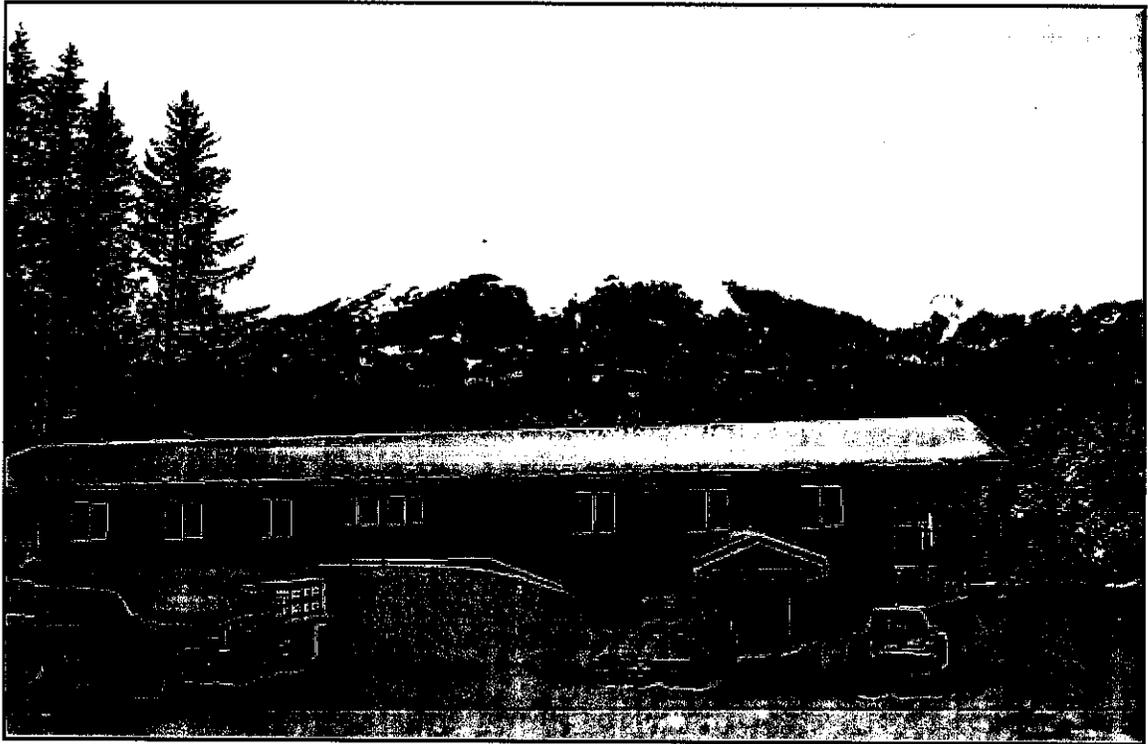


Port Graham Health Clinic



Alaska Rural Primary Care Facility

Assessment and Inventory Report

Final

November 6, 2001

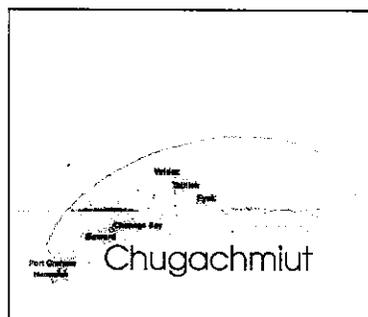


Table of Contents

I. EXECUTIVE SUMMARY	1
A. OVERVIEW	1
B. RENOVATION/UPGRADE AND ADDITION	1
C. NEW CLINIC	1
II. GENERAL INFORMATION	2
A. PURPOSE OF REPORT AND ASSESSMENT PROCESS	2
B. ASSESSMENT TEAM	2
C. REPORT FORMAT	2
D. SITE INVESTIGATION	3
III. CLINIC INSPECTION SUMMARY	4
A. COMMUNITY INFORMATION	4
B. GENERAL CLINIC INFORMATION	5
1) Physical Plant Information	5
2) Clinic Program Usage Information	5
3) Community Program Sheet	5
C. PROGRAM DEFICIENCY NARRATIVE	6
1) Space Requirements and Deficiencies	6
2) Building Issues	6
3) Functional Design Issues	7
4) Health Program Issues	7
5) Utilities	8
D. ARCHITECTURAL / STRUCTURAL CONDITION	8
1) Building Construction	8
2) Interior Construction	9
3) Structural	9
E. MECHANICAL CONDITION	9
1) Heating System	9
2) Ventilation System	10
3) Plumbing System	10
4) Mechanical Life Safety Issues	11
F. ELECTRICAL CONDITION	11
1) Electrical Service	11

2) Power Distribution	11
3) Grounding System	11
4) Exterior Elements	11
5) Electrical Devices and Lighting	12
6) Emergency System	12
7) Fire Alarm System	12
8) Telecommunication	12
9) Electrical Life Safety Issues	12
G. CIVIL / UTILITY CONDITION	12
1) Location of Building	12
2) Site Issues	13
3) Proximity of Adjacent Buildings	13
4) Utilities	13
H. EXISTING FACILITY FLOOR PLAN (SITE PLAN IF AVAILABLE):	14
IV. DEFICIENCY EVALUATION	15
A. DEFICIENCY CODES	15
B. PHOTOGRAPHS	17
C. COST ESTIMATE GENERAL PROVISIONS	18
1) New Clinic Construction	18
2) Remodel, Renovations and Additions	19
V. SUMMARY OF EXISTING CLINIC DEFICIENCIES	21
VI. NEW CLINIC ANALYSIS	22
A. PROJECTED COST OF A NEW CLINIC	22
B. PROJECTED COST OF THE REPAIR/RENOVATION & ADDITIONS	22
C. COMPARISON OF EXISTING CLINIC RENOVATION/ADDITION VERSUS NEW CLINIC	23
D. OVERALL PROJECT COST ANALYSIS	23
VII. CONCLUSIONS AND RECOMMENDATIONS	24

APPENDIX A: DEFICIENCIES

APPENDIX B: GENERAL PHOTOGRAPHS

I. EXECUTIVE SUMMARY

A. OVERVIEW

The Port Graham Health Clinic was completed and occupied in January 1999 and is approximately 4,608 gross square feet. The facility is owned by the Village Corporation and operated by Chugachmiut. The partial two-story building is 90' x 36' including a storage room on the east end of the facility on the lower level that is approximately 40' x 36'. The clinic has a large open space in the middle of the main floor plan. This area is intended as a waiting room, and is adjacent to exam rooms, lab, pharmacy and toilets. The health aides and patients complain that this area is too public and does not give the patients a sense of privacy when being tested and treated while in the clinic. There is one trauma (procedures/emergency) room, two exam rooms, two accessible bathrooms, one large exercise room, a community Health Aide (CHA) office, one Community Health Representative (CHR) office, a medical supplies room and a pharmacy. On the west end of the clinic are offices for patient education, alcohol programs and a conference room. There is also an apartment with a kitchen, bedroom and bathroom that includes a shower and laundry area. There is a second bedroom that is used as a 'holding' room.

The clinic is in very good, like new condition and is very well equipped to provide a good health service program for a community this size, 171 residents.

B. RENOVATION/UPGRADE AND ADDITION

The existing Clinic will not require any additional square feet to accommodate the current need and Alaska Rural Primary Care Facility space guidelines. The size of the facility is about 2619 SF larger than the ARPCF space requirements; however the facility is 313 SF deficient in net program space. Potential areas of renovation include adding arctic entries to existing spaces and bringing the existing ramp, stair handrails and guardrails up to current code and standards. The addition of the arctic entries would not require any reconfiguration of the clinic floor plan.

C. NEW CLINIC

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

II. GENERAL INFORMATION

A. PURPOSE OF REPORT AND ASSESSMENT PROCESS

ANTHC has entered into a cooperative agreement with the Denali Commission to provide management of the small clinic program under the Alaska Rural Primary Care Facility assessment, planning, design and construction. Over 200 clinics will be inspected through the course of the program. The purpose of the Code and Condition survey report is to validate the data provided by the community in the Alaska Rural Primary Care Facility Needs Assessment and to provide each community with a uniform standard of evaluation for comparison with other communities to determine the relative need between the communities of Alaska for funding assistance for the construction of new or remodeled clinic facilities. The information provided in this report is one component of the scoring for the small clinic RFP the Denali Commission will send to communities in priority Groups 3 and 4. The information gathered will be tabulated and analyzed according to a set of fixed criteria that should yield a priority list for funding. Additionally, the relative costs of new construction vs. remodel/addition will be evaluated to determine the most efficient means to bring the clinics up to a uniform standard of program and construction quality.

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

B. ASSESSMENT TEAM

The survey was conducted on November 6, 2001 by Jerry Hann, AIA, Architect of Larsen Consulting Group, Inc.; Bill Henriksen, PE of RSA Engineering, Inc., and Joshua Smith of ANTHC. Accompanying the field inspection team was Elenore McMullen, First Chief or the Village Council and Primary Health Aide. Elenore was an integral player in the clinic design process. She worked with the building's architect and is very familiar with the design and construction of the clinic. Joshua made introductions and conducted the briefings to ensure complete understanding of the inspection process. Preparation of the information gathered was a cumulative effort between the members of the field team, Holly Kelty, LCG's Project Coordinator and Estimations, Inc.

C. REPORT FORMAT

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

D. SITE INVESTIGATION

On November 6, 2001, the team flew to the site and made observations, took photos and discussed the needs with on-site personnel for the facility. Approximately five hours were spent on site that afternoon and evening. The team spent an additional two hours the following morning gathering additional information relative to the exterior missed due to darkness the previous evening. There was sufficient time to investigate foundations, structure, condition, mechanical and electrical systems, and to interview the staff to assess current and projected health care needs.

III. CLINIC INSPECTION SUMMARY

A. COMMUNITY INFORMATION

Population:

- ◆ 171 (2000 Census)
- ◆ Unincorporated City, Kenai Peninsula Borough, Kenai Peninsula Schools, Chugach Alaska Corporation

Location: Port Graham is located at the southern end of the Kenai Peninsula on the shore of Port Graham. It is adjacent to Nanwalek, 7.5 miles southwest of Seldovia and 28 air miles from Homer. It lies at approximately 59° 21' N Latitude, 151° 49' W Longitude. (Sec. 32, T009S, R015W, Seward Meridian.) Port Graham is located in the Seldovia Recording District. The area encompasses 5.9 sq. miles of land and 0 sq. miles of water.

History: The earliest known settlers were Russians from the nearby trading post at Nanwalek. In 1850, the Russian-American Co. established a coal mine at Port Graham, but it was not economical and lasted only a few years. Port Graham became the site of a cannery and wharf, according to the U.S. Geological Survey in 1909. In 1911, the Fidalgo Island Packing Co. established a cannery, and Aleuts from Nanwalek moved to the community. A post office operated between 1938 and 1961. The cannery burned in 1960. It was rebuilt in 1968 by Whitney/Fidalgo, and was sold to the village corporation in 1983. A pink salmon hatchery began operations in 1991. In January 1998, the hatchery and salmon processing plant were destroyed by fire. The plant was rebuilt and re-opened in June 1999. The cannery continues to be the main economic activity in the community, employing residents of Nanwalek as well.

Culture: Port Graham is a traditional Sugpiaq village with a fishing and subsistence lifestyle.

Economy: A new \$4.5 million fish cannery and hatchery opened on June 19, 1999. The cannery provides seasonal employment for 70 Port Graham and Nanwalek residents. Red salmon fry are raised for area lakes and pink salmon are raised for the cannery. Fifteen residents hold commercial fishing permits.

Facilities: Water is derived from a surface source, is treated and stored in a 50,000-gal. redwood tank. Port Graham has a piped water system and sewage disposal in a community septic tank. A sludge lagoon was recently completed. Sixty-six homes and facilities are served by the system; almost 90% of households are fully plumbed. Port Graham Corporation operates the washeteria. The community has requested funds for a new 150,000-gal. water storage tank to provide better treatment and pressure, and to connect Duncan Heights Subdivision to the system.

Transportation: Port Graham is not accessible by road. A state-owned 1,975' dirt/gravel airstrip is available. The community offers docking facilities. There is a 4-mile trail to Nanwalek.

Climate: Winter temperatures range from 14 to 27 degrees Fahrenheit; summer temperatures vary from 45 to 65 degrees Fahrenheit. Average annual precipitation is 24 inches.

B. GENERAL CLINIC INFORMATION

1) Physical Plant Information

The existing Port Graham Clinic is a relatively new facility that has a gross area of 3,240 SF on the first floor and a basement storage area of 1,368 SF for a total of 4,608 gross square feet. (See plan attached at the end of section III.H.) The facility is owned by the Village Corporation and operated by Chugachmiut. It is built on concrete footings with concrete foundations. The exterior walls are wood framed with vinyl siding and a metal roof. (See wall section attached at the end of section III.H.)

2) Clinic Program Usage Information

Patient records indicate the clinic saw an average of 332 patients per month in 2001, 298 patients per month in 2000, and 297 patients per month in 1999, an 11% increase in patient encounters in the last two years (negligible change between 1999 and 2000). Three full-time Community Health Aides provide medical services. Itinerant care includes a dentist who travels to Port Graham twice a year, staying for a week each visit, and a doctor who visits twice a year and stays for two days each trip.

3) Community Program Sheet

Attached at the end of this section is the Community Program Sheet completed by the Village of Port Graham.

JOSHUA SMITH
284-2277



Community PORT GRAHAM Unique ID # _____

Organization CHUGACHMUT

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											
P1.4 Substance Abuse Treatment	X											
P1.5 <i>weekly</i> Mental Health Diagnosis		X										
P1.6 <i>weekly</i> Mental Health Treatment		X										
P1.13 <i>semi annual</i> Preventive Dental Services		X										
P1.14 Dental Treatment Services <i>fly out for emergency service</i>			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 _____

Domestic Violence TASK ^{*FOCUS*} *Being established (on site as needed)*

C. PROGRAM DEFICIENCY NARRATIVE

1) Space Requirements and Deficiencies

SPACE COMPARISON MATRIX												
Current Port Graham Actual SF to Denali Commission Medium Clinic												
Alaska Rural Primary Care Facility				Current Clinic			Medium Clinic			Difference		
Purpose / Activity	Designated Itinerant			Actual Net SF			ARPCF SF			Difference		
	Size	No.	Net Area (SF)	Size	No.	Net Area (SF)	Size	No.	Net Area (SF)	Size	No.	Net Area (SF)
Arctic Entries				0	1	0	50	2	100			-100
Waiting/Recep/Closet	150	1	150	255	1	255	150	1	150			+105
Trauma/Telemed/Exam	200	1	200	178	1	178	200	1	200			-28
Office/Exam				61.5	2	123	150	1	150			-17
Admin./Records				48	1	48	110		110			-62
Pharmacy/Lab				90	1	90	80	1	80			+10
Portable X-ray												
Specialty Clinic/Health Ed/Conf				371	1	371	150	1	150			+221
Patient Holding/ Sleeping Room				138	0	138	80	1	80			+58
Storage	150	1	150	1292, 18	2	1305	100	1	100			+1205
HC Toilet				54, 47	2	101	60	2	120			-19
Janitor's Closet				40	1	40	30	1	30			-26
Subtotal Net Area			500			2649			1270			+1379
Circulation & Net/Gross Conv. @ 45%						1901			572			+1329
Subtotal (GSF)						4550			1842			+2708
Mechanical Space @ 8%				58	0	58			147			-89
Total Heated Space			500			4608			1989			+2619
Morgue (unheated enclosed space)			0				30	1	30			30
Ext. Ramps, Stairs, Loading	HC Accessible			As Required			As Required			As Required		

- a. Overall Space Deficiencies: The size of the facility is about 2619 SF larger than the ARPCF space requirements; however the facility is 313 SF deficient in net program space.
- b. Specific Room Deficiencies: There are no arctic entries and no mechanical room. Rooms that are deficient in net program space include admin/records, pharmacy/lab, both exam rooms and both toilet rooms.
- c. Other Size Issues: The spaces are all, as described by the staff, comfortable and adequate.

2) Building Issues

- a. Arctic Entries: There are no arctic entries.
- b. Waiting / Reception: There is no reception area as you enter the clinic. The waiting area is the major complaint of the staff and patients. There is little or no privacy when a patient enters and exits from the exam rooms and bathrooms. The main circulation hall could be creatively re-

designed with furniture and or wall dividers to create a more acceptable situation. In any case, the waiting room would be in the middle of the major circulation of staff and patients.

- c. Exam / Trauma: Space works well even though there is not 12' clear space between the cabinets. According to staff, the room has worked well for emergency care, despite being undersized.
- d. Exam Room: There are two exam rooms, and the spaces work well.
- e. Office / Administration / Records: There are three rooms with two desks in each for visiting provider's offices and the health aide nurse. There are offices for recovery services, public safety officer and a conference room between. The records have a small room next to exam room 1.
- f. Pharmacy / Lab: The pharmacy/lab is located next to the trauma room. The room is well equipped and functions properly.
- g. Specialty Clinic / Health Education / Conference: These functions are held in the large exercise room. The equipment is removed or stacked in the rear of the room when special clinics are held.
- h. Patient Holding / Sleeping Room: There is a dedicated space for itinerant staff with a bathroom (toilet, sink, shower and laundry). It has a kitchen and a sleeping room. The bedroom egress window will have to be remolded to be code compliant. The sill height is now at 48", UBC code compliance is at no higher than 44". There is also a patient holding room. The patient holding room has a safety glass vision light in it and a metal grille over the window. The room is appropriate for this use. If this room is used as a sleeping room for staff or any other visitors, the egress window will have to be remolded to be code compliant. The sill height is now at 48", UBC code compliance is at no higher than 44"
- i. Storage: There is more than adequate storage space.
- j. HC Toilet Facilities: The two toilet rooms meet the UBC requirements.
- k. Janitor's Room: The janitor's closet and sink is used often and is adequate.
- l. Mechanical/Boiler Room: The Mechanical room works well.
- m. Ancillary Rooms: There are two ancillary rooms. The large Exercise room and the small Food Bank storage are ancillary.

3) Functional Design Issues

- a. This facility performs well for its current programmed and intended use. The sanitation and patient care are very good. The ability to perform required medical functions within the facility is also very good, and the storage areas provided are more than adequate.

4) Health Program Issues

- a. Patient Comfort and Privacy: As described previously, the lack of privacy when patients enter or exit the exam rooms and bathrooms are the major complaint of staff and patients.
- b. Medical/Infectious Waste: Red Bag Waste is shipped to Anchorage by plane.

- c. Infection Control: This facility is well kept and cleaned daily.
- d. Insect and Rodent Control: None noted or investigated.
- e. Housekeeping: There is no difficulty in cleaning and doing housekeeping in this facility.

5) Utilities

- a. Water Supply: The domestic water system piping enters the building from a 2" service located in the crawl space.
- b. Sewage Disposal: Village sanitary sewer provides the needs of the clinic.
- c. Electricity: The electrical service is provided by a single underground service to the building. Power is provided by Homer Electric.
- d. Telephone: The telephone system is installed in the boiler/electrical room. The clinic has five dedicated phone lines and a dedicated fax line. The telephone system also serves the Public Safety office, Alcohol Treatment office, conference room, and the guest housing area. All have dedicated phone and fax lines (except no fax line to the guest housing).
- e. Fuel Oil: The clinic's heating fuel oil storage tank is located approximately 20 feet from the building. The tank is a single wall tank with 500-gallon storage capacity. The fuel oil supply piping from the tank is run from the tank underground to the stand-by generator and the boiler room in a containment pipe.

D. ARCHITECTURAL / STRUCTURAL CONDITION

1) Building Construction

- a. Floor Construction: The floor consist of carpet or sheet vinyl (1/2" plywood underlayment) over 3/4" plywood sub flooring over BSI floor joist. The storage area has 3/4" plywood over 2 x 4's @ 16" o.c. over 4 mil 'Tu-Tuff' vapor retarder over 4 x 6 sleepers @ 24" o.c.
- b. Exterior Wall Construction: The exterior walls are constructed 5/8" Type 'X' GWB over a vapor retarder over 2 x 6 wood studs @ 16" o.c. over 1/2" plywood sheathing over an air retarder. The finish siding is vinyl. The insulation is assumed to be R-21.
- c. Roof Construction: The roof is a full-span truss at 24" o.c. with plywood deck and metal roof with an R-38 batt insulation. There is attic ventilation through eave vents.
- d. Exterior Doors: The exterior doors are insulated hollow metal and are in very good shape.
- e. Exterior Windows: Windows are thermo pane, vinyl casement windows. Two windows located in sleeping rooms have sill heights of 48", UBC code compliance is no higher than 44".
- f. Exterior Decks, Stairs, and Ramps: The ramp at the main entry at the east end and the west end deck and stairs are not code compliant.

2) Interior Construction

- a. Flooring: The flooring is Sheet Vinyl and Carpeting. 4" rubber base is used throughout.
- b. Walls: The walls are constructed with wood studs with 5/8" Type 'X' GWB.
- c. Ceilings: The ceilings are paint gypsum wallboard.
- d. Interior Doors: The interior doors are solid core wood and provide some sound isolation. They are ADA accessible and the hardware meets ADA requirements.
- e. Casework: The casework is new wood cabinets. Tops are plastic laminate. There are no sanitary issues as the casework has been well maintained.
- f. Furnishings: The furnishings are new. The exam tables are also new and well taken care of.
- g. Insulation:
 - ◆ Floor Insulation 0 (Warm Crawl Space)
 - ◆ Wall Insulation R-21
 - ◆ Attic/Roof Insulation R-38
 - ◆ Attic Ventilation Eave Vents
- h. Tightness of Construction: The facility is of generally good overall construction and quality.
- i. Arctic Design: There are no vestibules. The entry halls have adequate room to add arctic entries to both east and west exits. It is our assumption that the arctic entries were not designed into the floor plan because there is a large covered area at the main entry.

3) Structural

- a. Foundations: The foundation system consists of a perimeter concrete footer with an 8" concrete foundation/retaining wall surrounding the building. The concrete foundation wall serves also as a retaining wall and is the foundation of the upper main floor. The foundation steps down in the front of the building at the large storage room at the West End.
- b. Walls and Roof: The walls and metal roof are in good condition.
- c. Stairs, Landings and Ramps: These elements are in good condition but require code modifications.

E. MECHANICAL CONDITION

1) Heating System

- a. Fuel Storage and Distribution: The clinic's heating fuel oil storage tank is located approximately 20 feet from the building and has adequate clearance to the building and the property line. The tank is a single wall tank with 500-gallon storage capacity. (DEC does not require secondary containment for fuel storage tanks until the size reaches 400,000 gallons.) It has been fitted with the appropriate tank fill, a gauge and appears to be properly vented. The fuel oil supply piping

from the tank is run from the tank underground to the stand-by generator and the boiler room in a containment pipe. A Tiger loop has been installed at both the standby generator and the boiler.

- b. Boiler: The boiler is in good shape and includes all required boiler safeties. The system circulates 50% Propylene Glycol to the heating terminal units. Glycol fill for the boiler is accomplished manually from a valve and capped hose connection. The system is configured in a manner that does not allow cross connection with the domestic water system. Combustion air for the boiler is provided from a high and low opening into the boiler room from the outside. The combustion air is sized appropriately for the boiler.
- c. Heat Distribution System: The glycol solution is circulated through the clinic in type "L" copper tubing. The supply and return headers off the boiler serve a total of 7 zones of heating, three zones of baseboard heat in the clinic, two zones of heating in the Public Safety and Alcohol Treatment area, a zone serving the unit heater and bare fin tube in the basement and crawl space area, and the zone serving the hot water generator in the boiler room. The systems appear to be in good shape and good working order.

2) Ventilation System

- a. System: There is no mechanical ventilation system. Ventilation is by operable windows. Ventilation requirements will not likely be met in the winter since they are typically kept closed except when cooling is required. We generally recommend designing and installing a positive ventilation system using an air handler unit that insures proper ventilation and controls the temperature of the ventilation air.
- b. Exhaust Air: Ceiling mounted exhaust fans serve the toilet rooms and the janitor's closet. These fans appear to be operating properly and are ducted in a common duct to the outside of the building. The ductwork is uninsulated in the cold attic, but no evidence of condensation problems are apparent inside the ductwork or at the fans.

3) Plumbing System

- a. Water System: The domestic water system piping enters the building from a 2" service located in the crawl space. The piping reduces down to 1-1/2" type "L" copper and then branches to the hot water generator and the plumbing fixtures throughout the clinic. Branch sizes are typically 1/2" and 3/4". The piping is run in the crawl space and is uninsulated. The hot water is not recirculated, so hot water is delayed at the fixtures when faucets are turned on.
- b. Sewer System: Village sanitary sewer provides the needs of the clinic. The waste is located under the building and is protected from freezing. There is no yard cleanout for the building; the main cleanout for the building is located in the crawlspace. All waste piping in the building has been run in ABS plastic. It appears properly sized and supported. The fixtures all appear to be properly vented and the vent-piping combines in the cold attic area to a common 4" vent through roof (VTR).
- c. Fixtures: The toilet room plumbing fixtures in the clinic are all ADA compliant for barrier free access. There is a private bathroom serving the Public Safety and Alcohol Treatment program area that does not have ADA compliant fixtures (they are not required since there is access to the restrooms in the clinic).

4) Mechanical Life Safety Issues

- a. There were no life safety issues requiring immediate attention. Other code compliance issues and mechanical deficiencies are noted in the deficiency report.

F. ELECTRICAL CONDITION

1) Electrical Service

- a. The electrical service is provided by a single underground service to the building. It is located at the back of the clinic next to the boiler/electrical room. The main disconnect is located at the meter. The building is served with 2/0 aluminum conductors and neutral.
- b. The service for the clinic is a 200 Amp, 120/240V, 1 Ph, 3 wire.
- c. A 7.5 KW Onan Commercial standby generator has been installed for the clinic approximately 40 feet from the boiler room. The electrical conductors and neutral are run in a conduit extended below ground to the outside of the boiler room. There is a cap at the top of the conduit, but it is not sealed watertight. The standby generator is a strictly manual operation. In the event of a power failure a manual transfer switch located in the boiler room switches the power serving the emergency panel from the main distribution panel (MDP) to the standby generator and the generator is manually started.

2) Power Distribution

- a. The clinic MDP is a two pole 200 Amp Thomas & Betts panel with room for 38 breakers. The panel has a spare capacity of 9 breakers and has room for an additional 6. The MDP serves the clinic and sub feeds the Emergency Panel with a 240V 100-amp breaker.
- b. 2/0 aluminum power cables are routed from the 200-amp breaker in the meter base to the MDP.
- c. The majority of the branch circuit wiring is installed using Romex with a ground conductor. The Neutrals and Grounding are separated in the panel.

3) Grounding System

- a. The meter is grounded to a grounding rod that is fully driven into the ground below the meter. The size of the grounding electrode conductor appeared adequately sized for the service. It appeared to be at least a #6 copper conductor.

4) Exterior Elements

- a. High-pressure sodium exterior light fixtures are installed at all exterior doors. They are controlled from integral photocells. The clinic staff complained that all the lights went off, and on intermittently when it was dark. This may be a result of light reflecting off the white surface of the eave soffit located directly above the lights.
- b. Weatherproof GFCI exterior power receptacles were installed near the exterior doors located at the front and back door and into the boiler room of the clinic.

5) Electrical Devices and Lighting

- a. Receptacles are grounding type. GFCI type receptacles are located in the restrooms and next to the kitchen sink in the guest quarters. All but one receptacle was found to be properly wired. The GFCI receptacle in the first restroom in the clinic was found to have an open neutral.
- b. The lighting is predominately 4-ft fluorescent T8 (3) lamp surface mounted fixtures. In the boiler room, janitor closet and other areas with limited access by the public the fixtures are 4-ft fluorescent T8 (2) lamp surface mounted with wire cages over the bulbs. Fixtures in the basement are all incandescent bulb with plastic cages. The lights were found to be in virtually new condition. Lighting levels in the clinic were measured with a photometer and were found to be appropriate. One fixture located in the hallway of the clinic was out of service. A bulb had been broken off in the terminal and could not be removed by the clinic staff.

6) Emergency System

- a. Illuminated emergency egress signs are installed in the appropriate locations and are functioning.
- b. Emergency egress lights are installed in the appropriate locations and, per field test, are all functional.

7) Fire Alarm System

- a. An ESL (Sentrol) 1500 series fire alarm control system is installed in the building and is located in the hallway near the Public Safety office. The system provides full coverage of the two zones for the clinic, the upstairs and the basement/crawlspace zones. The system has a backup battery system installed in the panel. There was no inspection tag, but the system appeared to be functioning correctly.

8) Telecommunication

- a. The telephone system is installed in the boiler/electrical room. The telephone cables extend down into the crawlspace and are run to the phone outlets throughout the facility. The clinic has five dedicated phone lines and a dedicated fax line. The telephone system also serves the Public Safety office, Alcohol Treatment office, conference room, and the guest housing area. All have dedicated phone and fax lines (except no fax line to the guest housing).
- b. The radios and associated equipment are setting in the corridor between the exam rooms and the restrooms of the clinic. Antenna cabling is routed into the walls up to the antenna on the roof.

9) Electrical Life Safety Issues

- a. There were no life safety issues requiring immediate attention. Other code compliance issues and mechanical deficiencies are noted in the deficiency report.

G. CIVIL / UTILITY CONDITION

1) Location of Building

- a. Patient Access: Located in the relative center of the village for ease of access and this seems to work fine. It is located on the main road next to the airport, which is an advantage.

- b. Service Access: Road access is provided to the front entry off the main road. Stair and ramp access is adequate.
- c. Other Considerations: The facility is located on the upper side of a sloped site and is a good location.

2) Site Issues

- a. Drainage: Drainage from the site is adequate except for the area at the storage room at the northeast lower level. This area has the tendency to puddle up during any thaw period.
- b. Snow: There does not appear to be a snow-drifting problem.

3) Proximity of Adjacent Buildings

- a. There are duplexes and single-family houses to the northwest and west with the airstrip to the south of the clinic.

4) Utilities

- a) Water Supply: The domestic water system piping enters the building from a 2" service located in the crawl space.
- b) Sewage Disposal: Village sanitary sewer provides the needs of the clinic.
- c) Electricity: The electrical service is provided by a single underground service to the building. Power is provided by Homer Electric.
- d) Telephone: The telephone system is installed in the boiler/electrical room. The clinic has five dedicated phone lines and a dedicated fax line. The telephone system also serves the Public Safety office, Alcohol Treatment office, conference room, and the guest housing area. All have dedicated phone and fax lines (except no fax line to the guest housing).
- b. Fire Alarm System: A fire alarm system is installed in the building and is located in the hallway near the Public Safety office. The system provides full coverage of the two zones for the clinic, the upstairs and the basement/crawlspace zones. The system has a backup battery system installed in the panel.
- d. Fuel Storage System: The clinic's heating fuel oil storage tank is located approximately 20 feet from the building. The tank is a single wall tank with 500-gallon storage capacity. The fuel oil supply piping from the tank is run from the tank underground to the stand-by generator and the boiler room in a containment pipe.

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

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

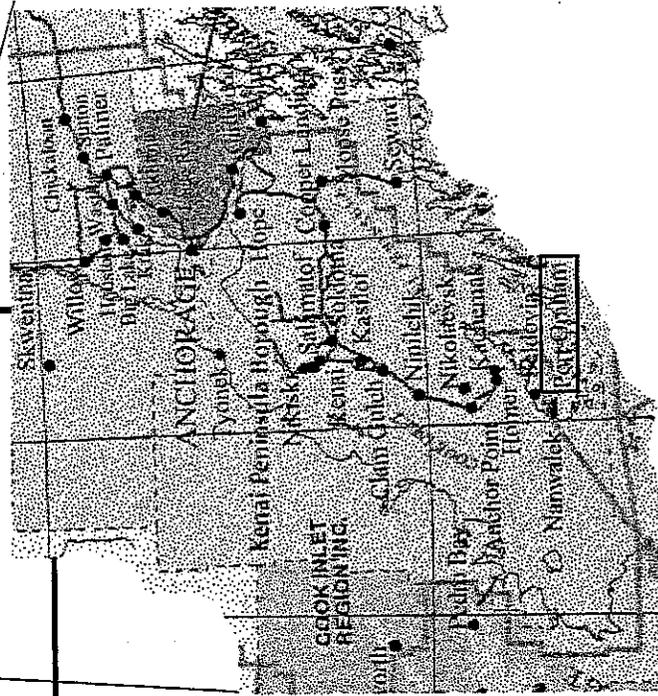
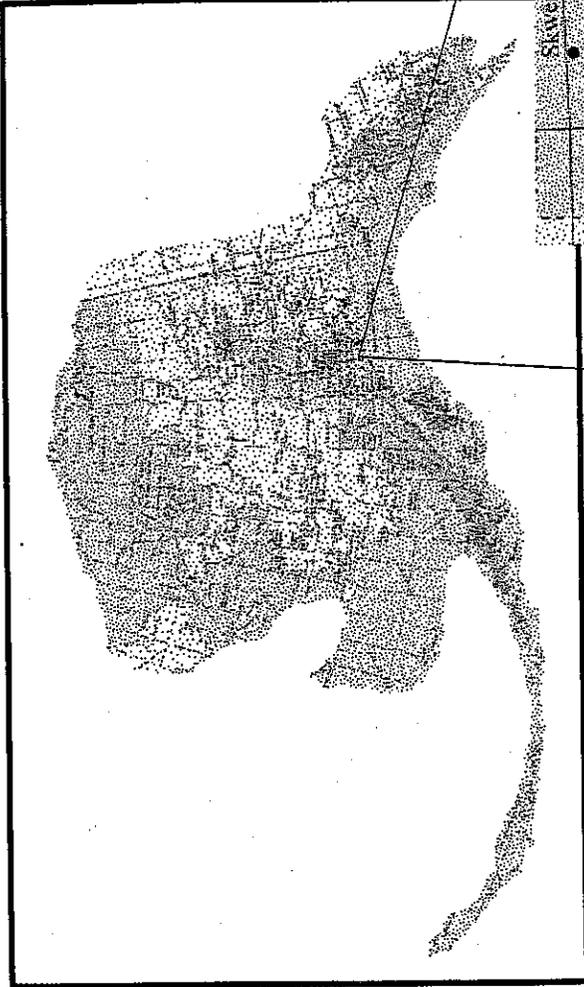
Map of Region

A1 Site Plan

A2 Existing Floor Plan

A3 Existing Basement Plan

A4 Existing Wall Section



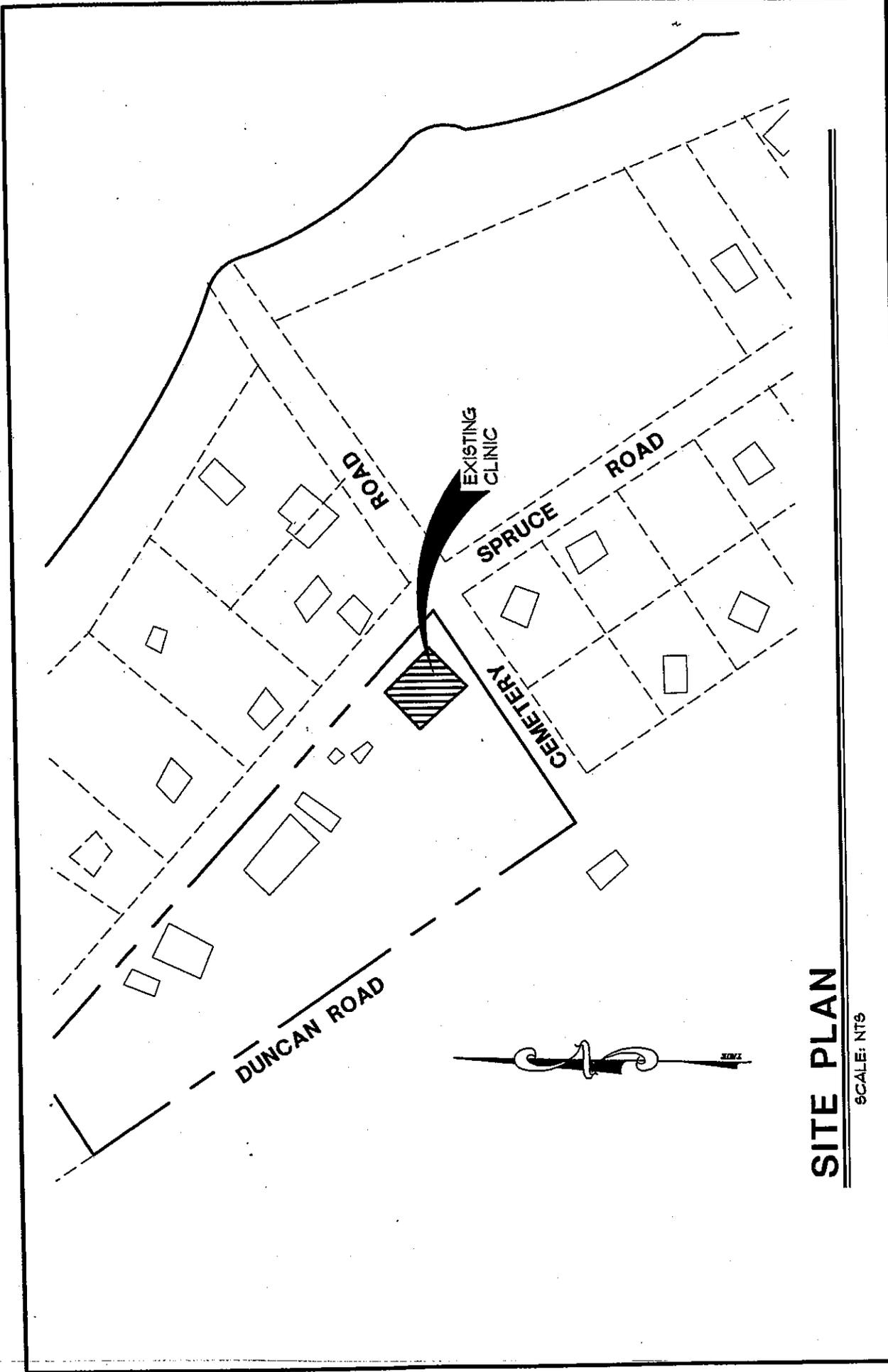
**FACILITY ASSESSMENT AND
INVENTORY SURVEYS
FOR PORT GRAHAM**
Alaska Native Tribal Health Consortium

DESIGNED BY:

DATE:

SCALE: NTS

JOB NO: 223.07



SITE PLAN

SCALE: NTS

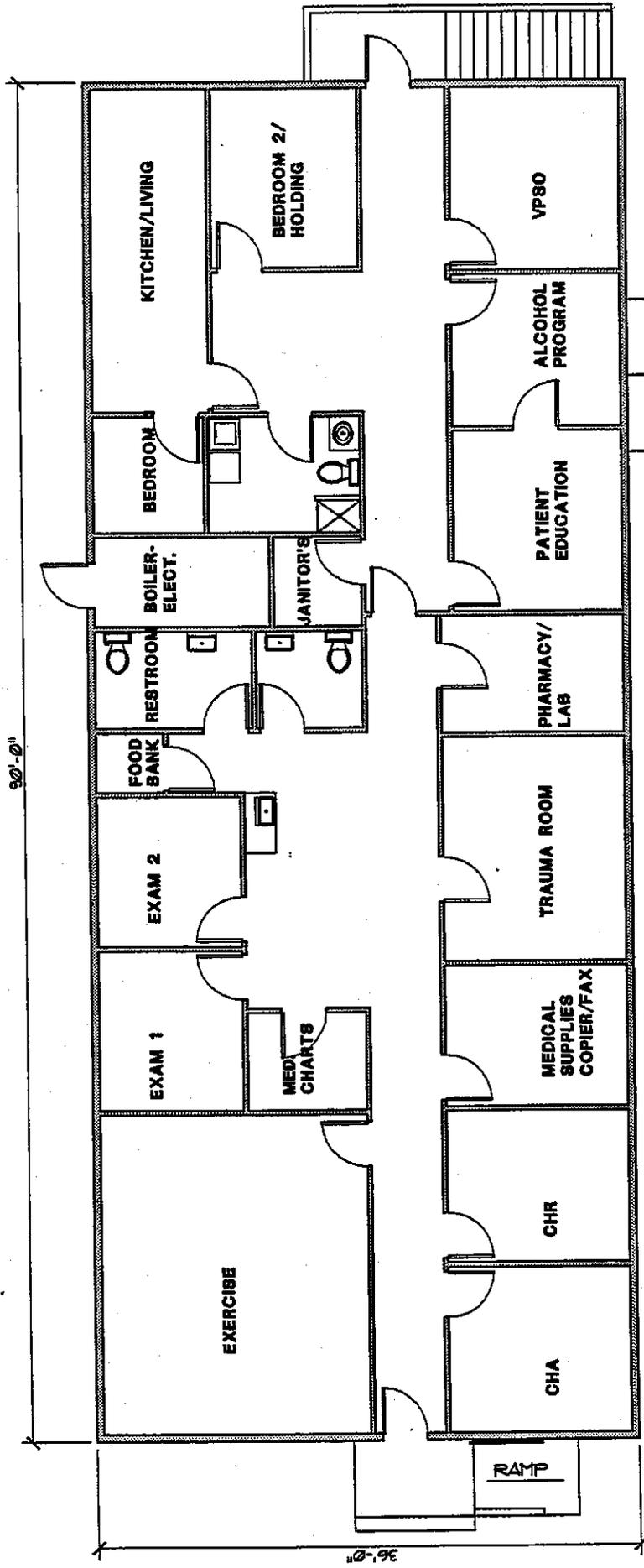


FACILITY ASSESSMENT AND
INVENTORY SURVEYS
FOR PORT GRAHAM
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM



DESIGNED BY:
DATE: 12/03/01
SCALE: NTS
JOB NO: 223.07

SHEET
A 1 OF 4



EXISTING FLOOR PLAN

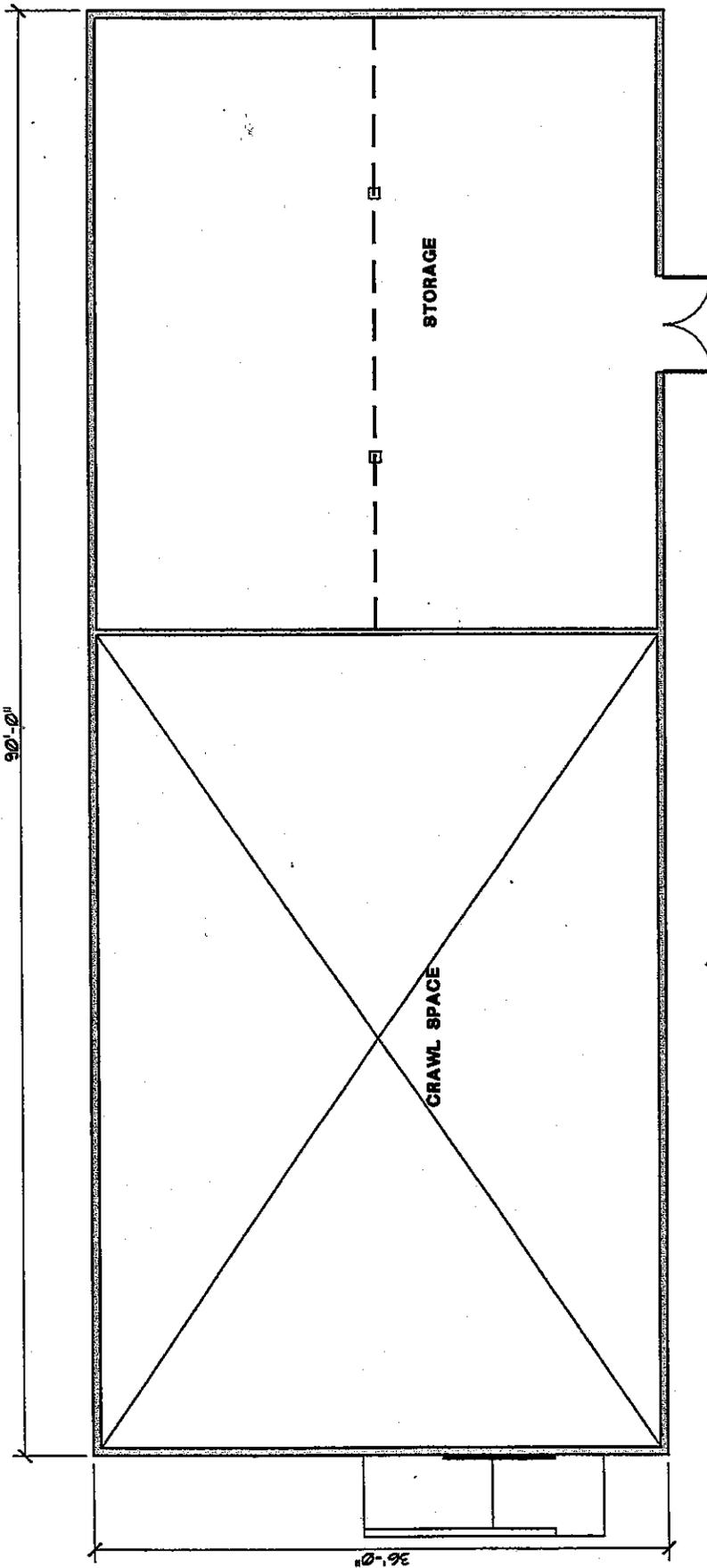
SCALE: 3/32" = 1'-0"



FACILITY ASSESSMENT AND
INVENTORY SURVEYS
FOR PORT GRAHAM
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

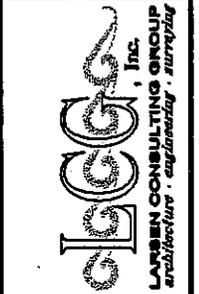
DESIGNED BY:
DATE: 12/03/01
SCALE: 3/32" = 1'
JOB NO: 223-07

SHEET
A 2 OF 4



EXISTING BASEMENT PLAN

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



FACILITY ASSESSMENT AND
INVENTORY SURVEYS
FOR PORT GRAHAM
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

DESIGNED BY:
DATE: 12/03/01
SCALE: 3/32"=1'
JOB NO: 223.07

SHEET
A3 OF 4

TYP. ROOF/CEILING ASSEMBLY:

- METAL ROOFING
- ICE & WATER SHEILD
- 5/8" PLYWD. ROOF SHEATHING
- MFG'S WOOD TRUSS @ 2'-0"
- R-38 FIBERGLASS INSUL.
- 6 MIL. VAPOR BARRIER
- 5/8" GYPSUM BOAR

WALL ASSEMBLY:

- VINYL SIDING
- AIR INFILTRATION BARRIER
- AIR BARRIER
- 1/2" PLYWD SHEATHING - 2X6 @ 24" O.C.
- R-21 FIBERGLASS INSUL.
- 6 MIL VAPOR BARRIER
- 5/8" GYPSUM BOARD

TYP. FLOOR/ASSEMBLIES:

- CARPET
- 5" REBOND PAD
- FULLY ADHERED
- EXTERIOR GLUE
- SHEET VINYL
- 1/2" C-C PLUG UNDERLAYMENT

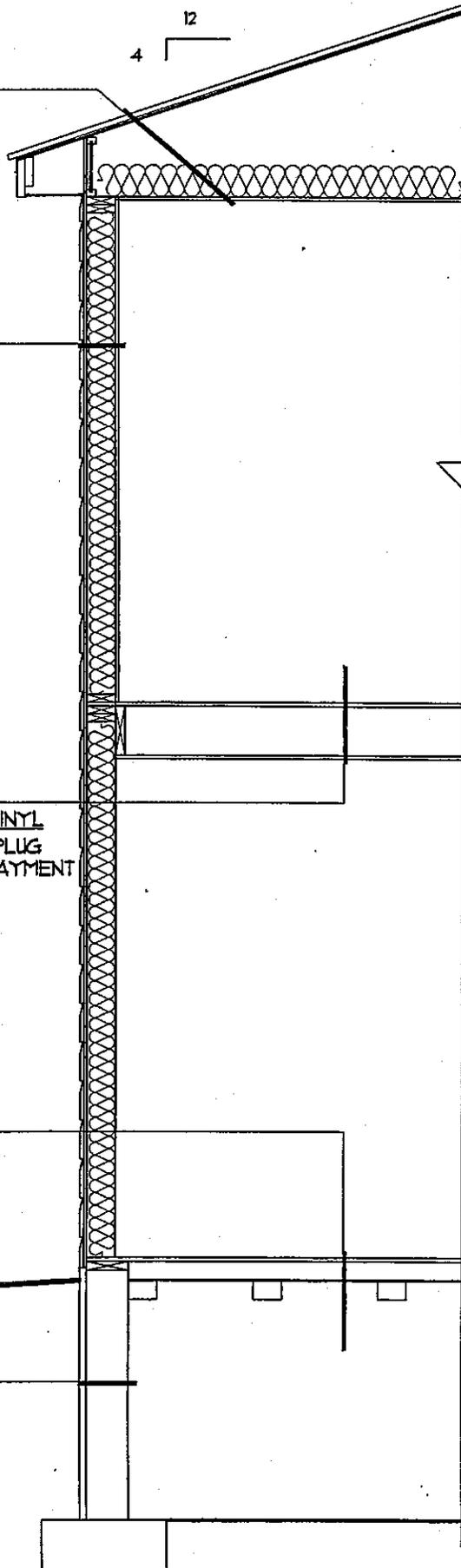
SUBFLOOR

- 3/4" T&G PLYWOOD.
- BCI FLOOR JOISTS

TYP. LOWER FLOOR/ASSEMBLIES:

- 3/4" PLYWOOD
- 2X4 @ 16" O.C.
- VAPOR RETARDER
- 4X6 SLEEPERS @ 2'-10" O.C.

CONCREET FOUNDATION WALL AND FOOTINGS



EXISTING WALL SECTION

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

SHEET

A 4 OF 4

DESIGNED BY: _____
 DATE: 12/03/01
 SCALE: 3/8"=1'
 JOB NO: 223.07

FACILITY ASSESSMENT AND
 INVENTORY SURVEYS
 FOR PORT GRAHAM
 ALASKA NATIVE TRIBAL HEALTH CONSORTIUM



IV. DEFICIENCY EVALUATION

A. DEFICIENCY CODES

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

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

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

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

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

B. PHOTOGRAPHS

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

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

C. COST ESTIMATE GENERAL PROVISIONS

1) New Clinic Construction

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

2) Remodel, Renovations and Additions

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

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

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

V. SUMMARY OF EXISTING CLINIC DEFICIENCIES

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

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

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

Alaska Rural Primary Care Facility

ANTHC

Code and Condition Survey Report

Chugachmiut

(Summary Listing of Deficiencies by Code)

Deficiency Code	Reference	Work Description	Cost
01	Patient Care	Ap009 Renovate 313 SF of Existing Clinic Space.	\$33,073.00
02	Fire/Life Safety	Ap005 Clean crawl space.	\$1,389.00
02	Fire/Life Safety	Ap007 Re-install window at correct height.	\$862.00
02	Fire/Life Safety	Ap008 Replace window and install at proper height.	\$2,034.00
02	Fire/Life Safety	Epo02 Open knockout in MDP.	\$519.00
02	Fire/Life Safety	Epo04 Seal the top of the standby generator conduit.	\$99.00
02	Fire/Life Safety	Epo06 Open neutral on restroom receptacle. Correct the wiring defect.	\$68.00
02	Fire/Life Safety	Mpo01 Guy wires damaged on boiler stack supports.	\$189.00
02	Fire/Life Safety	Mpo04 Install P&T relief on the hot water generator.	\$301.00
02	Fire/Life Safety	Mpo05 Water closets not sealed to the floor.	\$122.00
03	Safety	Mpo07 Recirc type kitchen hood installed in the guest quarters.	\$992.00
04	Environmental Qualit	Mpo08 Provide ventilation for the clinic.	\$6,362.00
05	Program	Mpo06 No hot water circ system.	\$1,315.00
07	Disability Access	Ap002 Reconstruct ramp handrails.	\$7,341.00
07	Disability Access	Ap003 Reconstruct ramp handrails.	\$8,737.00
07	Disability Access	Ap004 Reconstruct stair handrail.	\$1,093.00
08	Energy Conservation	Ap006 Construct arctic entry.	
10	Architectural M-& R	Ap001 Patch sheet vinyl.	\$153.00

Alaska Rural Primary Care Facility

ANTHC

Code and Condition Survey Report

Chugachmiut

(Summary Listing of Deficiencies by Code)

12	Mechanical M & R	Mpo02	Repair glycol leak in crawlspace.	\$1,010.00
12	Mechanical M & R	Mpo03	Add baseboard connector.	\$69.00
13	Electrical M & R	Epo01	Aluminum wire used for building service.	\$432.00
13	Electrical M & R	Epo03	Exterior lights not working correctly.	\$1,429.00
13	Electrical M & R	Epo05	Repair damaged light fixture in hallway.	\$211.00

Code / Conditions Subtotal:

\$34,727.00

Remodel Subtotal:

\$33,073.00

Addition Subtotal:

Clinic Total:

\$67,800.00

VI. NEW CLINIC ANALYSIS

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

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

A. PROJECTED COST OF A NEW CLINIC

The cost of a New Denali Commission 2000 SF Medium Clinic in Port Graham is projected to be:

• Base Anchorage Construction Cost per sf.		\$183
• Project Cost Factor:	@ 45%	\$ 82
Medical Equipment	17%	
Construction Contingency	10%	
Design Fees	10%	
Construction Administration	8%	
• Multiplier for Village	@ 1.31	\$ 82
<u>Adjusted Cost per SF</u>		<u>\$347</u>
Projected Cost of a New Clinic:	2000 sf. X \$347 =	\$694,000

B. PROJECTED COST OF THE REPAIR/RENOVATION & ADDITIONS

• Code & Condition Repairs/Renovations		\$34,727
(Cost from Deficiency Summary)		
• Remodel/Upgrade Work (Def. Code 01 / Def. Apo09)		\$33,073
7% of clinic 4608 SF = 313 @ \$106/SF		
• Additional Space Required by ARPCF – N/A		
o Base Anchorage Cost		\$0
Medical Equipment.....		0
o Additional Costs		0
General Requirements	20%	
Estimation Contingency	15%	
o Multiplier for Village at 1.31 AAF		\$0
<u>Adjusted Cost per SF</u>		<u>\$0</u>
Total Addition Cost of 0 SF		N/A
Project Cost Factor @ 28% =		\$18,984
Construction Contingency	10%	
Construction Administration	8%	
Design Fees	10%	
Total Cost of Remodel/Addition		\$86,784

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

Ratio of Renovation/Addition versus New Clinic is: $\$86,784 / \$694,000 = 0.13 \times$ cost of New Clinic

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

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

D. OVERALL PROJECT COST ANALYSIS

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

Item	Quantity	Units	Unit Cost	Area Adjustment Factor	Total Cost	Allowable under "Small" Clinic Process (yes/no)
Primary Care Clinic (Allowable)	2000	SF	\$265.64	1.31	\$695,977	yes
Clinic (Non-allowable portion)	0	SF	\$265.64	1.31	\$0	no
Land	15,000	SF	\$2.00	1	\$30,000	yes
Multi-Use Facility Design Cost	0	LS	\$0.00	1	\$0	yes
Multi-Use Facility Construction Cost	0	LS	\$0.00	1	\$0	no
Utility	1	LS	\$15,000	1	\$15,000	yes
Extension/Improvements Road access & parking lot improvements	1	LS	\$5,000	1	\$5,000	yes
Subtotal Project Cost					\$745,977	
Project Management Fees					<u>Unknown</u>	
Total Project Cost					Unknown	

VII. CONCLUSIONS AND RECOMMENDATIONS

The existing Port Graham Health Clinic was built in 1999 and continues to serve the community well. As noted in this report, few deficiencies have been identified, most with minor cost implications. A minor renovation will be required to restore this clinic. We evaluate this clinic as being in excellent condition.