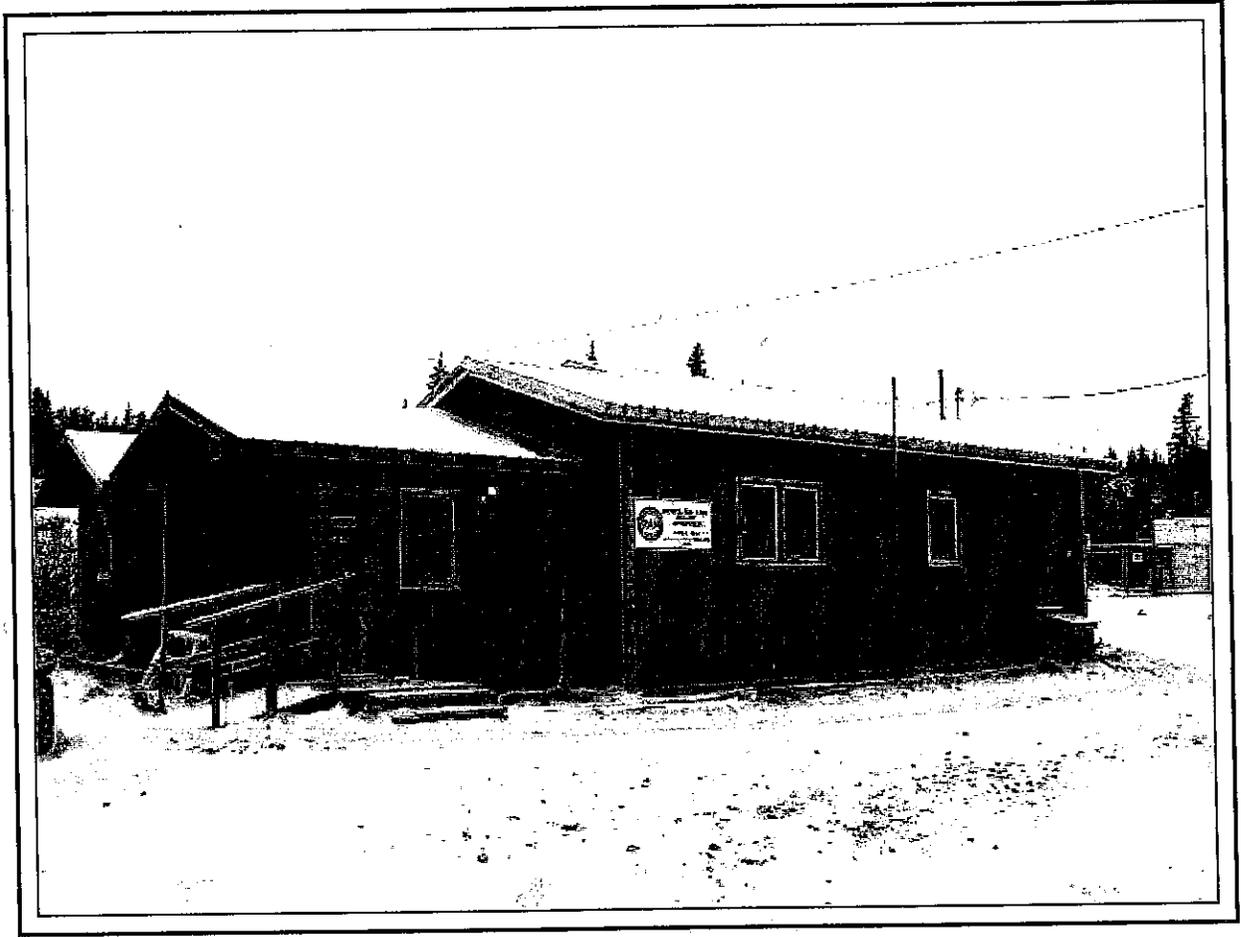


KOKHANOK HEALTH CLINIC



Alaska Rural Primary Care Facility Code and Condition Survey

March 6, 2002

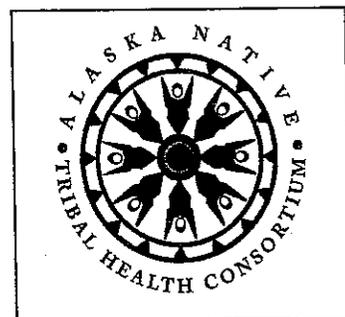


Table of Contents

I.	Executive Summary	2
II.	General Information	3
	A. The Purpose of the Report	
	B. Assessment Team	
	C. Report Format	
	D. The Site Investigation	
III.	Clinic Inspection Summary.....	4
	A. Community Information	
	B. General Clinic Information	
	C. Program Deficiency Narrative	
	D. Architectural/Structural Condition	
	E. Mechanical Condition	
	F. Electrical Condition	
	G. Civil/Utility Condition	
	H. Existing Facility Floor Plan (Site Plans, New Clinic Plans, Regional Map)	
IV.	Deficiency Evaluation	15
	A. Deficiency Codes	
	B. Photographs	
	C. Cost Estimate General Provisions	
V.	Summary of Existing Clinic Deficiencies	21
VI.	New Clinic Analysis.....	22
VII.	Conclusions and Recommendations.....	24

Appendix A: Specific Deficiencies Listings

Appendix B: General Site Photographs

I. Executive Summary

Overview:

The Kokhanok Clinic, built in 1991, is an 858 SF clinic of somewhat typical design for the time it was constructed. It was originally built as a 24 x 32 building, with an addition of 130 SF unheated vestibule/entry. The arrangement is difficult since the lobby is at a level almost 30 inches above the entry and has only a short steep ramp to the front door. The lobby is also the TDY, Kitchen and office area. There is a single standard size exam room at the end of the hall. The second exam/office room is used also as a lab, medical storage, and supply room. There is a very small secondary office, a toilet/bathroom. The simple wood frame construction on a wood foundation walls on concrete footing, with heated crawlspace is not similar to clinics constructed in the region. It is likely due to being constructed in the last 10 years. The clinic is very small for the current size of the village, 174 residents, and has an unheated exterior storage located very close to the building for overflow items.

Renovation/Upgrade and Addition:

The Clinic will require an 1142 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 some reconfiguration of the site, and substantial renovation of the existing clinic. As can be seen from the documentation enclosed, the existing clinic will require renovation to meet current code and standards as well. The cost of renovation and addition will exceed the cost of a new clinic facility.

New Clinic:

The community has proposed that a new larger 2000 SF Denali Commission Medium Clinic can be constructed on the existing site. We have included a preliminary site plan related to us by the Village Administrator.

The site has existing city utilities available and can be served easily. The Village Administrator of Kokhanok, Carol Absher, is in process of final documentation of the site selection.

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

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:

Kelly Leseman, ANTHC organized the assessment team. The team for this site visit was Gerald L. (Jerry) Winchester, Architect, Winchester Alaska, Inc.; Tom Humphrey, PE, Jernstrom Engineering, and Kelly Leseman, 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 January 22 2001, the team flew to the site and made observations, took photos, and discussed the needs with on-site personnel for the facility. Approximately two-three 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 Carol Absher, Village Administrator, Marlene Nielsen, CHP, Tisha O'Domin, CHP. The staff provided information on the existing building, site, and utilities. These interviews provided clear understanding of the needs of the village, the clinic facility, and the users of the facility.

The Kokhanok Village Administrator has reviewed the use of a Denali Commission Medium Health Clinic design adapted to the Kokhanok Site. She has agreed to proceed with final approvals of the site.

III. Clinic Inspection Summary

A. Community Information:

Population: 174 (2000 Census)

Unincorporated, Lake & Peninsula Borough, Lake & Peninsula School District, Bristol Bay Native Corporation.

Location:

Kokhanok is located on the south shore of Iliamna Lake, 22 miles south of Iliamna and 88 miles northeast of King Salmon. It lies at approximately 59d 26m N Latitude, 154d 45m W Longitude. (Sec. 32, T008S, R032W, Seward Meridian.) Kokhanok is located in the Iliamna Recording District. The area encompasses 21.3 sq. miles of land and .1 sq. miles of water. Kokhanok lies in the transitional climatic zone. Average summer temperatures range from 40 to 64; winter temperatures average 3 to 30. The record high is 84; the record low, -47. Precipitation averages 32 inches annually, including 89 inches of snowfall. Wind storms and ice fog are common during winter.

History:

This fishing village was first listed in the U.S. Census in 1890 by A.B. Schanz. The community was relocated to higher ground a few years ago when the rising level of Iliamna Lake threatened several community buildings.

Culture:

The village has a mixed Native population, primarily Aleuts, with Eskimos and Indians. Subsistence activities are the focal point of the culture and lifestyle. The sale or importation of alcohol is banned in the village.

Economy:

The school is the largest employer in Kokhanok. Commercial fishing has declined since several limited entry permits were sold. Some residents travel to the Bristol Bay area each summer to fish; seven persons currently hold commercial fishing permits. People heavily rely on subsistence activities; many families have a summer fish camp near the Gibraltar River. Salmon, trout, grayling, moose, bear, rabbit, porcupine and seal are utilized.

Facilities:

Bedrock has made the development of water and sewer facilities difficult. The Village operates a

pipled water and sewer system that serves 35 households. The water treatment plant is currently being upgraded. The school operates its own well and water treatment facility. Kokhanok generates power only during the summer months; in winter, electricity is purchased from the School District.

Transportation:

Kokhanok is accessible by air and water. A State-owned 3,400' gravel airstrip and a seaplane base serve scheduled and charter air services from Anchorage, Iliamna, and King Salmon. Supplies delivered by barge via the Kvichak River must be lightered to shore. There are no docking facilities. The community wants to develop a boat harbor and launch ramp. Skiffs, ATVs and trucks are common forms of local transportation.

Climate:

Kokhanok lies in the transitional climatic zone. Average summer temperatures range from 40 to 64; winter temperatures average 3 to 30. The record high is 84; the record low, -47. Precipitation averages 32 inches annually, including 89 inches of snowfall. Wind storms and ice fog are common during winter.

B. General Clinic Information:

Physical Plant Information:

The existing Kokhanok Health Clinic completed in 1991's occupies 858 sq. ft. (See attached Plan) It is one of the smaller size clinics constructed during the last twenty years and existing in the BBAHC program area. It has small a waiting room used as TDY/office/kitchen, toilet/bathroom, exam/office/lab/janitor/supply room, exam room, office work area, and a mechanical room. It has a front entry with unheated vestibule but does not allow stretcher access. There is no rear entry. The clinic is served with water and sewer from existing water and wastewater systems for the village. Sinks are provided in the two exam rooms and toilet/bathroom.

Clinic program usage information:

We do not have the patient records that indicate clinic usage and area available from the Bristol Bay Area Health Corporations. There are two full time and one part time health aides. 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 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 Kokhanok Unique ID # _____
 Organization _____

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:
 Avail = Available
 Comm = 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

Service	Currently Provided?	If Not, Why?	Should Be Provided?
P1.3 Substance Abuse Diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> Itin. Basis Only <input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Needed In This Size Comm. <input type="checkbox"/> Not Wanted By Comm. <input type="checkbox"/> Inadeq. Funding <input type="checkbox"/> Inadeq. Space <input type="checkbox"/> Inadeq. Equip. <input type="checkbox"/> Inadeq. Staff Avail. <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
P1.4 Substance Abuse Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> Itin. Basis Only <input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Needed In This Size Comm. <input type="checkbox"/> Not Wanted By Comm. <input type="checkbox"/> Inadeq. Funding <input type="checkbox"/> Inadeq. Space <input type="checkbox"/> Inadeq. Equip. <input type="checkbox"/> Inadeq. Staff Avail. <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
P1.5 Mental Health Diagnosis	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Itin. Basis Only <input type="checkbox"/> No	<input type="checkbox"/> Not Needed In This Size Comm. <input type="checkbox"/> Not Wanted By Comm. <input type="checkbox"/> Inadeq. Funding <input type="checkbox"/> Inadeq. Space <input type="checkbox"/> Inadeq. Equip. <input type="checkbox"/> Inadeq. Staff Avail. <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
P1.6 Mental Health Treatment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Itin. Basis Only <input type="checkbox"/> No	<input type="checkbox"/> Not Needed In This Size Comm. <input type="checkbox"/> Not Wanted By Comm. <input type="checkbox"/> Inadeq. Funding <input type="checkbox"/> Inadeq. Space <input type="checkbox"/> Inadeq. Equip. <input type="checkbox"/> Inadeq. Staff Avail. <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
P1.13 Preventive Dental Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Itin. Basis Only <input type="checkbox"/> No	<input type="checkbox"/> Not Needed In This Size Comm. <input type="checkbox"/> Not Wanted By Comm. <input type="checkbox"/> Inadeq. Funding <input type="checkbox"/> Inadeq. Space <input type="checkbox"/> Inadeq. Equip. <input type="checkbox"/> Inadeq. Staff Avail. <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
P1.14 Dental Treatment Services	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Itin. Basis Only <input type="checkbox"/> No	<input type="checkbox"/> Not Needed In This Size Comm. <input type="checkbox"/> Not Wanted By Comm. <input type="checkbox"/> Inadeq. Funding <input type="checkbox"/> Inadeq. Space <input type="checkbox"/> Inadeq. Equip. <input type="checkbox"/> Inadeq. Staff Avail. <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

Person Contacted in the Community: Marlene Neilson

C. Program Deficiency Narrative:

1. Space Requirements and Deficiencies:

Space Comparison Matrix - Current Kokhanok Actual SF to Denali Commission Medium 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	130	1	130	50	2	100		-30	
Waiting/Recep/Closet	124	1	124	150	1	150		26	
Trauma/Telemed/Exam			0	200	1	200		200	
Office/Exam	103	1	103	150	1	150		47	
Admin./Records	102, 53	2	155	110	1	110		-45	
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	100	1	100		100	
HC Toilet	63	1	63	60	2	120		57	
Janitor's Closet			0	30	1	30		30	
Subtotal Net Area			575			1270		695	
Circulation & Net/Gross Conv. @ 45%			283			572		289	
Subtotal (GSF)			858			1842		984	
Mechanical Space @ 8%						147		147	
Total Heated Space			858			1989		1131	
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 1142 sf short of the ARPCF space requirements.
- b. Specific room deficiencies: There is minimal vestibule, small waiting space shared with kitchen and office, small toilet/shower space, and minimal office and storage space. This in combination with other small spaces leaves the clinic very program deficient.
- c. Other size issues: Mechanical room is very small, and there is an unheated or exterior storage area, and all rooms are small for their use.

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 and has excessive storage of needed

materials that cannot be stored inside the facility due to lack of room. There is no rear entry.

- b. Waiting / Reception –The waiting area contains chairs, an office desk, a kitchen, and has equipment and other items stored in the room.
- c. Trauma/Teled/Exam – There is no trauma room and the exam room does not meet all aspects or requirements. There is one room that is used for exam or some combination.
- d. Office / Exam – There is one exam room. It is crowded with equipment. There was no capability of putting a patient in a gurney in the exam room.
- 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 Pharmacy and medicines are stored in locked cabinets in the medical supply room, which doubles as office, lab, and technology.
- 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 rear entry, janitors, and mechanical rooms.
- j. HC Toilet Facilities – A single toilet room serves patients and clinic staff. Toilet room did not meet all of the ADA or UPC requirements. Entry door width was too narrow, and the toilet and sink lacked sufficient clearances and were of incorrect fixture type.
- k. Janitors Room – There is no janitor room. There are supplies in the room with the Toyo stove, Toyo hot water heater and storage.
- l. Mechanical\ room – The room is no mechanical room, building is heated with Toyo Stoves.
- m. Ancillary Rooms – There are no ancillary rooms as all space is used to maximum capacity including storage rooms, exam rooms, toilet 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 waiting room is 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 done fairly well in the cramped facility. Most materials are reasonably good condition in the main clinic area. The vestibule is an add-on and not finished.
- 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
The city water is provided by the existing Water and Sewer system.
- b. Sewage Disposal
Sewer system is provided by the city system to lagoon.
- 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 joists over a pony wall and some post and pad foundation with concrete footing for foundation system. The system is in good shape.

b. Exterior Wall Construction:

The walls are 2x6 construction at 24" oc with R-19 insulation. The sheathing is T-111 plywood siding painted and fiberglass batt insulation with vapor barrier and paneling plywood on the interior.

c. Roof Construction:

The roof is a full-span truss at 24" oc with plywood deck and metal roof. The insulation is R38 batt insulation that is minimal in this climate and required upgrading to R-60.

d. Exterior Doors:

The exterior doors are residential hollow metal but very deteriorated. They are in very poor shape and need replacement.

e. Exterior Windows:

Windows are of thermo-pane wood casement windows; are in good shape.

f. Exterior Decks, Stairs, and Ramps

There is an add-on minimal Arctic entry that does not function well. There is not landing at the top of the makeshift ramp that 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 Sheet Vinyl over plywood. It is in good shape

b. Walls:

The walls are of 2x4 wood construction, with sound insulation. The finish is gypsum wallboard. The walls are in good shape but have not wainscot for sanitation.

c. Ceilings:

The ceilings are gypsum wallboard as well in good shape

d. Interior doors:

The interior walls are of hollow core wood construction that provides minimal construction durability. Additionally, these doors are not acceptable for patient privacy and sound control.

e. Casework:

There is virtually no casework and all shelving is very rough. Plastic laminate tops do not fit to walls and there is some damaged areas. The sanitary issues are significant with the counters being of such construction. Need full replacement.

f. Furnishings:

The furnishings are very old and worn. There are 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-38
Attic Ventilation	minimal to NONE

h. Tightness of Construction:

The building is of good overall construction, with some improvement needed at the added spaces and openings. The crawlspace vents were left open which could cause freeze-ups.

i. Arctic Design:

The vestibules are minimal; orientation is OK, and siting of the clinic good.

3. Structural

a. Foundations

The foundation is pony wall and post and pad over a gravel pad and is in good structural condition.

b. Walls and Roof:

The walls and roof seem in relatively stable and adequate condition.

c. Stairs, Landings, and Ramps

These elements are in poor condition and in need of replacement.

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 and not a minimum of 5 ft. as required by code. The 300-gallon storage tank does not have the proper venting, piping, or valving as required by code.

b. Oil-Fired Heater

A residential grade, oil-fired, "Toy stove" provides heating for the entire clinic. The heater is in good condition and does provide the required heating needs of the Health Clinic. The exhaust and combustion air opening for the heater is provided in the intake and exhaust kit mounted on the outside wall.

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.

b. Exhaust Air

A wall mounted exhaust fan services the toilet room. This fan is not operational and currently is taped over.

3. Plumbing System

a. Water System

The water system plumbing is typical ½" and ¾" copper distribution piping to the clinic exam sinks and toilet fixtures.

b. Sewer System

City sanitary sewer provides the needs of the clinic.

c. Fixtures

The toilet room plumbing fixtures (water closet and shower) are not ADA approved or UPC code compliant for barrier free access. The lavatory is ADA approved, but accessibility is limited due to the large amount of storage in the toilet room.

d. Water Heater

The oil-fired water heater "Toyotomi" is installed in the clinic and is in good condition. The exhaust and combustion air opening for the water heater is provided in the intake and exhaust kit mounted on the outside wall.

F. Electrical Condition

1. Electrical Service

a. Electrical service is an overhead connection to the building with 120/240V single-phase power from the serving utility power line, about 36 feet away, (Kokhanok Village Council – Electric Account) with a meter/main combination located on the exterior of the building. A typical bill for December 2001 indicated usage of 783 kw-hrs for a total charge of \$431.43.

b. The meter is a Sangamo #80628909, CI200 240V 3W Form JSS. The utility's 15KVA pole mounted transformer also serves the satellite dish and the tank farm

2. Power Distribution

a. There is one panel in the building, a Cutler-Hammer 125A 24 circuit panel (A). It has 13 spare spaces.

b. The feeder to Panel A is 3#4 Al – No ground. (NEC 250-122 Equipment Ground minimum size required is #8 Cu.)

c. Panel A is mounted on the back wall of a utility closet. The furnace heater is located directly in front of it. Adequate clearance is not provided. NEC110-26(b).

d. Non-metallic sheathed cable (Romex) is used for the branch circuit wiring. Patient care areas need to be wired in metal raceways. NEC 517-13(a) and (b).

e. Panel directory is not filled out. Circuit breakers are not identified.

3. Grounding System

Grounding of Electrical Systems

- a. All of the neutrals and grounds are tied together in Panel A, effectively eliminating a functional grounding system. (NEC Article 250)
- b. Metal enclosures for service conductors and equipment are not grounded. NEC 250-80.

Grounding of Electrical Equipment

- c. The antenna is not grounded. NEC 820-40(d)

4. Exterior Elements

- a. Exterior lighting is provided by a twin incandescent flood light at the entrance. Does not have photocell or time clock controls.
- b. No exterior power receptacles are installed. NEC 210-52(e)
- c. Extension cord run thru wall up to roof vent should be replaced with permanent wiring.

5. Wiring devices

- a. GFCI protection is required for receptacles installed in the bathrooms and outdoors. NEC 210-8(b). Receptacles are residential type, not hospital grade. NEC 517-81(b). The one GFI in the bathroom failed the test. Also there is a sign on the panel that says "when lights go out reset GFI in bathroom."
- b. Receptacles are residential grounding type, not hospital grade. NEC 517-18(b)
- c. The lighting is predominately 4 ft fluorescent T12 (2) lamp surface mounted wrap diffuser fixtures. Support rooms are incandescent A19 lamped fixtures.
- d. Interior device plates are non-metallic ivory decorator plates.
- e. There are an inadequate number of receptacles. NEC 210-52(a) 210-60.
- f. Bathroom exhaust fan has been taped closed.

6. Lighting

- a. Foot-candle measurements were taken and lighting levels are generally adequate. However sunlight from the windows was a contributing factor. Removed and/or burned out lamps should be replaced.
- b. The lighting is predominately 2x4 fluorescent T12 (4) lamp surface wrap troffers. These fixtures should be upgraded to T8 with electronic ballasts for energy efficiency.

7. Emergency System

- a. Emergency Exit signs appeared to be non-functioning or expired self-luminous type. Requirement: Means of Egress Identification "Exit Signs" Connected to emergency electrical system providing 1-1/2 hours of continuous illumination. (UBC 1003.2.8)
 - b. Egress Lighting. There is one battery powered emergency light for task illumination at the end of the hallway. Requirement: Means of Egress Illumination. To an intensity of not less than 1FC. (UBC 1003.2.9)
8. Fire Alarm System
- a. The building has a manual fire alarm installed but it is turned off and reported not functional. There is no control panel.
 - b. Battery operated smoke detectors (4) are installed in the exam rooms but are also dead. Protection should be provided by independent battery operated smoke detectors in each room. Smoke detectors should be interconnected and attached to building power. There should be audio/visual enunciators. ADA 4.28 and UBC 1105.4.5 Units and sleeping areas require visual alarm. (ADA 4.28.4) People do spend the night in this clinic. Restrooms, general usage areas, hallways, lobbies require audible and visual alarms (ADA 4.28) Also UBC 1105.4.5)
9. Telecommunication
- a. Telephone service enters a weatherproof protection test block on the exterior of the building. Telephone service is provided by ACS.
 - b. There is no telephone switch. There are outlets in the office and the exam rooms.
 - c. The building is not wired for Computer local area network LAN Cat 5. (EIA/TIA)
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.

G. Civil / Utility Condition

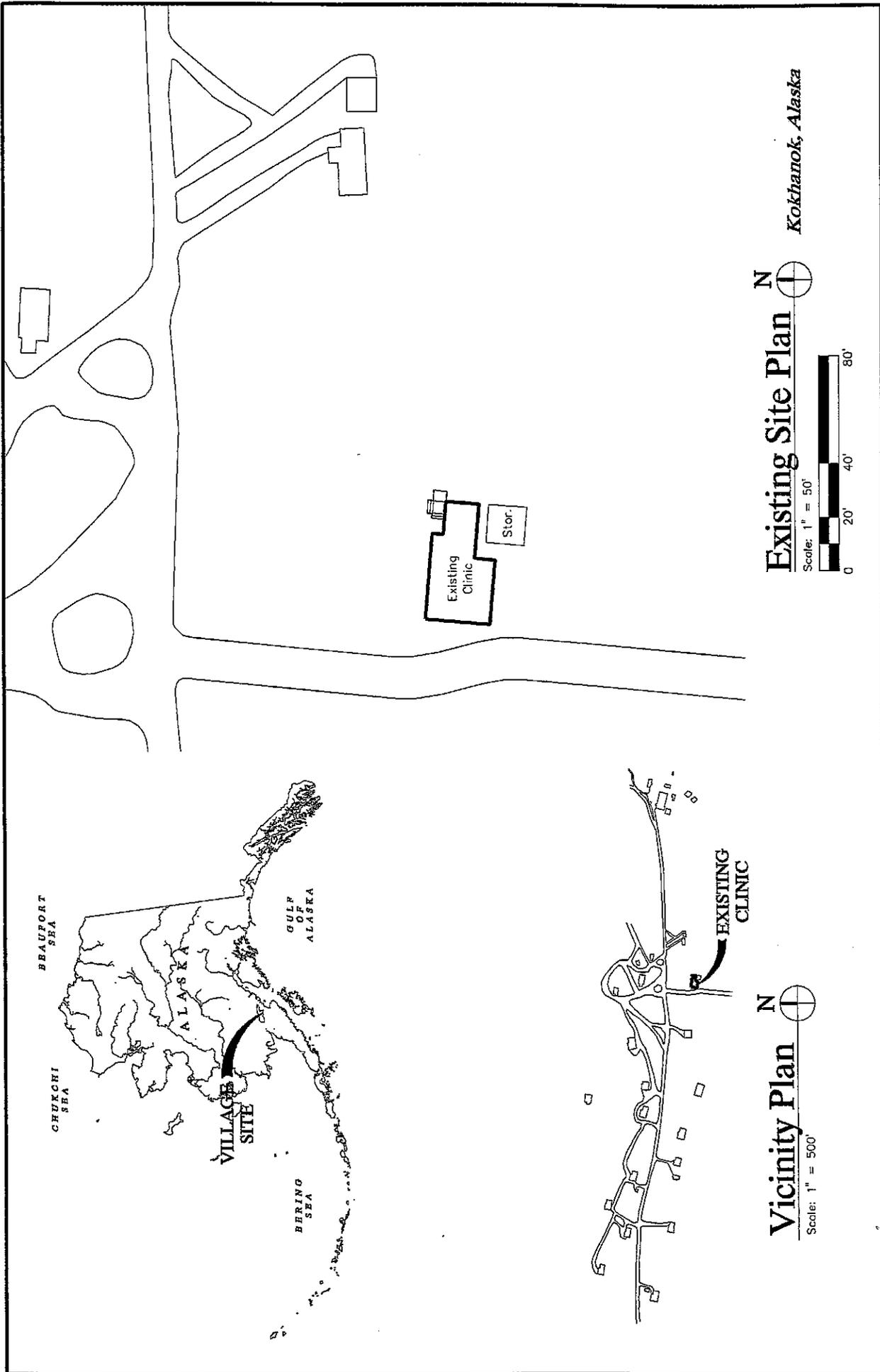
1. Location of building
 - a. Patient Access
Located in the relative center of the village for ease of access and seems to work fine. It is on the road to the airport which is an advantage.
 - b. Service Access
Road access is provided to front entry. Ramp and stairs to front entry meet code access requirements. Ramps are steep minimal and provide a slipping hazard in winter months.
 - c. Other Considerations:
The facility is located in to easily allow for expansion.
2. Site Issues

- a. Drainage
Drainage from the site is good.
 - 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 an adjacent building that is too close for code and would require 1 hr. exterior walls on both buildings to meet code or to have it moved a distance away. 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.



Existing Site Plan
 Scale: 1" = 50'
 0 20' 40' 80'

Vicinity Plan
 Scale: 1" = 500'

Kokhanok, Alaska

Sheet Contents			
EXISTING KOKHANOK CLINIC VICINITY & SITE PLANS			
Drawn	Date	Checked	Job No.
DT Company	2/27/2002	G.L.W.	010602
Sheet #:			A1.1

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

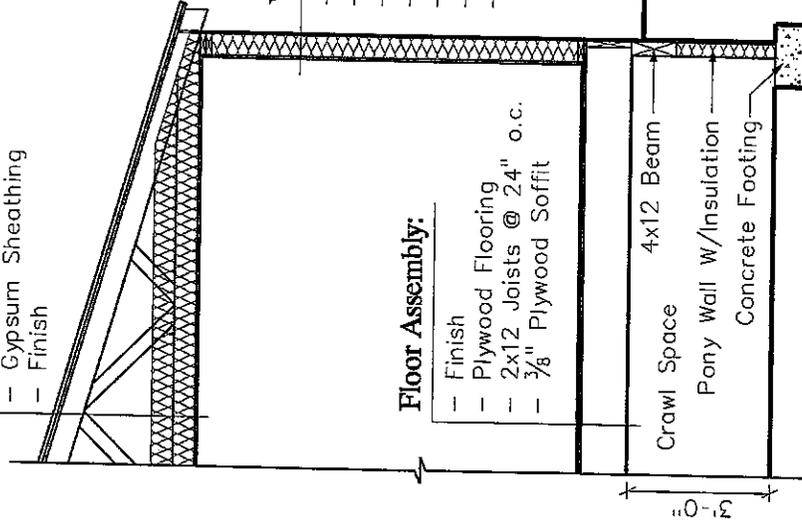


Winchester Alaska, Inc.
 Architects & Planners
 645 G Street #613
 Anchorage, Alaska 99501
 Phone: (907) 272-4347
 Fax: (907) 272-5751
 winchester@winchesteralaska.com
 http://www.winchesteralaska.com/



Roof Assembly:

- Prefinished Metal Roofing
- Plywood Deck
- Wood Trusses @ 24" o.c.
- R38 Batt Insulation
- Gypsum Sheathing
- Finish



Wall Assembly:

- Finish
- Gypsum Wall Board
- Vapor Barrier
- 2x6 @ 24" o.c.
- R19 Batt Insulation
- Bevel Cedar Siding
- Finish

Floor Assembly:

- Finish
- Plywood Flooring
- 2x12 Joists @ 24" o.c.
- 3/8" Plywood Soffit

Grade

4x12 Beam

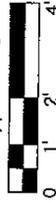
Crawl Space

Pary Wall w/Insulation

Concrete Footing

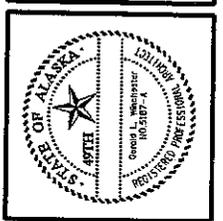
Existing Kokhanok Clinic Wall Section

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



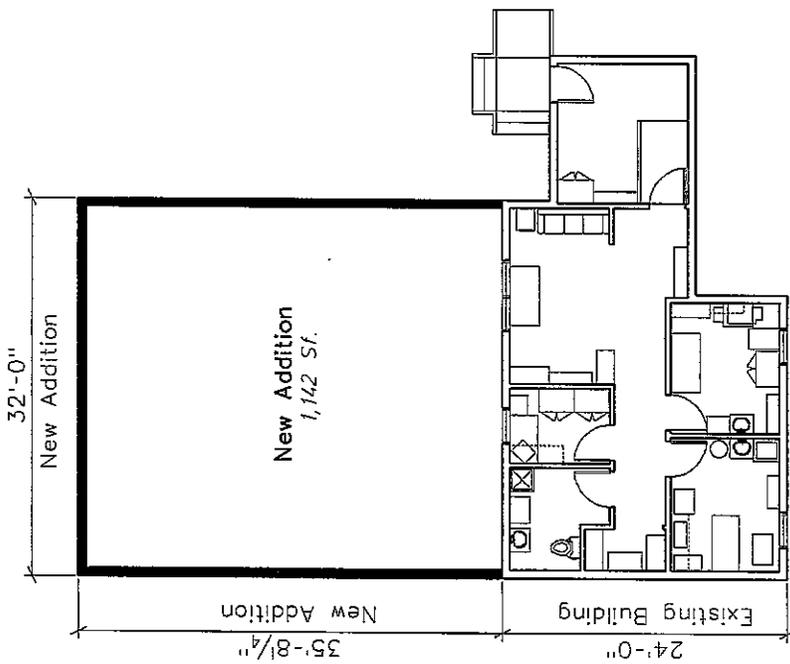
Sheet Contents		EXISTING KOKHANOK CLINIC WALL SECTION	
Drawn	Date	Checked	Job No.
DT Company	2/27/2002	C.L.W.	010502
Sheet #:			A1.3

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



Winchester Alaska, Inc.
 Architects & Planners
 645 G Street #613
 Anchorage, Alaska 99501
 Phone: (907) 272-4347
 Fax: (907) 272-3751
 http://www.winchesteralaska.com/





New Addition Kokhanok Clinic Floor Plan

1,142 Sf. + 858 Sf. = 2,000 Sf.

Scale: 1/16" = 1'-0"



Sheet Contents
**NEW ADDITION KOKHANOK
 CLINIC FLOOR PLAN**

Drawn DT Company	Date 2/27/2002	Sheet #: A2.1
Checked G.L.W.	Job No. 010602	

ALASKA PRIMARY CARE FACILITY CODE & CONDITION SURVEYS

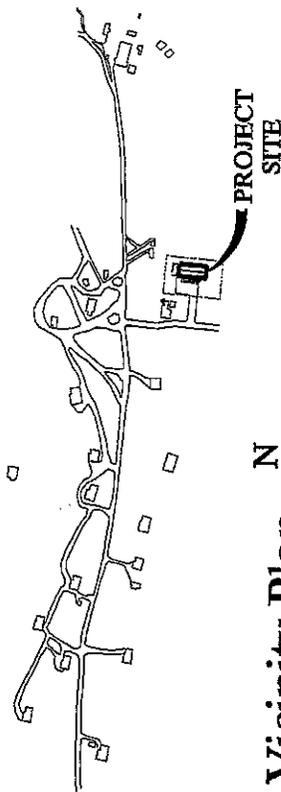
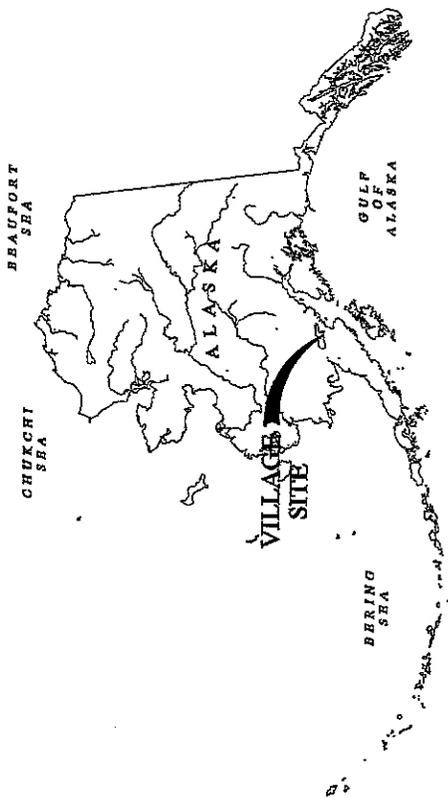
For The Denali Commission

YUKON-KUSKOKWIM HEALTH CORP
 KOKHANOK, ALASKA

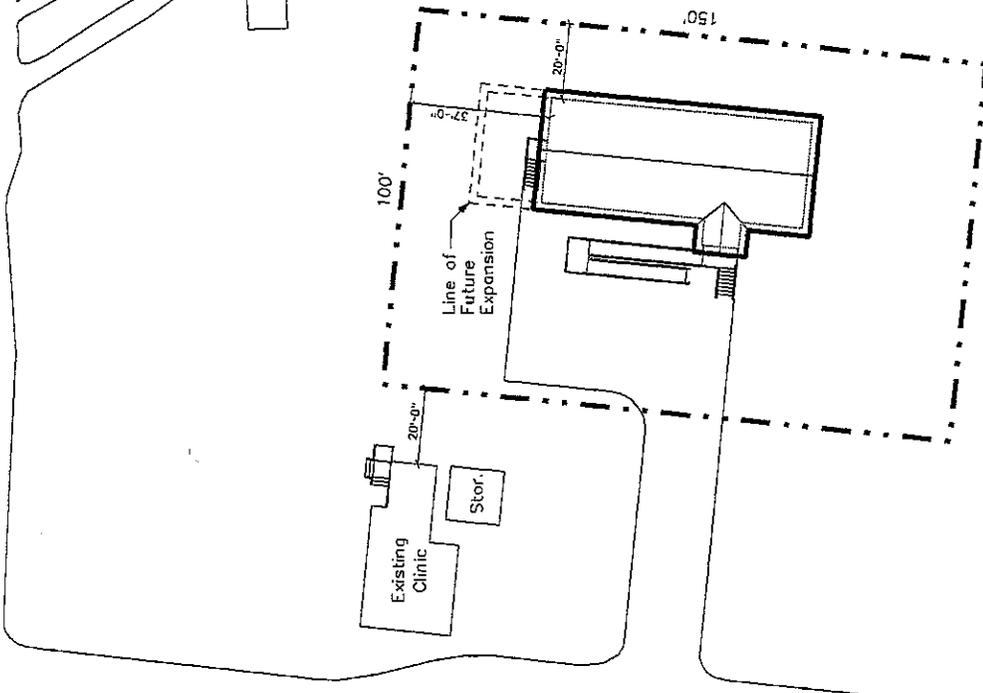


Winchester Alaska, Inc.
 Architects & Planners
 645 G Street #613
 Anchorage, Alaska 99501
 Phone: (907) 272-4347
 Fax: (907) 272-6751
 jwinchester@winchesteralaska.com
 http://www.winchesteralaska.com/





Vicinity Plan
Scale: 1" = 500'



New Site Plan
Scale: 1" = 50'
0 20' 40' 80'

Kokhanok, Alaska



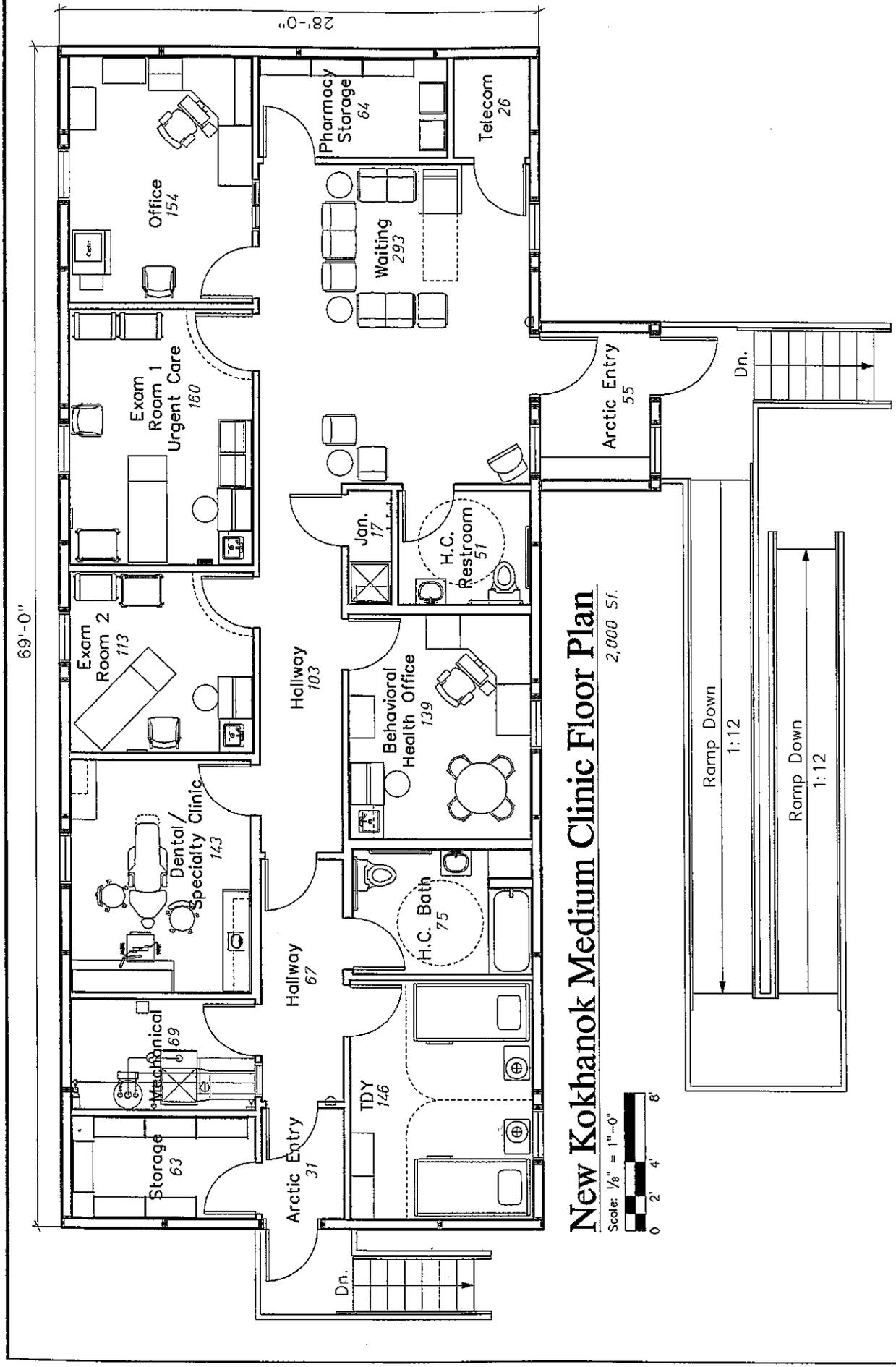
Winchester Alaska, Inc.
Architects & Planners
845 G Street #613
Anchorage, Alaska 99501
Phone: (907) 272-4347
Fax: (907) 272-5751
winchester@winchesteralaska.com
http://www.winchesteralaska.com/



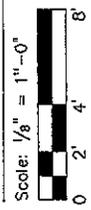
**ALASKA PRIMARY CARE FACILITY
CODE & CONDITION SURVEYS**
For The Denali Commission

YUKON-KUSKOKWIM HEALTH CORP
KOKHANOK, ALASKA

Sheet Contents			
NEW KOKHANOK CLINIC VICINITY & SITE PLANS			
Drawn:	Date:	Sheet #:	A3.1
DT Company	2/27/2002	Job No.	
Checked:	Job No.	010602	
G.L.W.			



New Kokhanok Medium Clinic Floor Plan
2,000 Sf.



Sheet Contents			
NEW KOKHANOK MEDIUM CLINIC FLOOR PLAN			
Drawn	Date	Job No.	Sheet #:
DT Company	2/27/2002	010602	A3.2
Checked			
C.L.W.			

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



Winchester Alaska, Inc.
Architects & Planners
645 G Street #613
Anchorage, Alaska 99501
Phone: (907) 272-4347
Fax: (907) 272-5751
winchester@winchesteralaska.com
http://www.winchesteralaska.com/



IV. Deficiency Evaluation

A. Deficiency Codes:

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

- 01 Patient Care:** Based on assessment of the facilities ability to support the stated services that are required to be provided at the site. Items required for the patients social environment such as storage, privacy, sensitivity to age or developmental levels, clinical needs, public telephones and furnishings for patient privacy and comfort.
- 02 Fire and Life Safety:** These deficiencies identify areas where the facility is not constructed or maintained in compliance with provisions of the state mandated life safety aspects of building codes including the Uniform Building Code, International Building Code, The Uniform Fire Code, NFPA 101, The Uniform Mechanical and Plumbing Codes and The National Electrical Code. Deficiencies could include inadequacies in fire barriers, smoke barriers, capacity and means of egress, door ratings, safe harbor, and fire protection equipment not covered in other deficiency codes.
- 03 General Safety:** These deficiencies identify miscellaneous safety issues. These are items that are not necessarily code items but are conditions that are considered un-safe by common design and building practices. Corrective actions required from lack of established health care industry safety practices, and local governing body code safety requirements. I.e. Occupational Safety Health Administration (OSHA) codes & standards.
- 04 Environmental Quality:** Deficiencies based on Federal, State and Local environmental laws and regulations and industry acceptable practices. For example this addresses DEC regulations, hazardous materials and general sanitation.
- 05 Program Deficiencies:** These are deficiencies that show up as variations from space guidelines evaluated through industry practices and observation at the facility site and documented in the facility floor plans. These are items that are required for the delivery of medical services model currently accepted for rural Alaska. This may include space modification requirements, workflow pattern improvements, functional needs, modification or re-alignment of existing space or other items to meet the delivery of quality medical services. (Account for new space additions in DC 06 below)

06 Unmet Supportable Space Needs: These are items that are required to meet the program delivery of the clinic and may not be shown or delineated in the Alaska Primary Care Facility Space Guideline. Program modifications requiring additional supportable space directly related to an expanded program, personnel or equipment shall be identified in this section; for example additional dental space, specialty clinic, storage, or program support space that requires additional space beyond the established program.

07 Disability Access Deficiencies: The items with this category listing are not in compliance with the Americans with Disabilities Act. This could include non-compliance with accessibility in parking, entrances, toilets, drinking fountains, elevators, telephones, fire alarm, egress and exit access ways, etc.

08 Energy Management: These deficiencies address the efficiency of lighting, heating systems/fuel types and the thermal enclosures of buildings, processes, and are required for energy conservation and good energy management.

09 Plant Management: This category is for items that are required for easy and cost efficient operational and facilities management and maintenance tasks of the physical plant.

10 Architectural M&R: Items affecting the architectural integrity of the facility, materials used, insulation, vapor retarder, attic and crawlspace ventilation, general condition of interiors, and prevention of deterioration of structure and systems.

11 Structural Deficiencies: These are deficiencies with the fabric of the building. It may include the foundations, the roof or wall structure, the materials used, the insulation and vapor retarders, the attic or crawl space ventilation and the general condition of interior finishes. Foundation systems are included in this category.

12 Mechanical Deficiencies: These are deficiencies in the plumbing, heating, ventilating, air conditioning, or medical air systems, interior mechanical utilities, requiring maintenance due to normal wear and tear that would result in system failure.

13 Electrical Deficiencies: These are deficiencies with normal or emergency power, electrical generating and distribution systems, interior electrical and communications utilities, fire alarm systems, power systems and communications systems within a building that should be repaired or replaced on a recurring basis due to normal wear and tear that would otherwise result in system failure.

14 Utilities M&R: This category is used for site utilities for incoming services to facilities that are required for the building to be fully operational. Deficiencies may include sewer and water lines, water wells, water tanks, natural gas and propane storage, electric power and telecommunications distribution, etc.

15 Grounds M&R: Real property grounds components that should be replaced on a recurring basis due to normal wear and tear. Deficiencies with respect to trees, sod, soil erosion, lawn sprinklers, parking, bridges, pedestrian crossings, fences, sidewalks & roadways, and site illumination etc. are considerations.

16 Painting M&R: Any painting project that is large enough to require outside contractors or coordination with other programs.

17 Roof M&R: Deficiencies in roofing, and related systems including openings and drainage.

18 Seismic Mitigation: Deficiencies in seismic structural items or other related issues to seismic design, including material improperly anchored to withstand current seismic requirements effect. The elements under consideration should include the cost incidental to the structural work like architectural and finishes demolition and repairs.

B. Photographs:

We have 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 a completed 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 2001. 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 2001. 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 2001. 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

Bristol Bay Area Health Corporation

(Summary Listing of Deficiencies by Code)

07	Disability Access	A12	Replace exterior doors	\$2,768.00
08	Energy Conservation	A17	Provide Additional foundation insulation	\$3,154.00
08	Energy Conservation	KOK11	Energy Management	\$11,300.00
12	Mechanical M & R	M01	Non ADA plumbing fixtures used in restroom	\$2,665.00
12	Mechanical M & R	M02	Replace exhaust fan	\$609.00
13	Electrical M & R	KOK01	Power Distribution	\$539.00
13	Electrical M & R	KOK02	Power Distribution	\$5,912.00
13	Electrical M & R	KOK03	Grounding Sysetm	\$864.00
13	Electrical M & R	KOK04	Exterior	\$1,094.00
13	Electrical M & R	KOK05	Grounding System	\$247.00
13	Electrical M & R	KOK06	Wiring Devices	\$5,777.00
13	Electrical M & R	KOK07	Lighting	\$10,545.00
13	Electrical M & R	KOK10	Telecommunications	\$5,662.00
16	Painting M & R	A13	Re-caulk, seal, & paint exterior of building	\$6,741.00
17	Roof M & R	A15	Roofing soffits are deteriorating	\$7,339.00

Code / Conditions Subtotal:

\$200,534.00

Remodel Subtotal:

\$45,130.00

Addition Subtotal:

\$528,531.00

Clinic Total:

\$774,195.00

Alaska Rural Primary Care Facility

ANTHC

Code and Condition Survey Report

Bristol Bay Area Health Corporation

(Summary Listing of Deficiencies by Code)

Clinic: 37 Kokhanok

Deficiency Code	Reference	Work Description	Cost
01	A02	Renovation Existing Clinic Space	\$45,130.00
01	A04	Provide waincot on walls	\$2,487.00
01	A05	Provide access to Trauma room, doors and New Vestibules	\$34,567.00
01	A06	Provide new bath facilities	\$21,185.00
01	A10	Replace/add, cabinets, casework, & sinks	\$9,502.00
02	A03	Add and Replace front steps, landings, and railings	\$17,797.00
02	A08	Storage room upgrading and 1 hr. patching	\$1,479.00
02	A14	Shelving for storage of Medical Items	\$3,717.00
02	A16	Proximity of buildings to existing Clinic	\$3,784.00
02	A18	Exposed urethan foam materials	\$2,314.00
02	KOK08	Emergency System	\$2,895.00
02	KOK09	Fire Alarm System	\$10,510.00
02	M03	Mechanical room storage	\$1,328.00
02	M04	Fuel oil storage tank and piping	\$1,678.00
04	A11	Add roof insulation	\$2,940.00
06	A01	Add 1142SF of program space for size of Village.	\$528,531.00
07	A07	Provide toilet facilities to meet ADA	\$6,430.00
07	A09	Replace interior doors & hardware	\$12,705.00

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 2000 SF Medium Clinic in Kokhanok 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>		@ 1.30	\$ 80
Adjusted Cost per SF			\$345
<hr/>			
Projected Cost of a New Clinic:	2000 sf. X \$345	=	\$690,000

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

• Code & Condition Repairs/Renovations			
Cost from Deficiency Summary			\$200,534
• Remodel/Upgrade work (See Def. Code 01)			
50% of clinic 858 SF = 858 SF @ \$100/SF			\$45,130
• 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>	@1.30		\$107
Adjusted Cost per SF			\$463
<hr/>			
Total Addition Cost of 1142 SF @ \$463			\$528,531
• Project Cost Factor:		@ 28%	\$216,775
Construction Contingency	10%		
Construction Administration	8%		
Design Fees	10%		
<hr/>			
Total cost of remodel/addition			\$990,970

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

Ratio of Renovation/Addition versus New Clinic is:

$$\$990,970 / \$690,000 = 1.44 \text{ x cost of New Clinic}$$

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)	2000	SF	\$265.00	1.3	\$690,000	yes
Clinic (Non-allowable portion)	0	SF	\$265.64	1.3	\$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					\$740,000	
Project Management Fees					<u>Unknown</u>	
Total Project Cost					Unknown	

VII. Conclusions and Recommendations

The existing Kokhanok Clinic has served the community well for many years. Base on current ANTHC and BBAHC 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 2000 SF Medium Clinic be considered for Kokhanok. The addition of approximately 1142 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 1.44 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 Medium Clinic would meet the current community needs and for years to come. In addition, they agreed that there is a good adjacent site that is available for construction of a new clinic. The site is adjacent to all existing utilities.

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 Kokhanok Community and is aggressively moving to assist in any way to accomplish this goal.