

Larsen Bay Health Clinic

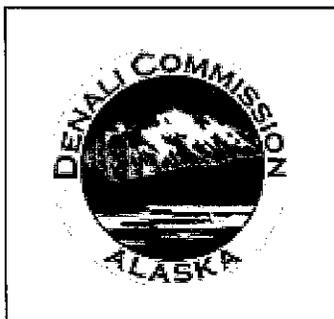


Alaska Rural Primary Care Facility

Assessment and Inventory Report

Final

November 14, 2001



Kodiak Area
Native Association



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APPENDIX A: DEFICIENCIES

APPENDIX B: GENERAL PHOTOGRAPHS

I. EXECUTIVE SUMMARY

A. OVERVIEW

The Larsen Bay Health Clinic is approximately 2,201 gross square feet, owned by the Village Council and operated by the Kodiak Area Native Association (KANA). The building was built and occupied in March 2001. A local contractor constructed the new clinic after the building housing the clinic burned down in the fall of 2000. The new clinic is a single-story wood frame structure with a reception area, waiting room, pharmacy/laboratory, two accessible restrooms, two dental rooms and two medical exam rooms. A furnace room, janitor's closet and a small storage room are also provided. A two bedroom guest quarters with kitchen and bathroom were attached, and accessible through the clinic or by a separate entry. Sheet vinyl floors are provided in hallways, exam rooms and dental rooms. Carpet is provided in the waiting room, receptionist and office areas.

The clinic is in very good, like new condition and is very well equipped to provide a good health services program for a community this size, 115 residents.

B. RENOVATION/UPGRADE AND ADDITION

The existing clinic will not require any additional square feet to accommodate the current need or to meet Alaska Rural Primary Care Facility (ARPCF) space guidelines; however, it should be noted that the existing clinic is 162 SF deficient in net program space. Remodeling the second dentist office to an interview room for the Health Aid Nurse is a potential area for renovation. This request could be accomplished with minimal cost and effort, resulting in more efficient use of existing clinic spaces. The existing ramp and stairs (handrails and guardrails) need to be renovated, and added where missing, to meet current code.

C. NEW CLINIC

Based on the Denali Commission's Standard of Evaluation the remodel/addition costs are far less than 75% of the cost to construct a new facility. A new clinic will not be required.

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 the 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 the Alaska Rural Primary Care Facility Needs Assessment and to provide each community with a uniform standard of evaluation for comparison with other communities to determine the relative need between the 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 3 and 4. The 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 detailing the condition of the facility.

B. ASSESSMENT TEAM

Jerry Hann, AIA, Architect of Larsen Consulting Group, Inc., Ralph DeStefano, PE of RSA Engineering, Inc. and Gerald Hendrickson, PE of ANTHC conducted the survey on November 14, 2001. Accompanying the field inspection team was Dee Moore, CHAP Program Manager, who was very familiar with the people and clinic operations. Gerald Hendrickson made introductions and conducted the briefings to ensure complete understanding to the inspection process. 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 format adopted is a modified "Deep Look" format, 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 have been evaluated. The written report includes a floor plan of the clinic, site plan as available and new plans for renovation/upgrade or completely new clinics. Additional information was gathered during the field visit including 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 city utility upgrades. This information is available for viewing at ANTHC's Anchorage offices and will be held for reference.

D. SITE INVESTIGATION

On November 14, 2001, the team flew to the site and made observations, took photos and discussed the needs with on-site personnel for the facility. Approximately five hours was spent on site that afternoon and evening. The team spent an additional two hours the following morning to gather additional information. There was sufficient time to investigate foundations, structure, condition, mechanical and electrical systems, and to interview the staff to assess current and projected health care needs.

III. CLINIC INSPECTION SUMMARY

A. COMMUNITY INFORMATION

Population:

- ◆ 115 (2000 Census)
- ◆ 2nd Class City, Kodiak Island Borough, Kodiak Island Borough Schools, Koniag, Incorporated

Location: Larsen Bay is located on Larsen Bay, on the northwest coast of Kodiak Island. It is 60 miles southwest of the City of Kodiak and 283 miles southwest of Anchorage. It lies at approximately 57d 32m N Latitude, 153d 58m W Longitude. (Sec. 32, T030S, R029W, Seward Meridian.) Larsen Bay is located in the Kodiak Recording District. The area encompasses 5.4 sq. miles of land and 2.2 sq. miles of water.

History: The area is thought to have been inhabited for at least 2,000 years. Hundreds of artifacts have been uncovered in the area. Russian fur traders frequented the Island in the mid-1700s. The bay was named for Peter Larsen, an Unga Island furrier, hunter and guide. In the early 1800s, there was a tannery in Uyak Bay. The present-day Natives are Alutiiq (Russian-Aleuts). Alaska Packers Association built a cannery in the village in 1911. The City was incorporated in 1974.

Culture: Larsen Bay is a traditional Alutiiq settlement practicing a commercial fishing and subsistence lifestyle.

Economy: The economy of Larsen Bay is primarily based on fishing and work at Kodiak Salmon Packers. 17 residents hold commercial fishing permits. There are very few year-round employment positions. A large majority of the population depends on subsistence activities. Salmon, halibut, seal, sea lion, clams, crab and deer are utilized.

Facilities: Water is supplied by an infiltration gallery on Humpy Creek and is treated and stored in a 50,000-gallon wood stave tank. An alternative supply line is connected to the penstock of the hydroelectric plant. All 40 homes are connected to the piped water system. A community septic tank with outfall line serves these homes, and the majority are fully plumbed. A new 200,000-gallon water storage tank is needed -- leakage is significant in the existing tank. Weekly refuse collection services are provided. The community uses an incinerator.

Transportation: Larsen Bay is accessible by air and by water. Regular and charter flights are available from Kodiak. There is a State-owned, lighted 2,700' gravel airstrip and a seaplane base. Docking facilities are available. The Corps of Engineers began construction of a breakwater and boat harbor in the summer of 1997. A cargo barge arrives every six weeks from Seattle.

Climate: The climate of the Kodiak Islands is dominated by a strong marine influence. There is little or no freezing weather, moderate precipitation, and frequent cloud cover and fog. Severe storms are common from December through February. Annual precipitation is 23 inches. Temperatures remain within a narrow range, from 32 to 62.

B. GENERAL CLINIC INFORMATION

1) Physical Plant Information

The existing Larsen Bay Clinic is a new facility that has a gross area of approximately 2201 gross square feet on one floor. The clinic is owned by the Village Council and operated by KANA. It is built on 6 x 5 treated wood plies. The exterior walls are wood framed with vinyl siding and a metal roof. (Reference drawings are located at Section III.H.)

2) Clinic Program Usage Information

Patient records indicate the clinic saw an average of 56 patients per month in 2001, 46 patients per month in 2000, and 54 patients per month in 1999. There was 15% decrease in patient encounters from 1999 to 2000. Since then, there has been a 22% increase in patient encounters from 2000 to 2001, with a net increase of 4% in patient encounters over the past three years. Medical services are provided by two full-time staff members, a Community Health Practitioner and a Community Health Aide and by quarterly visits from an itinerant doctor.

3) Community Program Sheet

Attached at the end of this section is the Community Program Sheet completed by the City of Larsen Bay.

PROGRAM

Community Larsen Bay Unique ID # _____
 Organization KANA

P1.0 Services

The your program provides these services and functions. A "YES" answer implies that these services are services listed in questions P1.1 – P1.41 and P4.1 – P4.7 may be considered components of comprehensive primary care. These services may be provided by a variety of health care providers, including Community Health Aides / Practitioners, Nurse Practitioners, Physician Assistants, Physicians, etc. Please indicate whether provided on a regular basis by full or part time local staff. If you answered "NO" or "Itinerant Basis Only" please indicate why by checking one or more boxes to the right, and then indicate if any of the services should be provided on a regular basis to meet local program and/or community goals.

Key:
 Available - Available
 Community - Community
 Inadeq. - Inadequate
 Itin. - Itinerant / Contract

Currently Provided?			If Not, Why? (check all that apply)							Should Be Provided?	
Yes	Itin. Basis Only	No	Not Needed In This Size Comm.	Not Wanted By Comm.	Inadeq. Funding	Inadeq. Space	Inadeq. Equip.	Inadeq. Staff Avail.	Other	Yes	No

Basic Primary Care Services Provided?											
P1.3	Substance Abuse Diagnosis	✓									
P1.4	Substance Abuse Treatment	✓									
P1.5	Mental Health Diagnosis	✓									
P1.6	Mental Health Treatment	✓									
P1.13	Preventive Dental Services	✓									
P1.14	Dental Treatment Services	✓									

Person Contacted in the Community: _____

P.O. Box 127
 Larsen Bay AK 99624
 Jennifer Moe

C. PROGRAM DEFICIENCY NARRATIVE

1) Space Requirements and Deficiencies

SPACE COMPARISON MATRIX												
Current Larsen Bay Actual SF to Denali Commission Medium Clinic												
Alaska Rural Primary Care Facility			Current Clinic				Medium Clinic				Difference	
Purpose / Activity	Designated Itinerant		Actual Net SF			ARPCF SF			Difference			
	Size	No.	Net Area (SF)	Size	No.	Net Area (SF)	Size	No.	Net Area (SF)	Size	No.	Net Area (SF)
Arctic Entries				24	1	24	50	2	100			-76
Waiting/Recep/Closet	150	1	150	213	1	213	150	1	150			+63
Trauma/Telemed/Exam	200	1	200	112	1	178	200	1	200			-88
Office/Exam				112	1	112	150	1	150			-38
Admin./Records				72	1	72	110		110			-38
Pharmacy/Lab				149	1	80	80	1	80			+69
Portable X-ray												
Specialty Clinic/Health Ed/Conf				138	1	138	150	1	150			-12
Patient Holding/ Sleeping Room				133	1	133	80	1	80			+53
Storage	150	1	150	30	1	30	100	1	100			-70
HC Toilet				47.5	2	95	60	2	120			-25
Janitor's Closet				30	1	30	30	1	30			0
Subtotal Net Area			500			1108			1270			-162
Circulation & Net/Gross Conv. @ 45%						1063			572			+491
Subtotal (GSF)						2171			1842			+329
Mechanical Space @ 8%				30	1	30			147			-117
Total Heated Space			500			2201			1989			+212
Morgue (unheated enclosed space)			0				30	1	30			30
Ext. Ramps, Stairs, Loading						As Required			As Required			As Required

- a. Overall Space Deficiencies: The size of the facility exceeds ARPCF space requirements by 212 gross square feet.
- b. Specific Room Deficiencies: One of the designated bedrooms now serves as an interview room for the Health. This room does not function well for this purpose, because access to the space requires entering private staff areas. The clinic personnel want the second unused dental room to be converted to a private interview room. The room would require some modifications such as soundproofing the walls and installing sound seals around the door for patient privacy. A window should be installed on the outside wall to provide a calming environment for patients. Carpet will add to the sound quality and softness for the type of interviews that will take place.
- c. Other Size Issues: The spaces are all, as described by the staff, comfortable and adequate.

2) Building Issues

- a. Arctic Entries: There is an arctic entry at the main entrance.

- b. Waiting / Reception: The waiting area functions well.
- c. Exam / Trauma: The staff feels that the room has worked well for emergency care even though there is not the required 12' clear space between the cabinets.
- d. Exam Room: There is an exam room between the trauma room and emergency/lab room. All of the listed rooms are used for examinations and the spaces work well.
- e. Office / Administration / Records: There are two rooms the staff and visiting provider use that are sufficient for their needs.
- f. Pharmacy / Lab: The pharmacy is adjacent to the office/receptionist area. Lab functions are conducted in the emergency room located between the dental and exam rooms. The lab is well equipped and is functioning adequately.
- g. Specialty Clinic / Health Education / Conference: The clinic has two dental offices; however, there is only one dentist that comes to the clinic at one time.
- h. Patient Holding / Sleeping Room: There are two dedicated rooms for sleeping; however, one room is currently used for the Health Aid Nurse for an interview room. There is no room designed for "holding". There is a bathroom with a tub and shower and a large kitchen area for visitors and staff.
- i. Storage: Storage space does not meet ARPCF requirements, but seems to be adequate. One of the handicap restrooms is used for some storage.
- j. HC Toilet Facilities: The two toilet rooms meet UBC requirements.
- k. Janitor's Room: The janitor's closet and sink is adequate.
- l. Mechanical/Boiler Room: The mechanical room functions well.
- m. Ancillary Rooms: The second dental office can be considered "Ancillary".

3) Functional Design Issues

- a. Functionally, this facility is performing adequately for its programmed and intended use. The environmental quality of the facility is good; as well as the ability to perform required medical functions within the facility, enhancing patient care.

4) Health Program Issues

- a. Patient Comfort and Privacy: Comfort and privacy levels are very good with the exception of the designated bedroom that now serves as the Health Aide interview room. This room doesn't work well for the clinic because of the location having to enter the private area of the staff. See the "Specific Room Deficiencies" described above.
- b. Medical/Infectious Waste: Red Bag Waste is shipped to Kodiak by plane.
- c. Infection Control: This facility is well kept and cleaned daily.

- d. Insect and Rodent Control: None noted.
- e. Housekeeping: There is no difficulty with cleaning or providing housekeeping in this facility.

5) Utilities

- a. Water Supply: The clinic water is supplied from a city well water and storage tank system.
- b. Sewage Disposal: The clinic has a private septic system and leach field. The system was recently installed and reportedly is in good condition.
- c. Electricity: Electrical power for the city is generated at the city power plant. The electrical power is distributed within the city via a buried electrical distribution system.
- d. Telephone: The clinic has a number of telephone lines. The phone lines are brought into the clinic via buried telephone service lines.
- e. Fuel Oil: See Mechanical Narrative.

D. ARCHITECTURAL / STRUCTURAL CONDITION

1) Building Construction

- a. Floor Construction: The floor consists of carpet or sheet vinyl (1/2" plywood underlayment) over 3/4" plywood sub flooring.
- b. Exterior Wall Construction: The exterior walls are constructed 5/8" Type 'X' GWB over a vapor retarder over 2 x 6 wood studs @ 16" o. c. over 1/2" plywood sheathing over an air retarder. The finish siding is vinyl. Insulation is assumed to be R-21.
- c. Roof Construction: The roof is a full-span truss at 24" o. c with plywood deck and metal roof with an R-38 batt insulation. Eave vents provide attic ventilation.
- d. Exterior Doors: The exterior doors are insulated hollow metal and are in very good shape.
- e. Exterior Windows: Windows are thermo pane, vinyl casement windows. Two windows in sleeping rooms have sill heights that are UBC code compliant.
- f. Exterior Decks, Stairs, and Ramps: The ramp at the main entry does not have the required landing at the entry door. The handrail is not at the proper code height and does not have a handrail on wall sides of the ramp. The exit at the east stair does not have a guardrail at the landing or handrails on the stairs.

2) Interior Construction

- a. Flooring: The flooring is sheet vinyl and carpeting with a 2 1/2" wood base throughout. At the room entries and throughout the hallways, almost all sheet vinyl seams are coming loose. Many of them are taped down while others are coming apart. It appears that wherever there is an underlayment seam, it is telegraphed through the sheet vinyl.
- b. Walls: The walls are constructed with wood studs with painted 5/8" Type 'X' GWB.

- c. Ceilings: The ceilings are painted 5/8" Type 'X' GWB.
- d. Interior doors: The interior doors are hollow core wood. They are ADA accessible and the hardware meets ADA requirement.
- e. Casework: The casework is comprised of new plastic laminate cabinets. Countertops are plastic laminate. The casework has been well maintained; hence, there are no sanitary issues.
- f. Furnishings: The furnishings are new. The exam tables are also new and well taken care of.
- g. Insulation:
 - ◆ Floor Insulation R-38
 - ◆ Wall Insulation R-21
 - ◆ Attic/Roof Insulation R-21
 - ◆ Attic Ventilation Eave Vents
- h. Tightness of Construction: The overall construction and quality of the facility is generally good.
- i. Arctic Design: The building has been designed for conditions in this region.

3) Structural

- a. Foundations: The foundations consist of a 3/4" plywood sub flooring over BSI floor joist spaced at 16" o. c. spanning over 6 x 10 wood beams supported by 6 x 6 treated piles at 8' o. c.
- a. Walls and Roof: The walls and metal roof are in good condition.
- b. Stairs, Landings and Ramps: These elements are in good condition but require code modifications, as identified in Appendix A: Specific Deficiencies.

E. MECHANICAL CONDITION

1) Heating System

- a. Fuel Storage and Distribution: The clinic's heating fuel oil storage tank is located on a wooden stand 10 feet from the building. The tank is a 300-gallon steel U.L. listed single wall storage tank. The tank is in very good condition; but it does not have the proper valving or venting as required by code.
- b. Furnace: A single fuel oil fired warm air furnace heats the facility. The furnace is a down-flow model and is in very good condition.
- c. Heat Distribution System: The warm air furnace's return and supply air ductwork is located under the facility in the crawl space. The supply air grilles are located in the floor around the perimeter of the facility; the return air grilles are located in the walls at various locations in the facility.

2) Ventilation System

- a. System: There is no outside air connection to the furnace and hence there is no mechanical ventilation for the clinic. The only source of ventilation for the occupied spaces is through operable windows.
- b. Exhaust Air: Individual ceiling mounted exhaust fans serve clinic, sleeping quarters and the bathrooms. The exhaust fans are all ducted to the outside.

3) Plumbing System

- a. Water System: The water to the clinic is supplied from a central city water system. A copper piping domestic water system supplies water to the clinic and sleeping quarter's plumbing fixtures.
- b. Sewer System: The clinic has a private septic system and leach field. The system was recently installed and reportedly is in good condition.
- c. Fixtures: The clinic is very new, and all of the fixtures in both the clinic and sleeping quarters are in good condition. The sleeping quarter fixtures include a kitchen sink, restroom lavatory, shower and water closet. The clinic fixtures include exam sinks, lab sinks and restroom fixtures. All of the clinic restroom fixtures are ADA compliant.
- d. Compressed Air: The clinic has a recently installed compressed air system that is routed into the dental rooms. The air compressor is located in the attic space above the hallway and is not secured well. Additionally, the air compressor used appears to be an oil-less type, but did not appear to be rated for dental use.

F. ELECTRICAL CONDITION

1) Electrical Service

- a. The electrical service is provided from an underground local utility system. The building disconnect is located on the backside of the facility and is in good condition.
- b. The service for the clinic is a 100 Amp, 120/240V, 1 Ph, 3 wire.
- c. The clinic has a small diesel generator that provides back-up power to the clinic. The power is manually switched from utility to generator power via a transfer/disconnect switch located next to the utility meter.

2) Power Distribution

- a. The clinic has two breaker panel boards each containing 32 breakers, there are 16 spare total between the two panels.
- b. The branch wiring is routed in the attic, crawl space and walls using romex type wiring.

3) Grounding System

- a. The building has a grounding conductor routing from the service entrance location into the ground. The water piping system did appear to be bonded.

4) Exterior Elements

- a. The exterior fixtures are installed at the exterior doors and on the ADA access ramp. Interior wall switches and individual photocells on each light control the lights.
- b. Two exterior power GFCI protected receptacles were installed on the exterior of the facility.
- c. Telephone service enters the facility, via an underground service.

5) Electrical Devices and Lighting

- a. Receptacles are grounding type.
- b. The lighting is predominately 4 ft fluorescent four-lamp fixtures surface mounted on the ceiling. The lighting throughout the facility is in good condition.
- c. Interior device plates are non-metallic ivory decorative plates.

6) Emergency System

- a. Electrical powered illuminated emergency egress signs are installed and are in good condition.
- b. Two emergency egress illumination wall packs are installed in the hallway and are in good condition. However, there is no emergency exit illumination in the sleeping quarters.

7) Fire Alarm System

- a. Two battery-powered smoke detectors are installed in the clinic hallway, and one in the sleeping quarters hallway.

8) Telecommunication

- a. The telephone system cable is routed to the exam rooms and office spaces through the clinic attic.
- b. The facility does not have a telemedicine system.

G. CIVIL / UTILITY CONDITION

1) Location of Building

- a. Patient Access: Located in the relative center of the city for ease of access and seems to work fine. It is on the main road next to the airport, which is an advantage if emergency air-transport is required.
- b. Service Access: Road access is provided to front entry off the main road. The ramp access is adequate; however, modifications need to be made to make the ramp fully ADA compliant.
- c. Other Considerations: The chain-link fence needs to be fixed and completed.

2) Site Issues

- a. Drainage: Drainage from the site is adequate.

-
- b. Snow: There does not appear to be a snow-related problem.

3) Proximity of Adjacent Buildings

- a. There are no buildings adjacent to the facility.

4) Utilities

- a. Water Supply: The clinic water is supplied from a city well water and storage tank system. The water is collected from a well located on the side of a hill, treated and then gravity fed into the city below.
- b. Sewage Disposal: The clinic sewer is connected to an underground city wide sewer system. The sewer is collected and disposed of via an ocean outfall line.
- c. Electricity: Electrical power for the city is generated at the city power plant. The electrical power is distributed within the city via a buried electrical distribution system.
- d. Telephone: The clinic has a number of telephone lines. The phone lines are brought into the clinic via buried telephone service lines.

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

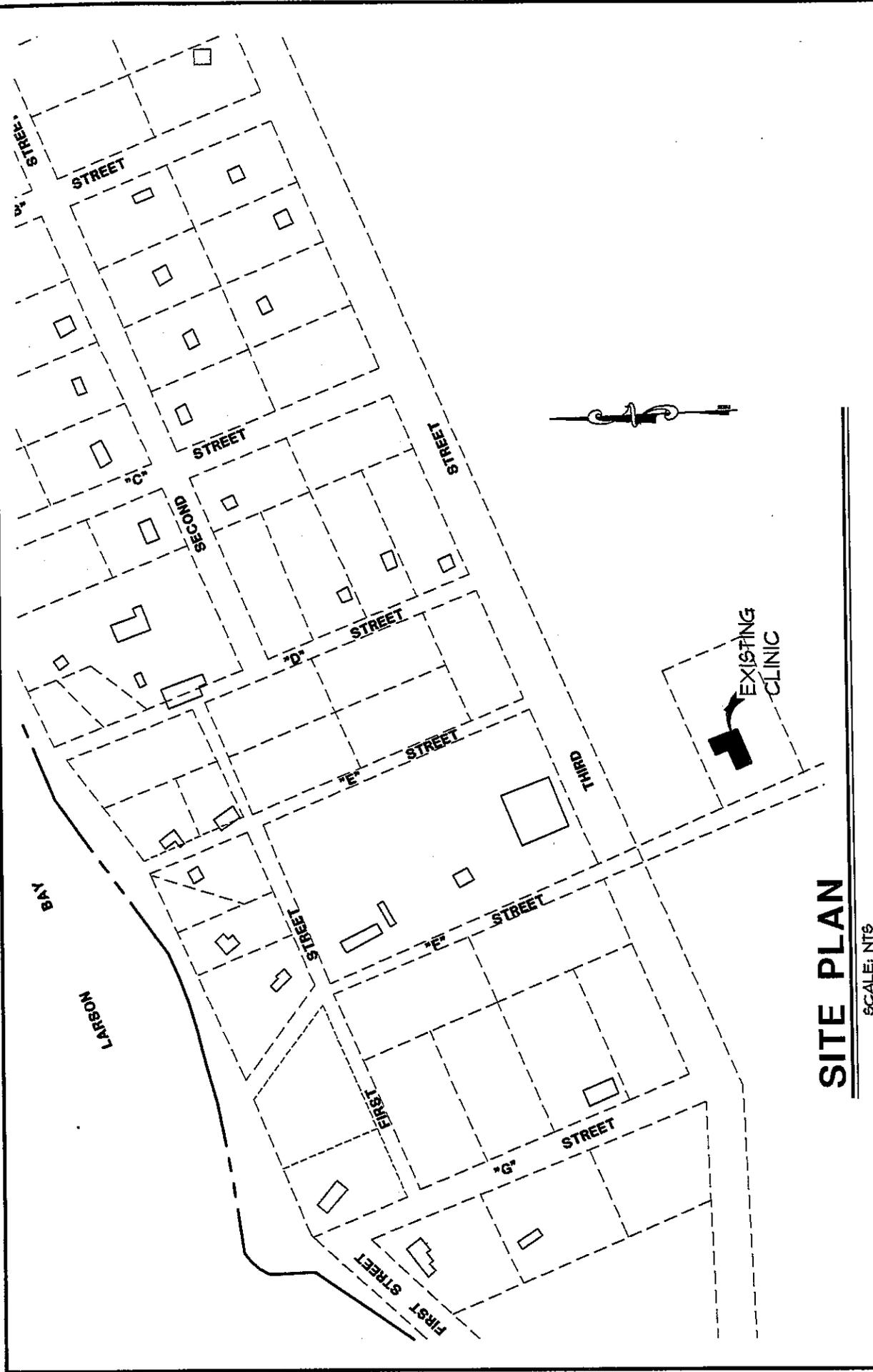
Following this section we have attached drawings, as we have been able to identify, find, or create as part of this report.

Map of Region

A1 Site Plan

A2 Existing Floor Plan

A3 Existing Wall Section



SITE PLAN

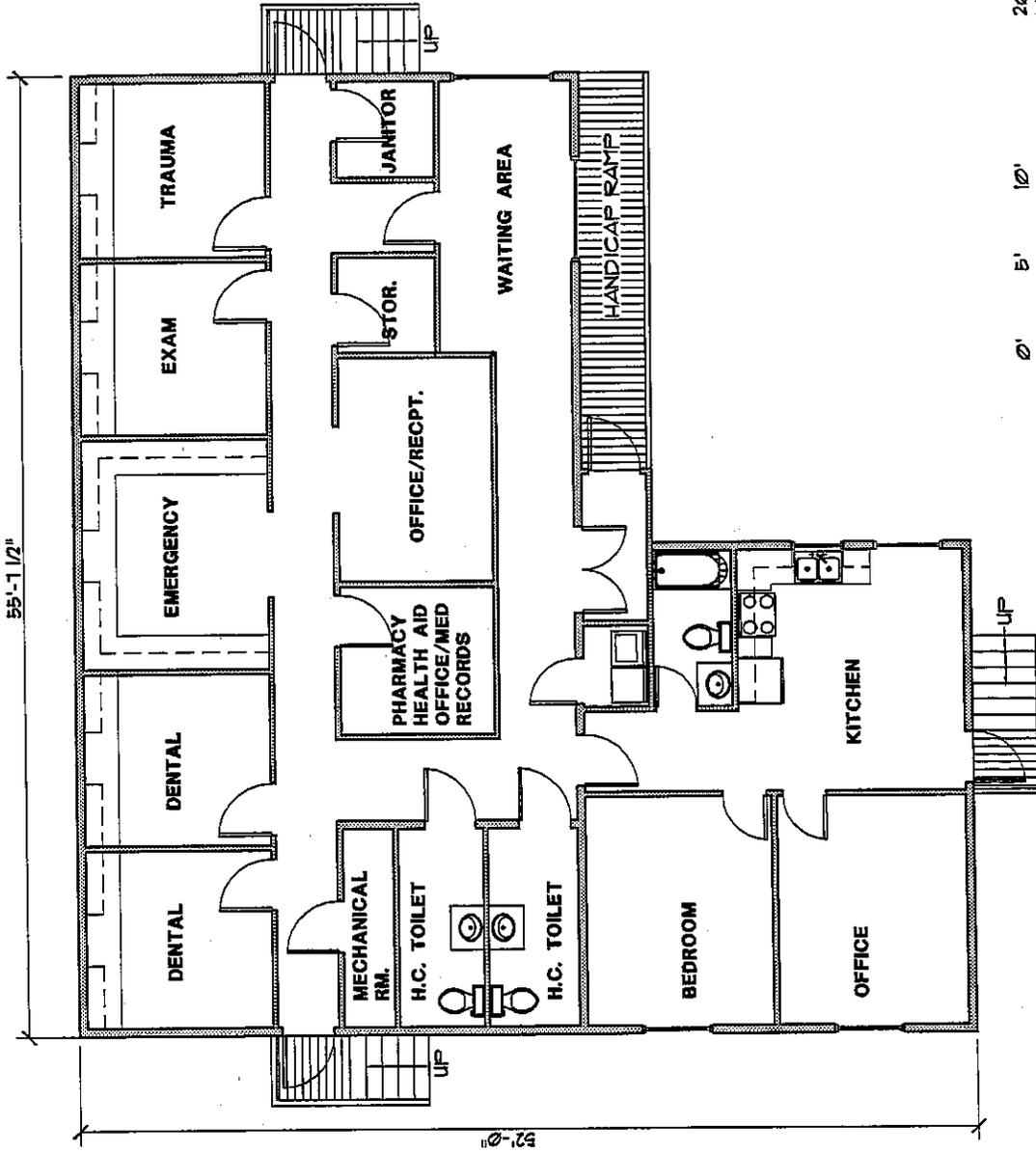
SCALE: NTS



FACILITY ASSESSMENT AND
INVENTORY SURVEYS
FOR LARSEN BAY
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

DESIGNED BY:
DATE: 01/23/02
SCALE: NTS
JOB NO: 223.07

SHEET
A 1 OF 3



EXISTING FLOOR PLAN

SCALE: 3/32" = 1'-0"



GLGGG, Inc.
 LARSEN CONSULTING GROUP
architecture • engineering • surveying

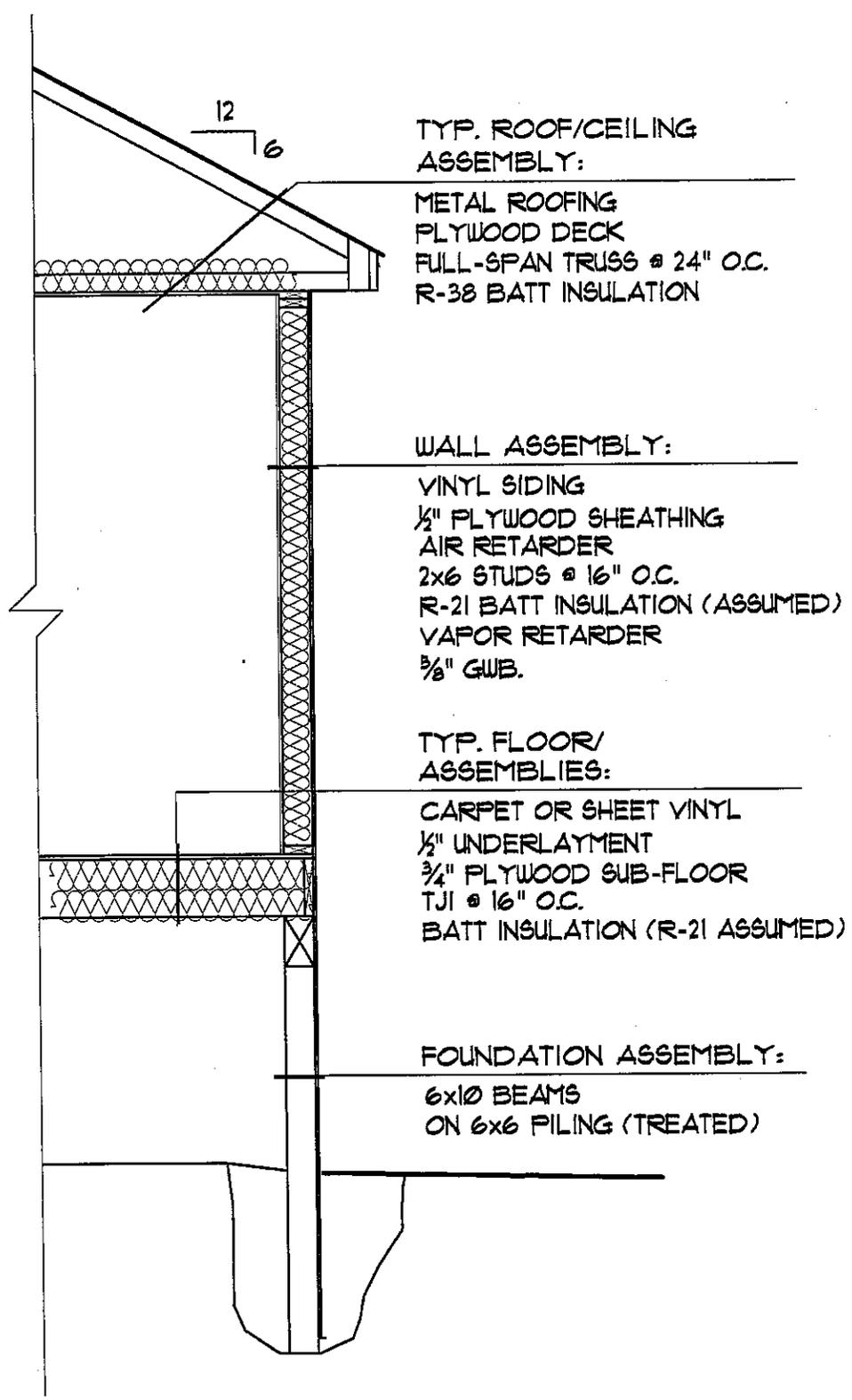
FACILITY ASSESSMENT AND
 INVENTORY SURVEYS
 FOR LARSEN BAY
 ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

DESIGNED BY:
 DATE: 01/23/02
 SCALE: 3/32" = 1'
 JOB NO: 223.07

SHEET
 A2 OF 3

DESIGNED BY:	
DATE:	01/23/02
SCALE:	3/8" = 1'
JOB NO:	223.07

FACILITY ASSESSMENT AND
INVENTORY SURVEYS
FOR LARSEN BAY
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM



TYP. ROOF/CEILING
ASSEMBLY:
METAL ROOFING
PLYWOOD DECK
FULL-SPAN TRUSS @ 24" O.C.
R-38 BATT INSULATION

WALL ASSEMBLY:
VINYL SIDING
1/2" PLYWOOD SHEATHING
AIR RETARDER
2x6 STUDS @ 16" O.C.
R-21 BATT INSULATION (ASSUMED)
VAPOR RETARDER
3/8" G.W.B.

TYP. FLOOR/
ASSEMBLIES:
CARPET OR SHEET VINYL
1/2" UNDERLAYMENT
3/4" PLYWOOD SUB-FLOOR
TJI @ 16" O.C.
BATT INSULATION (R-21 ASSUMED)

FOUNDATION ASSEMBLY:
6x10 BEAMS
ON 6x6 PILING (TREATED)

EXISTING WALL SECTION

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

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.

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- 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, located in Appendix A, that are noted to describe the various deficiencies described in the narratives and itemized in the summary below. The photos do not cover all deficiencies and are intended to provide a visual reference to persons viewing the report that are 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 to 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 city, 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 city, 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.

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- 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 the 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

Kodiak Area Native Association

(Summary Listing of Deficiencies by Code)

Deficiency Code	Reference	Work Description	Cost
01	Ala07	Renovate 450 SF of existing clinic space.	\$47,549.00
02	Ela01	Repair/rewire outlet.	\$542.00
02	Ela02	Add/install emergency light in living quarters.	\$925.00
02	Mla01	Add tank vent, strapping, and valving to fuel tank.	\$1,989.00
02	Mla02	Replace dental air compressor.	\$2,617.00
02	Mla05	Add ventilation to facility.	\$2,748.00
03	Ala05	Remove and re-install all sheet vinyl flooring.	\$6,926.00
06	Ala01	Add 162 SF to net area to meet minimum program space requirements.	\$63,566.00
06	Ala06	Renovate the existing 2nd, unused, dentist office.	\$6,695.00
07	Ala02	Re-install ramp with level landing (per code).	\$1,444.00
07	Ala03	Install handrails on both sides of ramp at 36".	\$1,424.00
07	Ala04	Install guardrails on stair landing and handrails per code.	\$2,183.00
12	Mla03	Support dental air piping.	\$176.00
12	Mla04	Add filters to the furnace.	\$251.00

Alaska Rural Primary Care Facility

ANTHC

Code and Condition Survey Report

Kodiak Area Native Association

(Summary Listing of Deficiencies by Code)

Code / Conditions Subtotal:	\$27,920.00
Remodel Subtotal:	\$47,549.00
Addition Subtotal:	\$63,566.00
Clinic Total:	\$139,035.00

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 city. 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 Medium Clinic in Larsen Bay 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 City	@ 1.31	\$ 82
Adjusted Cost per SF		\$347

Projected Cost of a New Clinic: 2000 sf. X \$347 = \$694,000

B. PROJECTED COST OF THE REPAIR/RENOVATION & ADDITIONS

• Code & Condition Repairs/Renovations	.....	\$27,920
(Cost from Deficiency Summary)		
• Remodel/Upgrade Work (Def. Code 01 / Def. Ala07)	.....	\$47,549
20% of clinic 2201 SF = 450 @ \$106/SF		
• Additional Space Required by ARPCF – 162 SF (Def Code 06 / Def. Ala01)		
○ Base Anchorage Cost	.....	\$189
Medical Equipment	.....	32
○ Additional Costs	.....	78
General Requirements	20%	
Estimation Contingency	15%	
○ Multiplier for City at 1.31AAF	.....	\$93
Adjusted Cost per SF	.....	\$392
Total Addition Cost of 162 SF at \$392 =	.....	\$63,566
Project Cost Factor @ 28% =	.....	\$38,930
Construction Contingency	10%	
Construction Administration	8%	
Design Fees	10%	

Total Cost of Remodel/Addition \$177,965

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

Ratio of Renovation/Addition versus New Clinic is: $\$177,965 / \$694,00 = .26$ x cost of New Clinic

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

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

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	1.31	\$695,977	yes
Clinic (Non-allowable portion)	0	SF	\$265.64	1.31	\$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					\$745,977	
Project Management Fees					Unknown	
Total Project Cost					Unknown	

VII. CONCLUSIONS AND RECOMMENDATIONS

The existing Larsen Bay Clinic was constructed in spring of 2001, and is serving the community well. As noted in this report, few deficiencies have been noted with most of minor cost implications. We evaluate this clinic to be in excellent condition. A small renovation/addition is recommended to better serve the community for years to come.