

# Shoreham Village Building Renovation Project: revised approach to accommodate the expanded project scope.

**Submitted to:** DHW LTC Infrastructure Renewal Project Team

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## **S** SITUATION

Given the direction received to create additional beds and the goal for the beds that remain to meet current long term care standards, we are proposing a revised approach to the renovation project.

## **B** BACKGROUND

The Shoreham Village Senior Citizen Association Long Term Care home is a one story, wood frame building originally built in 1975 with a gross area of approx. 44,533 sq. ft. (37,737 sq. ft. at level 1 and 6,796 sq. ft. in the basement). The building contains 89 resident beds with a mix of single and double occupancy units (21 in single units and 68 in double units), one respite care bed and one Palliative care suite. The layout comprises 5 resident wings, each containing approximately 18 beds and a very modest living and dining area. The facility has experienced ongoing infrastructure issues and challenges (attached).

In 2017, The Department of Health and Wellness and Infrastructure Renewal commissioned a review of the facility. Direction from government at the time was to look at the most cost effective approach to address the infrastructure issues with the least amount of disruption to residents and placement activity. Shoreham invested in the development of a plan to respond to the significant issues identified. A meeting was held on September 20, 2017 with Government Infrastructure staff to provide an overview of our proposed phasing plan and design for our renovated building.

The original 2017 plan recommended a new 18 bed addition which would allow 18 double occupancy rooms to be reduced to single occupancy, along with required modifications to bring the building fabric up to code. Following the March 29, 2021 announcement regarding the renovation/replacement of the facility, the Shoreham Village Project Team were advised of the requirement for an additional 6 beds to be included in the design and the goal of having all beds; the new wing and the beds that will remain, meet current long term care standards (size, infection control, tub rooms)

# A

## ASSESSMENT

In the original building renovation plan, the new 18 bed wing would meet the new long term care standards. As per the facility review report, the original building required extensive renovation and system overhaul including roofs, plumbing, floors, ventilation, electrical and sprinkler systems. It would allow for 18 fewer shared rooms. The plan included adding therapeutic baths and soiled/clean utility rooms. The plan also worked to address the current issue where some resident's rooms are outside of the fire doors (entrance) of each wing making isolation and restriction in outbreak situations impossible. The size of the resident rooms and the additional infection control requirements emanating from our COVID-19 experience would not have been completely addressed.

In 2017, this renovation plan was estimated to cost 20 million dollars. The Statistics Canada non-residential construction cost index is 110.1 for Q1 2021 versus 98.8 for Q1 2017. The residential construction cost index went from 98.2 to 117.7 for the same time period. The difference is mainly driven by housing demand and lumber costs. Shoreham Village is likely a hybrid of the two indices and the \$20,000,000 from 2017 would have an estimated 2021 dollar equivalency of just under \$23,000,000.

With the addition of 6 beds and the goal of having all beds meet current LTC standards, the gap between the cost of the original building renovation plan and the alternate building renovation plan narrows.

Below are 2 options for a proposed alternate building renovation plan (see diagrams below):

### **Alternate A**

Phase 1: Construct a new two story wing to accommodate 36 residents. Construct a new service wing to relocate the laundry from the basement and provide space for a new electrical room, a new boiler room, proper shipping and receiving areas as well as a new ventilation penthouse to service the main administration wing and B Wing. Renovate the main administration wing. Relocate 36 residents to the new wing, allowing 36 doubles to be converted to singles.

Phases 2 & 3: Renovate the five existing wings, in two phases as follows:

- I. Roofs: remove both the original low slope roof and the higher slope roof constructed above it and replace with a new roof structure.

- II. Floors: Remove all corridor and bathroom floors to install new underfloor plumbing as the existing has deteriorated to the point of requiring replacement.
- III. Other plumbing: Replace all copper piping, all of which is badly deteriorated.
- IV. Ventilation: Construct three new fan rooms, two of which are above occupied existing spaces in the wings and provide new ductwork throughout the entire building.
- V. Electrical: replace all wiring in the building. The existing is aluminum and not installed with the required spacing between cables, creating a fire hazard.
- VI. Sprinkler: replace all piping. The piping has deteriorated to the point of requiring replacement.
- VII. Expand all bathrooms to meet current design standards.
- VIII. Provide additions to each wing in several locations to accommodate:
  - i. A therapeutic bath on each wing as there is only one now for 89 residents.
  - ii. New soiled and clean utility rooms on each wing as there is only one soiled utility room now for 89 residents.
  - iii. Separate living or dining rooms to provide one for each wing.
  - iv. Adequate space for all existing single rooms as they are very small now (146 sq. ft.) and will be even smaller when their bathrooms are expanded from 30 sq. ft. to 50.

### **Alternate B**

Phase 1: Construct a new two story wing to accommodate 24 residents on each floor. Each floor would have two twelve-resident neighborhoods sharing a central living/dining area and a therapeutic bath/soiled utility area. Renovate the existing main administration wing and construct the services wing basically as described in Alternate A above.

Phase 2: Relocate 48 residents to the new wing and demolish C, D & E wings. This would maintain almost full occupancy with 48 residents in the new wing and 40 residents in A & B wings. Construct another 48 resident, two story wing, relocate the residents from A & B wings into the new wing. Demolish A & B Wings.

Benefits of Alternate B:

- I. Resident disruption: provides far less disruption to the residents as there will be only two construction phases, only two moves and almost all construction occurs exterior to the currently occupied wings.
- II. Implementation of Infection Control construction standards will be minimized as residents will not be present in construction areas therefore, more economical as almost all construction occurs externally to the currently occupied wings.



- III. Construction during the risk of a COVID-19 outbreak: Alternate B is superior as there would be no disruptions should the facility be impacted by COVID related issues. Contractors would be working external to the facility and residents.
- IV. Energy efficiency and sustainability are much increased as the majority of the complex will be new construction meeting 2021 standards.
- V. On-going maintenance will be more economical for the same reason.
- VI. Staffing coverage will be improved. The 24 bed household we believe will enhance resident care through increased staff observation and availability.
- VII. Infection Prevention and Control standards will be improved including adequate hand hygiene stations, adequate space for donning and doffing Personal Protective Equipment including storage and ease of access.
- VIII. Residents living areas will meet all current design standards. As well as bring service areas to standards and improve efficiency.
- IX. Building footprint. There will be more available green space on the property.
- X. Risk: Proceeding with Alternate A carries a very high risk of uncovering expensive unknowns partway through the project.

In our opinion (based on the experience of the architect) the capital cost will be approximately the same for both plans, and it will be easier to predict for Alternate B which has far fewer unknowns.

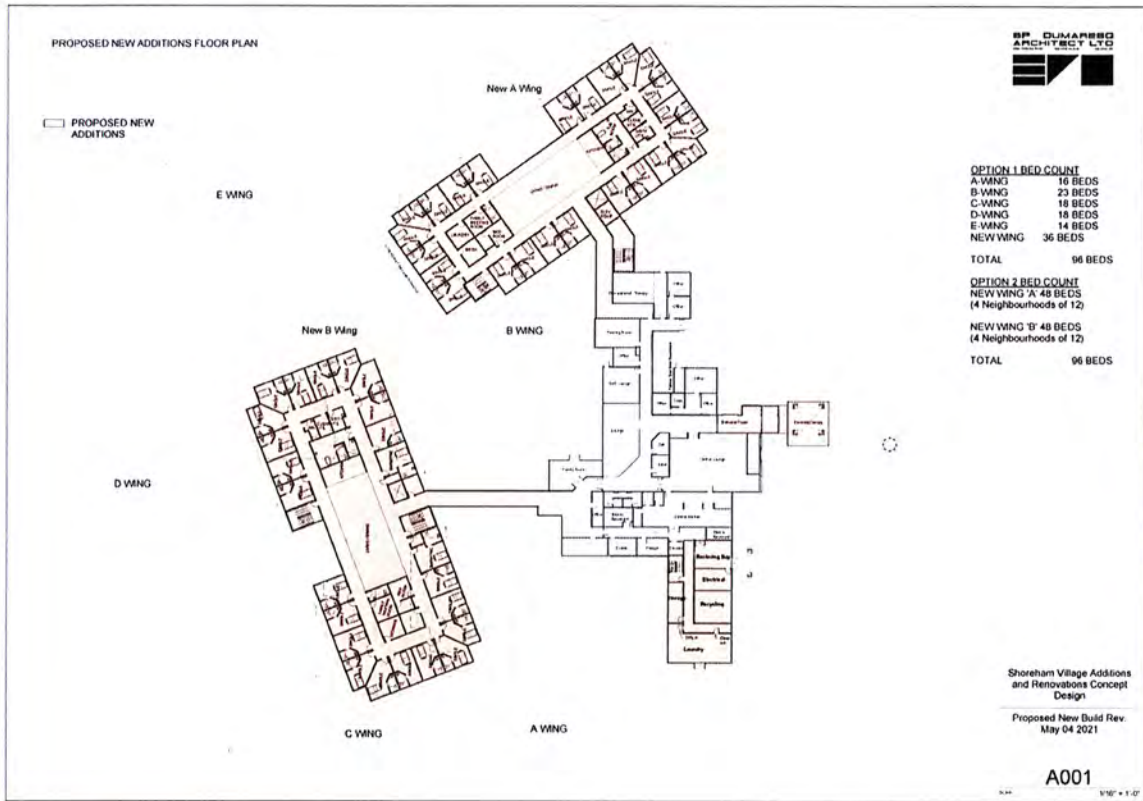
The revised building renovation plan cost for Alternate B has a preliminary estimated of cost 28 million dollars.

## **R** RECOMMENDATION

Given the rising cost of construction which will significantly impact the cost of the original renovation plan, and comparing the quality of the end product (the addition of the 6 new beds, all beds will meet current long term care standards and Infection Prevention and Control measures will be improved), we are recommending a revised building renovation plan – Alternate B.



Alternate A - Shoreham – Additions and extensive alterations



Alternate B - Shoreham - Two new wings