# Bartlett Regional Hospital

**AGENDA**
**PLANNING COMMITTEE MEETING**
**Tuesday, August 9, 2022 – 4:00 p.m.**
**Zoom Video Conference**

**This virtual meeting may be accessed via the following link:**
https://bartletthospital.zoom.us/j/94747501805

**or call 1-888-788-0099 and enter webinar ID 947 4750 1805**

**I. CALL TO ORDER**

**II. APPROVAL OF AGENDA**

**III. PUBLIC COMMENT**

**IV. APPROVAL OF THE MINUTES**

- June 13, 2022 Draft Planning Committee Meeting Minutes (Pg.2)

**V. NEW BUSINESS**

- OR Remodel – Bob Tyk

**VI. OLD BUSINESS**

1. Family Practice Building Update – Bob Tyk
   a) Family Practice Condition Survey (Pg.5)
   b) Family Practice Recommendations (Pg.14)
   c) Nonconforming Review Documents (Pg.16)
2. Master Facility Plan and Timeline – Marc Walker (Pg.25)
3. Current Projects Update - Marc Walker (Pg.28)
4. BOPS/Crisis Stabilization Project Update – Jeanne Rynne (Pg.29)
5. ED Expansion Project Update – Jeanne Rynne
6. Strategic Goal Initiatives – Brenda Knapp (Pg.34)

**VII. COMMENTS**

**VIII. NEXT MEETING –** 12:00pm, Friday, September 2, 2022

**IX. ADJOURN**

# Bartlett Regional Hospital

**3260 Hospital Drive, Juneau, Alaska 99801 907.796.8900** www.bartletthospital.org

Planning Committee Meeting Minutes
June 13, 2022 – 12:00 p.m. Zoom Videoconference

**Called to order at 12:00 p.m., by Planning Committee Chair, Brenda Knapp.**

**PLANNING COMMITTEE* AND BOARD MEMBERS PRESENT:** Brenda Knapp***,** Mark Johnson*, Hal Geiger and Kenny Solomon-Gross

**ALSO PRESENT:** Jerel Humphrey, Kim McDowell, Marc Walker, Sara Dodd, Karen Forrest, and Anita Moffitt

**APPROVAL OF AGENDA –** ***Mr. Johnson made a MOTION to approve the agenda as written. Mr. Solomon-Gross seconded. There being no objections, agenda approved.***

**PUBLIC PARTICIPATION –** None

**APPROVAL OF THE MINUTES –** ***Mr. Johnson made a MOTION to approve the minutes from the May 5, 2022 Planning Committee meeting. Mr. Solomon-Gross seconded. There being no objections, minutes approved.***

**FAMILY PRACTICE BUILDING UPDATE –** Mr. Walker reported Steve Garger and Jensen Yorba Wall Architects are to help assess the Family Practice building. We are working on getting all of the players together to inspect the building and to provide a written report when the inspection is complete.

**MASTER FACILITY PLAN AND TIMELINE –** Mr. Walker reported the facility plan and timeline, included in the packet, are up to date. The second phase of the power conditioning project (conditioning modules) has been awarded to Anderson Brothers for $297,000. We will continue on with designs to dampen surges coming into the facility even more. He noted item C-2, North Addition – Phase 1 listed under Future Projects was projected to be in the planning & design phase now. He asked if it should be postponed until a later date or if we should start now. It was agreed that this plan had been developed pre-Covid and is not ready for action at this time. There have been too many changes since the master plan was originally developed. We will soon have new board members a new CEO in place and they should be part of the decision making process. Senior leadership and staff will begin working on a concept, without design professionals at this time, and define what the hospital needs are for this addition. Recommendations are to be brought back to the Planning Committee for consideration to be acted on after the start of the new year when new board members and CEO are in place.

**CURRENT PROJECTS UPDATE –** Mr. Walker provided an overview of the project update list included in the packet. RRC siding project substantial completion date has been moved to the end of June. Water main and waste line project is moving along nicely. Paving for the site improvement project has been delayed until tomorrow due to weather. Completion of paving and painting will help alleviate some of our parking issues. The bid date for the underground fuel line project has been moved to June 21st. Hospitalist sleeping quarters is being redesigned and will go out to bid again in August. In response to Ms. Knapp, Mr. Walker confirmed the cost of the surge protection project is a bit more than what it cost to repair damages and replace equipment due to a power surge last year. We have received some reimbursement for those repair and replacement costs. Brief discussion about insurance coverage held. In response to Mr. Solomon-Gross, Mr. Walker reported the Assembly must approve use of funds for the parking study to be conducted. Committee will receive report after study is completed.

**BOPS / CRISIS STABILIZATION PROJECT UPDATE –** Mr. Walker reported construction is moving along and still on schedule for completion in the spring of 2023. Design team has been working on identifying any potential delays and possible impacts to costs by repurposing the use of the second floor for the ABA (Applied Behavioral Analysis) program. Ms. Forrest reported the design team is going through every single piece of the design to make sure it meets the higher safety rating required for its redesignation. This is Ms. Forrest's last Planning Committee meeting as tomorrow is her last day working for BRH. Ms. Knapp thanked Ms. Forrest for her 8 months of service as the CBHO and told her she would be missed.

**ED EXPANSION PROJECT UPDATE -** Mr. Walker reported the GC/CM (General Contractor / Construction Manager) procurement methodology was approved by the PWFC (Public Works and Facility Committee). Engineering and Law staff are to draft an ordinance to present to the Assembly for its first reading at the July 11th meeting. It will be presented a second time, for adoption, at the August 1st Assembly meeting. Also of note, the PWFC approved the recommendation from the JCOS (Juneau Commission on Sustainability), to approve a LEED (Leadership in Environmental Energy and Design) Certification exemption request for the ED expansion project. It will go before the Assembly for approval tonight. We are still looking at different methodologies to meet some of the LEED requirements because it's the right thing to do. Conceptual design has been completed and we are now moving to schematic design.

**Strategic Goal Initiatives –** Mr. Humphrey reported that Senior Leadership has taken ownership of various goals produced by the Board. A full report will be available at next month's Planning Committee meeting. Ms. McDowell's report, included in the packet, gives a good start on the Planning Committee's assigned initiatives.

Initiative 1.1 – Evaluate and expand affiliations and partnerships with other healthcare organizations:

Ms. McDowell has been asked to co-chair the Rural Chair on the AHHA (Alaska Hospital & Healthcare Association). This will aid in building relationships with other healthcare organizations and possibly make partnerships/affiliations easier to obtain. AHHA is formerly known as ASHNHA (Alaska State Hospital and Nursing Home Association). Ms. Knapp expressed interest in obtaining information about what AHHA's vision is and who its members are.

Initiative 3.1 – Resolve EMR (Electronic Medical Records) system concerns:

Working with IT and Meditech to schedule a site visit for ED Director, Chief Clinical Officer and Dr. Jones to see Meditech Expanse in use in an ED in Mississippi. Patient information from T-system, currently used in the ED does not transfer smoothly to the Meditech system used in the rest of the hospital, when the patient is admitted to the hospital. ED is resistant to switching to Meditech Expanse but using the same system throughout the organization is one more way to help ensure patient safety. Seeing expanse in action may help address any concerns ED may have. Site visit dates have not been determined yet but it expected to take place this summer.

Initiative 3.2 – Expand workforce development programs:

Ms. McDowell reported nursing shortages are a nationwide problem. BRH is addressing the issue by thinking outside the box and using paramedics in the ED, having a hospital based CNA program, postings to hire LPNs and partnering with the university for cohorts. SLT has held discussions about bringing new graduates on board by offering to help with tuition costs in exchange for a commitment of 2-3 years to BRH. We must continue to think outside the box to recruit and retain staff. Ms. Knapp noted traveling nurses make more money and only a small percentage of health care providers want to relocate to small, rural hospitals. Mr. Johnson suggested that opposition to drug testing, specifically marijuana, is also an issue with hiring and wonders if the board needs to reconsider changing drug testing requirements. Mr. Humphrey is not sure what we test for and stated that there are federal requirements to follow. He will discuss this with Mr. Hargrave. Ms. Knapp requests Mr. Hargrave be prepared to report on BRH's current practice for drug testing and how it relates to any outside regulations we have to comply with at the next Planning Committee meeting.

Initiative 3.3 - Exploring the feasibility of hospital run clinics;

Ms. Knapp reported that Mr. Tyk was to give a report on this topic and there had been a suggestion made about looking into federally funded healthcare clinic status. The new CEO will need to be involved too but we are well

underway with the tasks assigned to this committee. The Quality Committee is to be involved with the workforce development and other initiatives. These initiatives should be on their agenda for discussion at their next meeting scheduled to take place on July 13th.

**ECG report** – Ms. Knapp reported the ECG report was written a couple of years ago. ECG was focused on the impact of the COVID pandemic, revenue streams and limiting inpatient revenues. They consistently brought up SEARHC and reminded us that we need to keep our guiding principles in mind, the primary one is to remain independent. CBJ has no interest in selling the hospital and wants BRH to remain a community owned and operated hospital. Three things that are key to BRH's ability to achieve its goal of independence is that we have to be able to recruit physicians, prevent or minimize the leakage of services and need to have access to expanded care options. We have been setting on these recommendations and now need to move forward after revisiting them with the new CEO. Mr. Johnson stated we are a very good community hospital but aren't a referral hospital. We need to understand that some care will be provided elsewhere but we can continue to be part of that care. When recruiting, it's important to keep in mind what is most feasible for our size community. Recruitment of orthopedic surgery is a good example – back surgery specialists would not have as much demand here as someone that can do full joint replacements. At some point we need to clearly define what level of services are reasonable and feasible for us and how we fit into the continuum of care.
Mr. Geiger stated that cardiac services make up a substantial amount of leakage but we can't support a cardiologist here. Some physicians have relationships for these services with other facilities, like Virginia Mason, by default. BRH needs to start moving forward with developing relationships with these facilities as well. He then expressed concern and initiated discussion about why physicians are choosing to leave Juneau or retiring early. Ms. Knapp noted that nationally, a lot of physicians are retiring at an earlier age due to the pressures they faced during the pandemic and burn out. She would like feedback from the medical staff. Mr. Johnson wonders if there is a way to do exit interviews with retiring physicians. Mr. Solomon-Gross will work with Ms. Moffitt to schedule a joint Medical Executive Committee and Board Executive Committee meeting to discuss physician retention and recruitment issues.

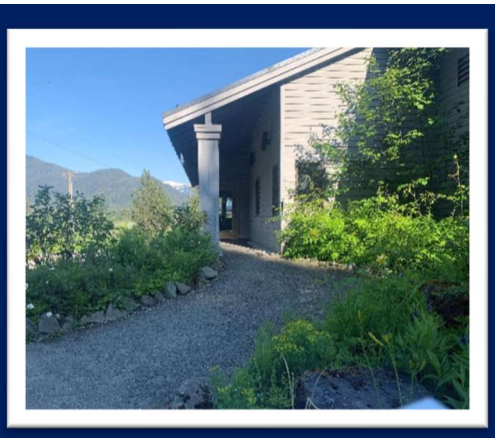
**Comments –** Mr. Johnson noted the CBJ Planning Committee is looking a 45,000 square foot medical building for SEARHC to be built near Vintage Park. Discussion held about services to be provided in that facility. Ms. Knapp stated we need to continue to look at the recommendations in the ECG reports and decide which ones to move ahead with. In response to Mr. Johnson, Mr. Humphrey reported he continues working with the orthopedic surgeons at Juneau Bone and Joint to recruit an orthopedic surgeon for their practice. There has been no success to date and he stated that if we can find one that would like to work for BRH instead of a practice, we should move ahead with that recruitment.

**Next Meeting –** 12:00 p.m., Friday, July 1st

**Adjourned –** 1:11 p.m.

# CONDITION SURVEY

# FAMILY PRACTICE BUILDING



Jensen Yorba Wall Inc.

RESPEC

**June 24, 2022**

# CONDITION SURVEY

Family Practice Building 2022

## EXECUTIVE SUMMARY

The Family Practice Building/Property is a three-story building located on 10301 Glacier Highway 99801 currently used as medical and chiropractic offices. The building was originally designed in 1984 and constructed in 1985. The first floor tenant areas were built out sometime after the original 1985 construction. A small medical lab is located in the upper floor space, and the mechanical systems and equipment of the building are largely original. The hydronic boiler was replaced in 2005 and the hot water heater was last replaced in 2013, but the heating and domestic water systems appear to be mostly unmodified. Generally, the mechanical systems have been well maintained and have been replaced as needed.

The lower floor also includes mechanical rooms and two office suites adjacent to unfinished area. The main floor includes a medical clinic, and the upper floor is an unfinished storage space and a Lab. The building has been in continuous use as office space since construction.

Survey performed by the following:

**Jensen Yorba Wall, Inc.** (522 West 10th Street, Juneau AK 99801)

Charlene Steinman – Architectural
Armando DeGuzman – Architectural

**RESPEC** (9109 Mendenhall Mall Rd, Suite 4, Juneau, AK 99801)

Doug Murray – Mechanical
Ben Haight – Electrical
Stephen Bishop – Mechanical

The following is a summary of recommendations:

- Replace ramp and guardrails at Southwest leading to door 003.1
- Exterior paint looks to be in fair condition but is reaching the end of its life. Recommend building be repainted within the next 5 years.
- Clear / clean all crawl space vents.
- Add spray foam insulation between second floor joist along the South side of the building. This will require cut and patching of the GWB ceiling above the ACP.

- Provide accessible toilet room at Main Floor. Provide access to accessible toilet room to all tenants of each suite on the Lower Floor.
- Add 'van accessible' signage to West side accessible parking signage. Stripe accessible parking stalls and aisles (West and East sides of building).
- Replace knob hardware at doors with lever style hardware.
- Provide accessible reception counters at public reception areas. This can be accomplished by adding a small counter in front of the existing counters to meet the requirement.
- Replaced underground tank with an aboveground double walled tank in the future.
- First floor ventilation should be examined for a solution to the lack of fresh make-up air.
- Replace all light switches as they have exceeded their service life.
- Add emergency lighting for the exterior egress pathways.
- Replace receptacles within proximity to exam room or laboratory sinks with GFCI protected.
- The emergency lights and exit sign lights on the lower level do not operate and should be repaired or replaced.

## ARCHITECTURAL CONDITIONS

**Code Summary:**

- Location: 10301 Glacier Ave., Juneau AK 99801
- Legal: Fraction of USS No. 2136
- Site Area: 2 Acres
- Construction Type: V-B
- Building Area: 10,400 sf

ARCHITECTURAL

**Parking:** No striping is provided at parking area. It is estimated that 38 spaces are available on the site. Signage for 3 accessible parking stalls is provided, as well as signage for Ambulance parking. No van accessible stall parking signage is provided.

**Roof**: The metal roofing was replaced by Design North in 2013-2014 and snow stops were installed in 2021 that have helped with the snow fall. The roof appears to be in good condition. The lower roof on the Southeast corner has some tree debris and more wear due to its location in the shade. Most of the fascia is in fair condition except for approximately 100 Linear feet in poor condition on the North side dormer that should be replaced prior to painting the building.

**Windows**: The windows are aluminum clad with a combination of casement operation and fixed that appear to be original from the 1984 building construction. The windows are in fair condition with some minor watermarks on wood window sills. The seal between panes did not appear broken in any of the windows, although the rubber seals on some of the operable windows were dry and brittle. A couple of the windows needed new operable window hardware but were still usable. Note that not all casement window operation was tested.

**Exterior Doors**: Exterior wood doors are worn and weathered. Although still functional, they are reaching the end of their useful life.

**Foundations:** Foundations are the original to the building and no improvements have been made since original construction. The structural wood members and concrete foundation walls in the crawlspace look to be in good condition, the metal brackets that connect the columns to the beams are rusted but appear to be surface rust only.

**Siding:** The building was last painted in 2010. Paint looks to be in fair condition but is reaching the end of its life. Mildew is showing on the Southeast side of the building where the Main Floor meets the exterior wall. See above for recommendations.

**Exterior Decks/Ramps:** Overall, the wood is in good condition. Construction of the ramps is comprised of joists hanging off a ledger with Simpson hangers. The ramp structure on the Southwest corner is in poor condition. The wood appears acceptable, but the Simpson hangers are rusted and should be replaced. The ramp also needs handrail extensions on both ends/both sides.

**Exterior Stairs:** The South concrete stairs have a good amount of ice melt surface damage although still in fair condition.

**Floor Finishes:** Floor finishes are comprised mostly of carpet (broadloom and tile), linoleum, vinyl plank tile, sheet vinyl and some quarry tile at entry ways. For the most part, carpet is in good to fair condition with the carpet at the stairs from the main floor to the upper floor in poor condition. Floor base is a combination of wood and rubber base. Wood base on the Main floor shows some wear and tear, but in good condition. Third floor is unfinished.

**Interior Doors and hardware:** Interior doors are wood with wood frame, a combination of lever and knob hardware. Doors are in generally in good condition. No kickplates are provided on any doors leading to some cracking and peeling of the bottom edge of some doors.

**Casework:** Cabinets are wood with plastic laminate countertops, all in good condition. Upper Floor Lab area is plastic laminate cabinets with plastic laminate countertops in good condition. Many counter areas have a sink.

**Ceilings:** Ceilings are primarily 2'x2' suspended acoustical ceiling system, square edge with wide track in good condition. Light fixtures are mounted within the ceiling grid. Third floor ceiling is taped sheetrock, no finish.

**Wall finishes:** Walls are primarily painted sheetrock in good condition. Some toilet areas have rigid plastic panel wainscot in good condition. Third floor walls are taped sheetrock, no finish.

**Specialties:** Toilet accessories appear to be in good working condition. They are older models so an upgrade would be good but not necessary at this time.

**ADA and accessibility elements:**

Exterior parking: Based on the estimated available parking, 2 accessible parking stalls are required with one being signed as 'van accessible'. Signage is provided for 3 accessible parking areas on the North, West, and East sides of the building. No striping is provided to designate accessible parking stalls and access aisles. Signage at the East side of the building is difficult to see within the vegetation that has overgrown the sign. Recommend moving the sign or trimming vegetation so sign is visible. At the north side of the building, the slope at the accessible stall exceeds allowable limits – accessible parking cannot be located in this area. Recommend removing sign for accessible parking. At the West side of the building, recommend adding "Van Accessible" signage below existing accessible signage to meet van accessible requirement. Provide parking striping at accessible parking areas to show parking stalls and accessible aisles per code requirements.

Public Service Counters: Lower and Main Floors: Reception counter areas do not provide an accessible height counter 36" H maximum and 36" W minimum.

Toilet Rooms: The first floor contains an accessible toilet room in the Chiropractor Suite. The Main floor toilet room designated as accessible does not meet accessibility requirements due to lack of clear floor space at the toilet. Other toilet rooms on the floor are not accessible.

MECHANICAL

**Plumbing System:** The domestic water piping is copper and is largely insulated. The domestic waste piping is typically cast iron with some ABS likely added in later tenant improvements. A water service and meter are located in the unimproved crawlspace outside the boiler room. There is a reduced pressure backflow preventer (RPBP) segregating the entire domestic system from the city service. There does not appear to be an RPBP segregating the upper floor lab domestic water from the rest of the domestic system. The plumbing fixtures appear mostly original to the building with some replacements and tenant improvement modifications since the building was constructed. There are no hot water tempering or anti scald devices located at the lavatories or showers. Heated domestic hot water is provided by a single oil-fired hot water tank. The domestic water system is circulated by a single hot water recirculation pump located in the boiler room. Overall, the plumbing system is in good condition.

Major Plumbing Equipment:

- **Oil Fired Hot Water Heater:** Model- Bock 51E, Heating is provided by an oil-fired burner. Volume capacity: 50 gallons. Heating capacity: 161GPH @ 90F. The hot water heater is in good condition and has a likely service life of 5-15 years.

**Heating System:** The building is heated by a single oil-fired hydronic boiler located in the lower floor boiler room. The hydronic piping is copper and mostly original. The piping is generally in fair condition. Heating water is distributed via perimeter fin-tubes, unit heaters, and fan unit heating coils. Individual zones and rooms are controlled by local thermostats. There is evidence of repaired hydronic leakage especially around several ventilation units. There is no current evidence of piping leaks. Terminal unit heaters, baseboards and heating coils appears to be original and are in fair condition. The hot water heater and boiler share a common double wall chimney which terminates at the roof. There is evidence of previous water leakage down the chimney stack. There was no evidence of ongoing water damage on the chimney stack. The chimney breeching that is visible in the mechanical room is in fair condition.

Major Heating Equipment:

- **Boiler:** Model- Weil McLain Commercial 580. Installed in 2015. Net capacity: 448MBH. The boiler is in good condition and should have a service life of 10-20 years.
- **Zone Pumps:** P-1, P-2 and P-3. P-1 was replaced in recently replaced in 2019 and is in very good condition. P-2 and P-3 are older but are in fairly good condition.

**Fuel Oil System:** Fuel oil is used to produce building heat and hot water from the domestic water heater. An existing underground oil storage tank (UST) supplies oil to the basement appliances via a copper supply and return pipe. Since the UST is original it is presumed to be single wall. The majority of the oil supply and return piping appears to be original. Portions of the oil supply and return have been modified at the hot water heater and boiler appliances.
In 2021, there was a reported failure in the fuel oil system. The underground tank was reportedly tested for water and contaminate leaks and was determined to be leak free. The exterior fuel lines were also excavated and reportedly were in good condition, but are single wall, direct buried. The failure of the fuel system was fixed by replacing the fuel filter and firomatic valve assembly.

The underground oil tank is likely nearing the end of its service life and should be replaced with an aboveground double walled tank in the future.

**Ventilation system:** The building is ventilated by a combination of forced air and operable windows. The upper floor is ventilated by five different single fan units, four are located in the upper floor, and one located in the lower floor fan room. Forced air ventilation is provided through taped metal uninsulated ductwork. The ductwork is typically in fair to good condition. The four upper floor-based fan units provide outside air through four separate louvers located on the corners of the building. Ventilation air is circulated to the outer offices through ceiling-based supply and return grilles. The central nurses station on the upper floor is supplied air from Ventilation Unit-"P" via various floor grilles. The lower floor Ventilation Unit-"P" has an oversized dedicated OSA duct that terminates in a louver on the south wall. All the fan units are original to the building. There is evidence that there has been hydronic repair work at several of the fan unit heating coils.

The lower floor occupied spaces are ventilated by a combination of operable windows and exhaust fans. The exterior rooms generally have no mechanical ventilation and rely on operable windows to meet code ventilation requirements. Interior rooms currently have no supply ventilation air and rely on inline exhaust fans tied to operable room switches. Typically, the exhaust fans are working, but are in poor condition.

The lower floor had a noticeably humid smell. The dank smell is likely from infiltration from the dirt floor crawlspaces below since there is no make-up air path on the lower floor space, especially if the exterior windows are closed. Most likely there is inadequate fresh air being pulled into the lower floor. The lower floor fan room original design called for additional fan units to serve future tenant spaces. This area may still be utilized to provide additional positive ventilation air to the lower floor.

The upper level and storage areas contain no ventilation except for a single wall mounted exhaust fan in the small lab space. The lab also includes a window mounted air conditioning unit.
<u>Major Ventilation Equipment:</u>

- **Ventilation Unit "P"**: Model- Pace SCF-79A-M1. Located in the lower floor Fan Room.
- **Ventilation Units "Q and T":** Similar to Ventilation Unit "P". Model- Pace SCF-79A-M1. Located in upper level spaces.
- **Ventilation Units "R and S":** Similar to Ventilation Unit "P". Model- Pace SCF-63A-M1. Located in upper level spaces.
- The ventilation units are typically in fair condition but are near the end of their service life. Repairs can be made to extend the service life of the ventilation units. Estimated service life of 0-10 years.

**HVAC controls:** The controls are a mix of non-DDC pneumatic and localized electronic controls.
The Pneumatic actuators are in poor condition and several actuators and room sensors have been replaced in kind with non-DDC electronic controls. The pneumatic controls are failing and are outdated. The pneumatics will likely need to be wholly replaced in the near future. Expected service life of 0-5 years.

The Pneumatic controls piping is charged by a newer air compressor and dryer which are in good condition. Compressor was installed within the last 10 years.

**Fire Suppression:** The building is not currently sprinklered. Renovation and installation of a new sprinkler system would likely require a new upgraded water service.

ELECTRICAL

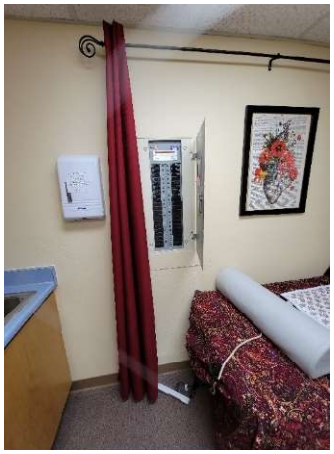
**Electrical Service and Distribution:** A 400 ampere, 208Y/120 volt utility service is routed underground into the lower floor to a current transformer enclosure with two 2 inch steel conduits enclosing single conductors. From the line (utility) side of the current transformers, feeders are routed to two smaller meters and main disconnects serving the two medical clinics in the lower floor. From the load (customer) side of the current transformers, three individual feeders are routed through separately enclosed circuit breakers to appliance panels in the lower floor, on the main floor, and on the second floor in the laboratory area. The three noted appliance panels are metered by the utility using a single meter connected to the current transformers.

There is a total of five service disconnects which is allowable by the National Electrical Code (NEC) and complies with the CBJ Title 19. Several of the disconnects are not clearly identified as service disconnects as required by code, and the disconnects are located well inside the building which is no longer allowed by code. This situation might be "grandfathered", but any major building modifications will probably require this to be upgraded to current code. At the very least, a placard should be posted on the building's exterior, identifying the service disconnects' location.

All the appliance panels are panelboard style with dead front covers over the circuit terminations on the circuit breakers. The panels are in good condition, but the circuit breakers have reached their service life and should be replaced.

All the appliance panels are fed from the service and distribution equipment in the lower floor with single conductors in conduit. The conduits appear to be in good condition. The conductors were not viewed but it's anticipated that they are also in good condition.

The grounding system is not visible, and its condition not verified. With any modifications to the building, the system should be tested with a "drop of potential" type meter.



**Branch Circuits and Receptacles:** All the branch circuits for lighting, receptacles and appliances appear to use single conductors in conduit. All appear to conform to codes and are in good condition.
Convenience receptacles are distributed throughout the building as individual devices and as multi-outlet strips. The receptacles in the toilet rooms include ground fault circuit interrupters (GFCI). Most, if not all, receptacles appear to have been installed with the original construction and have exceeded their service life.

None of the receptacles within proximity to exam room or laboratory sinks are GFCI protected as required by the present codes. This was not required at the time the building was constructed. However, they should be replaced accordingly.

It does not appear the receptacles in the waiting room or other rooms where children might be present are "tamper resistant" types as required by the present codes. They were not available or required at the time of construction.

**Lighting and Lighting Controls:** Most of the interior illumination is accomplished using 2ft x 4ft troffers in the suspended ceiling. All utilize fluorescent lamps. There are some recessed cylinders in the public areas and the main nurse's station, fitted for incandescent type lamps (some might be using LED lamps now). All the fixtures have exceeded their service life.

All the interior lighting is controlled with manually operated switches strategically located to control specific rooms. All the switches have exceeded their service life and should be replaced.

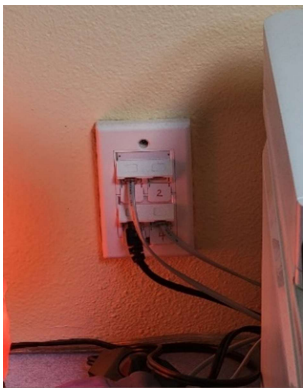
The exterior lighting includes wall mounted fixtures at all the entries, except the lower back door to Suite #100. Post mounted fixtures are distributed throughout the parking and driveway areas. The luminaires are now fitted with LED type lamps. All of the fixtures have exceeded their service life.

The exterior lighting is controlled by a mechanical timer located in the lower floor with the electrical service equipment.

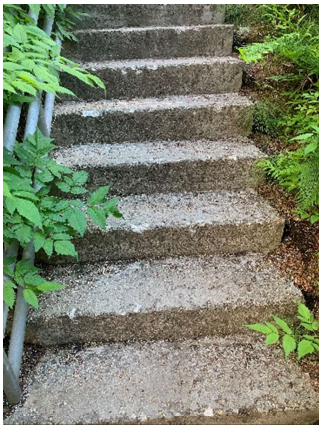
Emergency light fixtures and electrically illuminated exit signs are in most of the egress routes. There are some exits that lack signs and proper emergency lights as required by the present codes. The emergency lights and exit sign lights on the lower level do not operate and should be repaired or replaced.

There is no emergency lighting for the exterior egress pathways. It is recommended for this type of facility even though it might not be strictly required by the present codes.

**Data & Communications:** The building was originally constructed with basic telephone service. With the advent of data networks and their general development over time since the original construction, data circuits have been routed throughout the building. The main distribution frame (MDF) is in the lower floor in the same room as the electrical service equipment. The circuits disperse from there to workstation and telephone terminals throughout the building. All the cables appear to be routed in an open manner, mostly concealed above suspended ceilings and within walls. Some circuits drop from the ceiling over the main nurse's station. The circuits and MDF are in fair condition.



ADDITIONAL PHOTOS



*South end exterior stairs*

*Outlets near sink*

*Underground storage tank location*

*Paint at Column*

*Main floor entry*

*Bathroom Fixtures*

*Unfinished crawl space*

*Boiler room relief and outside air louver*

## Highly recommended to be performed by the seller:

・Replace ramp and guardrails at Southwest leading to door 003.1

・Replaced underground tank with an aboveground double walled tank in the future.

・Add emergency lighting for the exterior egress pathways.

・Replace receptacles within proximity to exam room or laboratory sinks with GFCI protected.

・The emergency lights and exit sign lights on the lower level do not operate and should be repaired or replaced.

## Consider recommending to be performed by the seller:

・Add spray foam insulation between second floor joist along the South side of the building. This will require cut and patching of the GWB ceiling above the ACP.

・Provide accessible toilet room at Main Floor. Provide access to accessible toilet room to all tenants of each suite on the Lower Floor.

・Replace knob hardware at doors with lever style hardware

・Provide accessible reception counters at public reception areas. This can be accomplished by adding a small counter in front of the existing counters to meet the requirement.

・Replace all light switches as they have exceeded their service life.

Buyer should consider:

・Exterior paint looks to be in fair condition but is reaching the end of its life. Recommend building be repainted within the next 5 years.

・Add ‘van accessible’ signage to West side accessible parking signage. Stripe accessible parking stalls and aisles
(West and East sides of building).

・First floor ventilation should be examined for a solution to the lack of fresh make-up air.

・Clean debris build up from roof primarily on the south side of the building.

・Replace pneumatic controls with digital and replace leaking components at air handling units.

・A placard should be posted on the building’s exterior, identifying the service disconnects’ location.

Other considerations:

Snow plowing contract

Maintenance worker for snow shoveling, grounds, repairs etc. Consider 1 FTE assigned.

CITY AND BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY
COMMUNITY DEVELOPMENT

**DIRECTOR'S REVIEW STAFF REPORT**
**NONCONFORMING CERTIFICATION**
**NCC2022 0015**

(907) 586-0715
CDD_Admin@juneau.org
www.juneau.org/community-development
155 S. Seward Street • Juneau, AK 99801

**DATE:** July 11, 2022

**TO:** Jill Maclean, Director, AICP

**BY:** Joseph Meyers, Planner II

**PROPOSAL:** A Nonconforming Situation Review for use and parking

**KEY CONSIDERATIONS FOR REVIEW:**

- Nonconforming for use and number of off-street parking spaces.
- Conforming for dimensional standards.
- Conditional Use Permit (CUP) issued in 1983 for a 7,500 square foot medical office building (CU83-15).
- Lot, structure, and use were conforming when established.

**STAFF RECOMMENDATION:**

**Staff recommends the following situations receive Nonconforming Certification:**

- Nonconforming Use (CBJ 49.30.230)
- Nonconforming Parking (CBJ 49.30.270)

**ABANDONMENT:**

If a nonconforming situation is deemed to be abandoned by the Director, the decision may be reconsidered in accordance with CBJ 49.30.220. After reconsideration is reviewed, an appeal may be filed in accordance with CBJ 49.20.110.

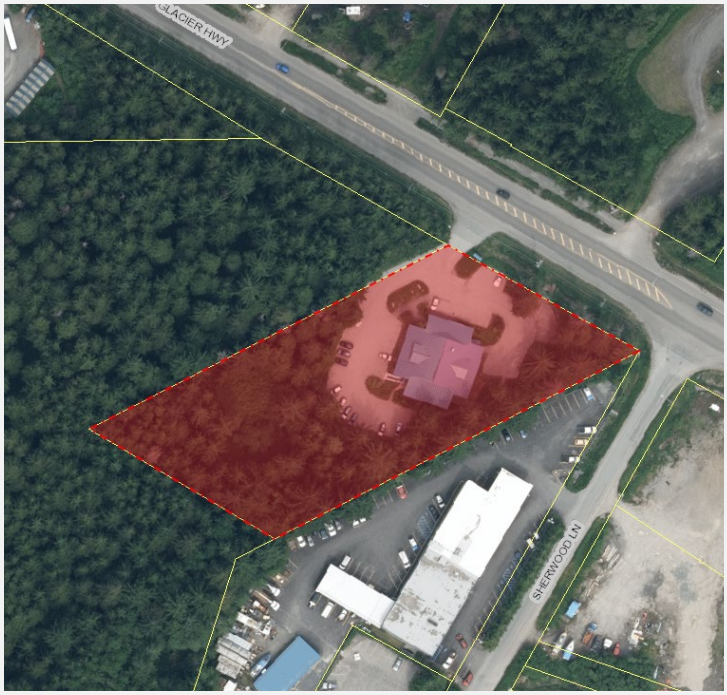
**NONCOMPLIANCE:**

If a situation fails to be certified as nonconforming, an appeal of this decision may be filed in accordance with CBJ 49.20.110.

| **GENERAL INFORMATION** | |
|---|---|
| **Property Owner** | Family Practice Building, LLC |
| **Applicant** | City and Borough of Juneau / Bartlett Regional Hospital |
| **Property Address** | 10301 Glacier Highway |
| **Legal Description** | USS 2136 Lot 1 |
| **Parcel Number** | 4B1701130010 |
| **Zoning** | D10 |
| **Lot Size** | 87,120 Square Feet |
| **Water/Sewer** | City and Borough of Juneau |
| **Access** | Glacier Highway |
| **Existing Land Use** | Commercial |
| **Associated Applications** | N/A |

***CBJ 49.30.215: Accidental damage or destruction****. Structures receiving a nonconforming certification may have the right to reconstruct a nonconforming structure per CBJ Chapter 49.30.*

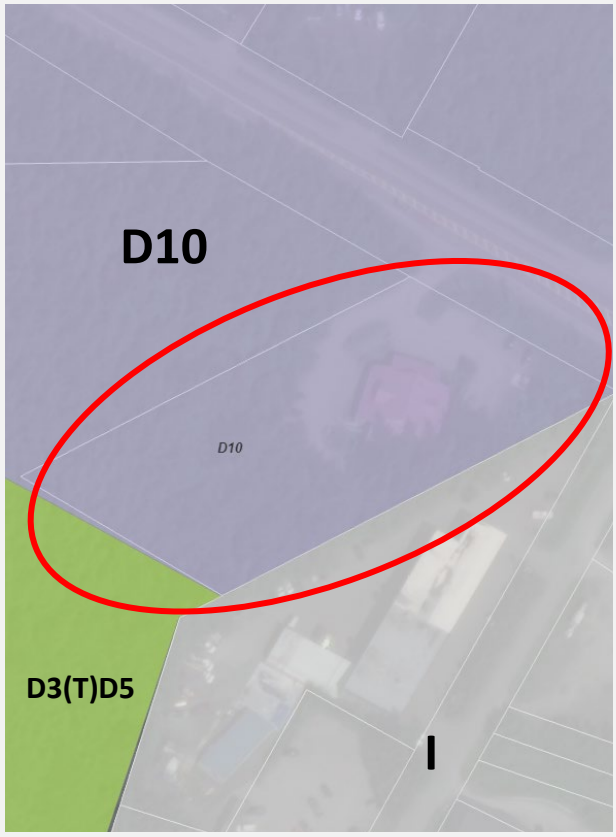
## SITE FEATURES AND ZONING



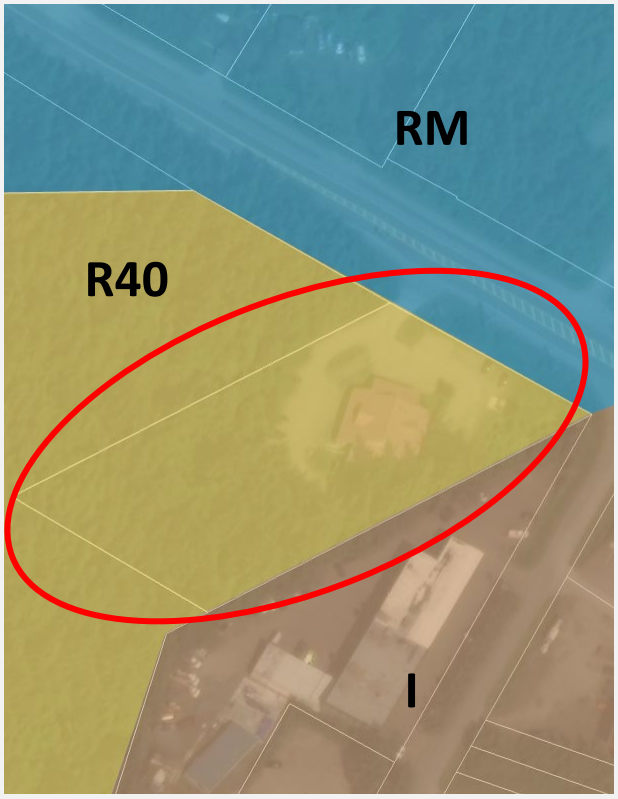

| SURROUNDING ZONING AND LAND USES | |
|---|---|
| **Northeast (ROW)** | Glacier Highway |
| **Northwest (D10)** | Vacant |
| **Southeast (I)** | Commercial Office |
| **Southwest (D3(T)D5)** | Vacant |

| SITE FEATURES | |
|---|---|
| **Anadromous** | None |
| **Flood Zone** | Zone X |
| **Hazard** | No known |
| **Hillside** | None |
| **Wetlands** | None |
| **Parking District** | None |
| **Historic District** | None |
| **Overlay Districts** | None |

### CURRENT ZONING MAP




### ZONING AT TIME OF ESTABLISHMENT



**ZONING HISTORY**

| Year | Zoning District | Summary |
|---|---|---|
| 1969 | R40 Residential | In 1969, the lot and surrounding area was zoned R40. The R40 zoning district required a 40,000 square foot minimum lot size, 200-foot lot width, and 100-foot lot depth*. Required setbacks were 25 feet front, 25 feet rear, and 15 feet on each side. One off-street parking space was required per 400 square feet of gross floor area for a total of 26 parking spaces. A CUP (CU83-15) was received in 1983 for a 7,500 square foot medical office building with 31 parking spaces provided in the R40 zoning district.<br><br>Dimensional requirements were met at time of establishment. |
| 1987 | D10 Residential | In 1987, the lot and surrounding area was zoned D10. The D10 zoning district requires a 6,000 square foot minimum lot size, a 50-foot lot width, and an 85-foot lot depth*. Required setbacks are 20 feet front, 20 feet rear, and 5 feet on each side. One off-street parking space per 200 square feet of gross floor area is required for a total of 53 parking spaces. Maximum lot coverage is 50% and minimum vegetative cover is 30%.<br><br>The commercial and medical use of this site became nonconforming.<br><br>Off-street parking became nonconforming.<br><br>Other dimensional requirements were met. |
| 2021 | *All zoning districts – lot depth repealed | On August 23, 2021, the CBJ Assembly adopted Ordinance 2021-28, repealing lot depth as a minimum dimensional standard. Other dimensional standards for the D10 zoning district remain the same. |

**BACKGROUND INFORMATION**

The applicant requests a Nonconforming Situation Review for use and parking. The lot was platted in 1983 and the structure was constructed in 1984.

A CUP was issued in 1983 (CU83-15) for a 7,500 square foot medical office building in the R40 zoning district.

**INFORMATION REVIEWED**

| Year | Type | Summary |
|---|---|---|
| 1983 | Topographic Plat | Lot size, lot dimensions. |
| 1983 | Subdivision Waiver Plat | Geographic context. |
| 1983 | Conditional Use Permit (CU83-15) | Establishment of use. |
| 1984 | As-Built Survey | Setbacks, lot coverage. |
| 1984 | Building Permit (BLD-016681) | Structure history. |
| 1985 | Certificate of Occupancy | Structure established. |
| 2013 | Aerial Imagery | Vegetative cover. |

| Year | Type | Summary |
|---|---|---|
| 2022 | Assessor's Data | Lot coverage, lot size, use. |
| 2022 | ADA Parking Email | ADA parking spaces. |

**ANALYSIS**

**Zoning District Comparison Table –** The table below lists the required standards for the D10 zoning district compared to the lot. A description of these situations is provided in the following sections. Items bolded do not meet current requirements.

| Standard | | Requirement | Existing | Code Reference |
|---|---|---|---|---|
| **Lot Minimums** | Size | 6,000 square feet | 87,120 square feet | CBJ 49.25.400 |
| | Width | 50 feet | 233 feet | CBJ 49.25.400 |
| **Setback Minimums** | Front | 20 feet | 73 feet | CBJ 49.25.400 |
| | Rear | 20 feet | 233 feet | CBJ 49.25.400 |
| | Side | 5 feet | 46 feet | CBJ 49.25.400 |
| | Side | 5 feet | 58 feet | CBJ 49.25.400 |
| | Street Side | 13 feet | N/A | CBJ 49.25.400 |
| **Lot Coverage Maximum** | | 50% | 12% | CBJ 49.25.400 |
| **Height Maximum** | Permissible | 35 feet | Two stories in height | CBJ 49.25.400 |
| | Accessory | 25 feet | N/A | CBJ 49.25.400 |
| **Maximum Dwelling Units** | | 10 | 0 | CBJ 49.25.500 |
| **Use** | | Residential | **Commercial – Medical** | CBJ 49.25.300 |
| **Vegetative Cover Minimum** | | 30% | 0 | CBJ 49.50.300 |
| **Parking Minimum** | | 53 (1 per 200 square feet) | **31** | CBJ 49.40.210(a) |

**Minimum Lot Requirements –** The lot size and lot width are conforming for dimensional standards.

**Finding: Staff finds the lot conforming for lot size and lot width.**

**Minimum Setback Requirements –** The structure meets the minimum dimensional standards for setbacks in the D10 zoning district.

**Finding: Staff finds the structure conforming for setbacks.**

**Lot Coverage –** Based on the stamped site plan and Assessor's data, lot coverage is not exceeded.

**Finding: Staff finds the lot conforming for lot coverage.**

**Structure Height –** Based on Assessor's Photos, the structure is two stories in height and likely does not exceed the maximum height allowed.

**Finding: Staff finds the structure conforming for height.**

**Residential Density –** The use of the lot is a medical office building. No residential units exist at this time.

**Finding: N/A.**

**Use –** A CUP was issued in 1983 for a medical office building.

**Finding: Staff finds the lot nonconforming for use.**

**Vegetative Cover –** Geographic Information System aerial imagery shows that minimum vegetative cover requirements are met.

**Finding: Staff finds the lot conforming for vegetative cover.**

**Parking –** CBJ 49.40.210 requires 53 off-street parking spaces, and 31 off-street parking spaces are provided with three (3) ADA accessible. Back-out parking may be allowed for single-family dwellings in residential zoning districts per CBJ 49.40.230(b)(7)(A).

**Finding: Staff finds the use nonconforming for number of off-street parking spaces.**

**Finding: Staff finds the use conforming for type of off-street parking spaces, three (3) ADA accessible parking spaces are provided on-site, and no back-out parking existing.**

**Modifications to Nonconforming ADA Parking:** *Accessible spaces are required where parking facilities are altered or added. The term 'alterations' includes resurfacing of vehicular ways (2004 ADAAG 106.5). Resurfacing or resealing and projects that add new parking spaces constitute alterations (or additions) and must include accessible spaces as required in the scoping table. Normal maintenance, such as pothole repair, surface patching, or repainting in place existing striping for a few spaces, is not considered an alteration except where it affects a facility's usability.*

**NONCOMPLIANT SITUATIONS**

***CBJ 49.30.310(j)*** **Failure of a situation to qualify for nonconforming certification**. If a situation does not qualify for or is denied nonconforming certification, it is noncompliant and the property is subject to enforcement actions consistent with this title.

No information has been found to suggest noncompliant situations exist on the lot.

**ABANDONMENT**

***CBJ 49.30.220(b) Abandonment of a nonconforming situation.*** *A nonconforming situation is abandoned if any of the following events occur:*

*(1) The owner indicates in writing that the nonconforming situation is being permanently discontinued;*

*(2) The nonconforming situation is damaged, destroyed, removed or demolished intentionally by the owner or intentionally by an authorized agent of the owner;*

*(3) The nonconforming structure is moved;*

*(4) The owner takes action consistent with an intent to abandon the nonconforming situation;*

*(5) The structure(s) associated with the nonconforming situation has been vacant for 365 consecutive days;*

*(6) Except for a structure with a nonconforming residential density, the nonconforming use has ceased and not substantially resumed for 365 consecutive days; or*

*(7) A structure with a nonconforming residential density has been unoccupied for 1095 consecutive days.*

No information has been submitted to suggest the nonconforming situations on the lot have been abandoned.

**Finding: Staff finds none of the above events have taken place and the nonconforming situations are not deemed abandoned.**

**FINDINGS**

1. **Was the nonconforming situation allowed, or not prohibited by law, when it was established?**

   **Analysis:** The use, and off-street parking were conforming when established.

   **Finding: Yes. The nonconforming situations were allowed or not prohibited by law when established.**

2. **Has the nonconforming situation been abandoned?**

   **Analysis:** No additional analysis needed.

   **Finding: No. The nonconforming situations have not been abandoned.**

**RECOMMENDATION**

Staff recommends that the Director adopt the analysis and findings, and find the following situations on the lot to be **NONCONFORMING** to the Title 49 Land Use Code and issue a Nonconforming Certification for the following situations:

- Nonconforming Uses (CBJ 49.30.230):
  - Medical offices in a D10 residential zoning district

- Nonconforming Parking (CBJ 49.30.270):
  - 31 off-street parking spaces

**STAFF REPORT ATTACHMENTS**

| Item | Description |
|---|---|
| **Attachment A** | Application Packet |
| **Attachment B** | Information Reviewed |

CITY AND BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY
COMMUNITY DEVELOPMENT

(907) 586-0715
CDD_Admin@juneau.org
www.juneau.org/community-development
155 S. Seward Street • Juneau, AK 99801

**NONCONFORMING CERTIFICATE**

Date: July 11, 2022
File No.: NCC2022 0015

City and Borough of Juneau / Bartlett Regional Hospital
155 South Seward Street
Juneau, AK 99801

| | |
|---|---|
| Proposal: | A Nonconforming Situation Review for use and parking |
| Property Address: | 10301 Glacier Highway |
| Property Legal Description: | USS 2136 Lot 1 |
| Property Parcel Code No.: | 4B1701130010 |

The Director of Community Development adopted the analysis and findings listed in the attached memorandum dated July 11, 2022, and has found the following situations on the lot to be certified nonconforming to the Title 49 Land Use Code of the City and Borough of Juneau:

- Nonconforming Uses (CBJ 49.30.230):
  - Medical offices in a D10 residential zoning district

- Nonconforming Parking (CBJ 49.30.270):
  - 31 off-street parking spaces

This Nonconforming Certificate applies to the nonconforming situations stated above. The nonconforming rights provided herein may be relinquished under certain circumstances provided under the CBJ Title 49 Land Use Code. It is the responsibility of the owner or agent of the owner to ensure that all development on the lot is in compliance with this certification and the CBJ Title 49 Land Use Code.

**CBJ 49.30.215: Accidental damage or destruction**. *Structures receiving a nonconforming certification may have the right to reconstruct a nonconforming structure per CBJ Chapter 49.30.*

This Nonconforming Certificate constitutes a final decision of the Director of Community Development. Appeals must be brought to the CBJ Planning Commission in accordance with CBJ 49.20.110. Appeals must be filed by 4:30 PM on the day twenty days from the date the decision is filed.

If you have any questions regarding your project or anticipate any changes to your plans, please call the Community Development Department at (907) 586-0715.

Project Planner:

Joseph Meyers, Planner II
Community Development Department

Jill Maclean, Director, AICP
Community Development Department

**NOTE:** The Americans with Disabilities Act (ADA) is a federal civil rights law that may affect this development project. ADA regulations have access requirements above and beyond CBJ-adopted regulations. Owners and designers are responsible for compliance with ADA. Contact an ADA - trained architect or other ADA trained personnel with questions about the ADA: Department of Justice (202) 272-5434, or fax (202) 272-5447, NW Disability Business Technical Center (800) 949-4232, or fax (360) 438-3208.

**Bartlett Regional Hospital**

**Facilities Master Plan - Project Priorities List**

June 28, 2021

Originally Prepared by Jensen Yorba Wall, Inc.
586-1070 corey@jensenyorbawall.com

| | Project | Type | Estimated Cost | Primary Cat. | Priority | Notes | Funding | Status |
|---|---|---|---|---|---|---|---|---|
| ***A. Bidding / Under Construction*** | | | | | | | | |
| A1 | Ventilation Improvements to Surgery (Endoscopy) SF11 Replacement | Reno | $400k | Surgery | | | BRH | Construction Winter 20/21 |
| A4 | BOPS Replacement Building | New | $18M | Behavioral Health | | May impact ED Addition | BRH | Under Construction |
| A5 | Rainforest Recovery Center Exterior Upgrade | Reno | $460k | Infrastructure | | | Def Maint Fund | Under Construction |
| B5 | Fuel Oil Tank Supply Line Upgrade | Site | $609k | Infrastructure | | | Def Maint Fund | Ready to Bid |
| B3 | Phase 1 Sidewalk Replacement | Site | $1.8M | Infrastructure | | | Def Maint Fund | Under Construction |
| B4 | Southwest Asphalt Replacement (Combined with B3) | Site | | Infrastructure | | | Def Maint Fund | Under Construction |
| NEW | Campus Door Upgrades | Reno | $1.1M | Infrastructure | | | Def Maint Fund | Awarded In Submittal Phase |
| NEW | Chiller 2 Replacement | Reno | $465K | Infrastructure | | | Def Maint Fund | Awarded In Submittal Phase |
| C9 | Power Conditioning | Site | $1.8M | | | Comprehensive surge protection & power cond. | Def Maint Fund | Phase 2 Surge Suppression Ready To Bid |
| ***B. In Design*** | | | | | | | | |
| C1 | Emergency Dept. Addition & Ventilation Upgrade | Reno | $18M | Covid | | | Bonding / BRH | In Conceptual Design |
| | *ED - Expanded ED. incl. new Exam, Triage, & Pysch Rms (3,675 sf)* | | | ED | | | | |
| | *ED - New 24-hour Pharmacy (1,215 sf)* | | | ED | | | | |
| | *ED - Reconfigured, relocated and possibly expanded ED Waiting Room* | | | ED | | Enlarge for patient separation. Relocate to Entrance. | | |
| | *2005 Bldg - OB/Nursery/Special Care. Convert 1 room to +/- pressure* | | | Covid | | Requires ventilation system modification | | |
| | *2005 Bldg - CCU. All patient rooms with negative/positive pressure* | | | Covid | | Requires ventilation system modification | | |
| | *2005 Bldg - MHU. Convert 2 rooms for negative/positive pressure* | | | Covid | | Requires new ventilation system | | |
| | *Pre-2005 Bldg - Med/Surg. Entire back wing negative/positive pressure* | | | Covid | | Requires new ventilation system | | |
| | *Pre-2005 Bldg - Med/Surg. Add bariatric isolation room with +/- pressure* | | | Covid | | Requires new ventilation system | | |
| NEW | Phsician Sleep Rooms (Redesign and rebid in August 2022) | Reno | $500K | Physician | | | Def Maint Fund | Redesign/Rebid August 2022 |
| NEW | CT/MRI Replacement | Reno | $6M | DI | | | BRH | In Design |
| | | | | | | | | |
| ***C. Future Projects*** | | | | | | | | |
| B6 | New South Site Access | Site | $1.5M | Access | | CBJ primary project permitting | BRH/CBJ | |
| NEW | OR Lights/Booms and required infrastructure upgrades | Reno | $3M | Surgery | | | BRH | Working with vendor on ROM |
| C2 | North Addition - Phase 1 (34,600 sf 2-story or 51,900 sf 3-story) | New/Reno | $30-50M | | | Where majority of dominos could go | Bonding | |
| | *Physician Services rental to replace Juneau Medical Center (8,200 sf)* | | | N. Addition | | | | |
| | *Facilities Offices to replace Juneau Medical Center (950 sf)* | | | N. Addition | | | | |
| | *Expanded Phys. / Occ. / Speech Therapy to replace 1988 Add. (6,880 sf)* | | | N. Addition | | | | |
| | *Expanded Cardiac Gym to replace 1988 Add. (980 sf)* | | | N. Addition | | | | |
| | *Expanded Infusion to replace 1988 Add. (760 sf)* | | | N. Addition | | | | |
| | *Expanded Cafeteria / Kitchen, incl. dedicated Loading Dock (8,625 sf)* | | | N. Addition | | Kitchen must move before 1st Floor Reno | BRH | |
| C2B | Proper Changing Rooms and Areas to deal with PAPR's etc. | Reno | Small | Covid | | Requires new ventilation system | BRH | |
| C2C | Permanent IT Room | Reno | Medium | | | | | |
| | | | | | | | | |
| C3 | 1st Floor Renovation | Reno | $12M | | | Requires moved Kitchen (North Addition) | Bonding | |
| | *Abatement / Replacement of ductwork and mechanical in Main Shaft* | | | | | All individual 1st Floor projects could be phased | | |
| | *Expanded Materials Management w/ dedicated Loading Dock (4,250 sf)* | | | 1st Floor | | | | |
| | *Expanded Facilities, including Shop space (4,040 sf)* | | | 1st Floor | | | | |

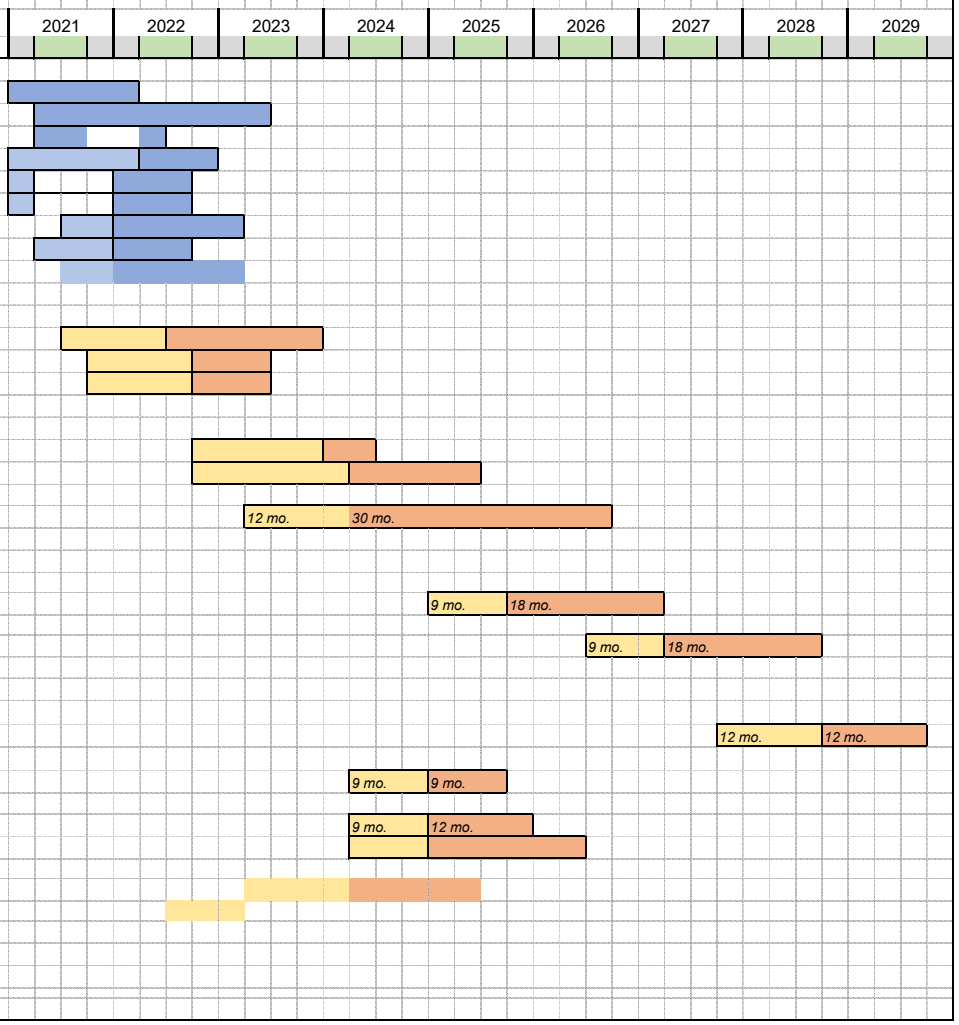
| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Bartlett Regional Hospital** | | | | | | | | | Originally Prepared by Jensen Yorba Wall, Inc. |
| **Facilities Master Plan - Project Priorities List** | | | | | | | | | 586-1070 corey@jensenyorbawall.com |
| June 28, 2021 | | | | | | | | | |
| | | **Project** | **Type** | **Estimated Cost** | **Primary Cat.** | **Priority** | **Notes** | **Funding** | **Status** |
| | | *Expanded Facilities-Biomedical Shop (300 sf)* | | | 1st Floor | | | | |
| | | *Expanded Facilities – Laundry (2,470 sf)* | | | 1st Floor | | | | |
| | | *Reconfigured Shared Staff Space (300 sf)* | | | 1st Floor | | | | |
| | | *New Diagnostic Imaging Women's Clinic (2,580 sf)* | | | 1st Floor | | | | |
| | | | | | | | | | |
| | C4 | South Addition over Cafeteria (2,800 sf, 5,000 sf, or 10,000 sf) | New | $3-10M | S. Addition | | New Lab space would allow reno of extg. Lab | Bonding | |
| | | *Relocate Lab or partially relocate and renovate (2,800 sf or 5,000 sf add.)* | | | | | | | |
| | | *Create new direct cooridor from ED elevator to Surgical Services* | | | | | | | |
| | | *Relocate Med Surge patient rooms to exterior, add core (10,000 sf add.)* | | | | | | | |
| | C4B | Lab Renovation, including Ventilation Upgrad | Reno | Medium | Lab | | Not clear how to renovate without domino spac | BRH | |
| | C4C | Ventilation Upgrade - Boiler Room | Reno | Small | Infrastructure | | May not totally solve heat problem in Lab | BRH | |
| | | | | | | | | | |
| | C5 | Surgical Service Expansion. Options: 2016 plan, North, or South Add. | New | Large | Surgery | | Some or all could be in North Addition | Bonding | |
| | C6 | Remove Medical Arts Building, Improve Central Site | Site | Medium | Med. Arts Bldg | | Requires Admin. room elsewhere (North Addition) | BRH | |
| | C7 | New Parking Garage | Site | Large | Parking | | Requires temporary parking loss | Bonding | |
| | C7B | New Parking Garage with Rental / Physician Space above | Site | Large | Parking | | Requires temporary parking loss | Bonding | |
| | C8 | South Parking / Entrance / Garage | | Medium | Parking | | Required by ED expansion, South Site Access | | |
| | C8B | Site Assessment | | $150K | Assessment | | | Transfer from Deferred Maint to CIP | |
| | | List does not include basic equipment and small changes like crash carts and lunch room/sleep room needs, small changes to allow better social distancing in PT/OT/ST etc | | | | | | | |
| | | Project Size: Small < $500k, Medium $500k - $2M, Large $2M - $10M, Major > $10M | | | | | | | |

**Bartlett Regional Hospital**

**Facilities Master Plan - Project Priorities Project Timeline**

June 28, 2022

Originally Prepared by Jensen Yorba Wall, Inc.
586-1070 corey@jensenyorbawall.com




| | Project |
|---|---|
| ***A. Bidding / Under Construction*** | |
| A1 | Ventilation Improvements to Surgery (Endoscopy) SF11 Replacement |
| A4 | BOPS Replacement Building |
| A5 | Rainforest Recovery Center Exterior Upgrade |
| B5 | Fuel Oil Tank Supply Line Upgrade |
| B3 | Phase 1 Sidewalk Replacement (+Road Work) |
| B4 | Southwest Asphalt Replacement (Combined with B3) |
| NEW | Campus Door Upgrades |
| C9 | Power Conditioning |
| NEW | Chiller 2 Replacement |
| ***B. In Design*** | |
| C1 | Emergency Dept. Addition & Ventilation Upgrade |
| NEW | Phsician Sleep Rooms (Redesign and rebid in August 2022) |
| NEW | CT/MRI Replacement |
| ***C. Future Projects*** | |
| B6 | New South Site Access (Intrim CEO Request to await arival of permenant CEO) |
| NEW | OR Lights/Booms and required infrastructure upgrades |
| C2 | North Addition - Phase 1 (34,600 sf 2-story or 51,900 sf 3-story) |
| | *C2B - Proper Changing Rooms and Areas to deal with PAPR's etc.* |
| | *C2C - Permanent IT Room* |
| C3 | 1st Floor Renovation |
| C4 | South Addition over Cafeteria (2,800 sf, 5,000 sf, or 10,000 sf) |
| | *C4B - Lab Renovation, including Ventilation Upgrade* |
| | *C4C - Ventilation Upgrade - Boiler Room* |
| C5 | Surgical Service Expansion. Options: 2016 plan, North, or South Add. |
| C6 | Remove Medical Arts Building, Improve Central Site |
| C7 | New Parking Garage |
| C7B | New Parking Garage with Rental / Physician Space above |
| C8 | South Parking / Entrance / Garage - See also C7 and C7B |
| C8A | Site Assessment |

*- Project Planning & Design*

*- Project Construction*

**BRH Project Updates**

July 28, 2022

**Close-out**

- **RRC Siding and Window Replacement:** Project is substantially complete. Punch list items are complete, project is in closeout.

**Under Construction**

- **ASU-11/Endo Fan**: Final system rebalance completed. TAB report being reviewed by consultants.
- **Behavioral Health Facility:** Interior partition framing is 99% complete throughout except for the third floor, which is 95%. Some modifications to the framing need to be made to accommodate plumbing, fire suppression, electrical, and HVAC components, which are located above the finished ceiling level. All exterior sheathing is in except for a small area at the elevator penthouse. About one third of the exterior walls have wind/vapor barriers and half of the exterior windows have temporary window "bucks." Subcontractor progress to date is as follows: Earthwork: 70%; concrete work: 80%; Plumbing Rough-In (RI): 95%; Mechanical RI: 95%; Fire Suppression RI: 95%; Pipe/Duct Insulation: 45%; and Electrical RI: 40%. The final completion date is anticipated to be mid-March of 2023.
- **BRH New Water Main and RRC Waste Line Repairs:** All underground utilities are completed. Remaining work in this area is paving of the upper part by BRH building. Scheduled paving first week of August.
- **BRH Site Improvements:** Phases I, II and III are complete. Currently working on Phase IV of the access road between the Administration Building and main parking lot. Work has been including some underground storm system work and conduit installation. Next week the Contractor will begin grading for curb and gutter and sidewalk preparation.
- **Campus Door Upgrades:** Doors and frames have been delivered to contractor. Currently coordinating with BRH to establish a phasing plan prior to construction beginning.
- **Chiller #2 Replacement:** Chiller arrival time approximately 9/30/2022. ACM abatement in electrical rooms in support of Chiller replacement work tentatively scheduled for August.
- **Underground Fuel Line Replacement:** Bids opened June 28. Bid was awarded to Schmolck Mechanical for $431,217; the Notice to Proceed was issued July 18. Schmolck has been informed that the underground emergency generator fuel lines now need to be replaced as well and will submit a cost proposal for the additional work. Completion date is December 15, 2022.
- **BRH Surge Protection Campus TVSS (Transient Voltage Surge Suppression) Upgrades**: Notice to Proceed has been issued to Anderson Brothers Electric in the amount of $297,000. Preconstruction conference to be scheduled soon. Work to be completed by April 2023.

**In Design**

- **CT Scanners/MRI Infrastructure Upgrades:** Project is currently advertised for bid. Pre-bid conference and walkthrough was held on 7/25. Bids to open in early August. Architect's construction estimate range is $1.1M-$1.3M. Construction planned to begin September 2022 with completion in November 2023.
- **ED Addition and Renovation:** Architects Alaska (AA) submitted Schematic Design phase documents on Thursday, July 14. Client groups and CBJ Engineering are reviewing them. The estimator pushed back their Schematic Design cost estimate delivery date to Monday, Aug 8. The project team has submitted all requested CON data to HPD per BRH's direction for them to prepare the CON application. Concurrently, the Request for Determination application is in review by the state. Request to use the GC/CM (General Contractor/Construction Manager) alternate procurement method for construction is slated to go to the Assembly on August 22 (first reading) and September 12 (adoption).
- **Valiant Administration Building Window Replacement**: Scoping meeting for Phase 1 investigative repairs was held on May 6. Carver Construction has submitted a cost proposal in the amount of $43,228 with a revised "Construction Work' description - - omitting work related directly to the store front glazing - - have been submitted to CBJ Contracting for the issuance of a Term Construction contract and a P.O. JYW is preparing a new proposal covering just the exploratory phase of the work. It is desired to have all parties under contract by August 1, 2022.
- **Hospitalist Sleeping Quarters Renovation (AKA Physician Call Room):** Currently revising scope and value engineering the project in order to reduce construction cost. Planning to advertise bids late August for a late September 2022 bid opening.
- **BRH Surge Protection Phase 2 UPS (Uninterruptable Power Source):** CBJ and BRH are reviewing the fee proposal. Design for Phase 2 is estimated to be complete in April 2023.

**Planning**

- **Parking Study:** BRH Board of Directors has approved $150,000 to be used for a Parking Study. This project has been assigned to CBJ Engineering.
- **Juneau Medical Center Ventilation Improvements:** Long Building Technologies is the contractor selected through the term contract to provide cooling capacity to suite B of the Juneau Medical Center. Currently waiting for Long to submit cost proposal.

CITY & BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY

# Daily Observation Report

**ENGINEERING DEPARTMENT**
**CIP Engineering, Third Floor**
**230 So. Franklin Street, Marine View Center**

**Project:** BRH Behavioral Health Facility, CBJ Contract # BE21-149

**Contractor:** Dawson Construction

**Date/Time** Tuesday August 2, 2022 08:20 a.m.

**Weather:** Cloudy /w Rain, Calm, 57 degrees (ground surface – wet.)

**Report by:** X Rod Wilson, Project Manager, (907) 789-4867 (landline)
Jeanne Rynne, CBJ City Architect, 586-0800, x4186

**Onsite Workforce/Equipment:**

| Trades | # of Persons | Major Equipment / Notes |
|---|---|---|
| General – Dawson Construction (DC) | 6 | Site supervisor (Jason) & 5 laborers |
| HVAC – Metal Works Inc. (MW) | 2 | Tony (Lead), & Adam (Long Controls) |
| Electrical – Ever Electric (EE) | 2 | Brian & Robert, (Associates) |
| Pipe Wrap -- Alaska Insulation Supply (AIS) | 1 | Tom (Lead) |

| On Site Equipment | # of Pieces | Major Equipment Listing |
|---|---|---|
| Equipment, active (DC) | 1<br>1 | -Genie S60 Man Lift (Tyler Rental)<br>-Telescoping forklift (GEHL RS10-55 GEN 3) |
| Equipment, idle (SEEM) | 1<br>1 | - Small Volvo (VE8182) excavator<br>- BOMAG 70/70 Compactor |

**Purpose of site visit: Routine, daily site visit**.

**Work transpiring since last site visit**: DC workers, Riley and Kaylee, finish the wind/ vapor barrier install at the west façade; see photo 2375. Trevor performs repairs to metal framing. MW crew passes the inspections held at the third floor. EE installs electrical boxes/piping at first and second floors. AIS continues piping insulation at the first floor.

**Description of Work:**

**08:20 a.m. Observation:**

At time of visit, above noted (DC, MW, EE and AIS) workforces are on site.

**Dawson Construction:** DC workers, Riley and Gregg, install batt insulation in basement level, partition walls. See photos 2376, 2377, & 2378. Alex modifies exterior wall framing along GL "AA" to accommodate mechanical ductwork penetrations. Trevor and Kaylee install RC channel and make repairs to interior framing on the third floor; photo 2382.

**HVAC Work:** MW representative, Tony, works at second floor, while Adam (Long Controls) installs conduit for controls wiring at the basement. See photo 2378.

**Ever Electric:** EE's two-man crew, Robert and Brian, installs electrical boxes and piping at the first floor level. See photos 2379 and 2381.

**Pipe wrap:** AIS worker, Tom, insulates HVAC duct on the first floor, see photo 2380.

Departed site around 9:05 a.m.

Copies to: Owner, Project File

**Photo 2375 –** View of west façade, where DC workers, have completed the wind/vapor barrier installation.

**Photo 2376 –** DC's two-man work crew, Gregg and Riley, installs batt insulation at interior, partition walls at the basement level.

**Photo 2377 –** Basement level wall insulation continued.

**Photo 2378 –** Continuation of wall insulation (by Gregg) at the basement level. Note presence of Long Control's worker, Adam, shown (in foreground) installing HVAC control (wiring) conduits.

**Photo 2379 –** EE worker, Robert, installs electrical conduit into wall cavities at the first floor level.

**Photo 2380 –** AIS worker, Tom, installs HVAC ductwork insulation at a round duct at the first floor.

**Photo 2381 –** EE worker, Brian, installs electrical conduit into wall cavities at the second floor level.

**Photo 2382 –** View of missing metal stud framing at the third floor. To be repaired by DC worker, Trevor.

| 1. Services: Develop, maintain, and grow a sustainable service portfolio that is responsive to community needs. | | |
|---|---|---|
| | **Initiative** | **Owner** |
| 1.1 | Evaluate and expand affiliations and partnerships with other healthcare organizations. | Planning Committee |
| 1.2 | Develop a comprehensive telehealth department at Bartlett Regional Hospital to help develop new service lines. | Planning Committee |
| 1.3 | Recruit needed medical specialists. | Physician Recruitment Committee |

| 2. Facility: Maintain a comprehensive campus. Address major replacement needs and options for future service lines and revenue growth. | | |
|---|---|---|
| | **Initiative** | **Owner** |
| 2.1 | Develop a facility plan that provides for the efficient delivery of clinical services. | Planning Committee |
| 2.2 | Develop proformas for additional service lines, change of use, and acquisitions to properly evaluate return on investment so the board can move decisively. | 1. Planning Committee<br>2. Governance Committee |
| 2.3 | Evaluate current Bartlett Regional Hospital technology and industry best practices to prioritize replacement and identify new equipment needs. | Governance Committee |

| 3. People: Create an atmosphere that enhances employee, physician, and stakeholder satisfaction to improve our ability to recruit and retain. Improve strategic alliances and communication to maintain a community continuum of care. | | |
|---|---|---|
| | **Initiative** | **Owner** |
| 3.1 | Resolve electronic medical record system concerns. | 1. Finance Committee<br>2. Quality Committee |
| 3.2 | Expand workforce development programs. | 1. Planning Committee<br>2. Quality Committee |
| 3.3 | Explore feasibility of hospital run clinics and hospital employed providers. | 1. Planning Committee<br>2. Finance Committee |

| 4. Financial: Develop a revenue and net income stream that maintains cash reserves while facilitating above goals and objectives. | | |
|---|---|---|
| | **Initiative** | **Owner** |
| 4.1 | Evaluate current guidelines to identify the number of days of unrestricted cash on hand that are required. | Finance Committee |
| 4.2 | Ensure Bartlett Regional Hospital has the proper executive team to manage finances and assure adequate financial controls. | Finance Committee |
| 4.3 | Monitor inflation, provider shortages, and labor shortages impact on budget. | Finance Committee |
| 4.4 | Evaluate service line impact on revenues. | Finance Committee |

| 5. Quality and Safety: Provide excellent community centered care that improves outcomes, maximizes safety, improves access and affordability and is in compliance with national and state regulations. | | |
|---|---|---|
| | **Initiative** | **Owner** |
| 5.1 | Stay current on technology and resources to facilitate risk management, data security, and employee safety. | Quality Committee |
| 5.2 | Develop quality initiatives that exceed accreditation and regulation requirements. | Quality Committee |

| 6. Compliance: Continuously improve a robust, proactive compliance program at all levels while maintaining our strategic goals. | | |
|---|---|---|
| | **Initiative** | **Owner** |
| 6.1 | Maintain a robust education and training program at all levels to assure compliance goals are achieved. | Compliance Committee |