

Scientific Journal of Applied Social and Clinical Science

Acceptance date: 30/04/2025

NON-COMPLIANT RESIDENCES AND NURSING HOMES: REVIEW OF COMPLIANCE WITH NOM 030 SSA 2013 IN TEN RESIDENCES AND NURSING HOMES FOR THE ELDERLY IN THE GUADALAJARA METROPOLITAN AREA

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Abstract: Introduction: caregiving used to be the domain of families and mostly women, although currently the situation has changed due to the insertion of women into the labor market and caregiving has moved from homes to public or private care institutions, these institutions provide care and attention 24 hours a day, 365 days a year. **framework:** Long-term care institutions for the elderly are governed in Mexico by rules and laws that must be observed on a mandatory basis, in this research we took as reference the NOM 030-SSA3-2013 Architectural characteristics to facilitate access, transit, use and permanence of people with disabilities in establishments for outpatient and inpatient medical care of the National Health System, which consists of 102 indicators whose compliance was verified in ten nursing homes in the Metropolitan Area of Guadalajara. **Methodology:** Exploratory cross-sectional study, in which ten long-term care institutions for the elderly in the Metropolitan Area of Guadalajara were visited, which were chosen by convenience (permits to perform the analysis) during the period from October to November 2022 and February to April 2023, with a total of ten visits and checklists containing the 102 elements were applied to verify that they complied with the characteristics of NOM 030 SSA3 2013. **Results:** a high percentage of the institutions evaluated do not comply with the requirements established in NOM 030 SSA-2013, revealing significant deficiencies in accessibility and health risks for users. **Discussion and conclusions:** Despite the existence of laws and regulations, the lack of an effective framework to ensure compliance puts the quality of life of the users of these institutions at risk. Good intentions are not enough; the enforcement structure needs to be strengthened to ensure that these spaces are truly accessible and safe. Research will continue to focus on identifying deficits and proposing solutions to address these issues.

INTRODUCTION

In the past, the task of caring for the elderly was the responsibility of the family, and it was mostly women who were in charge of the situation. According to the analysis made by Gascón and Redondo (2014), for several centuries and until 1980, institutionalization in nursing homes was a public benefit in case the family could not assume this responsibility (p.11).

With the movements in favor of civil rights that took place in North America and in some European countries, the process of dissolution of these institutions was completed, since they functioned by suppressing the exercise of the human rights of the people who were housed there and were an instrument of exclusion rather than integration, in addition to the fact that they were not exclusive for older adults (Gascón S. and Redondo, N., 2014, p. 11).

Now these institutions, which can be public or private, are smaller and are dedicated exclusively to the care of older adults (Gascón S. and Redondo, N., 2014, p. 12), residences for older adults are institutions that provide attention and care 24 hours a day, 365 days a year, where older adults who did not find another solution of care or accompaniment in family or day centers are admitted (Blanca Gutiérrez, Linares Abad, and Grande Gascón, 2011, pag.1).

The term asylum is incorrect, but for purposes of greater dissemination of information the title of this research was left with the name of residences and asylums, in addition to the fact that most of the institutions that participated in the study call themselves that way, but the meaning refers to gloomy places.

The RAE (Dictionary of the Spanish language) defines asylum as: "charitable establishment in which the needy are gathered, or are given some assistance", and has been replaced by the residences in the political and social sphere, this term the RAE defines as "house where they live and reside, subject to certain regulations, people related by occupation, sex, status, age,

etc.. Residence for students, widows, elderly people..." (Dictionary of the Spanish language), being more friendly and kind.

In Mexico the population of older adults in 2022 amounted to 17,958,707, many of them live with some condition that prevents them from leading an independent life, most receive care from their families, but not all, in 2020, 25,357 older adults received care in long-term care institutions (INEGI, 2020, 2022).

According to INEGI and its National Statistical Directory of Economic Units (DENUE), by 2022 there were 1,087 nursing homes for the elderly in Mexico, and it refers that 80.77% of these were private, and of these 65.83% were concentrated in the states of Jalisco, CDMX, Nuevo Leon, Chihuahua, Guanajuato, Mexico, Sonora, Yucatan, Michoacan and Baja California, these long-term care institutions are governed by laws and regulations that must be observed throughout Mexico, including NOM-030-SSA3-2013, which dictates the architectural characteristics that must be in place to facilitate access, use, transit and permanence of users of public and private institutions that care for people with disabilities or some degree of dependency, but these requirements are not always met.

The state of Jalisco was chosen since it has the largest number of nursing homes and other residences for the care of the elderly, according to the DENUE (2022), with 137 establishments, and the ZMG comprising the municipalities of Guadalajara, Zapopan; Tlaquepaque, Tonalá, el salto, Zapotlanejo, Ixtlahuacán de los membrillos, Juanacatlán and Tlajomulco de Zúñiga, Guadalajara since, of the 124 municipalities, it is the one with the largest number of institutions of this type, accounting for 66 39, of which 65 38 are registered as private, only one in the public sector.

According to the Institute of Statistical and Geographic Information of Jalisco (IEEG, January 2023, p. 1), by January 2023 the total po-

pulation of Jalisco would amount to 8'607,470 inhabitants, of which 11.7% (1'008,491) are elderly (IEEG, January 2023, p. 3). Life expectancy if born during 2023 is 78.99 years for women and 72.85 years for men (IEEG, January 2023, p.5). The most populated municipality of Jalisco is Guadalajara with 1'529,591 inhabitants (IEEG, July 2023, p.3), which is consistent with the fact that Jalisco leads in the number of long-term care institutions for the elderly.

THEORETICAL FRAMEWORK

REGULATIONS IN FORCE FOR RESIDENCES OR NURSING HOMES FOR THE ELDERLY

In Mexico there are different laws and regulations that dictate the minimum requirements or characteristics that residences and homes for the elderly must have in order to provide services, among them are the Law for the operation of shelters in the State of Jalisco, NOM 031 SSA3 2012 Provision of social assistance to adults and elderly in vulnerable situations, and of course NOM 030 SSA3-2013 Architectural characteristics to facilitate access, transit, use and permanence of people with disabilities in establishments for outpatient and inpatient medical care of the National Health System.

Each of these standards describes in detail the minimum characteristics that long-term care facilities must have, ranging from the personnel they must have, security, operating notices, activities for residents, health care, and of course the characteristics of the spaces, all to ensure that quality care is provided to the elderly who are users.

The NOM 030 SSA3 2013 on architectural characteristics, consists of 102 indicators on the spaces of outpatient and inpatient medical care institutions, including long-term care institutions for the elderly. These indicators are very specific on space measurements, ramps, bathrooms and their accessories, bedrooms,

common spaces, signage, parking, among others, with the purpose of allowing the elderly to move safely through the facilities.

METHODOLOGY

Cross-sectional exploratory study, in which ten long-term care institutions for the elderly in the Guadalajara Metropolitan Area were visited, which were chosen by convenience (permits to perform the analysis) during the period from October to November 2022 and February to April 2023, with a total of ten visits and checklists containing 102 elements were applied to verify compliance with the characteristics indicated in NOM 030 SSA3 2013, Table 1 shows the elements referred to in standard.

NOM 030 SSA3-2013 Architectural characteristics to facilitate access, transit, use and permanence of people with disabilities in outpatient and inpatient medical care facilities of the National Health System.	
Spaces	Elements
Spaces for horizontal circulations	<ul style="list-style-type: none">• Parking• Benches• Aisles for public circulation
Spaces for vertical circulation	<ul style="list-style-type: none">• Ramps• Stairs• Elevators
Architectural elements	<ul style="list-style-type: none">• Doors• Customer service furniture• Floors• Handrails• Support bars
Architectural spaces	<ul style="list-style-type: none">• Waiting rooms• Auditoriums• Canteens• Bedrooms• Toilets• Toilets• Urinals• Watering cans• Toilets• Dressing rooms
Signage	<ul style="list-style-type: none">• Medical care• Emergencies• International symbol of accessibility• informative

Table 1. Elements to evaluate in each of the spaces of the institution according to NOM 030 SSA-2013. (NOM 030 SSA-2013 architectural characteristics to facilitate access, transit, use and permanence of people with disabilities in outpatient and inpatient medical care facilities of the National Health System, 2013).

The identity of the institutions is kept anonymous at their request.

DATA ANALYSIS

The data collected in the checklists were grouped in an Excel spreadsheet, divided by sections according to the elements shown in Table 1, for a better understanding of the data.

The percentages of compliance or non-compliance of the elements reviewed for each area were then calculated.

RESULTS

During the review visits, it was found that the indicators that did not comply with the standard were the following:

First of all, the spaces for horizontal circulation, in the parking lot area, in seven institutions do not have signage for people with disabilities. Eighty percent do not have indications of the proximity of slopes on floors and at the beginning and end of ramps and stairs. In seven facilities, the parking spaces reserved for people with disabilities are not located near the entrance or at the end of the ramps and stairs.

In eight of them, they do not have the required dimensions for the parking space, and in seven of them, the international accessibility symbol does not comply with the requirements of the standard. Regarding the sidewalks, it was found that 60% do not have ramps at crosswalks, and the slopes are not adequate, in 70% of the ramps do not have signs for their location. And in reference to the walkways, 60% of the handrails do not comply with the regulations, do not have emergency alarm system for people with hearing, cognitive, visual and neuromotor disabilities, which should be audible and visible signals with intermittent sound and flashing lamp, more details in Table 2.

Spaces for horizontal circulation			
Elements	Features	Institutions	
		If complied with %	Not met %
Parking	• Specific signage for people with disabilities (access, parking lots, accessible routes, safety and prevention routes).	30%	70%
	• Indications of the proximity of floor slopes and at the start and end of ramps and stairways	20%	80%
	• Reserved handicapped accessible drawers located near the entrance and linked to an accessible area	30%	70%
	• Minimum dimensions for the parking space must be 3.80 m wide by 5.00 m long.	20%	80%
37	• International symbol of accessibility with dimensions of 1.60 m wide by 1.44 m long, below the symbol, it must have the legend EXCLUSIVE USE, as well as a vertical signage at a minimum height of 1.70 m and a maximum of 2.40 m above the floor level, with the same symbol and with minimum dimensions of 0.30 m wide by 0.45 m high.	30%	70%
Benches	• Ramps at crosswalks with slopes no steeper than: 8.0% for slopes of 0.16 m and 6.0% for slopes of 0.32 m or greater.	40%	60%
	• Ramps with signage for their location	30%	70%
Aisles for public circulation	• Handrails of tubular profile, of rigid, resistant material, of contrasting color with the facing on which they are placed, smooth and free of roughness, allowing the sliding of the hands without interruption and with an external diameter of 0.032 m to 0.038 m;	40%	60%
	• In establishments that serve people with hearing, intellectual, neuromotor and visual disabilities, they must have an emergency alarm system, based on audible and visible signals, with intermittent sound and flashing lamp.	40%	60%

Table 2: Description of the results of the horizontal circulation spaces section.

Table prepared by the authors based on the results obtained and on NOM 030 SSA-2013 (NOM 030 SSA-2013 architectural features to facilitate access, transit, use and permanence of people with disabilities in outpatient and inpatient medical care facilities of the National Health System, 2013).

Spaces for horizontal circulation			
Elements	Features	Institutions	
		If complied with %	Not met %
Ramps	• Handrails Of tubular profile, of rigid, resistant material, of contrasting color with the facing on which they are located, smooth and free of roughness, allowing the sliding of the hands without interruption and with an external diameter of 0.032 m to 0.038 m; Placed at 0.90 m and a second handrail at 0.75 m from the floor level; Fastened firmly to the floor or wall with a minimum separation of 0.05 m from the face;	30%	70%
	• Maximum length of a ramp between landings must be 6.00m and slope no greater than 6.0%, landings must have a minimum length of 1.50m.	20%	80%
	• Slope no steeper than: 8.0% for slopes of 0.16m and 6.0% for slopes of 0.32m or greater.	20%	80%
	• At the beginning and end of the ramp, there shall be an obstacle-free approach area of at least 1.20 m wide by 1.50 m long.	20%	80%
	• Fixed protection elements under the ramps with a minimum height of 0.05m, starting from a perpendicular projection, taking as parameter 2.10m of height with respect to the floor level, in order to avoid displacement accidents to blind or visually impaired people.	40%	60%

Table 3: Description of the results of the section on spaces for vertical circulation.

Table prepared by the authors based on the results obtained (NOM 030 SSA-2013 architectural characteristics to facilitate access, transit, use and permanence of people with disabilities in facilities for outpatient and inpatient medical care of the National Health System, 2013).

Architectural spaces			
Elements	Features	Institutions	
		If complied with %	Not met %
Waiting rooms	• Spaces for people with disabilities in wheelchairs shall be a minimum of 1.00m wide by 1.40m long, must be signposted and adjacent to an accessible route.	30%	70%
Toilets for patients and staff	• They must have at least one toilet, one urinal and one sink for people with disabilities:	40%	60%
	• It must have a horizontal support bar, 0.90m long, placed on the side wall closest to 0.80m above the floor level, at a maximum distance of 0.40m from the axis of the toilet to the support bar, separated 0.05m from the wall and a vertical support bar, 0.60m long, perpendicular to the horizontal bar, placed at a distance of no more than 0.25m from the front edge of the toilet.	40%	60%
Toilets	• A free space of 0.40 m from the axis of the basin should be left on both sides of the basin.	30%	70%
	• It should have long flap type faucets and there should not be a distance greater than 0.40m to the front edge of the sink.	40%	60%

Table 4: Description of the results of the architectural spaces section.

Table prepared by the authors based on the results obtained (NOM 030 SSA-2013 architectural characteristics to facilitate access, transit, use and permanence of people with disabilities in facilities for outpatient and inpatient medical care of the National Health System, 2013).

Signage			
Elements	Features	If they comply	Do not comply with
Medical and emergency care	• They must be free of obstacles that impede their visibility.	40%	60%
	• Emergency service signage should be of the illuminated type:	40%	60%
International symbol of accessibility	• It shall have minimum dimensions of 0.12m by 0.12m.	40%	60%

Table 5: Description of the results of the signaling section.

Table prepared by the authors based on the results obtained (NOM 030 SSA-2013 architectural characteristics to facilitate access, transit, use and permanence of people with disabilities in facilities for outpatient and inpatient medical care of the National Health System, 2013).

Secondly, it was found that 70% of the vertical circulations do not comply with the regulations for handrails, 80% do not comply with the length and slope of the ramps, and do not have approach areas, and 60% do not have fixed protection elements under the ramps to prevent accidents to blind or visually impaired people.

Next, in architectural spaces such as waiting rooms, 70% do not meet the standards for wheelchair spaces. In six facilities, the bathrooms for patients and staff do not have any of the following: toilet, urinal and sink

for people with disabilities. As for the toilets, 60% of the support bars do not comply with the regulations, 70% of the sinks do not have free space on both sides, 60% do not have long faucets, and the characteristics referred to are better detailed in Table 4.

Finally, deficiencies were also found in the signage section: 60% of the signage did not identify the medical care area and emergency services, nor did they have illuminated signs, and the signage with the international symbol of accessibility did not have the dimensions indicated in the standard, as shown in Table 5.

DISCUSSION AND CONCLUSIONS

In summary, the ten institutions visited do not comply to a greater or lesser extent with the requirements of NOM 030 SSA-2013, only in the aspect of architectural elements do they comply for the most part, except for those mentioned in the results, such as the spaces in toilets, the characteristics of the handrails and support bars.

It is important that long-term care institutions comply with the requirements indicated by current regulations, so that the quality of life of the elderly who reside in them and of those who work as caregivers is not diminished, and that community care is increasingly a safe and reliable option for the elderly and their families, which is consistent with the thesis carried out by Cantorin, Ortiz (2020), in the San Vicente de Paul nursing

home, in Huancayo, Peru, where when asking the residents of the nursing home about how they considered the architectural features and linking it to the quality of life they presented, found that the architectural features significantly influence the quality of life of the residents of the nursing home, if the appropriate architectural features are met, the quality of life is optimal.

Although this study is part of a more exhaustive investigation that seeks to identify the deficits of these institutions and what is needed for them to comply with the regulations, we can see that although the laws and regulations exist, there is no strong structure to enforce them, and it is evident that good intentions are not enough for the users of these types of institutions to spend their days with quality of life, which is why we will continue to look for solutions to the problems that we find.

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