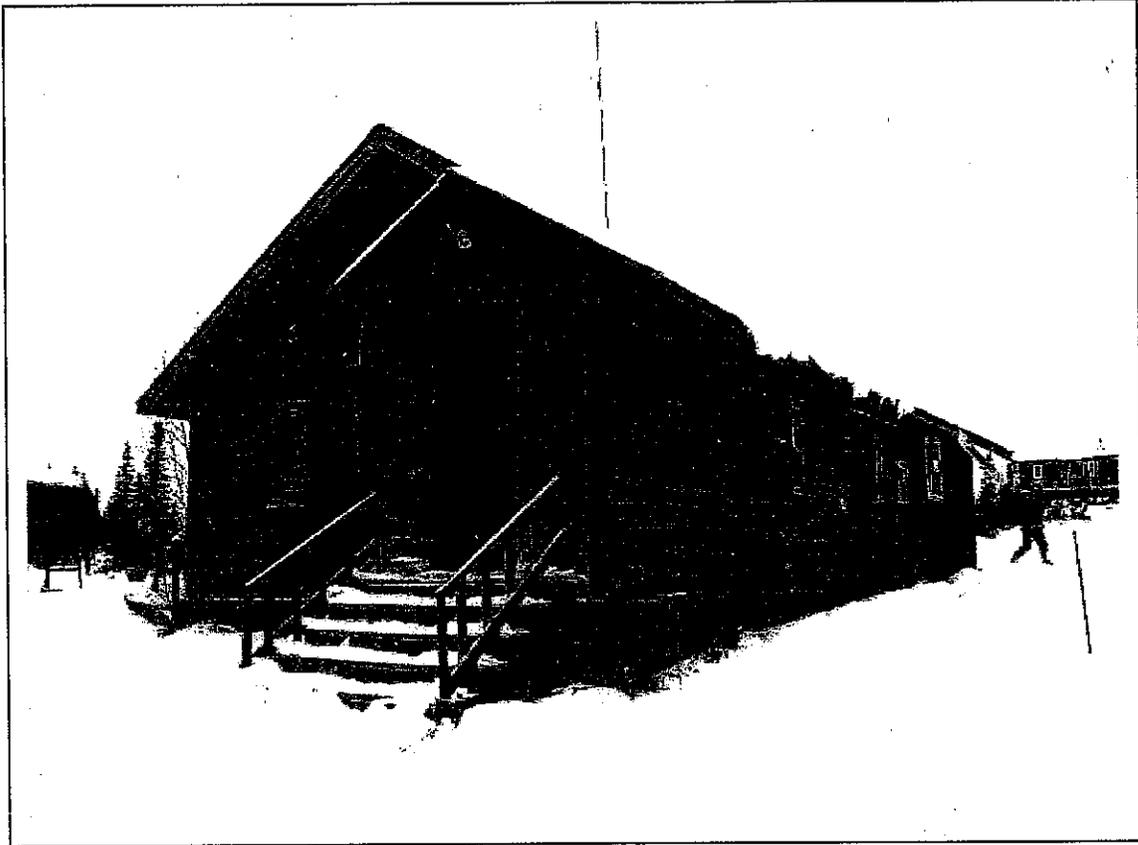


LIME VILLAGE HEALTH CLINIC



Alaska Rural Primary Care Facility Code and Condition Survey

January 8, 2002

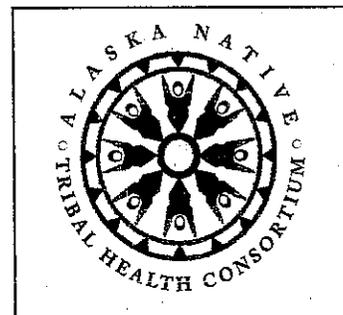


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I. Executive Summary

Overview:

The Lime Village Clinic, originally built in 1988, is currently a 534 SF clinic of somewhat typical design for the times it was constructed. It has a waiting room, toilet room, furnace room, office/triage area, one exam room, janitor/supply/water storage tank room, and storage area. It has a front entry with a plywood vestibule, and rear entry with a ramp and minimal plywood vestibule. The simple wood frame construction on an 8 x 8 treated wood post and pad system directly on the tundra is similar to many clinics constructed in the region over the last 20-30 years. It has been modified due to heating problems with all exposed internal piping, and is in extremely poor condition and the smallest for the current size of the village, 321 residents.

Renovation/Upgrade and Addition:

The Clinic will require a 699 SF addition to accommodate the current need and Alaska Rural Primary Care Facility space guidelines. This addition is possible on the existing site. The addition would require considerable additional pad filling or digging into the hill since the current addition of 14 x 24 required digging 30-40 inches into the bank and substantial renovation of the existing clinic. As can be seen from the documentation enclosed, the existing clinic will require major renovation to meet current code and standards as well. The cost of renovation and addition will far exceed the cost of a new clinic facility.

New Clinic:

The community has proposed that a new larger 15000 SF Denali Commission Small Clinic can be constructed on a new site located adjacent to the existing clinic. We have included preliminary site plans based on the site that has been chosen.

None of the sites have existing utilities available to them and cannot be served easily. The Traditional Council President of Lime Village, Evan Bobby, is in process of working further on the site selection and the ability to bring utilities to the site and the community.

The community has completely supported this effort and have met extensively to assist in new site issues and to resolve any site considerations.

II. General Information

A. The Purpose of the 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 that the Denali Commission sent 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 the facility condition.

B. Assessment Team:

Tom Humphrey, Capital Projects Director, and Emilee Kutch, the administrator for Yukon Kuskokwim Health Corporation, organized the assessment team. The team for this site visit was Tom Humphrey, YKHC; Gerald L. (Jerry) Winchester, Architect, Winchester Alaska, Inc.; Bob Jernstrom, PE, Jernstrom Engineering, and John Nichols, ANTHC. Team members who assisted in preparation of report from information gathered included members of the field team above and Ben Oien PE, Structural Engineer; Tom Humphrey, PE, Electrical Engineer; Carl Bassler PE, Civil Engineer; and Estimation 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 which 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 offices and will be held for reference.

D. The Site Investigation:

On October 31, 2001, the team flew to the site and made observations, took photos, and discussed the needs with on-site personnel for the facility. Approximately three-four hours was spent on site, with

sufficient time to investigate foundations, structure, condition, mechanical and electrical systems, and to interview the staff to assess current and projected health care needs.

Interviews were conducted with the Fred Bobby, Anna Bobby, Village Administrator, who were available to speak for Evan Bobby, Traditional Council President of Lime Village. The council staff provided information on the existing building, site, and utilities. Additional review of existing data from YKHC files from physician's assistants, community health aides, travel clerks, dentists, specialty clinic providers, and medivac teams. These interviews provided clear understanding of the needs of the village, the clinic facility, and the users of the facility.

The Lime Village Council President and staff have reviewed the use of a Denali Commission Small Health Clinic design adapted to the selected Lime Village Site. They have agreed to proceed with final approvals of a site based on final determination of the most appropriate one.

III. Clinic Inspection Summary

A. Community Information:

Population: 53 (2000 Census)

Unincorporated, Unorganized Borough, Iditarod Area School District, Calista Native Corporation

Location:

Lime Village is located on the south bank of the Stony River, 50 miles southeast of its junction with the Kuskokwim River. The village is 111 air miles south of McGrath, 137 miles east of Aniak, and 185 miles west of Anchorage. It lies at approximately 61d 21m N Latitude, 155d 28m W Longitude. (Sec. 30, T015N, R034W, Seward Meridian.) Lime Village is located in the Kuskokwim Recording District. The area encompasses 80.3 sq. miles of land and 2.2 sq. miles of water. The climate in Lime Village is continental. Temperatures range between -47 and 82. Precipitation averages 22 inches, with snowfall of 85 inches per year. The Kuskokwim and Stony Rivers are ice-free from mid-June through October.

History:

Lime Village was named for the nearby limestone hills. The earliest recorded settlement was in 1907, when Paul, Evan and Zacar Constantinoff were year-round residents. People from nearby Lake Clark used the area for a summer fish camp. The 1939 U.S. Census called the settlement "Hungry Village." A Russian Orthodox chapel, Saints Constantine and Helen, was built in 1960. A state school was constructed in 1974.

Culture:

Lime Village is a Denaina Athabascan Indian settlement practicing a subsistence lifestyle.

Economy:

Subsistence activities are essential. There is no store in Lime Village. Salmon, moose, bear, caribou, waterfowl and berries are utilized. Some seasonal work is found through BLM fire fighting or trapping. Income is primarily derived from public assistance programs.

Facilities:

Water is drawn from Stony River and is treated. Residents haul water from the pumphouse. Sewage is disposed of in pit privies. The school and teacher's housing are connected to individual wells and septic systems, and are fully plumbed. A small washeteria is needed, but the existing pumphouse lies in the flood zone. A Master Plan is underway to examine this, and landfill improvements. A central electrical system was completed in March 1998. Since July 2001, an experimental hybrid solar-diesel electric generator has been in operation. Fuel oil is brought in for the school and clinic, although most residents use wood for heating.

Transportation:

Located on the Stony River, Lime Village is dependent on small riverboats and airplanes for transportation. Due to shallow water, barges cannot supply the community. When the river freezes, residents use dog teams and snowmachines for ground travel. There is a 1,475' gravel runway just north of the village that is owned and maintained by the State. Sky Vans are the largest aircraft able to land on the runway. The village needs a longer airstrip to support more economical fuel delivery.

Climate:

The climate in Lime Village is continental. Temperatures range between -47 and 82. Precipitation averages 22 inches, with snowfall of 85 inches per year. The Kuskokwim and Stony Rivers are ice-free from mid-June through October.

B. General Clinic Information:

Physical Plant Information:

The existing Lime Village Health Clinic completed in 1988 with subsequent additions occupies 801 sq. ft. (See attached Plan) It is one of the small size clinics constructed during the last twenty years and existing in the YKHC program area. It has small a waiting room, trauma/exam/kitchen/office room, one other exam room, and small office work area. It has a front entry with unheated vestibule but does not allow stretcher access. The rear entry has a compliant ramp to the trauma/exam/kitchen/office room but not a large enough door. The clinic is not served with water and sewer with hauled water and a outhouse for toilet. Sinks not are provided in the exam rooms or anywhere in the facility.

Clinic program usage information:

Patient records indicate that the clinic saw an average of 267 patients per month in 2000 up from 14 in 1999 and 13 patients per month in 1998. This is a 1900% increase on an annual basis largely due to a traveling health aide from Sleetmute. There are 1 part time staff and 1 Itinerant or contract staff equivalent. The office space provided is entirely inadequate as it has all office functions, travel, files, and use by all health aides. The room contains a desk, copier, fax, and two chairs for triage and other equipment and supplies.

Community Program Sheet:

The community program sheet P1.0 Services has been included if available on the next page. These sheets were completed during the Code and Condition Survey by ANTHC representative.

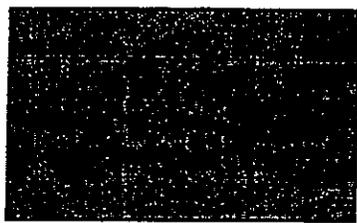
PROGRAM

Community Lime Village Unique ID # _____

Organization Lime Village Traditional Council

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.



| | 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 Related To | | | | | | | | | | | | |
| * P1.3 | Substance Abuse Diagnosis | | X | X | | | | | | | | X |
| * P1.4 | Substance Abuse Treatment | | X | X | | | | | | | | X |
| * * P1.5 | Mental Health Diagnosis | | X | X | | | | | | | | X |
| * * P1.6 | Mental Health Treatment | | X | X | | | | | | | | X |
| P1.13 | Preventive Dental Services | | X | X | | | | | | | | X |
| P1.14 | Dental Treatment Services | | X | X | | | | | | | | X |

- Note: 1. Are any of the above services provided within the community at a facility other than the existing community clinic? Yes (No)
2. If so, what is the facility? _____
3. If possible, provide photos of the facilities and/or rooms being used.
4. Approximate the amount of time per week for these services or indicate if the services are only used on an itinerant basis Dentist once per year, from Anchorage

* Provided by clinic in McGrath.

* Provided by YKHC, Aniak or Bethel

→ Information provided by Ms. Rose Alexie, CHAP.

C. Program Deficiency Narrative:

1. Space Requirements and Deficiencies:

Space Comparison Matrix - Current Lime Village Actual SF to Denali Commission Small Clinic

Alaska Rural Primary Care Facility

| Purpose / Activity | Current Clinic | | | Medium clinic | | | Difference | | |
|-------------------------------------|----------------|---------------|-------------|---------------|---------------|-------------|------------|---------------|--|
| | Actual Net SF | | | ARPCF SF | | | Difference | | |
| | No. | Net Area (SF) | Size | No. | Net Area (SF) | Size | No. | Net Area (SF) | |
| Arctic Entries | 30 | 1 | 30 | 50 | 1 | 50 | | 20 | |
| Waiting/Recep/Closet | 202 | 1 | 202 | 100 | 1 | 100 | | -102 | |
| Trauma/Telemed/Exam | 249 | 1 | 249 | 200 | 1 | 200 | | -49 | |
| Office/Exam | 120 | 1 | 120 | 150 | 1 | 150 | | 30 | |
| Admin./Records | 85 | 1 | 85 | | | 0 | | -85 | |
| Pharmacy/Lab | | | 0 | 80 | 1 | 80 | | 80 | |
| Portable X-ray | | | 0 | | | 0 | | 0 | |
| Specialty Clinic/Health Ed/Conf | | | 0 | 150 | 1 | 150 | | 150 | |
| Patient Holding/ Sleeping Room | | | 0 | 80 | 1 | 80 | | 80 | |
| Storage | | | 0 | 80 | 1 | 80 | | 80 | |
| HC Toilet | | | 0 | 60 | 1 | 60 | | 60 | |
| Janitor's Closet | | | 0 | 30 | 1 | 30 | | 30 | |
| Subtotal Net Area | | | 686 | | | 980 | | 294 | |
| Circulation & Net/Gross Conv. @ 45% | | | 115 | | | 441 | | 326 | |
| Subtotal (GSF) | | | 801 | | | 1421 | | 620 | |
| Mechanical Space @ 8% | | | | | | 114 | | 114 | |
| Total Heated Space | | | 801 | | | 1535 | | 734 | |
| Morgue (unheated enclosed space) | | | | 30 | 1 | 30 | | 30 | |
| Ext. Ramps, Stairs, Loading | | | As Required | | | As Required | | As Required | |

- a. Overall space deficiencies: The size of the facility is about 699 sf short of the ARPCF space requirements.
- b. Specific room deficiencies: There is minimal vestibule, small waiting space, minimal office and storage space, no TDY, and combined trauma. This in combination with other small spaces leaves the clinic very program deficient.
- c. Other size issues: Mechanical room is non-existent, and there are no unheated or exterior storage areas, and circulation is through rooms such as trauma to get to second exit.

2. Building Issues:

- a. Arctic Entries - The main entry is not accessible for ADA and is impossible to get a gurney into the room. It does not have a legal ramp but it has storage of needed materials that

cannot be stored inside the facility due to lack of room. The rear entry access to trauma but is narrow and non-compliant and does not meet ADA or standards for gurney access.

- b. Waiting / Reception –The waiting area contains a couple chairs for secondary patient use and has equipment and other items stored in the room.
- c. Trauma/Telemed/Exam – There is a trauma room however, it does not meet all aspects or requirements. There are two total rooms that are used for exam or some combination.
- d. Office / Exam – There is one exam room, which is crowded with equipment. There was no capability of putting a patient in a gurney in the exam rooms. There is no sink in the room and therefore sanitation for patients was an issue. Privacy was very difficult. Note that electrical service is completely inadequate for the needs of the equipment.
- e. Administration / Records – There is one office room space used for all administrative, records, scheduling, and other functions. It is very small.
- f. Pharmacy / Lab – There is not a Pharmacy and medicines are stored in locked cabinets in the exam room or trauma room.
- g. Specialty Clinic / Health Education / Conference - This function is completed in the exam rooms. There is no special area.
- h. Patient Holding / Sleeping Room – There is no sleeping room and a rollaway bed for itinerant staff. The exiting does not meet code with window egress.
- i. Storage – Storage is inadequate and is an impediment to safety and the operation of this clinic. There is a lack of adequate storage for needed medical supplies, files, and equipment in this facility. There is minimal storage and mostly it is in the exam rooms. There is storage in all the rooms.
- j. HC Toilet Facilities – There is no toilet or bath facilities, only an out-house.
- k. Janitors Room – There is no janitor's room as required by code.
- l. Mechanical/Boiler room – There is no mechanical room
- m. Ancillary Rooms – There are no ancillary rooms as all space is used to maximum capacity including exam rooms, office, waiting room, corridors, and vestibules.

3. Functional Design Issues

This facility is functionally inadequate for its intended use. The spaces do not meet the functional size requirement, access is non-compliant, and the ability to perform required medical functions within the facility is severely hampered by lack of storage.

4. Health Program Issues

- a. Vestibule and comfort:

The front door of the clinic is through a non-compliant, unheated, vestibule, which is inadequate to defer the heat loss. There is no ADA access or proper gurney access. The exam rooms are cold every time the door is opened and the cold air migrates into the clinic where patients are being attended.

- b. Medical/Infectious Waste
This is being handled in a very basic method and is hampered by the small non-functional facility.
- c. Infection Control
This is being completed with minimal long-term control due to lack of facilities. Floor materials are very worn out and replaced with multiple materials and sizes allowing for control problems. There are no rubber base materials, and wall and ceiling materials are also considerably lacking in cleaning ability. The exposed piping also provides very unsanitary conditions and impossible cleaning of the exam rooms.
- d. Insect and Rodent Control
None noted or investigated
- e. Housekeeping
The difficulty in cleaning and housekeeping in such a congested facility is understandable and is being done at the best level currently possible.

5. Utilities

- a. Water Supply
All water is hauled.
- b. Sewage Disposal
Out-house
- c. Electricity
See Electrical Narrative.
- d. Telephone
A single phone line services the clinic and is inadequate for current needs.
- e. Fuel Oil
The fuel system is not adequate with some leaking having occurred around the existing above ground tank. There is not protection or containment for possible spilling.

D. Architectural / Structural Condition

1. Building Construction:

- a. Floor Construction:
The floor is 2x10 joist over a 6x6 rough hewn beams with treated posts in the ground foundation system. There is some settlement and heaving which has caused doors to

stick and floor to be uneven. There is approximately 3 inches of differential in the floor elevations. There is batt insulation of the 2x10 joist space with 3/8" plywood soffit.

b. Exterior Wall Construction:

The walls are 2x6 construction at 24" oc with R-19 insulation. The sheathing is plywood with half sawn log siding. There appears to be fiberglass batt insulation with no vapor barrier and paneling plywood on the interior.

c. Roof Construction:

The roof is a 2x6 rafters at 24" oc with furring over rafters and metal roof. There is no roof shear plywood and ventilation is non-existent. The insulation is R-24 batt insulation that is minimal in this climate and required upgrading to R-60.

d. Exterior Doors:

The exterior doors are solid core wood and very deteriorated. They are in very poor shape and need replacement.

e. Exterior Windows:

Windows are of thermo-pane wood casement windows; require thorough rework and repainting for upgrade to useful life..

f. Exterior Decks, Stairs, and Ramps

There are minimal Arctic entries. The landing at the exterior door is deteriorating, and the stairs rise and run do not meet code. The ramp is very steep and does not meet ADA and the handrails and landings do not meet code. Requires all new stairs, ramps, railings and landings.

2. Interior Construction:

a. Flooring:

The flooring is Vinyl Tile over plywood. It has been replaced in many areas and is work out and covered with duct-tape in other areas. Entire replacement of sub-floor and finish is required to meet sanitary requirements.

b. Walls:

The walls are of 2x4 wood construction, with no sound insulation. The type of wall construction does not provide for patient privacy in any way. The finish is gypsum wallboard and in serious need of repair and repaint. There are many cracks in wallboard due to settlement and shifting building.

c. Ceilings:

The ceilings are gypsum wallboard as well and needing repair and repaint due to cracking as well.

d. Interior doors:

The interior walls are of hollow core wood construction that provides minimal construction durability and they are all in need of repair. Additionally, these doors are not acceptable for patient privacy and sound control. There has been floor shifting and most of the doors do not close properly.

- e. Casework:
The upper casework is minimal and the lower casework is of very poor construction. Plastic laminate tops that do not fit to walls and are damaged. The sanitary issues are very significant with the counters being of such poor construction. Need full replacement.
- f. Furnishings:
The furnishings are very old and worn. There is an old couch in the waiting room and a variety of mismatched and old desks, chairs, and tables for other use. The exam tables are older as well.
- g. Insulation:

| | |
|-----------------------|-----------------|
| Floor Insulation | R-16 to R-19 |
| Wall Insulation | R-19 |
| Attic/Roof Insulation | R-24 |
| Attic Ventilation | minimal to NONE |
- h. Tightness of Construction:
The building is of poor overall construction, with numerous leaks in construction system at doors, floor, roof, and sills.
- i. Arctic Design:
The vestibules are minimal, orientation is OK, and siting of the clinic is next to a large gully that probably needs additional fill.

3. Structural

- a. Foundations
The foundation is post buried in the ground with no gravel pad and is in poor structural condition. Posts have settled, walls are racked, and the building has floor level deviation and has substantial cracking on the interior. There not adequate hold down strapping and the bracing is loose or missing. In general the foundation needs substantial upgrade to new useful life or replacement.
- b. Walls and Roof:
The walls and roof seem in relatively stable and adequate condition and do not meet code.
- c. Stairs, Landings, and Ramps
These elements are in poor condition and need of replacement with signs of rotting and deterioration of structural elements.

E. Mechanical Condition

1. Heating System

a. Fuel Storage and Distribution

The clinic's heating fuel oil storage tank is located adjacent to the building within a dike and liner. The 300-gallon storage tank does not have the proper venting, piping, or valving as required by code.

b. Oil-Fired Heaters

Two residential grade, oil-fired, Monitor stoves provides heating for the entire clinic. The heaters are in fair condition and provide the required heating needs of the Health Clinic. The exhaust and combustion air openings for the heaters are provided in the intake and exhaust kits mounted on the outside wall.

c. Auxiliary Heater

A single residential grade, oil-fired pot heater provides backup heating for the clinic. The pot heater is in fair condition. There is severe corrosion on the pot heater stack and the vent assembly is in poor condition. There are no combustion air openings for the pot heater which is against code.

2. Ventilation System

a. System

There is no mechanical ventilation system. Ventilation is by operable windows. The windows do not open easily and as such do not provide effective ventilation. The office does not have an operable window and as such has no ventilation.

b. Exhaust Air

The kitchen range is not provided with a code required range hood and exhaust fan.

3. Plumbing System

a. Water System

There is no water system in the clinic. Water is stored in large cans for use by the occupants. The exam room does not have a sink for washing hands and for other sanitation requirements as required by code

b. Sewer System

There is no sanitary sewer system in the clinic. An outhouse is all that they have for the needs of the clinic.

c. Fixtures

There is a plumbing fixture (kitchen sink) in the clinic, but it is not connected or used.

d. Water Heater

There is no water heater in the clinic.

F. Electrical Condition

Although this report addresses problems on an individual basis, the Lime Village Clinic electrical system should be completely replaced. From an overall point of view this system is completely inadequate, is a grossly substandard installation, and has code violations too numerous to enumerate.

1. Electrical Service

- a. The building is served with 120/240V single-phase underground from a 25 KVA pad mounted transformer located about 100 feet down hill from the clinic. The power company is United Utilities. The meter is SN 53380474
- b. The direct buried service conductors are protected by 2" seal-tight flex where they come from underground up into the meter/main.
- c. The service entrance equipment consists of a combination meter/ main rated at 100A with 100A main circuit breaker as the combined over-current device and disconnecting means. At approximately 800 sq.ft. 100A 240V service is adequate for this building.

2. Power Distribution and Wiring System

- a. There are two sections to this building. The older part has two electrical boxes located in the exam room. One box has (2) 20/1 breakers, the other box has (2) 30/1 breakers. These boxes are fed from the service main by tapping off the 100 amp circuit breaker with (2) parallel pieces of 12/3 NM Cable. There are a lot of reasons why this installation is in violation.
 1. This is a feeder tap. The ampacity of the tap conductors is less than the load. The tap conductors are not enclosed in a raceway. NEC 240-21(b)(1)
 2. The minimum conductor size that can be paralleled is 1/0. NEC 310-4
 3. These panels have the exam table right in front of them. Inadequate clearance.
- b. The feeder to the new addition part of the building, Panel B, is 3#2 USE Cu Cable with no ground conductor or equipment ground. (NEC 250-122 Equipment Ground minimum size required #8 Cu) The neutral is grounded at the service main, but neither sub-panel is properly grounded and all of the grounds and neutrals are tied together at the panels.
- c. Non-metallic sheathed cable (Romex) is used for the branch circuit wiring. Patient care areas need to be wired in metal raceways. (NEC 336 and NEC 517-13(a) and (b))
- d. Clearance in front of panels is not being maintained. Shall not be used for storage. (NEC 110-26(b)) 30in in width, 6-1/2ft headroom
- e. Unused openings in boxes shall be closed (NEC 110-12(a))

Recommendation: Install a new service main capable of feeding both panels. Replace Panel(s) A with a new panel. Install new feeders to both panels with proper size conductors and grounds etc. Completely replace the entire wiring system with at least MC Cable.

3. Grounding System

Grounding of Electrical Systems

- a. The service entrance equipment is grounded by a #8 solid cu grounding electrode conductor to a ground rod. It is bonded in the service meter main to the Neutral and the Equipment ground.
- b. All of the neutrals and grounds are tied together; effectively eliminating a functional grounding system. (NEC Article 250)

Recommendation: These problems will be corrected by the previous recommendation.

4. Exterior Elements

- a. An incandescent fixture provides exterior lighting at each man door. The rear door has a photocell. Exterior ighting is inadequate.
- b. No exterior power receptacles were installed. NEC 210-52(e)

Recommendation: Install 2 new HID floodlights with photocell controls. Install 1 new WP GFI 120V outlet.

5. Wiring Devices

The following problems were observed:

- a. All GFI operation is questionable as there is no proper grounding to this system.
- b. Receptacles are residential grounding type, not hospital grade. (NEC 517-18(b))
- c. There are an inadequate number of receptacles. (NEC 210-52(a) 210-60) E.g. At some desks and sink counters there were none.

Recommendation: Completely replace all wiring devices and install additional where needed.

6. Lighting

- a. Foot candle measurements were taken and lighting levels were adequate in the exam room only. All rooms require lighting (UBC 1202.1) Recommended levels of the Illuminating Engineering Society Standards.
- b. The lighting is predominately 4 ft fluorescent T12 (2) lamp surface mounted wrap diffuser fixtures. Inefficient F40 Rapid Start lamps. Many lamps burned out. Fixture age and condition makes assumption of PCB ballasts probable. Lens cracked, broken, dirty and stained. Some areas have incandescent type A19 lamped fixtures.

Recommendation: Replace all fixtures. Fix switching.

7. Emergency System

- a. There are no exit signs. (UBC 1003.2.8)
- b. Egress Lighting. There are no emergency egress lights installed. There is a piped in propane lighting system which is not functional. Means of Egress Illumination. To an intensity of not less than 1FC. (UBC 1003.2.9)

Recommendation: Install new emergency exit signs and egress lighting.

8. Fire Alarm System

- a. Battery operated smoke detectors (1) are installed. It does not work. Units and sleeping areas require visual alarm. (ADA 4.28.4) Restrooms, general usage areas, hallways, lobbies require audible and visual alarms (ADA 4.28) Also UBC 1105.4.5)

Recommendation: In the event of a patient or other party spending the night, install new smoke detectors (3). Install audible and visible type.

9. Telecommunications

- a. Telephone service enters thru the wall at the office. Telephone service is provided by United Utilities
- b. The building is not wired for Computer local area network (Cat 5). (EIA/TIA)

Recommendation: install a complete prewired Cat 5 telecom distribution for both data and voice needs.

10. Energy Management

- a. Several areas have inefficient incandescent lighting. Many areas could use occupancy sensors for energy management. Exterior lighting could use photocell control.

Recommendation: Replace fixtures, install occupancy sensors and photocells.

G. Civil / Utility Condition

1. Location of building

a. Patient Access

Located in the relative center of the village for ease of access and seems to work fine. It is on the road to the airport which is an advantage.

b. Service Access

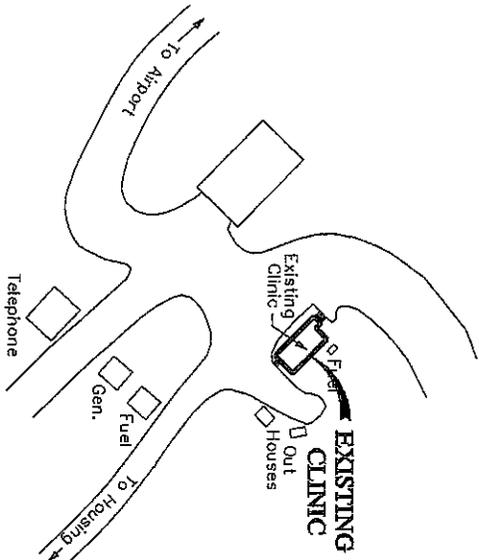
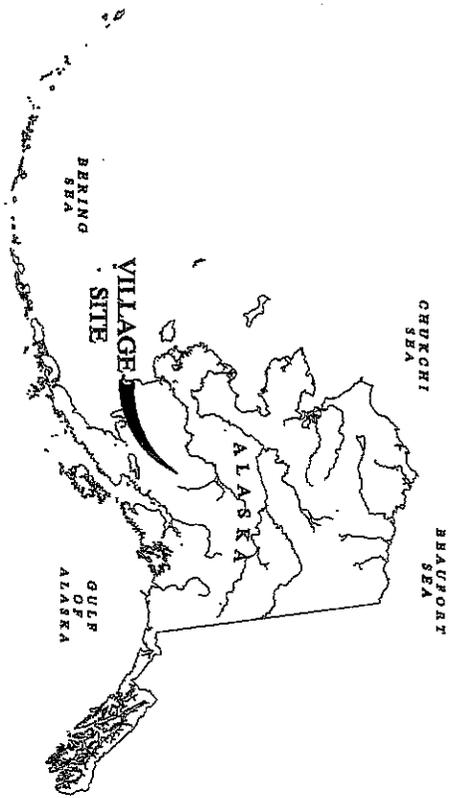
Road access is provided to front and rear entry. Neither stair access to rear, nor ramp and stairs to front entry meet code access requirements. Ramps are excessively steep providing a slipping hazard in winter months.

- c. Other Considerations:
The facility is located in the center of town and allows for minimal expansion.
- 2. Site Issues
 - a. Drainage
Drainage from the site is adequate. There is a significant pad on which the building is constructed. Correction would include putting a new extended pad on the site prior to placing the post and pad system.
 - b. Snow
There does not appear to be a snow-drifting problem as the facility sits in the open.
- 3. Proximity of adjacent buildings
There is adequate space for any expansion on the current site.
- 4. Utilities
 - a. Water Supply
The new city water supply provides adequate water for the facility.
 - b. Sewage Disposal
Sewage disposal is provided by City system.
 - c. Electricity
Power from Village system via overhead wire. See Photos
 - d. Telephone
Overhead phone with only one phone connection, requiring fax and phone on same line.

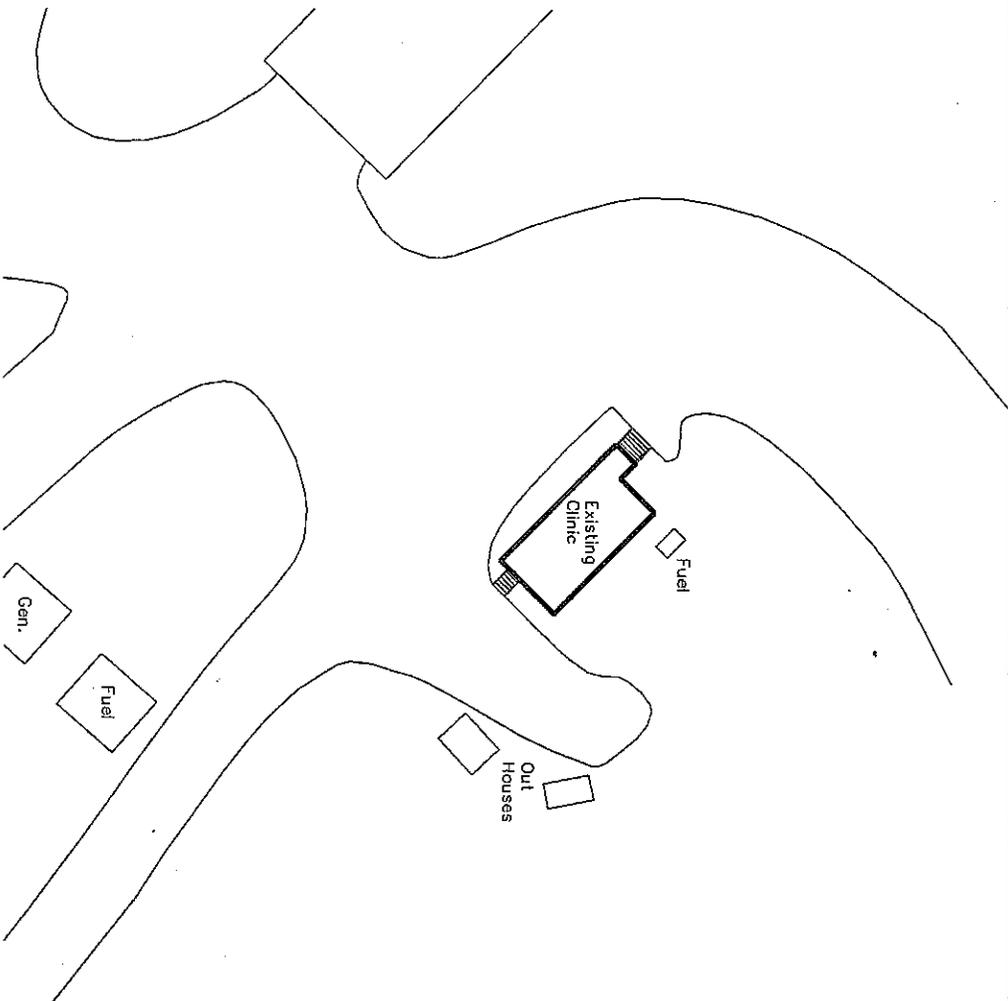
H. Existing Facility Floor Plan (Site Plans, New Clinic Plans, Regional Map):

We have attached drawings, as we have been able to identify, find, or create as part of this report. We have endeavored to provide all drawings for all the sites; however, in some cases exact existing site plans were not available. We have provided as indicated below:

- A1.1 Existing Site Plan is attached if available
- A1.2 Existing Facility Floor Plan is attached following.
- A1.3 The Existing typical wall section is attached following as required by the report guidelines.
- A2.1 The Addition to the Existing Facility as required to meet ARPCF Space Guidelines is attached following.
- A3.1 The New Clinic Site plan is attached as proposed based on the community input.
- A3.2 The New Denali Commission Clinic Floor Plan meeting the ARPCF Space Guidelines and proposed for this location is attached.



Vicinity Plan
 Scale: 1" = 150'



Existing Site Plan
 Scale: 1" = 50'

Lime Village, Alaska



YUKON-KUSKOKWIM HEALTH CORPORATION
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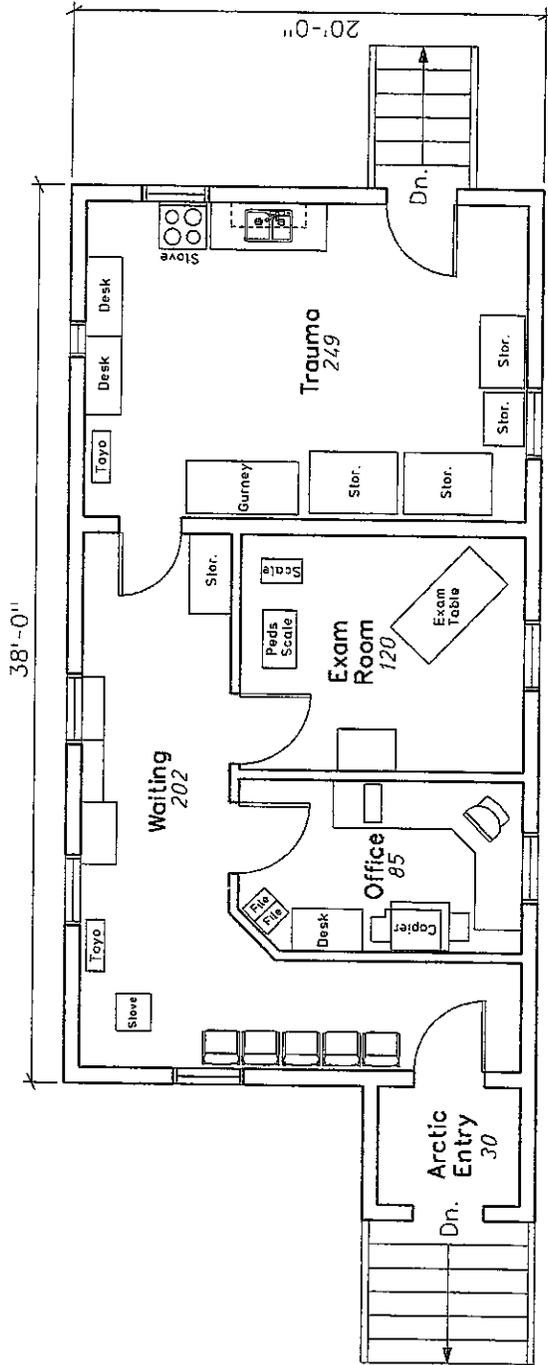
**ALASKA PRIMARY CARE FACILITY
 CODE & CONDITION SURVEYS**

For The Denali Commission

YUKON-KUSKOKWIM HEALTH CORP
 LIME VILLAGE, ALASKA

Sheet Contents
 EXISTING LIME VILLAGE CLINIC
 VICINITY & SITE PLANS

| | | |
|------------|------------|----------|
| Drawn | Date | Sheet #: |
| DT Company | 11/28/2001 | A1.1 |
| Checked | Job No. | |
| GLW | 010602 | |



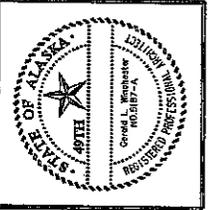
Existing Lime Village Clinic Floor Plan

Scale: 1/8" = 1'-0" 801 Sf.



| | |
|---|------------|
| Sheet Contents | |
| EXISTING LIME VILLAGE CLINIC FLOOR PLAN | |
| Drawn | Date |
| DT Company | 11/26/2001 |
| Checked | Job No. |
| G.L.W. | 010602 |
| Sheet #: | |
| A1.2 | |

ALASKA PRIMARY CARE FACILITY CODE & CONDITION SURVEYS
 For The Denali Commission
 YUKON-KUSKOKWIM HEALTH CORP
 LIME VILLAGE, ALASKA

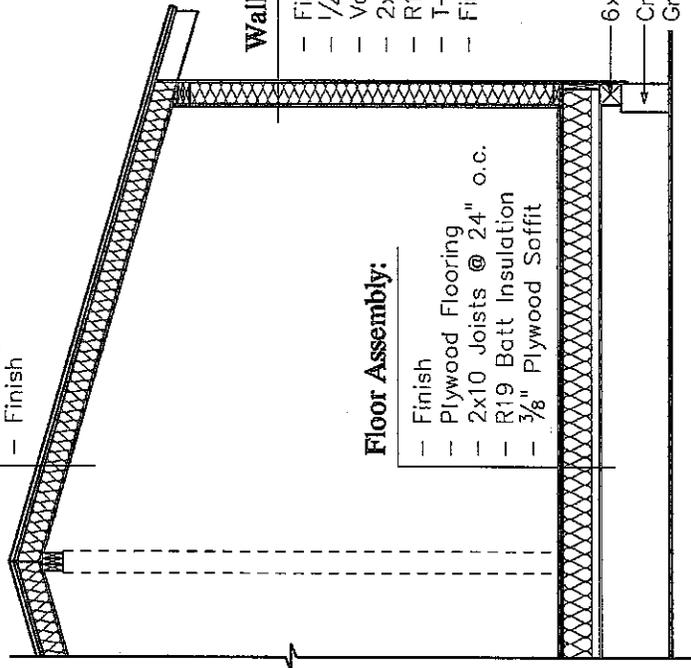


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 jwinchester@winchesteralaska.com/
 http://www.winchesteralaska.com/



Roof Assembly:

- Prefinished Metal Roofing
- Plywood Deck
- 2x6 Joist @ 24" o.c. w/ Corner Beam Supports
- R24 Batt Insulation
- 1/4" Plywood
- Finish



Wall Assembly:

- Finish
- 1/4" Plywood Paneling
- Vapor Barrier
- 2x6 @ 24" o.c.
- R19 Batt Insulation
- T-111 Plywood
- Finish

Floor Assembly:

- Finish
- Plywood Flooring
- 2x10 Joists @ 24" o.c.
- R19 Batt Insulation
- 3/8" Plywood Soffit

Existing Lime Village Clinic Wall Section

Scale: 1/4" = 1'-0"



Sheet Contents

EXISTING LIME VILLAGE CLINIC WALL SECTION

| | | |
|---------------------|-------------------|-------------------------|
| Drawn DT Company | Date 12/9/2001 | Sheet #: A1.3 |
| Checked G.L.W. | Job No. 010602 | |

ALASKA PRIMARY CARE FACILITY CODE & CONDITION SURVEYS

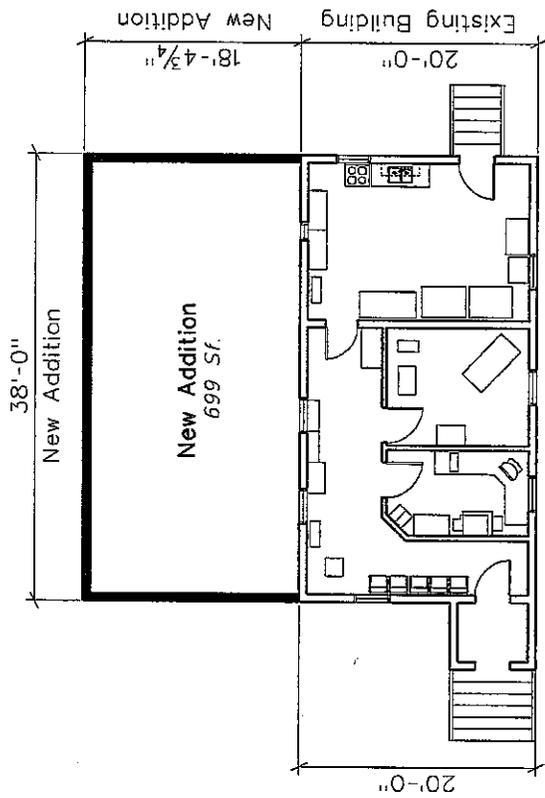
For The Denali Commission

YUKON-KUSKOKWIM HEALTH CORP
LIME VILLAGE, ALASKA



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New Addition Lime Village Clinic Floor Plan

699 Sf. + 801 Sf. = 1,500 Sf.

**ALASKA PRIMARY CARE FACILITY
CODE & CONDITION SURVEYS**
For The Denali Commission
YUKON-KUSKOKWIM HEALTH CORP
LIME VILLAGE, ALASKA



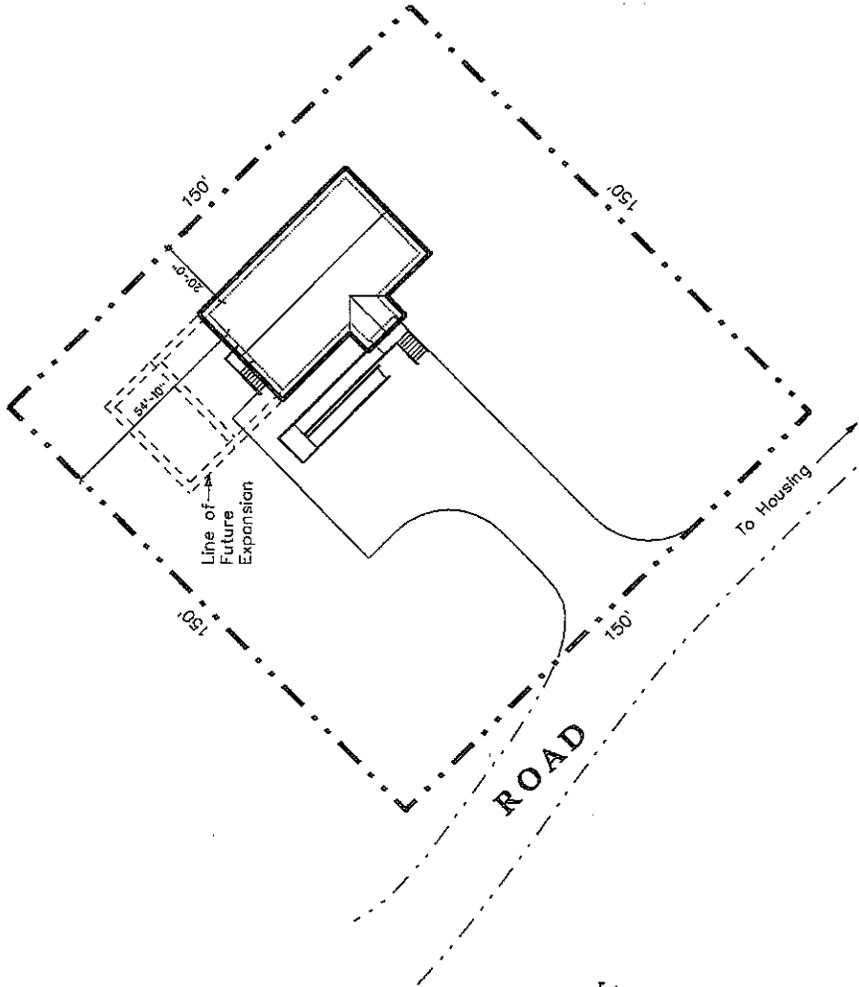
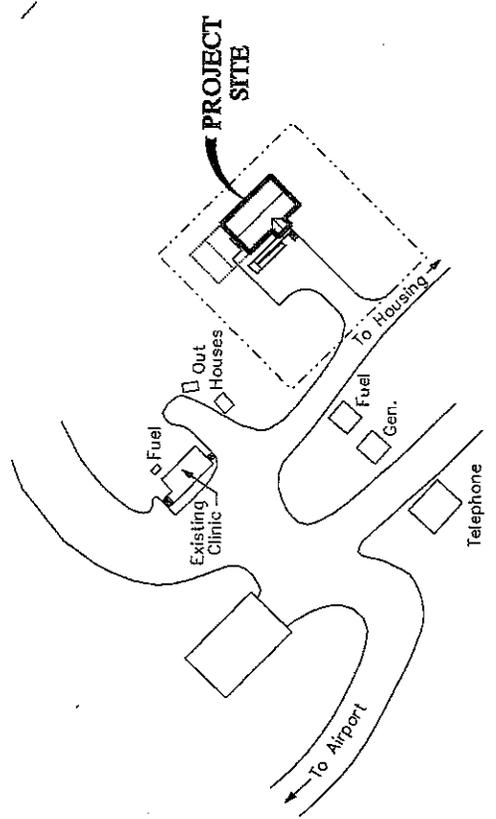
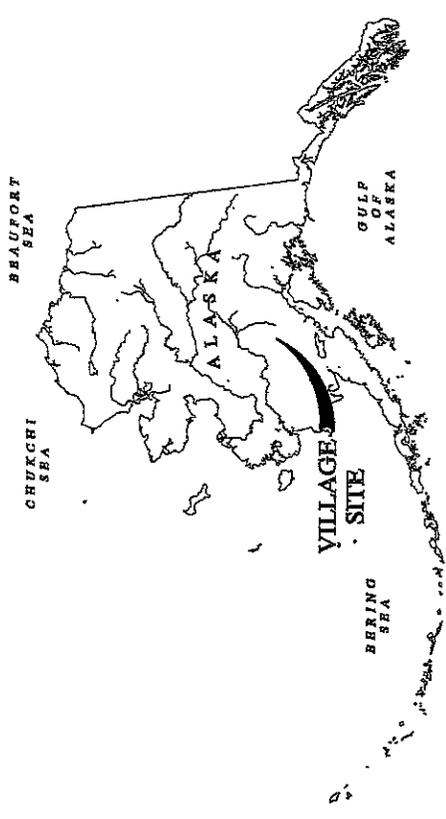
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Sheet Contents
NEW ADDITION LIME VILLAGE
CLINIC FLOOR PLAN

| | |
|---------------------|--------------------|
| Drawn DT Company | Date 11/29/2001 |
| Checked S.L.W. | Job No. 010802 |

Sheet #:
A2.1



Vicinity Plan
Scale: 1" = 150'

New Site Plan
Scale: 1" = 50'

Vicinity Plan
Scale: 1" = 150'

New Site Plan
Scale: 1" = 50'

Lime Village, Alaska



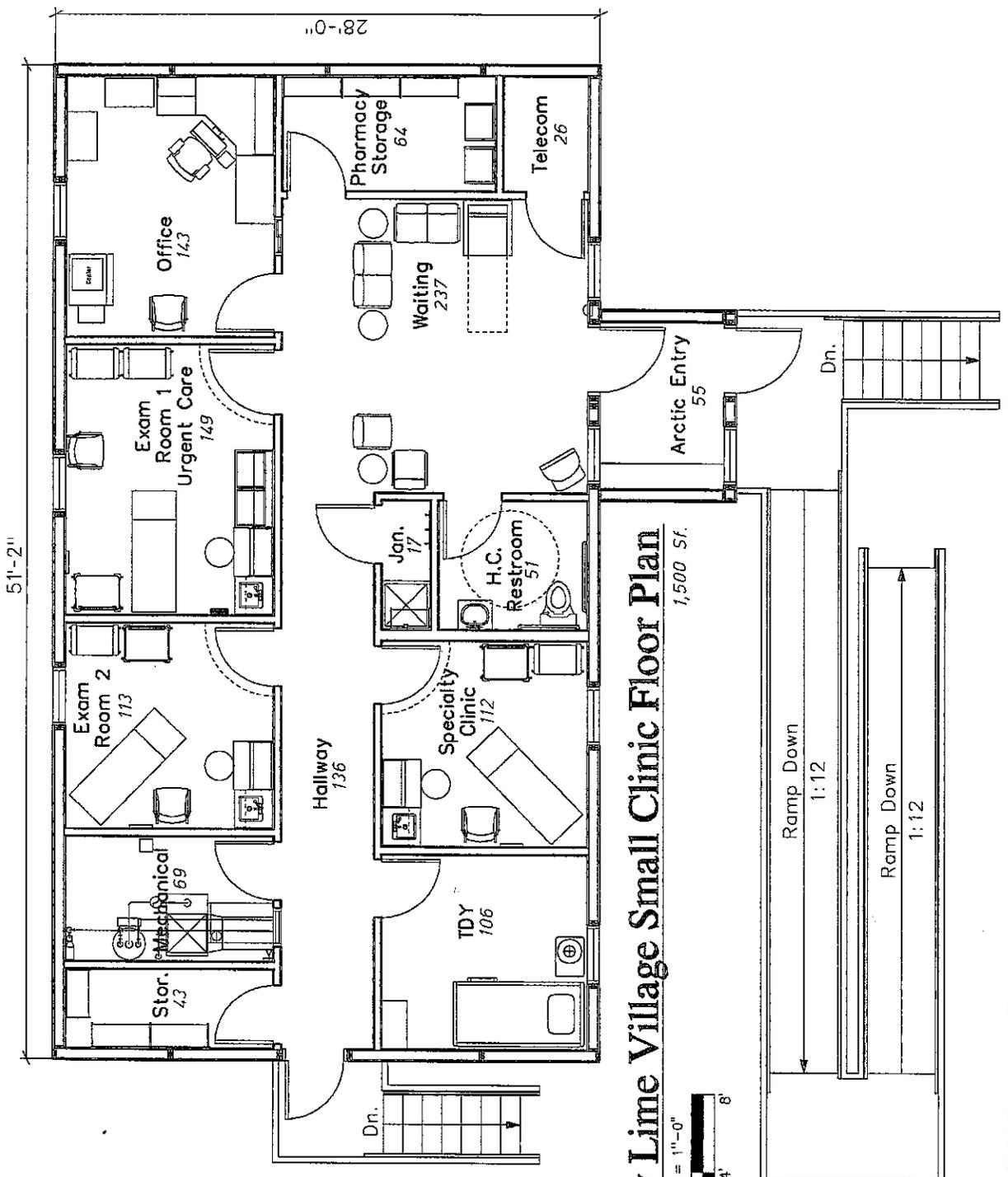
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**ALASKA PRIMARY CARE FACILITY
CODE & CONDITION SURVEYS**
For The Denali Commission
YUKON-KUSKOKWIM HEALTH CORP
LIME VILLAGE, ALASKA

Sheet Contents
**NEW LIME VILLAGE CLINIC
VICINITY & SITE PLANS**

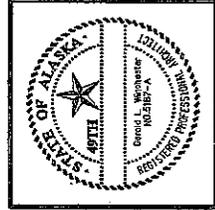
| | | |
|---------------------|--------------------|-------------------------|
| Drawn DT Company | Date 11/28/2001 | Sheet #: A3.1 |
| Checked G.L.W. | Job No. 01D6602 | |



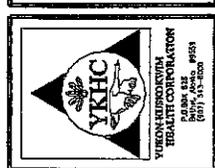
New Lime Village Small Clinic Floor Plan
 Scale: 1/8" = 1'-0"
 1,500 Sf.

| | | |
|---|--------------------|-------------------|
| Sheet Contents | | Sheet #: |
| NEW LIME VILLAGE SMALL CLINIC FLOOR PLAN | | A3.2 |
| Drawn DT Company | Date 11/28/2001 | Job No. 010602 |
| Checked G.L.W. | | |

**ALASKA PRIMARY CARE FACILITY
 CODE & CONDITION SURVEYS**
 For The Denali Commission
 YUKON-KUSKOKWIM HEALTH CORP
 LIME VILLAGE, ALASKA



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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:

- 10 **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.
- 9 **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.
- 9 **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.
- 4 **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.
- 10 **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)

- 10 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.
- 10 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.
- 7 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.
- 6 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.
- 5 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.
- 5 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.
- 8 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.
- 7 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.
- 4 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.

- 6 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.
- 5 16 **Painting M&R:** Any painting project that is large enough to require outside contractors or coordination with other programs.
- 8 17 **Roof M&R:** Deficiencies in roofing, and related systems including openings and drainage.
- 8 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 provided photographs attached which 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 who 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 cost not specifically identifiable to individual line items. It consists of supervision, materials control, submittals and coordination, etc. The general requirements factor has not been adjusted for Indian Preference.
 - 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 costs, 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 flat rate of approximately \$32 which is the same amount as used for Equipment for New Clinic Construction. It 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. The general requirements factor has not been adjusted for Indian Preference.
- 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 costs, 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 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.
- 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 that are 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

Yukon-Kuskokwim Health Corporation

(Summary Listing of Deficiencies by Code)

| Deficiency Code | Reference | Work Description | Cost |
|-----------------|-----------|---|--------------|
| 01 | A02 | Renovation Existing Clinic Space | \$110,809.00 |
| 01 | A05 | Provide access to Trauma room, new vestibules | \$36,792.00 |
| 01 | A06 | Provide new bath facilities | \$27,859.00 |
| 01 | A10 | All new finish flooring, base and trim | \$14,904.00 |
| 01 | A11 | Walls repair | \$15,214.00 |
| 01 | A14 | Replace/add, cabinets, casework, & sinks | \$17,135.00 |
| 02 | A03 | Add and Replace front steps, landings, and railings | \$37,792.00 |
| 02 | A04 | Replace rear entry stairs, ramp, landings, and railings | \$6,736.00 |
| 02 | A08 | Floor is not level, doors dragging | \$19,551.00 |
| 02 | A09 | Boiler room floor upgrading and 1 hr. patching | \$8,099.00 |
| 02 | A19 | Shelving for storage of Medical Items | \$5,703.00 |
| 02 | A20 | Replace window with sufficient size and height | \$17,584.00 |
| 02 | A21 | Floor/foundation system, lateral bracing, rotting | \$76,168.00 |
| 02 | A22 | Exposed urethan foam materials | \$3,774.00 |
| 02 | LIM05 | Emergency Systems | \$5,616.00 |
| 02 | LIM06 | Fire Alarm System | \$5,882.00 |
| 02 | M03 | Provide combustion air for the furnace | \$2,634.00 |
| 02 | M04 | Corrosion on the furnace stack | \$700.00 |

Alaska Rural Primary Care Facility

ANTHC

Code and Condition Survey Report

Yukon-Kuskokwim Health Corporation

(Summary Listing of Deficiencies by Code)

| | | | | |
|----|----------------------|-------|---|--------------|
| 02 | Fire/Life Safety | M06 | Exhaust air for the kitchen range | \$3,028.00 |
| 02 | Fire/Life Safety | M07 | Fuel oil storage tank and piping | \$1,082.00 |
| 03 | Safety | A23 | Building is below surrounding grade | \$4,511.00 |
| 04 | Environmental Qualit | A12 | Replace all ceiling systems | \$19,839.00 |
| 04 | Environmental Qualit | A15 | Add Roof Insulation | \$4,976.00 |
| 06 | Supportable Space N | A01 | Add 700 SF of program space for size of Village. | \$426,029.00 |
| 07 | Disability Access | A07 | Provide toilet facilities to meet ADA | \$20,769.00 |
| 07 | Disability Access | A13 | Replace all interior doors & hardware | \$9,401.00 |
| 07 | Disability Access | A17 | Replace exterior doors | \$7,400.00 |
| 10 | Architectural M & R | A16 | Provide for attic ventilation, rafter rotting, poor support | \$20,095.00 |
| 12 | Mechanical M & R | M01 | Clinic water and sewer service | \$0.00 |
| 12 | Mechanical M & R | M02 | Exam Room without washing facilities | \$2,299.00 |
| 12 | Mechanical M & R | M05 | Lack of ventilation in the clinic | \$224.00 |
| 13 | Electrical M & R | LIM01 | Power Distribution and Wiring | \$67,897.00 |
| 13 | Electrical M & R | LIM02 | Exterior Elements | \$2,334.00 |
| 13 | Electrical M & R | LIM03 | Wiring Devices | \$11,351.00 |
| 13 | Electrical M & R | LIM04 | Lighting | \$34,468.00 |
| 13 | Electrical M & R | LIM07 | Telecommunications | \$8,416.00 |
| 16 | Painting M & R | A18 | Re-caulk, seal, & paint exterior of building | \$7,750.00 |
| 17 | Roof M & R | A24 | Roofing and fascia are deteriorating | \$7,567.00 |

Alaska Rural Primary Care Facility

ANTHC

Code and Condition Survey Report

Yukon-Kuskokwim Health Corporation

(Summary Listing of Deficiencies by Code)

| | |
|-----------------------------|----------------|
| Code / Conditions Subtotal: | \$535,550.00 |
| Remodel Subtotal: | \$110,809.00 |
| Addition Subtotal: | \$426,029.00 |
| Clinic Total: | \$1,072,388.00 |

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

A. The cost of a New Denali Commission 1500 SF Small Clinic in Lime Village 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% | | |
| • <u>Multiplier for Village</u> | | @ 1.71 | \$188 |
| Adjusted Cost per SF | | | \$453 |
| <hr/> | | | |
| Projected Cost of a New Clinic: | 1500 sf. X \$453 | = | \$679,500 |

B. The cost of the Repair/Renovation and Additions for the existing Clinic are projected to be:

| | | | |
|---|-------|--|--------------------|
| • Code & Condition Repairs/Renovations | | | \$535,550 |
| Cost from Deficiency Summary | | | |
| • Remodel/Upgrade work (See Def. Code 01) | | | \$110,809 |
| 100% of clinic 801 SF = 801 SF @ \$103/SF | | | |
| • Additional Space Required by ARPCF – (See Def. Code 06) | | | |
| o Base Anchorage Cost | | | \$226 |
| Medical Equipment | | | \$ 32 |
| Additional Costs – | | | \$ 98 |
| General Requirements | 20% | | |
| Estimation Contingency | 15% | | |
| o <u>Multiplier for Village</u> | @1.71 | | \$253 |
| Adjusted Cost per SF | | | \$609 |
| Total Addition Cost of 700 SF @ \$609 | | | \$426,029 |
| • Project Cost Factor: | @ 28% | | \$119,288 |
| Construction Contingency | 10% | | |
| Construction Administration | 8% | | |
| Design Fees | 10% | | |
| <hr/> | | | |
| Total cost of remodel/addition | | | \$1,191,676 |

C. Comparison of Existing Clinic Renovation/Addition versus New Clinic:

Ratio of Renovation/Addition versus New Clinic is:

$$\$1,191,676 / \$679,500 = 1.75 \text{ x cost of New Clinic}$$

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) | 1500 | SF | \$265.00 | 1.71 | \$679,500 | yes |
| Clinic (Non-allowable portion) | 0 | SF | \$265.64 | 1.7 | \$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 | | | | | \$729,500 | |
| Project Management Fees | | | | | <u>Unknown</u> | |
| Total Project Cost | | | | | Unknown | |

VII. Conclusions and Recommendations

The existing Lime Village Clinic has served the community well for many years. Base on current ANTHC and YKHC delivery model for health care to rural Alaska, the facility is not adequate in size or in condition to meet these needs. The existing structure could be adapted for many other less clinical and medically stringent uses without extensive remodeling.

After careful review it is the recommendation of the consultant team that a new Denali Commission 1500 SF Small Clinic be considered for Lime Village. The addition of approximately 700 sf of clinic space required by the current ARPCF Program Space Guidelines and the major renovation and upgrading of the existing clinic space will cost 1.75 times the cost of a new clinic. This results in the recommendation of a new clinic for this village.

We reviewed the options with the local community leaders the consensus was that the New Small Clinic would meet the current community needs and for years to come. In addition, they agreed that there is an adjacent site available for construction of a new clinic. Utilities will have to be resolved for the new clinic site.

The community believes this is a good solution and will produce the best return for funds invested in a clinic that meets the needs of Lime Village Community and is aggressively moving to assist in any way to accomplish this goal.