick seems to always know what is happening on his project," Hull said. "He is efficient and very well organized." In addition to his co-workers at Nielsen, Wooddell is also respected by subcontractors on his projects. Hull mentioned, "I hear over and over that subs love working on his job sites."

Wooddell's career with Nielsen began in 1987 when he was hired as a laborer for a project at Shenandoah's Pride in Mt. Crawford, Virginia. Under the mentorship of Superintendents Earl Hensley and Danny Beasley, Wooddell caught on quickly and proved to be a knowledgeable and dependable employee. "Rick's work ethic and understanding of construction makes him a good employee," said John Neff, former Nielsen CEO. Wooddell was quickly

promoted to backhoe operator and advanced through the ranks to become a superintendent in 1998. Since then, Wooddell has provided solid leadership and mentorship to his crew members, including his son, Ricky, a 13-year Nielsen employee who is following in his father's footsteps.

As a superintendent, Wooddell coordinates all job-site operations. It is his responsibility to oversee his Nielsen crew, as well as supervise the subcontractors working on the project. Ensuring that everyone is on task and on time, coordinating deliveries from vendors so that materials are on-site when needed, identifying and preventing potential scheduling conflicts, and monitoring the progress and quality of construction are all in a day's work. Wooddell's dedication to his job assures that Nielsen's clients receive quality workmanship and their project is completed in a timely manner.

When he is not working hard on construction, Wooddell is an avid hunter and loves to spend time with his family. He has been married to his wife and best friend, Amy, for 30 years. They have two grown children, Ricky and Ashleigh, and two grandchildren, Jamison and Temperance.

# Expanding the World of Possibilities for Aging

Today is a unique and essential time for the senior-living industry in general and for not-for-profit aging-services organizations in particular. We are in an unprecedented time of adaptation and expansion across service lines, and the not-for-profit community is leading the way in innovation, providing creative approaches for new and desired services for older adults.

LeadingAge is the largest association of not-for-profit aging-services organizations, with over 6,000 members representing the full continuum of long-term services and support. We are a melting pot for collaborative ideas across and within services, and a central hub for business intelligence designed to help aging-services providers understand where they are today, plan for the future, and thrive through any challenges the industry may face.

LeadingAge Virginia is the statewide organization representing not-for-profit retirement-housing communities, assisted-living communities, nursing homes, continuing-care retirement communities, adult day care and other senior-services organizations. Provider organizations are sponsored by a variety of religious, public and private organizations dedicated to providing quality care and services to Virginia's seniors.

Founded in 1973 by nursing home administrators who believed that not-for-profit homes were unique in their needs and resources and required their own organization, LeadingAge Virginia was formerly known as The Virginia Association of Non-profit Homes for the Aging (VANHA). Our association is proud to have served senior residents throughout the commonwealth for more than 40 years. Currently, our association serves 80 long-term care communities, representing approximately 15,000 residents, administrators, staff and boards.

In addition, our membership base also includes business organizations providing a diverse array of products and services intended for the aging-services industry. Our business partners represent archi-



LeadingAge Virginia leaders network at our Annual Leadership Retreat.



LeadingAge Virginia offers timely professional education programs throughout the year.

itects, builders and designers; financial, accounting, legal and insurance services; pharmacies and clinical services; operations and facilities management; technology; and much more. Our office is centrally located in Richmond, with a full-time president and staff.

LeadingAge Virginia is the voice of not-for-profit aging-services providers in Virginia. We engage with state leaders to present

the critical perspective of not-for-profit senior-service organizations in the areas of legislation and the regulatory environment. We believe the strength of not-for-profit health care providers is of utmost importance for the development of effective health care delivery systems and the provision of high-quality health care services throughout the commonwealth of Virginia. To learn more, visit our website at [www.leadingagevirginia.org](http://www.leadingagevirginia.org).





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