

Skilled Nursing Facility (Building C')

How would you organize the interior of Building C'?

We stated we hadn't designed the interior of Building C' but there are a variety of ways to do it.

Our outline plan for Building C', with units at 350 sq ft each, places 16 units for short term patients (usually rehab out of hospitals) on the top floor and 24 units for long term (residents who first lived in SRC Independent Living, public and Medicaid) on the ground floor.

The full kitchen, 1500 sq ft, is on the ground floor. Each floor has its own patient dining room, approximately 1000 to 2000 sq ft. Food service to the top floor is provided by an installed dumb waiter service.

Therapy areas are on both floors and in the east end basement floor. The therapy on the basement floor has outside access to provide for out-patient care. Each floor has its own nurse's station, medicine room and soiled laundry room.

We include two elevators, plus stairs. Offices, conference room, etc are on either or both floors as well as the east end basement.

We calculate use of about 16,000 sq ft on the ground floor, about 13,000 sq ft on the top floor and 6400 sq ft in the basement. This plan is consistent with our C' sq ft per floor and we still have flexibility in size and choice of spaces.

Wouldn't taking patients in wheelchairs up/down an elevator three times a day for meals be impractical?

Each floor has its own patient dining room and therapy room. There is **no** need to move patients from floor to floor. In addition, most long term patients have meals in their own rooms.

Wouldn't providing skilled nursing on two stories be total inefficiency in staffing, as it would require two nurse's stations?

We have two nurses stations in the current HCC as needed for response times. We believe nurse (Registered Nurse, Certified Nursing Assistant and/or Licensed Vocational Nurse) response times are better served by maintaining nursing stations on each floor.

Wouldn't two dining rooms require extra staff that are hard to find and expensive?

Our proposal integrates a full service kitchen within the Skilled Nursing Facility. This eliminates the delivery of meals from the Assisted Living kitchen. As well as providing freshly cooked, hot meals to the patients, this eliminates the need for meal delivery staff. The four or five wait staff required for 40 patients can readily be allocated between the two dining rooms as needed.

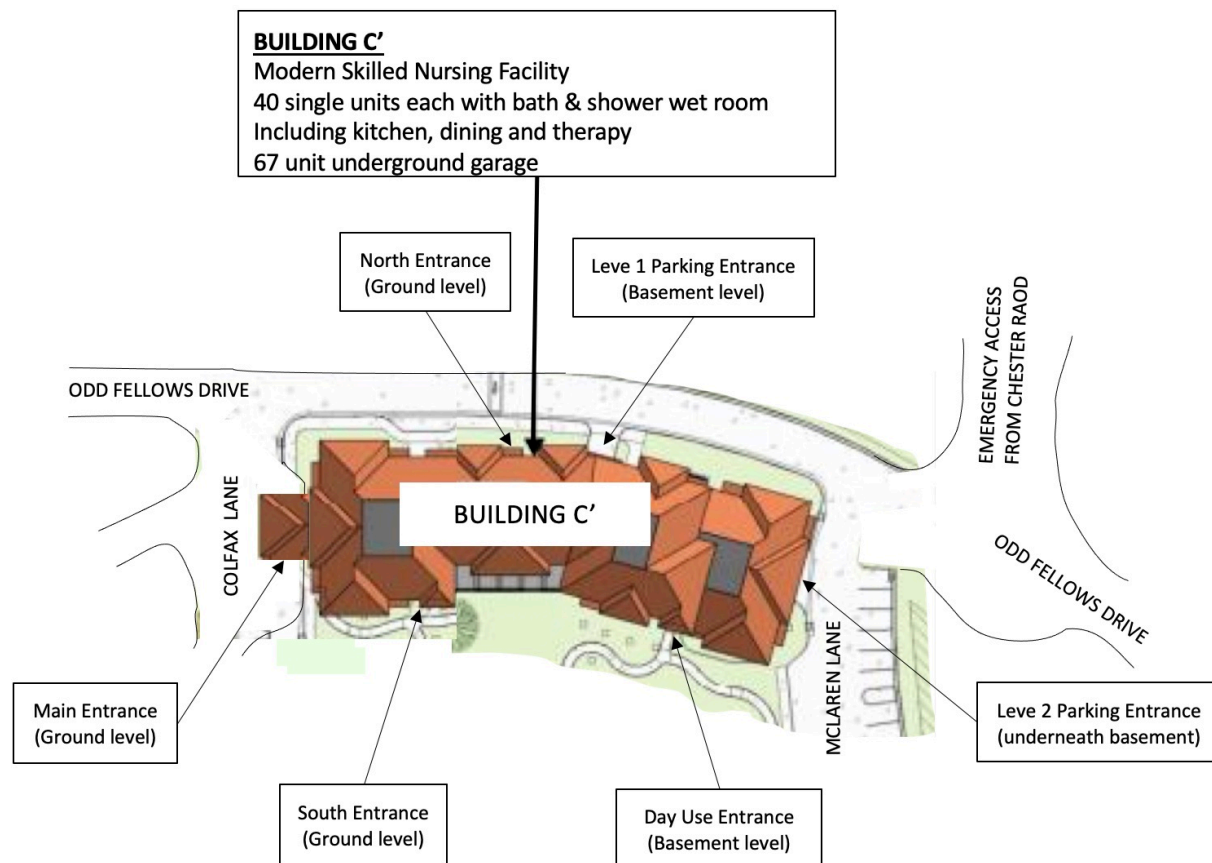
Wouldn't a two-story skilled nursing limit resident access to outdoor space?

Access to outdoor space is available to patients on both floors. Private outdoor space is provided in the same way as for the PRS Building C proposal. Every room has either a private patio on the ground floor where the grade permits, or a private balcony. Care will be taken with guard rails etc to ensure patient safety.

Wouldn't emergency exiting through only the west side of the SNF building be insufficient?

Ground level emergency access/egress is through the Main Entrance at the west end with a covered drive up area and ambulance turning circle on Colfax Lane.

Additional ground level access/egress is provided through the North Entrance on Odd Fellows Drive and the South Entrance. Basement level access/egress is provided through the Day Use Entrance near McLaren Lane and the Level I Parking Entrance on Odd Fellows Drive.



Use of two elevators for evacuating the 16 patients on the top floor will be relatively easy as many short term rehabilitation patients are mobile and they can also exit at ground level via the stairs.

Putting a 40,000 sq ft building into a 15,000 sq ft footprint leads to complications. Are you aware of any Health Care Centers that are multiple stories, and, if so, what is their experience?

An excellent example is the the San Francisco Health Care and Rehab (<http://sfhcr.com>), 1477 Grove St. San Francisco. This facility was ranked as #5 Best Nursing Home in California and #1 in San Francisco by Newsweek based on the Statista data. Normally they have 168 beds, but fewer now because of Covid. They have 2 separate floors for patients on the 2nd and 3rd floors. Physical Therapy and recreation is on first floor, with further Physical Therapy on 2nd floor. There is no dining facility as they bring food to patients in their rooms. There are nurses station on each floor, staffed by CNAs, registered RNs and LVNs. There are 3 elevators and a staircase. During an emergency they use an intercom to evacuate patients efficiently.

Isn't approval for a four story building difficult to obtain?

Describing this building as four story is misleading. The building is treated by the City for approval

purposes as two story plus basement plus underground garage (exactly the same as the PRS proposal for their Building C). As such it is identical to the existing 5,000 building and would not violate the City's two story height limitation, which is likely to be relaxed in any case.

Doesn't OSHPD approval take much longer to approve than the Alternative Plan allows?

The time issue really comes down to design and permitting of the Skilled Nursing Facility. Our understanding of the the PRS claim is it will take 3 years (design and OSHPD permit done in series) where we believe with modern approach to OSHPD it will take 18 months (design and OSHPD permit). We have based our timeline on input from contractors who are active in the business and built OSHPD facilities in California. Our understanding of the PRS timeline is 1 year design, 2 years for OSHPD permit and 2 years for construction, giving 5 years total to get a new SNF. Our plan uses 18 months for design and OSHPD permit and 30 months construction, but adds the 1 year for City approval, also giving 5 years total.

