

Little Diomed Health Clinic



Alaska Rural Primary Care Facility

Assessment and Inventory Report

Final

April 11, 2002



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I. EXECUTIVE SUMMARY

A. OVERVIEW

Currently, health services for Little Diomed are provided in a two-story structure housing the clinic and the village washeteria. The clinic is on the second floor with access via a handicapped ramp extending to the steep surrounding slope adjacent to the structure. The second floor encompasses approximately 768 sq. ft. Adding the shared mechanical/electrical space, the clinic has approximately 955 gross square feet (SF). The clinic is owned by the City and co-operated by the City and Norton Sound Health Corporation. The pre-manufactured insulated panelized structure was built by ANTHC in 1989. The clinic consists of a small waiting room, an administrative/records storage office, a small trauma/exam room, itinerant sleeping/storage room, one non ADA compliant restroom and a mechanical/storage room.

B. RENOVATION / UPGRADE AND ADDITION

The existing clinic requires a 1034 SF addition to accommodate current needs and meet Alaska Rural Primary Care Facility space guidelines. An addition would require some reconfiguration of the site with additional new fill and pad work. Major renovation would also be needed to remedy noted code and life safety deficiencies and increase space functionality. In a community meeting an option was explored to add onto the existing clinic by expanding to the east. However, the cost of renovation and addition will far exceed the cost of a new clinic facility.

C. NEW CLINIC

The community proposes that a new 2000 SF Denali Commission clinic be constructed to replace the existing structure. However, due to Little Diomed's steep terrain and lack of available land, the options available to the village are limited. A possibility being explored by the council is to combine the new clinic with a recreation center project. Available sites are currently being investigated. A prototypical floor plan for a 2000 sq. ft. clinic has been included in this report. The existing clinic space is in good condition and could easily accommodate other village needs.

The community completely supports this effort and has met extensively to discuss proposed sites to move forward on this project.

II. GENERAL INFORMATION

A. PURPOSE OF REPORT AND ASSESSMENT PROCESS

ANTHC has entered into a cooperative agreement with the Denali Commission to provide management of the small clinic program under Alaska Rural Primary Care Facility assessment, planning, design and construction. Over 200 clinics will be inspected through the course of the program. The purpose of the Code and Condition survey report is to validate the data provided by the community in Alaska Rural Primary Care Facility Needs Assessment. Thereby providing each community with a uniform standard of evaluation for comparison with other communities to determine the relative need between communities of Alaska for funding assistance for the construction of new or remodeled clinic facilities. The information provided in this report is one component of the scoring for the small clinic RFP the Denali Commission will send to communities in priority groups three and four. Information gathered will be tabulated and analyzed according to a set of fixed criteria that should yield a priority list for funding. Additionally, the relative costs of new construction vs. remodel/addition will be evaluated to determine the most efficient means to bring the clinics up to a uniform standard of program and construction quality.

A team of professional Architects and Engineers traveled to the site and completed a detailed Field Report that was reviewed by all parties. Subsequently, the team completed a draft and then final report of the facility condition.

B. ASSESSMENT TEAM

Wallace Swanson, Architect of Larsen Consulting Group, Inc., Ralph DeStefano, PE of RSA Engineering, Inc. and Chet Crafts of ANTHC conducted the survey on April 11, 2002. Accompanying the field inspection team were Community Health Aides Martha Kayouktak and Becky Kunayak, Frances Ozenna, City Clerk and Annemarie Ozenna, CTC. Preparation of the information gathered was a cumulative effort between the members of the field team, Holly Kelty, LCG's Project Coordinator and Estimations, Inc.

C. REPORT FORMAT

The "Deep Look" format adopted for this report is a facilities investigation and condition report used by both ANTHC and the Public Health Service in maintaining an ongoing database of facilities throughout the country. Facilities are evaluated with respect to the requirements of the governing building codes and design guidelines. Building code compliance, general facility condition and program needs are evaluated. The written report includes a clinic floor plan, site plan as available and new plans for renovation/upgrade or completely new clinics. Additional information gathered during the field visit includes a detailed Field Report and building condition checklist, sketches of building construction details, investigations of potential sites for new or replacement clinics and proposed plans for village utility upgrades. This information is available for viewing at ANTHC's Anchorage office and will be held for reference.

D. SITE INVESTIGATION

On April 11, 2002, the team flew to the site, made observations, took photos, and discussed needs with on-site facility personnel. The team spent approximately five hours on site. Due to the size of the facility and straightforward nature of construction, the team is confident that information gathered suffices as a thorough analysis of the facility.

Interviews were conducted with Community Health Aides Martha Kayouktak and Becky Kunayak, Frances Ozenna, City Clerk and Annemarie Ozenna, CTC. The team was provided information regarding the existing building, site, and utilities. Interviews and background data has given a clear understanding of city needs, facility needs and patient needs.

Preliminary plans and photos are attached for reference (See Section III.H. and Appendix B).

III. CLINIC INSPECTION SUMMARY

A. COMMUNITY INFORMATION

Population:

- ◆ 146 (Certified by DCED 2001)
- ◆ 2nd Class City, Unorganized Borough, Bering Straits School District, Bering Straits Native Corporation, Inc.

Location: Diomed is located on the west coast of Little Diomed Island in the Bering Straits, 135 miles northwest of Nome. It is only 2.5 miles from Big Diomed Island, Russia, and the international boundary lies between the two islands. It lies at approximately 65d 47m N Latitude, 169d 00m W Longitude. (Sec. 08, T004N, R049W, Kateel River Meridian.) Diomed is located in the Cape Nome Recording District. The area encompasses 2.8 sq. miles of land and 0 sq. miles of water.

History: Early Eskimos on the islands were fearless men of the ice and sea, with an advanced culture practicing elaborate whale hunting ceremonies. They traded with both continents. The islands were named in 1728 by Vitus Bering in honor of Saint Diomed. The 1880 Census counted 40 people, all Ingalikmiut Eskimos, in the village of "Inalet." When the Iron Curtain was formed, Big Diomed became a Soviet military base and all Native residents were moved to mainland Russia. During World War II, Little Diomed residents who strayed into soviet waters were taken captive. The City was incorporated in 1970.

Culture: Diomed is a traditional Ingalikmiut Eskimo village with a subsistence lifestyle. Mainland Natives come to Diomed to hunt polar bears. Seal and walrus hides are used to make individual clothing items, parkas, hats, mukluks, and furs and skins for trade. The sale or importation of alcohol is banned in the village.

Economy: The Diomed villagers depend almost entirely upon a subsistence economy for their livelihood. Fish, crab, walrus, seal, beluga whales and polar bear are among the resources utilized. Employment is limited to the City and School. Seasonal mining, construction and commercial fishing positions have been on the decline. The Diomed people are excellent ivory carvers; the city serves as a wholesale agent for the ivory. Villagers travel to Wales by boat for supplies. Mail is delivered once per week.

Facilities: Water drawn from a mountain spring is treated and stored in a 434,000-gallon steel tank, and families haul water from this source. The tank is filled for winter use, but the water supply typically runs out around March. The washeteria is then closed and residents are required to melt snow and ice for drinking water. The City has requested funds for a 600,000-gal. steel tank and to improve the water catchment system. The school has requested funding for a 500,000-gal. water storage tank to alleviate demands on the City water supply and as a community back-up. All households use privies and honeybuckets. The washeteria/clinic is served by a septic system and seepage pit. Due to the soil condition, lack of ground cover and steep terrain, PHS has found limited waste disposal methods. Refuse disposal is an individual responsibility; combustibles are burned. The City has requested funding to implement refuse collection and purchase an incinerator.

Transportation: Due to environmental conditions, accessibility is often limited. A State-owned heliport allows for weekly mail delivery. There is no airstrip due to the steep slopes and rocky terrain, so ski planes must land on an ice strip in winter. Few float plane pilots attempt to land on the rough, often foggy open sea during summer. Regular flights are scheduled from Nome, weather permitting. There is a breakwater and small boat harbor. Skin boats are still a popular method of sea travel, 28 miles to Wales. Cargo barge stops are irregular, due to sea or ice conditions, but deliver at least annually. Lighterage services are available from Nome.

Climate: Summer temperatures average 40 °F to 50 °F; winter temperatures average from -10 °F to 6 °F. Annual precipitation is 10 inches, with 30 inches of snowfall. During summer months, cloudy skies and fog prevail. Winds blow consistently from the north, averaging 15 knots, with gusts to 60 or 80 MPH. The Bering Strait is generally frozen between mid-December and mid-June.

B. GENERAL CLINIC INFORMATION

1) Physical Plant Information

The Little Diomed Health Clinic has approximately 955 gross square feet (SF) of space. The clinic is owned by the City and co-operated by the Norton Sound Health Corporation. The pre-manufactured, insulated panelized structure was built by ANTHC in 1989. The clinic is on the second floor of a two-story structure. The village's washeteria is on the first floor. Access to the clinic is via a handicapped ramp that extends to the steep surrounding slope adjacent to the structure. The ramp is too steep and requires code approved handrails. The facility has a covered entry with no arctic vestibule. A small waiting room provides seating for a maximum of four individuals in a cramped setting. Immediately adjacent to the waiting room is a small office that accommodates two employees and services all the administrative needs of the clinic. A non ADA compliant restroom is also accessible from the waiting room. This functional relationship provides no privacy for patients. In addition, the restroom does not have an accessible shower or tub. A hallway of minimal width joins the remaining rooms in the clinic. A mechanical/janitors room doubles as the clinics equipment storage and coffee/break area. A single trauma/exam room provides space for patient care. The room is too small and does not provide the minimum maneuvering space required around the exam table. The clinic has one additional room that is currently used for itinerant sleeping and medical supply storage including a refrigerator for pharmaceuticals.

2) Clinic Program Usage Information

Patient records indicate the clinic saw an average of 81 patients per month in 2002 (first quarter), 78 patients per month in 2001, and 80 patients per month in 1999. Patient encounters in the past three years have been steady with negligible fluctuation. Two Community Health Aides (CHA) provides full-time medical services. Both CHA's are in training to be certified as Community Health Practitioners. Norton Sound Health Corporation is also looking to provide an additional CHP for relief. Medical, dental and optometry itinerant care services are provided by Norton Sound Health Corporation. Itinerant providers travel at least once a year to Little Diomed, staying for approximately five days each trip. Travel usually occurs during the months of January to May, when Little Diomed is accessible by an ice strip.

C. PROGRAM DEFICIENCY NARRATIVE

1) Space Requirements and Deficiencies

SPACE COMPARISON MATRIX												
Current Little Diomed Actual SF to Denali Commission Medium Clinic												
Alaska Rural Primary Care Facility				Current Clinic			Medium Clinic			Difference		
Purpose / Activity	Designated Itinerant		Net Area (SF)	Actual Net SF			ARPCF SF			Difference		
	Size	No.		Size	No.	Net Area (SF)	Size	No.	Net Area (SF)	Size	No.	Net Area (SF)
Arctic Entries				35	1	35	100	1	100			-65
Waiting/Recep/Closet	150	1	150	136	1	136	150	1	150			-14
Trauma/Telemed/Exam	200	1	200	133	1	133	200	1	200			-67
Office/Exam				0	0	0	150	1	150			-150
Admin./Records				114	0	114	110		110			+4
Pharmacy/Lab				0	01	0	80	1	80			-80
Portable X-ray							150	1	150			-150
Specialty Clinic/Health Ed/Conf				114	1	114	80	1	80			+34
Patient Holding/ Sleeping Room				76	1	76	100	1	100			-24
Storage	150	1	150	48	1	48	60	2	120			-72
HC Toilet				0	0	0	30	1	30			-30
Janitor's Closet												
Subtotal Net Area			500			656			1270			-649
Circulation & Net/Gross Conv. @ 45%						112			441			-329
Subtotal (GSF)						768			1421			-653
Mechanical Space @ 8%				187	1	187			147			+40
Total Heated Space			500			955			1989			-1034
Morgue (unheated enclosed space)			0				30	1	30			30
Ext. Ramps, Stairs, Loading	HC Accessible			As Required			As Required			As Required		

- a. Overall Space Deficiencies: The facility size is approximately 1034 SF deficient of ARPCF program space guidelines.
- b. Specific Room Deficiencies: The current clinic lacks an additional exam room, accessible restrooms with bathing facilities, sufficient space in the single trauma room, a separate/secure room for pharmaceuticals, separate space for a janitor's closet and additional administrative space. These deficiencies in combination with other space inadequacies leave the clinic program deficient.
- c. Other Size Issues: No unheated or exterior storage area is available

2) Building Issues

- a. Arctic Entries: A covered entry exists; however, the vestibule space is open on one side and does not serve as an appropriate arctic entry.

- b. Waiting / Reception: The waiting area is too small and does not provide adequate circulation. The immediately adjacent office and restroom provide little to no privacy for patients.
- c. Exam / Trauma: The current space is undersized and cluttered by storage and lab functions. Maneuvering space around the exam table does not meet minimal standards.
- d. Exam Room: This required exam room is non-existent.
- e. Office / Administration / Records: Office space is shared by two to three individuals but is sized for one. It provides minimal privacy for interviews or telephone conversations.
- f. Pharmacy / Lab: The clinic does not have a space dedicated to the pharmacy. Pharmacy/Lab functions are currently accommodated in the overcrowded itinerant sleep room and trauma room. A separate and secure area is required.
- g. Specialty Clinic / Health Education / Conference: Health Education is carried-out in the exam/trauma room making simultaneous medical delivery difficult. Specialty staff lacks a designated work area. This makes private patient consultation difficult to impossible when health education is in progress.
- h. Patient Holding / Sleeping Room: The spare room is currently used for an itinerant sleep area in addition to medical supply storage. The facility is in need of an additional exam room that can double as a patient holding room.
- i. Storage: Storage is inadequate and unsafe. The clinic lacks adequate shelving and cabinet space for proper medical storage. Supplies are spread out in hallways, exam rooms and throughout the facility. Storage is dysfunctional due to location, lack of shelving and lack of adequate storage systems.
- j. HC Toilet Facilities: Toilets do not meet ADA requirements and are not adequate for this facility and the needs of the community. The bathroom does not meet any ADA or UPC requirements. The toilet and sink lack sufficient clearance and are of incorrect fixture type. The restroom does not have the required shower or tub.
- k. Janitor's Room: The janitor functions are currently located in a mechanical room that is also used as a coffee break area and medical equipment storage. A janitor's closet with locking door should be provided for the safe storage of cleaning equipment and supplies.
- l. Mechanical/Boiler Room: As stated above the mechanical room doubles as coffee area, storage and janitors room. All functions suffer due to this arrangement and require separate areas.

3) Functional Design Issues

- a. The facility was designed as a clinic and functions as one. However, there are many missing or undersized areas in comparison to the Alaska Rural Primary Care Facility space guidelines.

4) Health Program Issues

- a. Patient comfort and privacy: The sole entrance to the clinic enters directly to the waiting/office space. Minimal patient privacy is provided due to cramped spaces and partition walls that stop at

the suspended ceiling without proper insulation. Sight lines are not screened for the restroom directly off the waiting room.

- b. Medical/Infectious Waste: Waste is currently burned in the open. An approved bio-hazardous waste disposal system needs to be implemented.
- c. Infection Control: Despite the cramped environment, the building was built with clinic functions in mind and as such has good flooring, ceiling and wall finishes that are easy to clean and sanitize.
- d. Insect and Rodent Control: There was no evidence of rodents or insects in the clinic during the survey. Windows are provided with tight-fitting screens. If doors are left open for ventilation during summer months, tight-fitting screen doors should be installed.
- e. Housekeeping: It is evident that cleaning services are dependable and consistent.

5) Utilities

- a. Water Supply: Water is supplied to the clinic from the water treatment plant via circulating HDPE water distribution lines. In addition, raw water is available in the summer, which is collected from surface pools and stored in a 15,000-gallon wood stave tank.
- b. Sewage Disposal: Wastewater is disposed of through two septic tanks located adjacent to the structure and discharged to a drainfield near the beach.
- c. Electricity: The electrical service is provided to the clinic directly from the power plant. There is not a traditional service entrance with service disconnect and meter. The power is routed to the clinic via a 2" rigid conduit that enters the building at the washeteria level.
- d. Telephone: The clinic is served with a total of three telephone lines, two for telephone and one as a dedicated fax line. The clinic recently received a Telemed system; however, it is reported to be very slow due to communication problems.
- e. Fuel Oil: The fuel for the monitor stove is located in a 250-gallon oval tank located on the south wall of the clinic. The tank is not UL listed for its application, does not have overfill protection, nor is the tank equipped with a fuel gauge.

D. ARCHITECTURAL / STRUCTURAL CONDITION

1) Building Construction

- a. Floor Construction: Sheet vinyl finish over plywood underlayment and sub-floor over steel bar joists at 16" o.c.
- b. Exterior Wall Construction: 6" pre-manufactured insulated wall panel with T1-11 sheathing and gypsum wall board interior.
- c. Roof Construction: Through fastened metal roofing over 6" pre-manufactured insulated panels supported by glue-lam beam and column support. Finish ceiling is suspended acoustical at 8'-0".
- d. Exterior Doors: Hollow metal insulated front entry door. Needs sealing at exterior and head and jamb trim for interior.

- e. Exterior Windows: Windows are PVC double pane and are in good condition.
- f. Exterior Decks, Stairs, and Ramps: The sole entrance to the clinic is via a ramp that is too steep and lacks handrails.

2) Interior Construction

- a. Flooring: Sheet vinyl flooring with rubber base is used throughout the facility. The flooring is well cared for and is in good condition.
- b. Walls: The walls are 2 x 4 wood construction with an easy to clean plastic coated wall board. Unfortunately, this type of construction has very low sound absorption. In addition, the walls stop at the suspended ceiling without appropriate insulation covering. It's easy to hear a conversation from an adjoining room.
- c. Ceilings: Ceilings are suspended acoustical ceiling in good condition.
- d. Interior doors: All interior doors are solid core wood and are in good condition. Lever hardware needs to be installed on the entry and restroom doors to meet ADA.
- e. Casework: Existing casework and shelving is in good condition and built of solid construction with plastic type coated surfaces for easy cleaning. However, there is a need for additional casework to meet current storage requirements.
- f. Furnishings: There is a limited amount of furniture due to the small size of the clinic. What is there is reasonably acceptable.
- g. Insulation:
 - ◆ Floor Insulation R-30 insulated panel
 - ◆ Wall Insulation R-30 insulated panel
 - ◆ Attic/Roof Insulation R-30 insulated panel
 - ◆ Attic Ventilation Warm roof configuration. No attic.
- h. Tightness of Construction: Windows, doors and siding are sealed properly.
- i. Arctic Design: The building is moderately tight but does not have an arctic entry.

3) Structural

- a. Foundations: Insulated floor panel system supported by 12"x12" girders at 4'-0" o.c. over glue-lam beams over 18" diameter concrete piles. Structurally, the building seems to be very stout and in good condition.
- b. Walls and Roof: The clinic has load bearing exterior walls with glue-lam and column support for pre-manufactured insulated panel system. All appear to be in stable and adequate condition.
- c. Stairs, Landings and Ramps: The sole entrance to the clinic is via a ramp that is too steep and lacks handrails. Structural support for the ramp seems adequate.

E. MECHANICAL CONDITION

1) Heating System

- a. Heat System Location: The heating system for the clinic is located in the water treatment plant next to the clinic/washeteria building. The hydronic heating fluid is pumped from the water treatment plant over to the clinic via above ground insulated piping.
- b. Fuel Storage and Distribution (Water Treatment Plant): A 550-gallon single wall fuel tank serves the water treatment plant boilers. The tank is located up against the water treatment plant between the clinic and water treatment plant. The tank is too close to both the water treatment plant and the clinic. The tank is not UL listed for its application, is not properly vented, does not have overfill protection nor is the tank equipped with a fuel gauge. The fuel oil supply is routed to the boilers through an oil warming tank located in the boiler room. The fuel for the monitor stove is located in a 250-gallon oval tank located on the south wall of the clinic. The tank is not UL listed for its application, does not have overfill protection, nor is the tank equipped with a fuel gauge
- c. Boilers (Water Treatment Plant): The boilers and waste heat recovery system provide the heat for the water treatment building, water storage tank, and the washeteria/clinic. Two residential grade cast iron sectional oil-fired boilers (Weil-Mclain with a Beckett AFG burner) are located in the water treatment plant. The heat for the clinic is piped over to the clinic via above ground piping. The clinic heat is then distributed throughout the clinic via hydronic baseboard units located in the perimeter rooms; and through a unit heater located in the waiting room. The baseboard in the facility is residential grade and is controlled by self-contained control valves on each baseboard unit. A wall mounted thermostat controls the unit heater located in the waiting room ceiling. The heating system uses glycol as the heating medium.
- d. Waste Heat Recovery (Water Treatment Plant): Waste heat from the village power plant is utilized to supplement the boilers located in the water treatment plant. The waste heat is routed from the village power plant to the water treatment plant via above ground piping. A heat exchanger located in the water treatment plant is utilized to separate the waste heat from the building heating system.
- e. Supplemental Oil Heater: A monitor heating stove is located in the waiting room to provide additional heat for the clinic; the monitor stove also serves as a back-up heat source for the clinic.

2) Ventilation System

- a. Supply Air System: Ventilation is provided to the clinic through the use of operable windows. This is not an effective method since ventilation requirements will not likely be met in the winter when windows are typically kept closed. We generally recommend designing and installing a positive ventilation system using an air handler unit or HRV unit.
- b. Exhaust Air: A ceiling mounted exhaust fan serves the restroom. The fan is operational and is ducted to the outside.

3) Plumbing System

- a. Water System: Water is supplied to the clinic from the village water treatment plant located adjacent to the clinic. There is no hot water recirculation system, so there is delay from the time

the hot water is turned on at the fixtures until it runs warm. The water temperature appeared to be set at approximately 120 °F.

- b. Sewer System: Wastewater is disposed of through two septic tanks located adjacent to the structure and discharged to a drainfield near the beach.
- c. Fixtures: None of the toilet room plumbing fixtures in the clinic are ADA compliant and the ADA clearances have not been met. The toilet does not have an elongated bowl and the seat is not open as required by the Uniform Plumbing Code. The lavatory in the restroom is counter mounted and is not ADA accessible. The janitor sink has heating system glycol air vent reliefs routed into the sink. The glycol lines should be removed. The janitor sink also has a faucet, which needs a vacuum breaker. The exam room has a stainless steel sink with a non-ADA knob style handle. The exam sink needs to be provided with hand free controls or wrist blade handles to provide a more sanitary method of shutting off the water when a patient or provider is done washing their hands.

F. ELECTRICAL CONDITION

1) Electrical Service

- a. The electrical service is provided to the clinic directly from the power plant. There is not a traditional service entrance with service disconnect and meter. The power is routed to the clinic via a 2" rigid conduit that enters the building at the washeteria level. The service is not grounded at the entrance as required by code.

2) Power Distribution

- a. There is a single panel board serving the clinic located in the utility room. Backboards and other medical equipment are stored directly in front of the electrical panel within the required clearance space of the panel. The panel board serving the clinic is a two pole GE load center with room for 12 breakers. All 12 spaces have been used. The panel directory is not up-to-date. Neutrals and grounds have not been separated in the panel. The majority of the wiring is in acceptable condition, except for one of the 8 awg feeder wires; the feeder wiring insulation is slightly damaged.
- b. Branch circuit wiring is installed in conduit with individual conductors. Much of the above ceiling wiring is in flexible armored cable, which is poorly supported, and for the most part just lying on the ceiling tiles.

3) Grounding System

- a. The facility electrical system does not have its own building ground. The building power is fed from the adjacent village power plant through an above ground conduit system. The conduit system is acting as the building ground; however, this is not allowed per code. Each individual facility is required to be individually grounded at the service entrance into the building.

4) Exterior Elements

- a. There were weatherproof incandescent lights at the front entrances and at the emergency, but no other lights or exterior receptacles. Weatherproof GFIC receptacles need to be added around the perimeter of the building.

5) Electrical Devices and Lighting

- a. All receptacles in the building were tested and found to be properly wired and grounded. There were no GFIC type receptacles near the clinic sink (although they are not required, they are recommended). Plug strips were in use in the office area and exam room of the clinic. Additional receptacles need to be added.
- b. The lighting is predominately 4 ft fluorescent fixtures using 4, F40 bulbs. The fixtures are in fair condition, but the lighting levels were found to be low throughout most of the clinic. We recommend replacing all lighting with new fixtures designed for appropriate lighting levels.

6) Emergency System

- a. There was not an emergency exit sign at the end of the clinic hallway near the emergency exit window. There was an exit sign in front the main exit to the clinic, but it was the non-electrical type. Battery back-up emergency exit signs should be installed at both the emergency exit window and at the main entrance.
- b. There was only one emergency light in the clinic and the battery in the unit was dead. Battery powered emergency lights need to be added.

7) Fire Alarm System

- a. The existing fire alarm system in the facility has been disconnected and is no longer used. In place of the fire alarm system battery powered smoke detectors have been installed in various places in the clinic. They were all operational.

8) Telecommunication

- a. The clinic is served with a total of three telephone lines serving the clinic, two for telephone and one as a dedicated fax line. The clinic recently received a Telemed system; however, it is reported to be very slow due to communication problems.

G. CIVIL / UTILITY CONDITION

1) Location of Building

- a. Patient Access: Located in the center of the village, the site provides easy access to all. However, the steep terrain, especially in the winter, often makes walking conditions treacherous.
- b. Service Access: Same as patient access.
- c. Other Considerations: None noted.

2) Site Issues

- a. Drainage: The site and surrounding area is very steep. The winter site visit did not reveal drainage issues. However, drainage should be controlled to minimize impact to paths around buildings.
- b. Snow: There does not appear to be a snow-drifting problem.

3) Proximity of Adjacent Buildings

- a. Platting information was not available for the site. Land availability is very limited in this remote and rugged location. Structures are within 20' on all sides of the building.

4) Utilities

- a. Water Supply: Water is supplied to the clinic from the village water treatment plant located adjacent to the clinic. There is no hot water recirculation system.
- b. Sewage Disposal: The facility is connected to the washeteria/water treatment plant sewage system. The clinic sewage is routed to two septic tanks then discharged to a drainfield near the beach.
- c. Electricity: The electrical service is provided to the clinic directly from the power plant.
- d. Telephone: The clinic is served with a total of three telephone lines serving the clinic. Two for telephone and one a dedicated fax line.

H. EXISTING FACILITY FLOOR PLAN (SITE PLAN IF AVAILABLE):

Following this section we have attached drawings we have been able to identify, find, or create as part of this report.

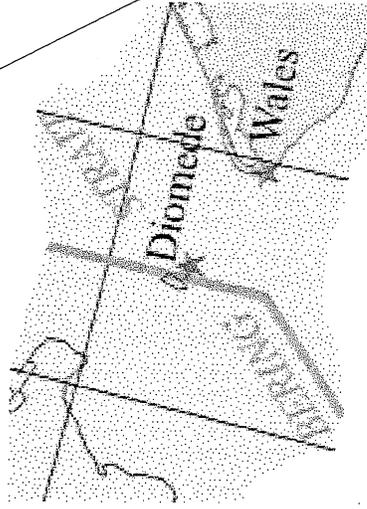
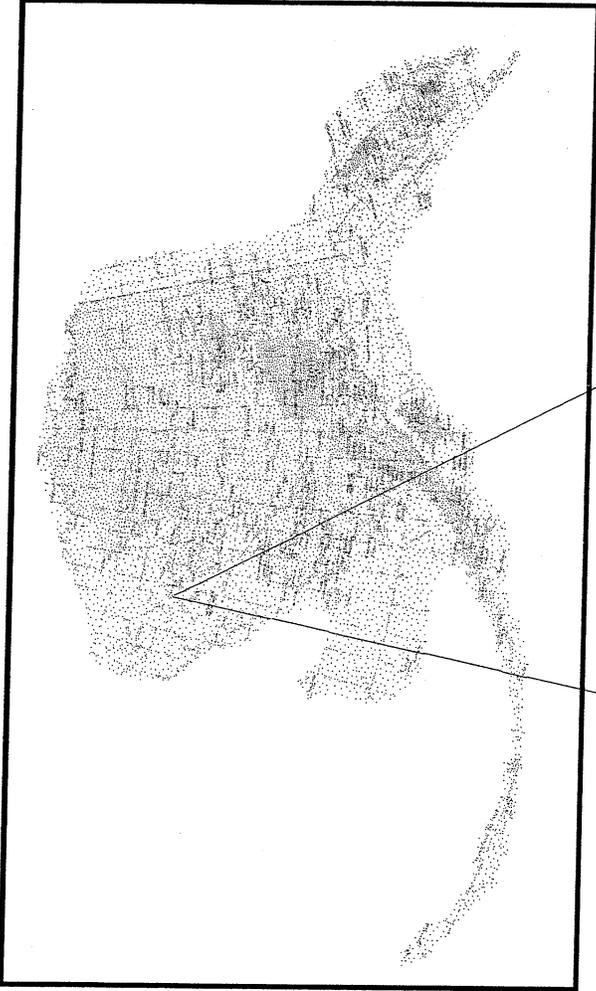
Map of Region

A1 Site Plan

A2 Existing Floor Plan

A3 Existing Wall Section

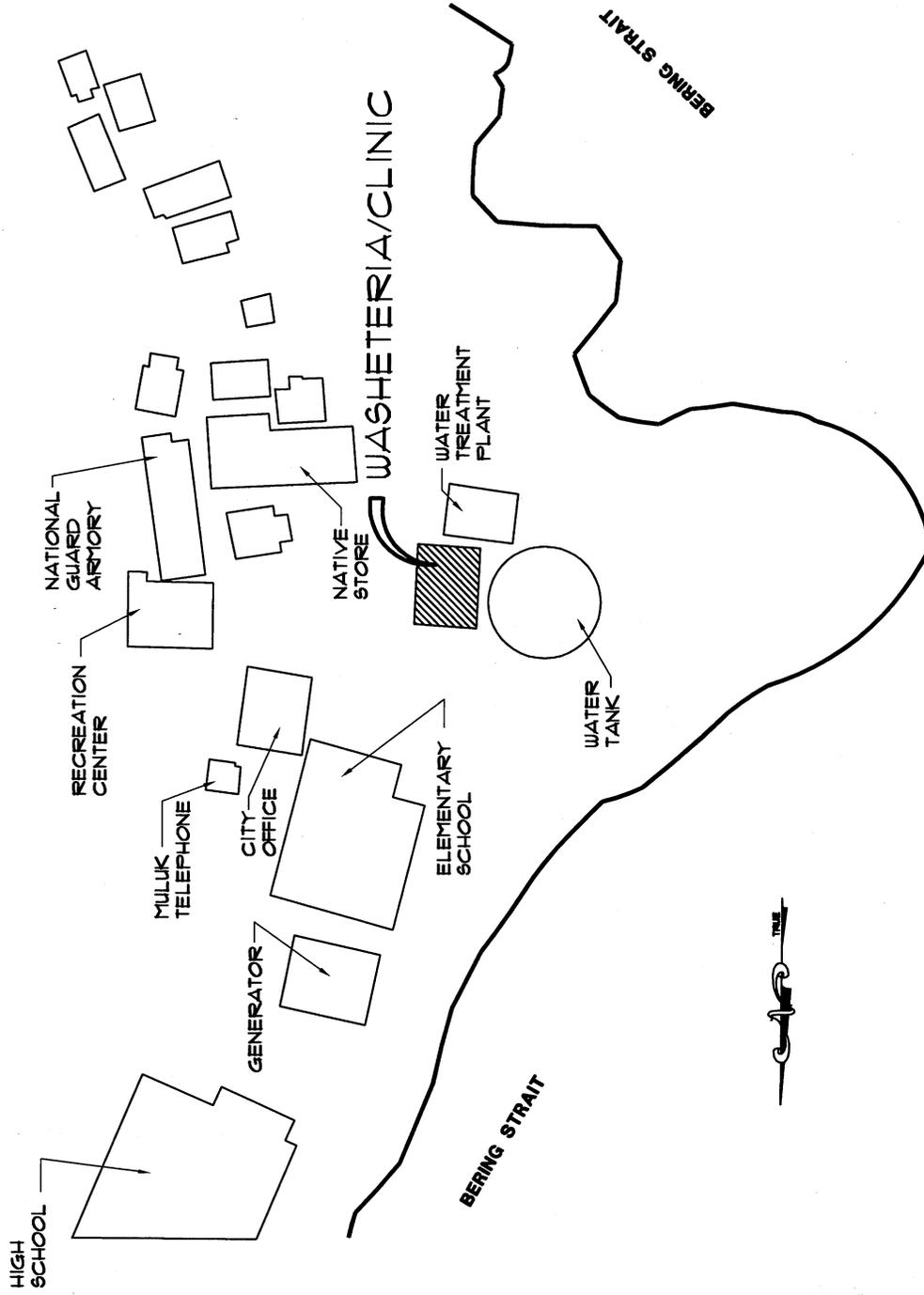
A4 Prototypical Clinic



LCCG, LLC
LARSEN CONSULTING GROUP
architecture • engineering • surveying

**FACILITY ASSESSMENT AND
INVENTORY SURVEYS
FOR DIOMEDE**
Alaska Native Tribal Health Consortium

DESIGNED BY:
DATE:
SCALE: NTS
JOB NO: 223.07



SITE PLAN

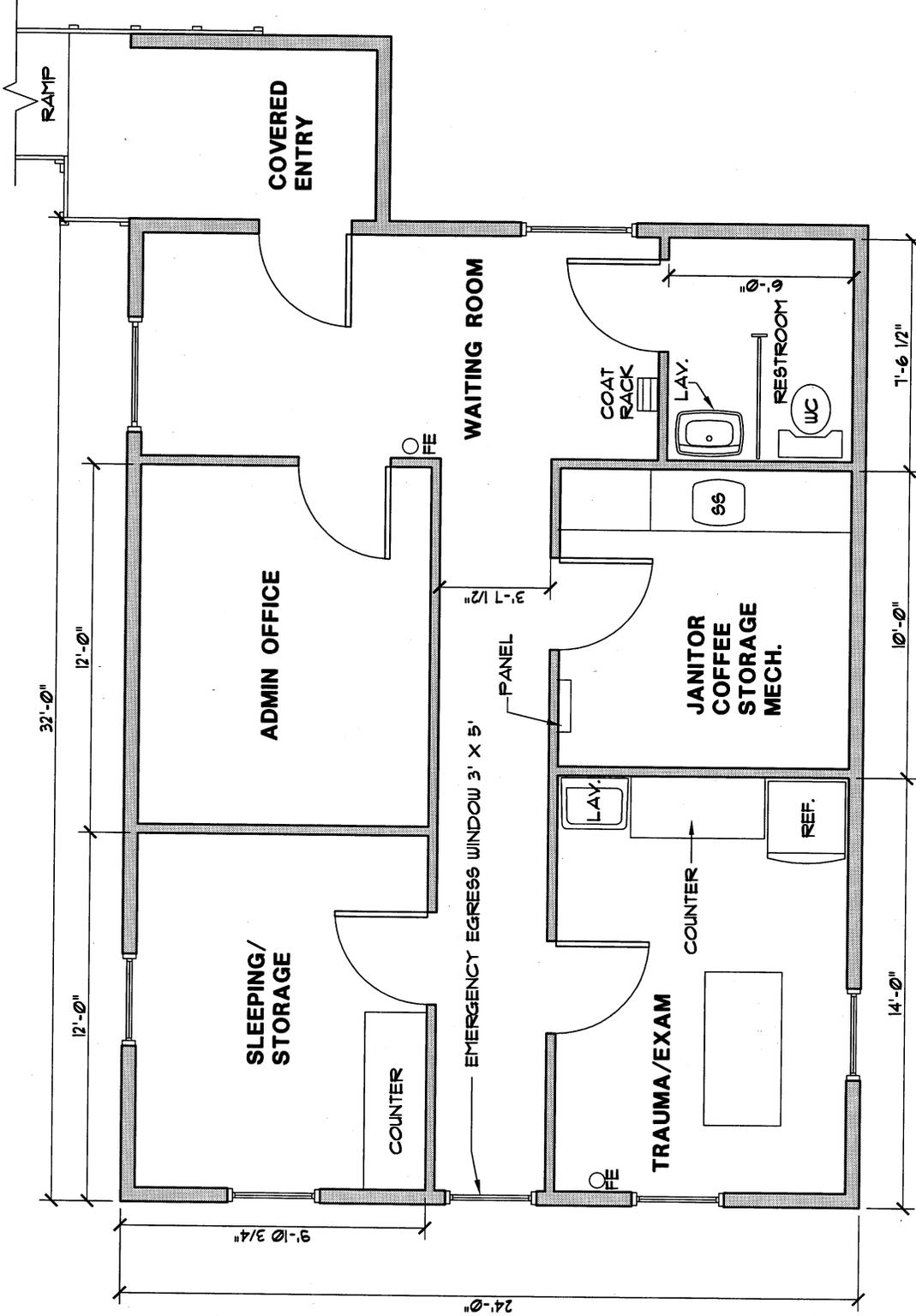
SCALE: NT9



FACILITY ASSESSMENT AND
INVENTORY SURVEYS
FOR LITTLE DIOMEDE
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

DESIGNED BY:
DATE: 05/15/02
SCALE: NTS
JOB NO: 223.07

SHEET
A 1 OF 4



EXISTING FLOOR PLAN

SCALE: 3/16" = 1'-0"



LCG
Larsen Consulting Group, Inc.
architecture • engineering • surveying

FACILITY ASSESSMENT AND
INVENTORY SURVEYS
FOR LITTLE DIOMEDE
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

DESIGNED BY:
DATE: 05/10/02
SCALE: 1/8" = 1'
JOB NO: 223.07

SHEET

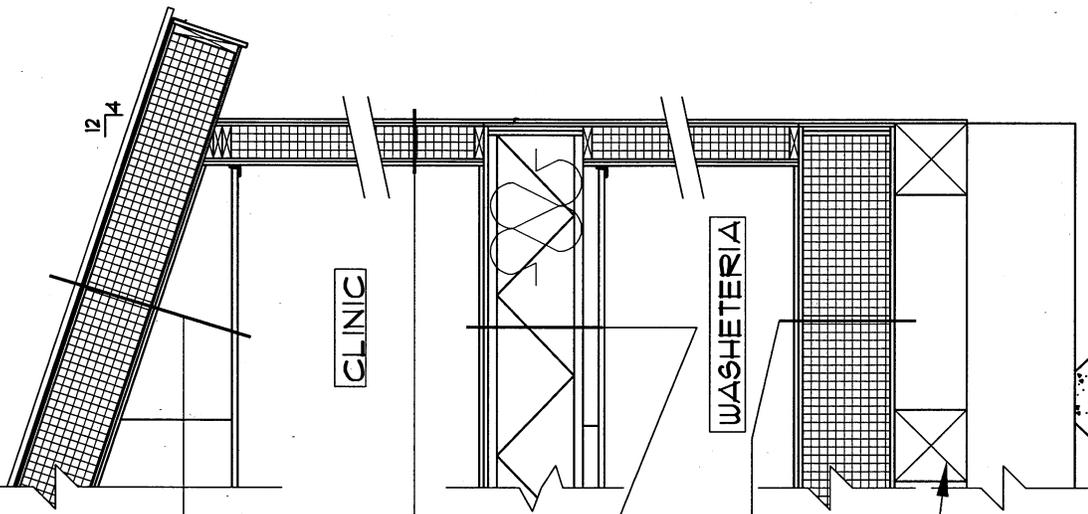
A2 OF 4

ASSEMBLY
 ROOF/CEILING:
 METAL ROOF
 FLYWD. ROOF SHEATHING
 INSULATED ROOF PANEL
 VAPOR RETARDER
 SUSPENDED CEILING

WALL ASSEMBLY:
 T1-11 SIDING
 HOUSE WRAP
 INSULATED WALL PANEL
 GWB

ASSEMBLIES
 FLOOR:
 SHEET VINYL
 UNDERLAYMENT
 FLYWOOD SUBFLOOR
 BAR JOIST
 BATT INSULATION (AT RIM)
 SUSPENDED CEILING
 GROUND FLOOR ASSEM.
 SHEET VINYL
 UNDERLAYMENT
 INSULATED FLOOR PANEL

12X12 BEAMS OVER
 5-1/8" X 18" GLULAM BEAM ON
 18" DIA. CONCRETE



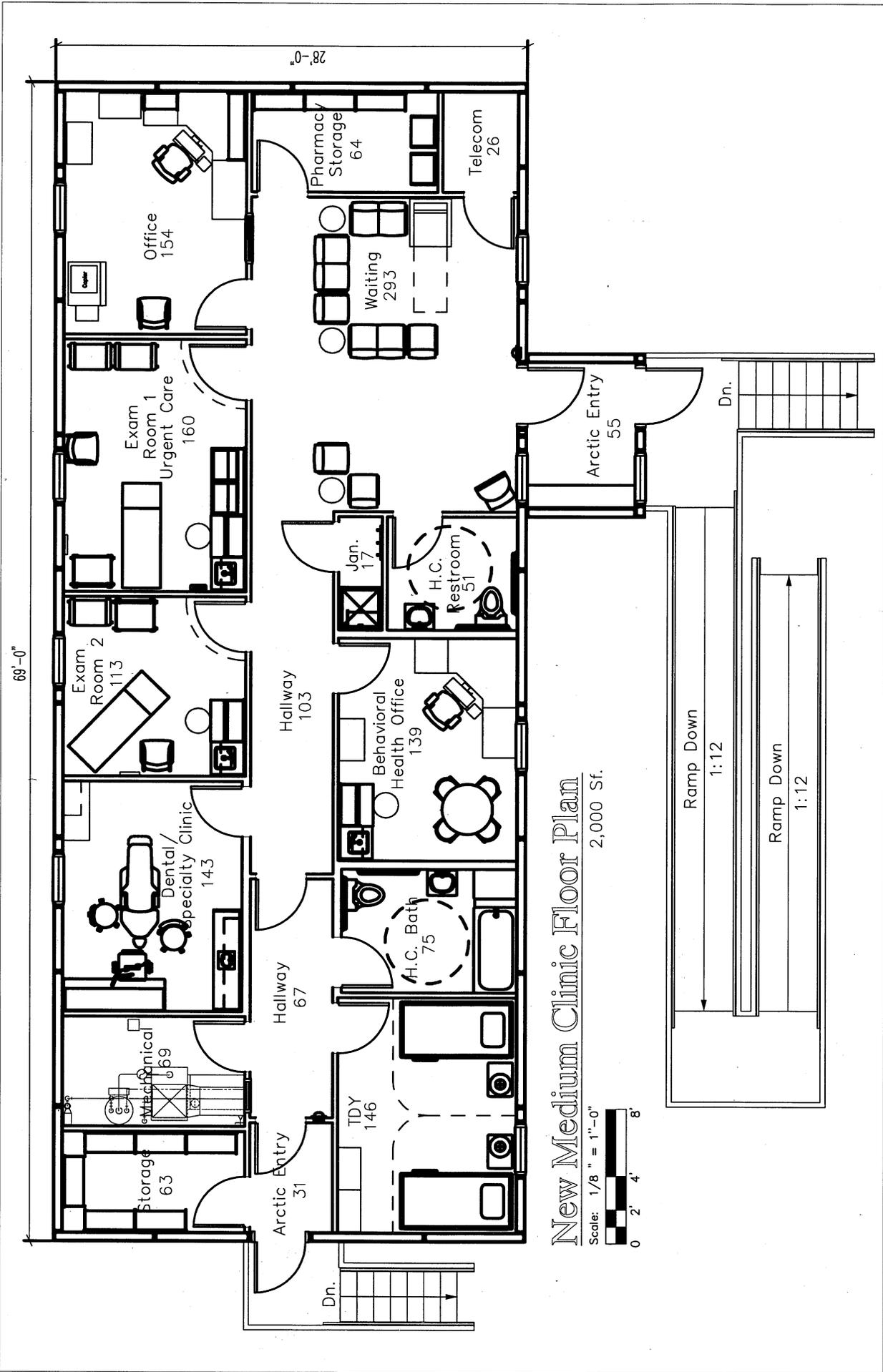
EXISTING WALL SECTION

SCALE: 3/8" = 1'-0"



FACILITY ASSESSMENT AND
 INVENTORY SURVEYS
 FOR LITTLE DIOMEDE
 ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

DESIGNED BY:	05/10/02
DATE:	3/8"=1'
SCALE:	223.07
JOB NO.:	



New Medium Clinic Floor Plan

Scale: 1/8" = 1'-0" 2,000 Sf.



ALASKA PRIMARY CARE FACILITY CODE & CONDITION SURVEYS For The Denali Commission

Sheet Contents

NEW MEDIUM CLINIC FLOOR PLAN

Drawn	Date
DT Company	11/28/2001
Checked	Job No.
G.L.W.	010602

Sheet #: A4

IV. DEFICIENCY EVALUATION

A. DEFICIENCY CODES

The deficiencies are categorized according to the following deficiency codes to allow the work to be prioritized for funding. The codes are as follows:

- 01 Patient Care:** _____ Based on assessment of the facilities ability to support the stated services that are required to be provided at the site. Items required for the patients social environment such as storage, privacy, sensitivity to age or developmental levels, clinical needs, public telephones and furnishings for patient privacy and comfort.
- 02 Fire and Life Safety:** _____ These deficiencies identify areas where the facility is not constructed or maintained in compliance with provisions of the state mandated life safety aspects of building codes including the Uniform Building Code, International Building Code, The Uniform Fire Code, NFPA 101, The Uniform Mechanical and Plumbing Codes and The National Electrical Code. Deficiencies could include inadequacies in fire barriers, smoke barriers, capacity and means of egress, door ratings, safe harbor, and fire protection equipment not covered in other deficiency codes.
- 03 General Safety:** _____ These deficiencies identify miscellaneous safety issues. These are items that are not necessarily code items but are conditions that are considered un-safe by common design and building practices. Corrective actions required from lack of established health care industry safety practices, and local governing body code safety requirements. I.e. Occupational Safety Health Administration (OSHA) codes & standards.
- 04 Environmental Quality:** _____ Deficiencies based on Federal, State and Local environmental laws and regulations and industry acceptable practices. For example this addresses DEC regulations, hazardous materials and general sanitation.
- 05 Program Deficiencies:** _____ These are deficiencies that show up as variations from space guidelines evaluated through industry practices and observation at the facility site and documented in the facility floor plans. These are items that are required for the delivery of medical services model currently accepted for rural Alaska. This may include space modification

requirements, workflow pattern improvements, functional needs, modification or re-alignment of existing space or other items to meet the delivery of quality medical services. (Account for new space additions in DC 06 below)

- 06 Unmet Supportable Space Needs:** _____ These are items that are required to meet the program delivery of the clinic and may not be shown or delineated in the Alaska Primary Care Facility Space Guideline. Program modifications requiring additional supportable space directly related to an expanded program, personnel or equipment shall be identified in this section; for example additional dental space, specialty clinic, storage, or program support space that requires additional space beyond the established program.
- 07 Disability Access Deficiencies:** _____ The items with this category listing are not in compliance with the Americans with Disabilities Act. This could include non-compliance with accessibility in parking, entrances, toilets, drinking fountains, elevators, telephones, fire alarm, egress and exit access ways, etc.
- 08 Energy Management:** _____ These deficiencies address the efficiency of lighting, heating systems/fuel types and the thermal enclosures of buildings, processes, and are required for energy conservation and good energy management.
- 09 Plant Management:** _____ This category is for items that are required for easy and cost efficient operational and facilities management and maintenance tasks of the physical plant.
- 10 Architectural M & R:** _____ Items affecting the architectural integrity of the facility, materials used, insulation, vapor retarder, attic and crawlspace ventilation, general condition of interiors, and prevention of deterioration of structure and systems.
- 11 Structural Deficiencies:** _____ These are deficiencies with the fabric of the building. It may include the foundations, the roof or wall structure, the materials used, the insulation and vapor retarders, the attic or crawl space ventilation and the general condition of interior finishes. Foundation systems are included in this category.
- 12 Mechanical Deficiencies:** _____ These are deficiencies in the plumbing, heating, ventilating, air conditioning, or medical air systems, interior mechanical utilities, requiring maintenance due to normal wear and tear that would result in system failure.

- 13 Electrical Deficiencies:** _____ These are deficiencies with normal or emergency power, electrical generating and distribution systems, interior electrical and communications utilities, fire alarm systems, power systems and communications systems within a building that should be repaired or replaced on a recurring basis due to normal wear and tear that would otherwise result in system failure.
- 14 Utilities M & R:** _____ This category is used for site utilities for incoming services to facilities that are required for the building to be fully operational. Deficiencies may include sewer and water lines, water wells, water tanks, natural gas and propane storage, electric power and telecommunications distribution, etc.
- 15 Grounds M & R:** _____ Real property grounds components that should be replaced on a recurring basis due to normal wear and tear. Deficiencies with respect to trees, sod, soil erosion, lawn sprinklers, parking, bridges, pedestrian crossings, fences, sidewalks & roadways, and site illumination etc. are considerations.
- 16 Painting M & R:** _____ Any painting project that is large enough to require outside contractors or coordination with other programs.
- 17 Roof M & R:** _____ Deficiencies in roofing, and related systems including openings and drainage.
- 18 Seismic Mitigation:** _____ Deficiencies in seismic structural items or other related issues to seismic design, including material improperly anchored to withstand current seismic requirements effect. The elements under consideration should include the cost incidental to the structural work like architectural and finishes demolition and repairs.

B. PHOTOGRAPHS

We have attached photographs depicting the various deficiencies described in the narratives, itemized in the summary below. Photos do not cover all deficiencies and are intended to provide a visual reference to persons viewing the report not familiar with the facility.

We have included additional photos as Appendix B for general reference. These are intended to add additional information to the specific deficiencies listed and provide general background information.

C. COST ESTIMATE GENERAL PROVISIONS

1) New Clinic Construction

- a. Base Cost: The Base Cost provided in Section VI of this report is the direct cost of construction, inclusive of general requirements (described below) and contingency for design unknowns (an estimating contingency). The base cost is exclusive of overhead and profit, mark-ups, area cost factors and contingencies. Material costs for the project are all calculated FOB Anchorage and labor rates are based on Davis Bacon wages, regionally adjusted to Anchorage. Transportation costs, freight, Per Diem and similar costs are included in the base costs. The Project Factors and Area Cost Factor are multipliers of the base costs.
- General Requirements are based on Anchorage costs without area adjustment. It is included in the Base Cost for New Clinics. These costs are indirect construction costs not specifically identifiable to individual line items. It consists of supervision, materials control, submittals and coordination, etc.
 - The Design Unknowns Contingency is an estimator's contingency based on the schematic nature of the information provided, the lack of any real design, and the assumption that any project will encompass related work not specifically mentioned.
- b. Project Cost Factors
- Equipment Costs for new medical equipment has been added at 17% of the cost of new floor space.
 - Design Services is included at 10% to cover professional services including engineering and design.
 - Construction Contingency is included at 10% of the Base Costs to cover changes encountered during construction.
 - Construction Administration has been included at 8% of the Base Costs. This is for monitoring and administration of the construction contract.
- c. Area Cost Factor: The Area Cost Factor used in the cost estimates for this facility is shown in Section VI of this report. The area cost factors are taken from a recent study completed for the Denali Commission for statewide healthcare facilities. The numbers are the result of a matrix of cost variables including such items as air travel, local hire, room and board, freight, fire protection equipment, foundation requirements, and heating equipment as well as contractor costs such as mobilization, demobilization, overhead, profit, bonds and insurance. These parameters were reconsidered for each village, following the site visit, and were modified, if necessary.
- d. Estimated Total Project Cost of New Building: This is the total estimated cost of the project, including design services. The construction contract will be work subject to Davis Bacon wages, and assumes construction before year-end 2002. No inflation factor has been applied to this data.

2) Remodel, Renovations and Additions

- a. Base Cost: The Base Cost provided in the specific deficiency sheets is the direct cost of construction, exclusive of overhead and profit, mark-ups, area cost factors and contingencies. Material costs for the project are all calculated FOB Anchorage and labor rates are based on Davis Bacon wages, regionally adjusted to Anchorage. Most of the deficiency items do not constitute projects of sufficient size to obtain efficiency of scale. The estimate assumes that the projects are completed either individually, or combined with other similar projects of like scope. The numbers include moderate allowances for difficulties encountered in working in occupied spaces and are based on remodeling rather than on new construction costs. Transportation costs, freight, Per Diem and similar costs are included in the base costs. The General Requirements, Design Contingency and Area Cost Factors are multipliers of the base costs.
 - The cost of Additions to clinics is estimated at a unit cost higher than new clinics due to the complexities of tying into the existing structures.
 - Medical equipment is calculated at a flat rate of \$32/SF for additions of new space only and is included as a line item in the estimate of base costs.
- b. General Requirements Factor: General Requirements Factor is based on Anchorage costs without area adjustment. The factor is 1.20. It is multiplied by the Base Cost to get the project cost, exclusive of planning, architecture, engineering and administrative costs. This factor assumes projects include multiple deficiencies, which are then consolidated into single projects for economies of scale.
- c. Area Cost Factor: The Area Cost Factor used in the cost estimates for this facility is shown in Section VI of this report. The area cost factors are taken from a recent study completed for the Denali Commission for statewide healthcare facilities. The numbers are the result of a matrix of cost variables including such items as air travel, local hire, room and board, freight, fire protection equipment, foundation requirements, and heating equipment as well as contractor costs such as mobilization, demobilization, overhead, profit, bonds and insurance. These parameters were reconsidered for each village, following the site visit, and were modified, if necessary.
- d. Contingency for Design Unknowns (Estimating Contingency): The Design Unknowns Contingency is an estimator's contingency based on the schematic nature of the information provided, the lack of any real design, and the assumption that any project will encompass related work not specifically mentioned. The factor used is 1.15.
- e. Estimated Total Cost: This is the total estimated bid cost for work completed under Davis Bacon wage contracts, assuming construction before year-end 2002. This is the number that is entered in the front of the deficiency form. No inflation factor has been applied to this data.
- f. Project Cost Factors: Similar to new clinics, the following project factors have been included in Section VI of this report.
 - Design Services are included at 10% to cover professional services including engineering and design.
 - Construction Contingency is included at 10% of the Adjusted Costs to cover changes encountered during construction.

- Construction Administration has been included at 8% of the Adjusted Costs. This is for monitoring and administration of the construction contract.

- g. Estimated Total Project Cost of Remodel/Addition: This is the total estimated cost of the project including design services, the construction contract cost for work completed under Davis Bacon wages and assuming construction before year-end 2002. No inflation factor has been applied to this data.

V. SUMMARY OF EXISTING CLINIC DEFICIENCIES

The attached sheets document the deficiencies, provide recommendations on how to make repairs or accommodate the needs, and provide a cost estimate to accomplish proposed modifications. The summary addresses individual deficiencies. If all deficiencies were to be addressed in a single construction project, there would be cost efficiencies not reflected in this tabulation.

These sheets are reports from the Access Data Base of individual Deficiencies that are compiled on individual forms and attached for reference.

Refer to Section VI. New Clinic Analysis for a comparison of remodel/addition to new construction.

Alaska Rural Primary Care Facility

ANTHC

Code and Condition Survey Report

Norton Sound Health Corporation

(Summary Listing of Deficiencies by Code)

Clinic: 15 Little Diomedede					
Deficiency Code	Reference	Work Description			Cost
01	Patient Care	Ali02	Renovate 955 SF of existing clinic space.		\$134,101.00
02	Fire/Life Safety	Ali03	Add secondary exit.		\$9,065.00
02	Fire/Life Safety	Eli01	Add emergency lights.		\$1,836.00
02	Fire/Life Safety	Eli04	Increase the height of telephone and power wiring.		\$1,703.00
02	Fire/Life Safety	Eli05	Open junction box.		\$407.00
02	Fire/Life Safety	Eli06	Provide separate service entrance ground.		\$820.00
02	Fire/Life Safety	Eli07	Relocate storage away from panel.		\$433.00
02	Fire/Life Safety	Eli08	Separate neutrals and grounds.		\$909.00
02	Fire/Life Safety	Eli09	Add exit signs.		\$1,352.00
02	Fire/Life Safety	Eli11	Replace feeder wires.		\$998.00
02	Fire/Life Safety	Mli01	Replace fuel tank.		\$5,521.00
02	Fire/Life Safety	Mli02	Replace boiler flues.		\$4,688.00
02	Fire/Life Safety	Mli05	Add vacuum breaker to janitor's sink faucet.		\$397.00
02	Fire/Life Safety	Mli07	Remove glycol lines from janitor's sink.		\$246.00
04	Environmental Quality	Ali09	Install 3 1/2" layer of sound and batt insulation in attic.		\$1,215.00
04	Environmental Quality	Ali10	Obtain a small incinerator for contaminated waste.		\$240,259.00
04	Environmental Quality	Mli08	Add outside air ventilation.		\$4,821.00
06	Supportable Space Nee	Ali01	Add 1034 SF to meet minimum program space requirements.		\$638,775.00

Alaska Rural Primary Care Facility

ANTHC

Code and Condition Survey Report

Norton Sound Health Corporation

(Summary Listing of Deficiencies by Code)

07	Disability Access	Ali04	Retrofit ramp and existing grade to be code compliant.	\$19,874.00
07	Disability Access	Ali06	Add handicapped accessible restroom with shower.	\$33,243.00
07	Disability Access	Ali07	Install ADA compliant lever hardware.	\$596.00
08	Energy Conservation	Ali05	Create arctic entry.	\$8,802.00
08	Energy Conservation	Ali08	Seal and trim entry door and install ADA compliant lever hardware.	\$1,991.00
12	Mechanical M & R	Mli03	Replace expansion tank.	\$2,632.00
12	Mechanical M & R	Mli04	Replace unit heater thermostat.	\$254.00
12	Mechanical M & R	Mli06	Replace exam room faucet.	\$433.00
13	Electrical M & R	Eli02	Replace fixture lamps and lens.	\$556.00
13	Electrical M & R	Eli03	Add electrical receptacles.	\$1,693.00
13	Electrical M & R	Eli10	Remove fire alarm system.	\$396.00

Code / Conditions Subtotal: \$345,140.00

Remodel Subtotal: \$134,101.00

Addition Subtotal: \$638,775.00

Clinic Total: \$1,118,016.00

VI. NEW CLINIC ANALYSIS

The analysis of whether a new clinic is required is based on the Denali Commission standard of evaluation that "New Construction is viable if the cost of Repair/Renovation and Addition exceeds 75% of the cost of New Construction".

We have determined the cost of a New Clinic Construction to meet the Alaska Rural Primary Care Facility (ARPCF) Space Guidelines for this size of village. We have also determined the cost of Repair/Renovation & Addition to the existing clinic to meet the same ARPCF Space Guidelines.

A. PROJECTED COST OF A NEW 2000 SF CLINIC

The cost of a New Denali Commission 2000 SF Small Clinic in Little Diomed is projected to be:

- Base Anchorage Construction Cost per sf. \$183
- Project Cost Factor: @ 45% \$ 82
 - Medical Equipment 17%
 - Construction Contingency 10%
 - Design Fees 10%
 - Construction Administration 8%
- Multiplier for Village @ 1.74 \$195

Adjusted Cost per SF \$460

Projected Cost of a New Clinic: 2000 sf. X \$460 = \$920,000

B. PROJECTED COST OF THE REPAIR/RENOVATION AND ADDITIONS

- Code & Condition Repairs/Renovations \$345,140
 (Cost from Deficiency Summary)
- Remodel/Upgrade Work (Def. Code 01 / Def. Ali02)..... \$134,101
 100% of clinic 955 SF = 955 @ \$140/SF
- Additional Space Required by ARPCF – 1034 SF (Def Code 06 / Def. Ali01)
 - Base Anchorage Cost \$231
 - Medical Equipment..... 32
 - Additional Costs 92
 - General Requirements 20%
 - Estimation Contingency 15%
 - Multiplier for Village at 1.74 AAF \$263

Adjusted Cost per SF \$618

Total Addition Cost of 1034 SF at \$618 = \$638,775

Project Cost Factor @ 28% = \$313,044

- Construction Contingency 10%
- Construction Administration 8%
- Design Fees 10%

Total Cost of Remodel/Addition \$1,431,060

C. COMPARISON OF EXISTING CLINIC RENOVATION/ADDITION VERSUS NEW CLINIC

Ratio of Renovation/Addition versus New Clinic is: \$1,431,060 / \$920,000 = 1.56 x cost of New Clinic

Based on Denali Commission standard of evaluation; the remodel/addition costs are more than 75% of the cost of new construction. A new clinic is recommended for this community.

- Note: Village factors may have been adjusted for recent 2001 cost adjustments and may have changed from previously published data distributed to the villages.

D. OVERALL PROJECT COST ANALYSIS

The overall project cost analysis below incorporates land, multi-use, utility costs, and road access costs, and project management fees if any are associated with the project.

Item	Quantity	Units	Unit Cost	Area Adjustment Factor	Total Cost	Allowable under "Small" Clinic Process (yes/no)
Primary Care Clinic (Allowable)	2000	SF	\$265.64	1.74	\$924,427	yes
Clinic (Non-allowable portion)	0	SF	\$265.64	1.74	\$0	no
Land	15,000	SF	\$2.00	1	\$30,000	yes
Multi-Use Facility Design Cost	0	LS	\$0.00	1	\$0	yes
Multi-Use Facility Construction Cost	0	LS	\$0.00	1	\$0	no
Utility Extension/Improvements	1	LS	\$15,000	1	\$15,000	yes
Road access & parking lot improvements	1	LS	\$5,000	1	\$5,000	yes
Subtotal Project Cost					\$974,427	
Project Management Fees					Unknown	
Total Project Cost					Unknown	

VII. CONCLUSIONS AND RECOMMENDATIONS

Based on current ANTHC and NSHC delivery models for health care to rural Alaska, the Little Diomed Health Clinic is inadequately sized and in negligent condition to meet minimum standards.

The addition of approximately 1034 SF of clinic space is required by current ARPCF program space guidelines. The major renovation and upgrading of existing clinic space will cost 1.56 times the cost of a new clinic. It is the recommendation of the consultant team that a new Denali Commission 2000 SF small clinic be considered for Little Diomed.

We reviewed options with local community leaders. It is the consensus that a new clinic would meet current community needs for years to come. At a meeting on April 12, 2002, Mr. Pierre Costello and Mr. Kevin Zweifel discussed possible locations for a new clinic with the Diomed IRA. Two options mentioned were extending the existing clinic (second floor of the structure) to the east, or, locating a new clinic in a recreation center to be built where the existing city office building is. These, and other options, will be discussed further with the community and presented in the community plan based on the community's decision.



MGE01
Monitor Stove in Waiting Room



MGE02
Front Entrance



MGE03
Janitor's Sink, No Vacuum Breaker



MGE04
Janitor's Sink, Glycol Air Vent Lines



MGE05
Unit Heater Thermostat



MGE06
Restroom Toilet, Non-ADA



MGE07
Restroom Lav, Non-ADA



MGE08
Heating System Air Vent Above Ceiling



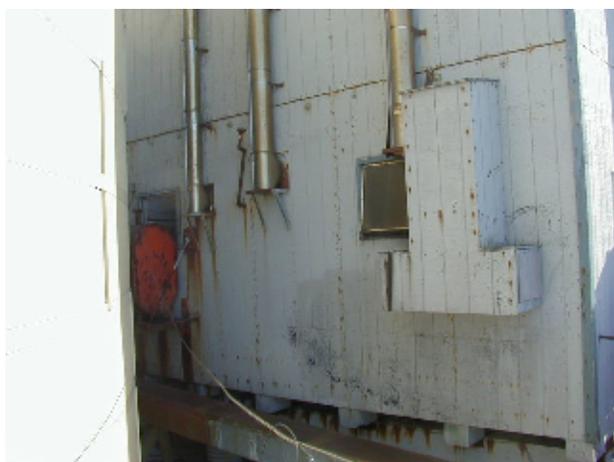
MGE09
Unit Heater in Waiting Room



MGE10
Southeast Corner of Clinic



MGE11
Fuel Tanks and Domestic Water Piping



MGE12
West Side of Clinic



MGE17
Boilers in the Water Treatment Building



MGE18
Boiler Flues in the Water Treatment Building



MGE19
Boiler and Pump Controls



MGE20
Fuel Piping to Boilers

This Report was Prepared By:

**Native Village of Diomedé IRA
&
Norton Sound Health Corporation**



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