## **PARTNERS IN CARE**

## HOSPICE HOUSE





**SCHEMATIC** DESIGN REPORT

MARCH 25, 2019



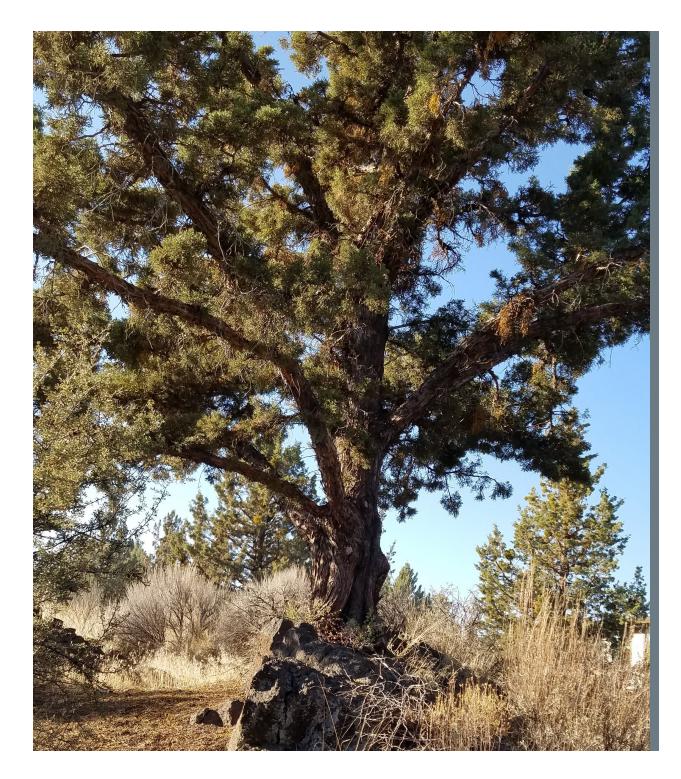
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## **YOUR STORY**

### PARTNERS IN CARE HOSPICE HOUSE

#### **Our Promise**

Partners In Care is committed to delivering excellence in care for every eligible patient and their family, regardless of age, race, religion, or complexity of their medical needs. Our name reflects our mission to partner with the community for unequaled quality of care, devoted and expert staff, a full range of services and our hospice in-patient facility, Hospice House.

#### **Our Values**

Respect: We honor the dignity of every human being with kindness and generosity of spirit.

**Integrity:** We align with Partners In Care's mission and values.

**Accountability:** We are responsible for our actions, words and relationships - to ourselves, those were serve, Partners In Care and our community.

**Stewardship:** We are mindful caretakers of the resources entrusted us.

**Compassion:** We are present for one another with an open heart.

#### **Mission Statement**

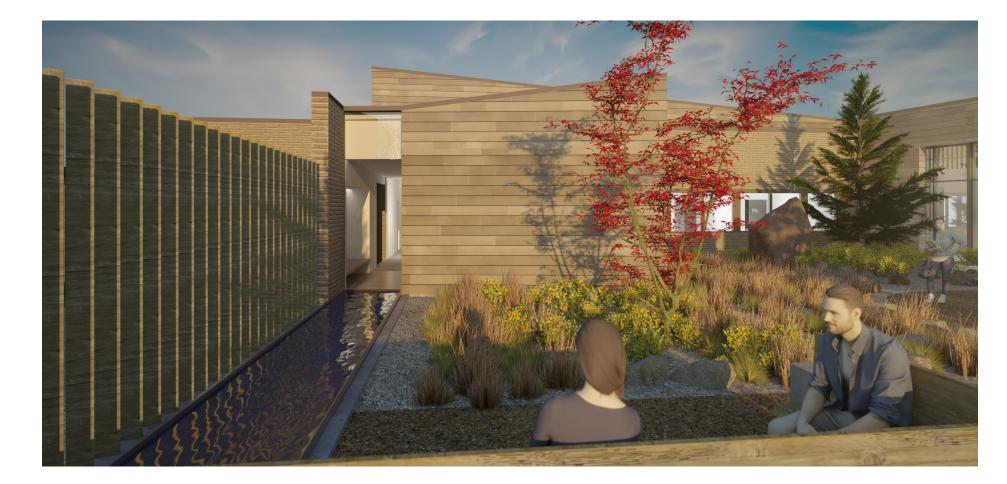
We provide patient-centered care that honors the dignity and needs of those we serve. We sustain an organization that enriches the lives of our patients, families, team and community.

#### Hospice

Hospice is unique. It neither hastens nor postpones death. It is about living one day at a time while emphasizing dignity and quality of life.

At Partners In Care, we believe that hospice care is an important choice in the cycle of life. We also know that end-of-life decisions can be complicated, and that emotional and spiritual needs are just as important and in need of attention as physical health care. That's why our team of specialists work together to meet the physical, psychological, social and spiritual needs of the entire family, while remaining sensitive to the values and beliefs of each individual.

## YOUR STORY



#### Introduction

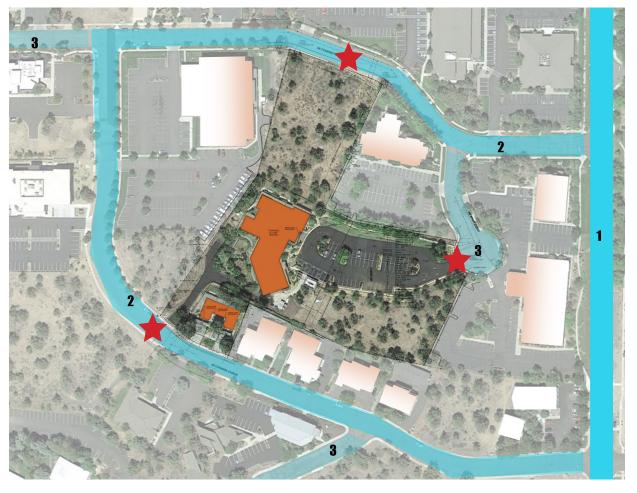
Partners in Care intends to build a new 12 bed Hospice House to replace the existing 6 bed facility. The new house with be designed to meet current regulations and new best practices for hospice facilities while allowing the existing building to be remodeled to meet growing administrative needs in the future.

The goal for this project is to create great lasting architecture that reflects the mission, values, and promises of Partners in Care. These will include not only the medical and physical side of hospice care, but also the emotional and spiritual needs as well.

## **ANALYSIS DIAGRAMS & FINDINGS**

Several analysis diagrams were generated to uncover and test relationships between existing site context and new program elements.

Although don individually, diagrams can provide meaningful direction when combined and layered upon each other. Without a through understanding of the various forces acting on design, creative solutions could easily remain hidden. The following are the areas of exploration and outcomes of the analysis.



#### Roads

Documents roads around and to the site. Access to the site can come from as many as three separate roads as noted by the stars.

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PARTNERS IN CARE HOSPICE HOUSE SCHEMATIC DESIGN REPORT 5

## **ANALYSIS DIAGRAMS & FINDINGS**



## Bend-Scape

Documents the existing natural features of the site. The sections in yellow document rock outcroppings with natural juniper and pine trees.

# **ANALYSIS DIAGRAMS & FINDINGS**

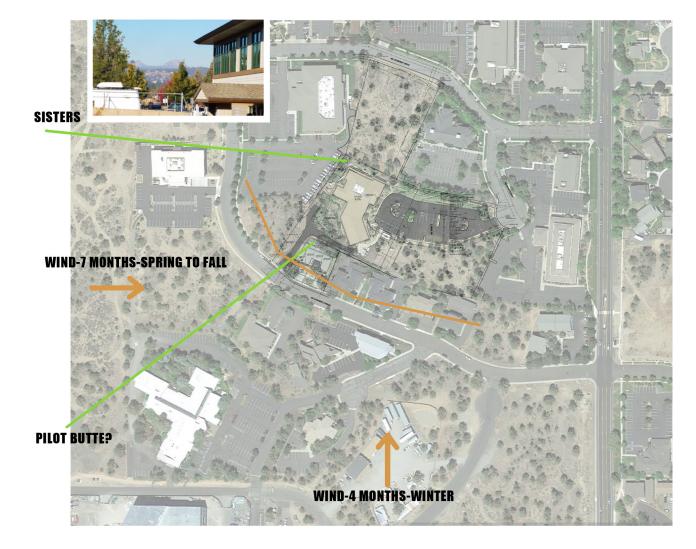


## **Identity & Views**

Documents the potential biggest impact to the identity of the buildings as well as view out from the property.

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# **ANALYSIS DIAGRAMS & FINDINGS**



## **Environmental Exposures**

Documents how environmental exposure will effect the site.

# **ANALYSIS DIAGRAMS & FINDINGS**



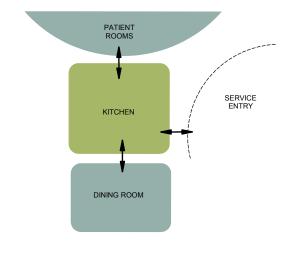
## **Edges**

Documents the edges around the property and how they look.

## **ANALYSIS DIAGRAMS & FINDINGS**

# SMALL SEATING ALCOVE CUNICAL STATION CONSULTATION ROOM PATIENT AND VISITOR'S ENTRY COVERED EXTERIOR SPACE SPACE SPACE CHILDRENS PLAY CHILDRENS PLAY

# SMALL SEATING ALCOVE THERAPY TUB PATIENT TOLET ROOM PATIENT TOLET ROOM PEDIATRIC PATIENT ROOMS CLOSET MED SUPPLY STAGING CHAPEL PATIENT DEPARTURE



### **Family Services**

Documents the relationships between spaces as they relate to visiting families at the Hospice House.

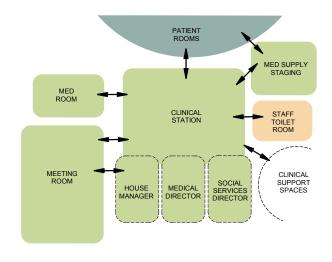
#### **Patient Care**

Documents the relationships required to care for patients.

#### **Food Services**

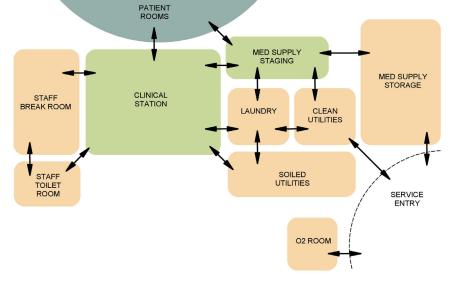
Documents relationships within food services.

## **ANALYSIS DIAGRAMS & FINDINGS**



### **Clinical Services**

Documents clinical spaces and how they relate to patient care.



## **Clinical Support**

Documents required relationships to support the clinical staff.

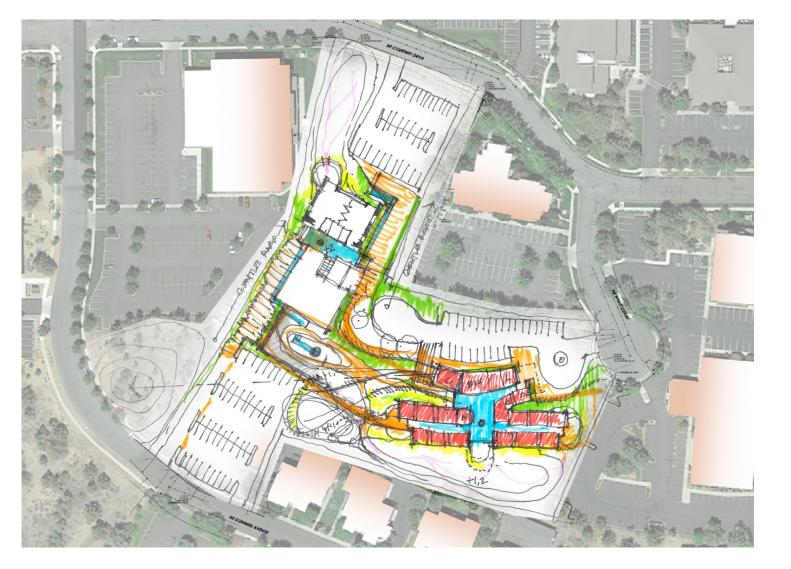
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## The Village

The first parti explored is called "The Village". Inspired by nature, this identifies the garden as the center of campus and organizes all the buildings around it.

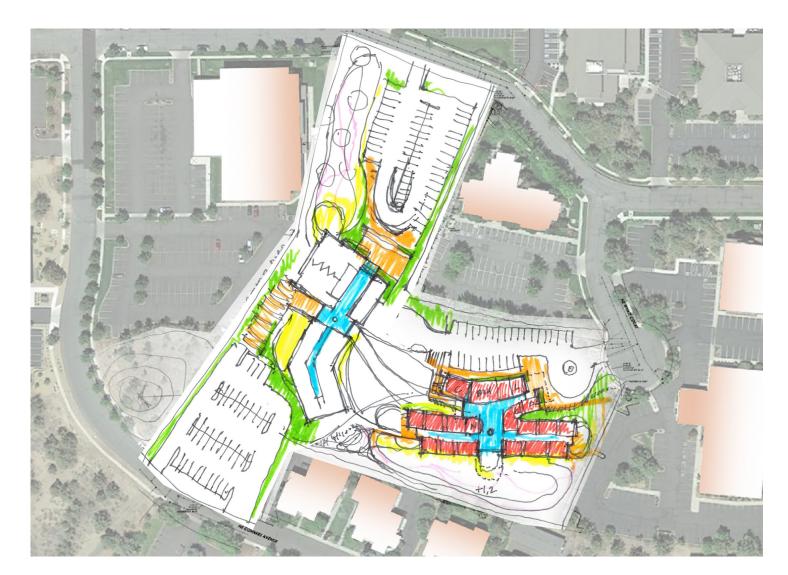
# **EXPLORATION**



## First Impressions

First impressions focuses more on the way the building can address the street to create an identifiable image for Partners In Care.

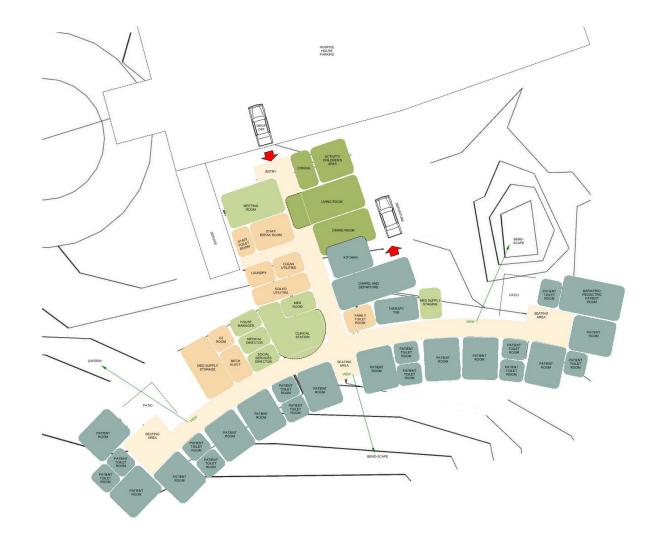
# **EXPLORATION**



## Quiet Back Drop

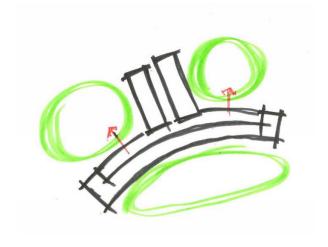
Quiet Back Drop looks at re-using the existing building for a "quieter" solution.

# **EXPLORATION**



#### **Protection**

- 1. Opens Halls to views with patient rooms all on one side.
- 2. Puts all Family spaces overlooking the rock view.
- 3. Entry, Departure, and Service all separated.



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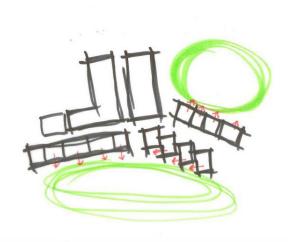
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# **EXPLORATION**



#### Sawtooth

- 1. Provides patient room views where there is the most depth.
- 2. All patient rooms view into the Bend-scape
- 3. Entry, Departure, and Service all separated.

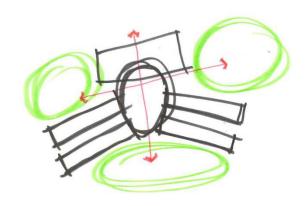


# **EXPLORATION**



## Single Point

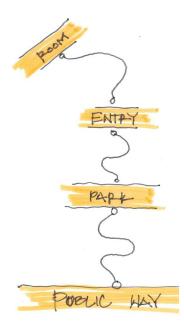
- 1. Provides a view to the exterior from the center of the building.
- 2. Creates shorter hallways by having patient rooms on both sides.
- 3. Entry, Departure, and Service all separated.



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## **GUIDING PRINCIPLES FOR DESIGN**

## **Process of Discovery**



## **Design Challenge**



### **Design Principles**

#### **Transformational**

Ethereal

Spiritual

#### Oasis

Emotional

From Edges/City

Sensory

Natural

Reflective

#### Quiet

Calming

Warm

#### **Capture Essence of Central Oregon**

Regional

On Site

#### Familiar

Scale

Family Connections

Compassion

Choice

Be Yourself

## SITE ORGANIZATION



- New 12 Bed House
- **2** Existing Building Remodeled for Administration
- 3 New Parking for Admin 74 Spots
- 4 Future Expansion for Educational Program
- 5 Short Term Parking for Clinical
- 6 Existing Apartment for Storage
- 7 Existing Garage for Grounds
- 8 Pet Area
- 9 Relocated Generator
- 10 Smoking Area
- 11 New Garden Area
- 12 Pave Fire Lane
- 13 Administrative Deliveries
- 14 Trash Enclosure
- 15 New Admin Entry
- 16 Hospice House Parking 34 Spots
- 17 Hospice House Drop Off
- 18 Hospice House Departure
- 19 Childrens Play Area
- 20 Existing Garden to Remain
- 21 Rock-Outcroppings

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## Floor Plan

- 1 Entry
- 2 Living Room
- 3 Dining Room
- 4 Kitchen
- 5 Pantry
- 6 Family Kitchenette
- 7 Family Restroom

- Tub Room
- Meeting Room
- 10 Consultant Room
- 11 Medical Equipment Storage
- Mechanical/Electrical Room
- Oxygen Room
- 14 Chapel & Departure

- 15 Laundry
- 16 Clean Utilities
- Solid Utilities
- 18 Break Room
- 19 Clinical Station
- 20 Medication Room 21 Director's Office

Medical Director's Office

> Patient Toilet Room

Patient Deck

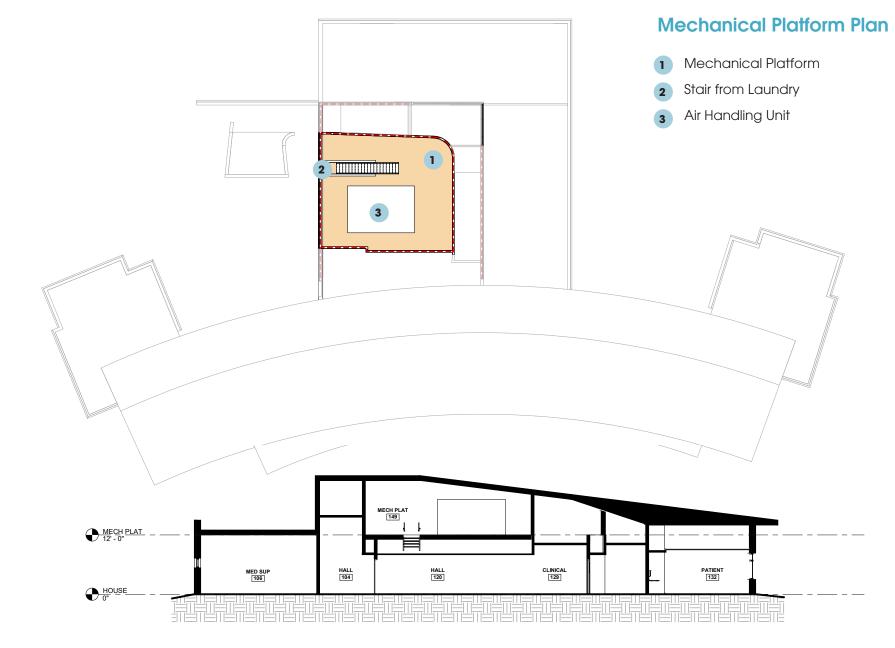
BBQ Deck

Bariatric Patient Room

Children's Play Area

- Social Work/Chaplain
- 24 Sun Room
- Custodial
- Seating Alcove
- 27 Staging
- 28 Patient Room

# PLANS & RENDERINGS



## **Hospice House Exterior**



The architectural expression of the Hospice House is "of the landscape" the roman brick and metal shingles will provide a low maintenance contemporary home compatible with its natural setting and the existing Administration building. It will be a comfortable and welcoming place for guest and staff and will take advantage of the natural views of the serenity garden and natural rock-outcroppings.

**New House** Entry

# PLANS & RENDERINGS

## **Hospice House Exterior**



Living Room Deck & Children Activity Zone

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## **Hospice House Exterior**



Serenity Garden with Paths & Seating Areas

# PLANS & RENDERINGS

## **Hospice House Exterior**



**Chapel** Exterior View

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## **Hospice House Exterior**



**Living Room Deck** Outside of Dining Room

# PLANS & RENDERINGS

## **Interior Concept**



Finishes of the interior feel warm with the use of contrasting wood tones throughout and highly textural finishes to invoke an earthen, organic quality. The color palette will subtle and understated, taking cues from the natural desert landscape. Design elements will be more contemporary in nature with minimalistic detail and broad moves in extents of finishes.

Family Services Visual Position

## Interior Concept



Living Room View of Rock-Outcropping

# PLANS & RENDERINGS

## Interior Concept



**Donor Wall** Outside Kitchen

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## Interior Concept



**Living/Dining Room** View

# PLANS & RENDERINGS

## **Interior Concept**



Kitchen Room View

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## Interior Concept





Design of the corridor uses wall articulation to carve out niche seating areas, breaking up monotony

associated with a clinical setting. The natural palette of woods, earthen material and lower light

levels work to create ambiance and intimacy for a more human experience.







**Corridor** Visual Position

# PLANS & RENDERINGS

## **Interior Concept**



Corridor View Seating Alcove

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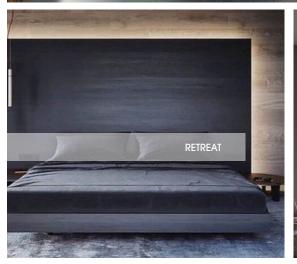
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## Interior Concept











The patient room will further the notion of quiet, ambient spaces with thoughtfully placed lighting,

and a restrained color palette to create a retreat like experience. Textural finishes that align with

public spaces, will be mindfully chosen to be easily cleaned an maintained.



**Patient Room** Visual Position

# PLANS & RENDERINGS

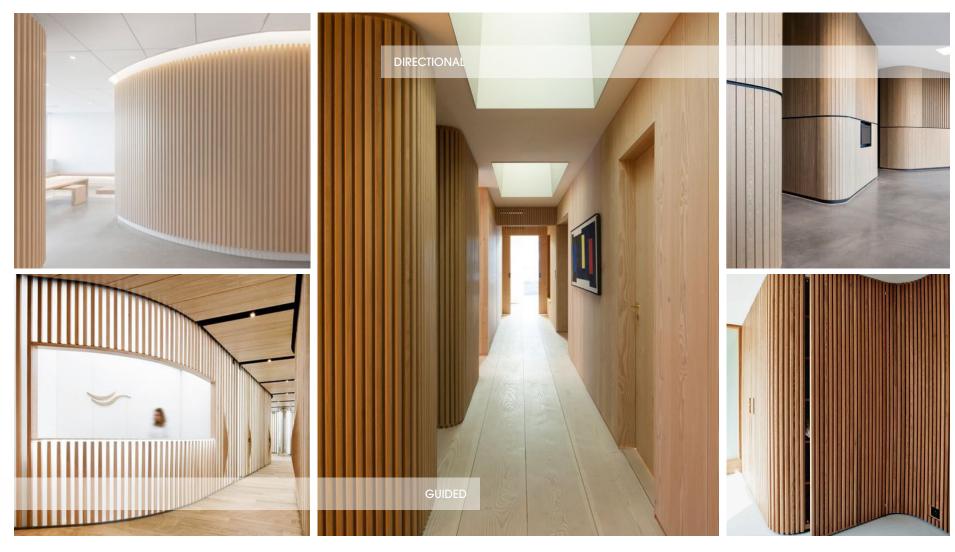
## **Interior Concept**



Patient Room View

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## Interior Concept



As the featured design element, the journey wall provides an organizing element to the floor plan while providing warmth and natural texture to the experience of the space.

Journey Wall Visual Position

# PLANS & RENDERINGS

## **Interior Concept**



Journey Wall View

PARTNERS IN CARE HOSPICE HOUSE SCHEMATIC DESIGN REPORT 37

# PLANS & RENDERINGS

## Interior Concept



The terminus of the journey wall in the departure area, seeks to be a place of importance, and will be celebrated with the use of lighting effects to create a moment of pause and vigil.

**Departure** Visual Position

## **Interior Concept**





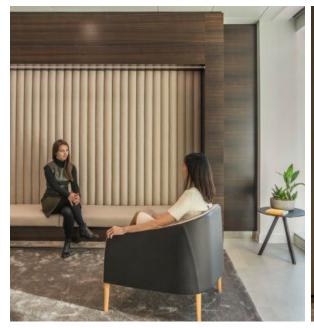


The design of the departure wall plays with the placement of natural and artificial light to create a weighted and compelling architectural experience that renders spirituality of the participant.

**Departure** Visual Position

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## Interior Concept







The seating niche located directly opposite of the departure wall offers an area of respite, reflection and quiet. The use of fabric on the seat and wall will provide acoustic mitigation to soften and quiet the space. Storage may be incorporated to hold items important to the ritual of the space.

**Departure** Visual Position

# PLANS & RENDERINGS

## **Interior Concept**



**Departure** Opaque Option

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## Interior Concept



**Departure** Perforated Option

# PLANS & RENDERINGS

## Interior Concept



**Departure** Perforated Option

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# **NARRATIVES**

## Interior Concept



**Departure** Translucent Option

## Architectural

ALSC Architects

## Civil

Parametrix, Inc.

# **Landscape**Jay Battleson Design

## Structural

Coffman Engineers

### Mechanical

Coffman Engineers

## **Electrical**

Coffman Engineers

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## NARRATIVES ARCHITECTURAL



Partners in Care is located on a T-shaped site off Wyatt Court, N.E. Connors Ave., and N.E. Courtney Drive in Bend, Oregon. The existing 14,700 sf building was constructed in 2001 and contains both the Hospice House and the Administrative functions. The property also includes a 4-unit apartment building with two (2) detached garages. The site itself is roughly 4-1/2 acres. The undeveloped portion of the site is lightly treed with several rock outcroppings. Generally, the site drops approximately 20'-0" from N.E. Connors Ave. to N.E. Courtney Drive.

A new 14,500 sf Hospice House will be constructed near the Wyatt Court access and will house twelve (12) Patient Rooms as well as Clinical Support and Family Support spaces. The existing Hospice House will remain in operation during construction. After the new house is completed, operations will be relocated to the new house, and the existing building will be remodeled to better accommodate the growing Administration functions. New parking will be added for the Administration Building towards the north end of the site off N.E. Courtney Drive during the first phase of construction. This will allow a separation of traffic and parking between the more active Administrative function and the more quiet Hospice House.

An important aspect of the re-development of the site is the Garden spaces. These will be placed such that both buildings will benefit from the calming views they will provide. Walking paths, benches and plantings will be developed to provide respite to all visitors. The Garden spaces will be organized to provide a variety of community and quiet, almost private spaces.

The new Hospice House has been designed to take advantage of the natural resources on site. All of the patient rooms have been organized along a single loaded corridor so they each have views of the natural landscape

## **NARRATIVES ARCHITECTURAL**

to the south, and the corridors are open to the Garden views to the north. This arrangement sets up a non-institutional feel with natural light and views along one side, providing an open and optimistic space. Clinical spaces are located through the center of the building, providing easy access and the ability to monitor both patient wings. Family spaces are located at the north end of the building, with acoustical separation from patient spaces as well as access and views to a community deck and the natural rock outcropping towards the east. Finally, the Chapel is located on the west end of the building, surrounded by the new Serenity Garden. All of the circulation spaces have views that provide a connection to nature, which has proven to improve the sense of well-being for the occupants within.

#### **Architectural Systems**

All systems below are being evaluated, predominantly based on first costs, durability, maintenance, performance, constructability and aesthetics. Various systems have been evaluated within each category, and the design and documentation will be closely coordinated with the Partners in Care staff.

## **Exterior Wall Systems**

The proposed exterior wall system for the facility consists predominantly of brick veneer on metal stud walls with a layer of rigid insulation as well as batt insulation within the metal stud cavity. For visual interest and to balance cost, a second wall system is being proposed as a

metal wall panel on metal studs with rigid and batt insulation to match.

#### Interior Wall Systems

Additional criteria for evaluation: Acoustics, ability to hold plumbing and electrical support systems, flexibility, and tackability.

The interior wall system anticipated for use in this building is steel studs with gypsum wallboard and sound batts within the cavity for acoustical control. Bearing walls will be rated, and smoke partitions will be required in corridors.

#### **Roof Systems**

Additional criteria for evaluation: Building volume and water collection.

The main part of the building as well as the ends of the patient wings will consist of a low slope, internally draining roof structure concealed behind a parapet with coping. The roofing membrane will consist of single-ply with rigid insulation over tapered crickets, roof drains and overflow scuppers/drains. Some sections of roof over the mechanical platform and the main portion of the patient wings will be sloped with concealed fastened roof panels over insulation. Penetrations through the roof are anticipated to be minimal. Stormwater will be collected via rainwater leaders and directed to swales and drywells.

#### **Finishes**

Finishes will be selected based on anti-microbial properties, cleanability, and aesthetics.

The predominate floor material for the building will be vinyl with areas of carpet in Family spaces. Ceramic tile flooring will be utilized in restrooms and the tub room. Various support areas may receive a sealed concrete floor

Ceilings will be predominantly painted gyp throughout patient and public areas. 2 x lay-in acoustical tile will be used in offices and BOH areas for sound mitigation.

Wall finishes will mostly consist of Type II Vinyl wallcovering, wood slat systems, and other decorative finishes applied as accents.

#### Casework / Fixtures / Equipment

Some spaces will be provided with casework addressing the needs of storage and work surfaces. Most of the cabinetry will be laminated, with only specialty items in the more public spaces to be wood veneer.

Whiteboards, tackboards, projection equipment, computer support, and various other components of the office spaces are anticipated for the clinical portions of the building. Specialized cooking equipment is anticipated in the Kitchen and the Family Kitchen.

## NARRATIVES CIVIL

#### Introduction

The Partners in Care Project, located in Bend, Oregon is bordered on the south by existing attached residential units and NE Conners Ave, on the east NE Wyatt Court and existing medical use buildings, the Deschutes County Public Health Department Facility to the west, and on the north by NE Courtney Drive and a medical use building. The proposed improvements for this project include: a new hospice building facility, landscaped courtyard areas, a reconfiguration reconstruction of the existing parking lot to serve the proposed building, and a new parking lot to serve the existing Administration Building.

#### CIVIL

#### Codes and Standards

- > City of Bend Design Standards
- City of Bend Building Code (Chapter 9.10)
- > Oregon Department of Environmental Quality
- > ADA Standards for Accessible Design 2010
- > Site Access

The existing site has two points of access to the City of Bend public roadways. The main vehicular access point for the existing facility is located on NE Wyatt Court. This access point will be demolished and reconstructed to serve the proposed parking lot reconfiguration. The second point of access, along NE Conners Ave., will remain as currently configured. A third point of access is proposed along NE Courtney Ave to access the proposed north parking lot.

#### **Streets**

Frontage improvements along Wyatt Court, Conners Ave., and Courtney Drive have previously been completed with pavement, curb, and sidewalk improvements generally in place. Initial discussions with the City of Bend indicate that any of the existing improvements that are either not in compliance with current City standards or damaged by the proposed site improvements, will need to be reconstructed to current standards.

#### Drainage and Storm Water

The site currently has stormwater management system that does not appear to have been rule authorized by Oregon DEQ. The available construction as-built plans indicate the catch basins within the existing parking lot are March 21, 2019 Page 2 of 2 piped directly to drywells for stormwater disposal. Current DEQ water quality standards require pre-treatment prior to injection into a drywell facility.

With the proposed reconfiguration of the existing parking lot, the existing catch basins and drywells will likely need to be removed and property decommissioned. The new parking areas will consist of a series of catch

basins, piped to stormwater sedimentation manholes for pre-treatment, and into new drywell facilities for disposal.

The new building will require a roof drain system that will be piped directly to a new drywell. All new drywells will need to be rule-authorized and registered with the Oregon DEQ. Pending the results of the geotechnical investigation, it may be possible to utilize the existing drywell systems if pre-treatment is provided for the reconfigured system.

#### **UTILITIES**

Existing public utilities are present along all site frontages. There is an existing 6" sewer service stub to the property on Wyatt Court. There is an existing City of Bend 8" water main located within a 20-foot easement entering the property on Conners Ave which runs north and east near the property line, which ultimately serves an existing fire hydrant, as well as, the existing building fire and domestic water services.

#### Water

The existing City of Bend water main will need to be relocated out of the proposed building footprint. Enough separation will be required to reconfigure the 20-foot easement to not encroach on the building as well (a minimum of 10-feet from the roof overhang). The line will also need to be located a minimum of 10-feet from the existing administration building roof line. No other structures or obstructions

## NARRATIVES CIVIL

will be allowed to be constructed within the reconfigured easement (retaining wall, relocated generator building, etc.).

Initial discussions with the City of Bend indicate that a new fire service assembly will be required to service the proposed building and that a shared use of the existing fire service lateral will not be permitted. The new fire service assembly will require a new tap to either the existing/relocated on-site water main or the water main located in Wyatt Court. The fire service will need to be isolated from the public water system with a double detector check valve assembly in a precast concrete vault with a remove Fire Department Connection (FDC) and Post Indicator Valve (PIV).

A new 2" water service tap to the water main in NE Wyatt Court is anticipated to serve the proposed building. The tap will require a street cut/patch, new domestic water meter, and backflow prevention device. The existing domestic water and fire services for the existing administrative building will remain as they are currently configured.

#### **Sanitary Sewer**

The existing 6" sewer lateral from Wyatt Court will be utilized for the new Hospice House building. A sewer sampling manhole will be required at this point of connection, per City of Bend Standards, and the 6" building sewer will be extended to the building drain point of

connection. It is anticipated that the existing administration building service will remain as currently configured.

#### Franchise Utilities

The existing power, cable, and telephone conduits serving the existing Administration Building will need to be relocated as they run under the proposed Hospice House building. Initial discussions with CEC indicated the potential to use the existing transformer vault, with a potential upgrade the transformer to service the new building (pending voltage and loading requirements).

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## NARRATIVES LANDSCAPE

#### Overview

The selected site for Partners in Care's (PIC) New Hospice House will be located adjacent to its current facility which is bounded by NE Cortney Dr. on the North and NE Wyatt Ct. on the East. Generally speaking, the site is defined by a mix of urban high desert plant communities. It contains a significant natural rock outcropping and a multitude of mature Juniper trees. Below these mature trees lies rabbit-brush, bitterbrush, fescue and a host of other native plants one would expect to find in the local urban environment.

As such, from a landscape design perspective, it is our goal to create a built environment which protects the most valuable assets of the site's existing features and blends with the natural setting. To accomplish this goal, we intend to protect the existing trees whenever possible, and where appropriate use vegetative textures, colors, materials, and forms that are compatible with Central Oregon's terrain and climate.

#### **Landscape Preservation**

It will be our goal to create vegetated buffers along the south and east edges of the site by preserving the existing trees and vegetation to the greatest extent possible. Within the core of the site, where it is applicable, we intend to selectively preserve trees and rock outcroppings, which exemplifies the site's character and vegetative legacy. We will require protection fencing, consisting of 4' high plastic snow fencing, with wood stakes placed

at approximately 5' intervals, to protect these

## Landscape Typologies

The landscape design for PIC's new Hospice House will be broken into two distinct landscape typologies. One being a native landscape typology predominately planted with purely native material, and the other as a mix of adapted native material and more domesticated ornamental material

The Native landscape typology exists to preserve and enhance the beauty and character of the site's native environment. Whenever possible we will preserve and protect of these environments, as opposed to allowing disturbance in these areas with the intent to restore after the fact. When restoration is required, we will mimic the existing native landscape by installing native vegetation. In order to achieve this objective, all restoration areas will receive the following plant material at the shown rates per 1000 sq. ft.. As a cost savinas measure, it is not anticipated that soil amendments will be utilized in these areas. These areas will receive a pre-emergent after installation of the plant material to inhibit weed growth.

#### GRASSES

**5 AGROPYRON SPICATUM** 6 FESTUCA IDAHOENSIS 'JOSEPH' **4 KOELERIA MACRANTHA** 

#### **SHRUBS**

3 CHRYSOTHAMNUS NAUSEOSUS 3 CERCOCARPUS LEDIFIUS

#### **PERENNIALS**

9 ACHILLEA MILLEFOLIUM 4 AGASTACHE SPECIES **4 RUDBECKIA SPECIES 6 LIATRIS SPECIES** 

Domesticated, ornamental areas will be located in distinct zones for aesthetic emphasis, adjacent to buildings and within the courtyard(s). Within these areas, we will deploy the plant material listed below. All shrubs and grasses will be planted at a moderate density and will either be 1-gallon or 5-gallon material. All groundcovers will be planted at The City of Bend's required spacing of 18" O.C. and will be 1-gallon material. All ornamental planting areas will receive 12" of topsoil with 2" of soil amendments (compost) tilled into the top 6". All ornamental planting beds will receive 3" depth of either shredded Hemlock mulch or decorative rock mulch.

#### **TREES**

ACER RUBRUM 2.5" CAL ACER GLABRUM 6' HT. (MULTI-STEM) POPULAUS TREMULA 2.5" CAL PINUS PONDEROSA 6' & 8' HT.

LARIX OCCIDENTALIS 8' HT. 2.5" **QUERCUS RUBRA QUERCUS MAGNOCARPA 2.5"** 

#### **SHRUBS**

SPIRE X BMALDA 'GOLDFLAME'	5 GAI	L
PHYSOCARPUS OPULIFOLIUS 'MONLO'	5 GAI	L
EUONYMUS ALATUS ' COMPACTUS'	5 GAI	L
LIEX X MESERVEAE 'BLUE BOY'	5 GAI	L
PINUS MUGO 'SNOW MOUND'	5 GAI	L
CHRYSOTHAMNUS NAUSEOSUS	1 GAI	L
PHILADELPHUS LEWISII	1 GAI	L
PEROVSKIA ATRIPLICIFOLIA	1 GAI	L
RIBES CEREUM	2 GAI	L
CORNUS SERICEA	5 GAI	L
HOLODISCUS DISCOLOR	1 Gal	

**NARRATIVES LANDSCAPE** 

#### **GROUNDCOVERS**

ARCTOSTAPHYLOS UVA-URSI	1 GAL.
MAHONIA REPENS	1 GAL.
JUNIPER COMMUNIS 'GREEN CARPET'	1 GAL.

#### **GRASSES**

FESTUCA GLAUCA	1 GAI
FESTUCA IDAHOENSIS 'JOSEPH'	1 GAI
HELICTORICHON SEMPERVIRENS	1 GAI
ORYZOPSIS HYMENOIDES	1 GAI
CALAMAGROSTIS ACUTIFLORA	1 GAI
DESCHAMPSIA CESPITOSA	1 GAI
PANICUM VIRGATUM 'SHENANDOAH'	1 GAI

To ensure clear maintenance responsibilities for the ornamental areas, each area will be clearly delineated from native areas by site walls. boulder outcroppings, hardscape elements and/or driveways.

Turf will be utilized where appropriate. Sod will be preferred in lieu of seed and supplied by

Lower Valley Turf. However, if seeding is required "Sun & Shade" seed Mix from Helena Chemical will be utilized. All turf areas will require a minimum of 12" depth of topsoil with 2" depth of soil conditioner (compost) tilled into the top 6". If sod is located over solid or unfractured rock the contractor will be required to place 24" of topsoil (with 2" of composted tilled into the top 6") over 6" of compacted ½" minus drain

#### **Overview Irrigation**

All newly planted areas will be irrigated with a below ground automatic irrigation system. Within the native planting areas, it is anticipated the irrigation system will be turned off, and only utilized during extreme weather conditions, after plant establishment. The following is an outline of the materials we plan to utilize.

#### Irrigation, Materials

All lateral lines will be Class 200 PVC. Mainlines shall have 18" of cover, and laterals 12". Where appropriate, open turf areas will use RainBird 5505 rotors. Smaller turf areas will use RainBird 1804-SAM-PRS heads. Shrub beds will use RainBird 1812-SAM-PRS heads. Irrigation within the native planting areas will use Rain Bird 5012 series 12" pop-up rotors. Tree bubbler zones will use bubblers. Different head and/or landscape types will be zoned separately. Heads will be spaced at 85% of their designated radius.

#### **Schematic Design Area Takeoffs** and Quantities

The following is a summary of area takeoffs and quantities for PIC's New Hospice House project, and are based off of the schematic site plan provided by JBD 3/21/19.

#### Quantities and assumption for the required landscape elements:

- > ~ 1,390 sq. ft. of new sod.
- > ~ 17,073 sq. ft. of ornamental planting.
- > ~ 25,622 sq. ft. of native planting (Includes areas of native restoration).
- > 88, 2.5" cal. deciduous trees.
- > ~ 44,085 sq. ft. of new irrigation will be installed.
- > ~ 105 cy. of soils amendment (compost).
- > ~ 160 cy. of mulch (Assume ½ wood mulch, ½ rock mulch).
- > ~ 475' If. boulder walls (Assumes 3' ht.)
- > 7 Benches
- > ~ 2,640 sq. ft. #10 minus (DG path)
- > ~ 8,000 sq. ft. vehicular rated pavers.
- > ~ 7.524 sa. ft. pedestrian concrete path (need to ensure civil has not included this item in their estimate)
- 1 screen wall (assume allowance (benches shown at screen wall included above))
- > 1 water feature (assume allowance)
- > 1 nature play area (assume allowance)

## NARRATIVES LANDSCAPE



## **NARRATIVES STRUCTURAL**

#### **Design Loads**

The structure will be designed using the 2014 Oregon Specialty Code

- > Risk Category II per ASCE 7-10.
- > Ground Snow Load 25 psf
- > Roof Snow Load 25 psf minimum (confirm with local jurisdiction)
- > Wind Speed 110 mph, exposure C
- Seismic Forces Site class D (assumed),
   Seismic design category D

### **Foundation Systems**

Foundation design will be based on report to be provided by a geotechnical engineer. Foundations are assumed to consist of conventional shallow continuous and spread footings. The typical slabs on grade will be constructed as a 4" reinforced slab with #4 bars at 16 inches on center each way.

## **Roof Framing System**

Framing will consist of 14-inch deep wood "I" joists and 5/8-inch structural roof sheathing at flat roofs. At the curved front portion of the building manufactured, double pitched top chord, flat bottom chord, wood trusses will be used. Joists and trusses will span between wood bearing walls or steel post and beam framing. Where feasible, interior walls will be used as bearing walls for support of the roof framing. Exposed wide flange beam with T&G wood decking will be used at the kitchen/dining area.

## Floor Framing Systems

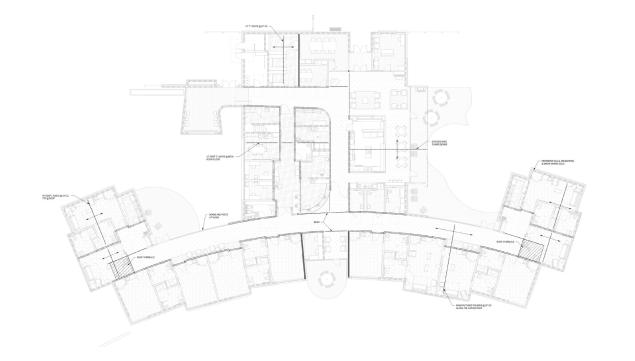
Floor framing at the second-floor mechanical mezzanine area will consist of 12-inch deep wood "I" joists and ¾-inch T&G structural floor sheathing. Joists will span between perimeter and interior wood bearing walls. Where required, steel wide flange beams supported by HSS columns will provide bearing for floor joists.

## **Lateral Force Resisting System**

Roof and floor diaphragms will transfer wind and seismic lateral loads to wood stud shear walls throughout the building. The perimeter walls will be shear walls along with select interior corridor and cross walls. Shear wall structural sheathing will be ½-inch thick.

## **Exterior Wall Framing**

Exterior wall support will typically be provided by 2x6 wood studs at 16-inch spacing.



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## **NARRATIVES MECHANICAL**

#### Introduction

This project involves the construction of a 12 patient Hospice House in Bend, Oregon. The Hospice House will be single story and approximately 13,400 square feet.

This narrative establishes design criteria and summarizes key mechanical portions of the design.

#### Mechanical

#### Codes and Standards

- Oregon Structural Specialty Code (OSSC), 2014
- 2. Oregon Mechanical Specialty Code (OMSC), 2014
- > Oregon Plumbing Specialty Code (OPSC),2017
- Oregon Energy Efficiency Specialty Code (OEESC), 2014
- > Oregon Fire Code (OFC), 2014 ASHRAE Standards, as applicable, including:
  - ASHRAE Standard 62.1, Ventilation for Acceptable Indoor Air Quality, 2016
  - ASHRAE Standard 170, Ventilation of Health Care Facilities, 2017
- Oregon Administrative Rules, chapter 333-071, Special Inpatient Care Facilities
- > NFPA 99, Health Care Facilities Code, 2012
- > FGI Guidelines for Design and Construction of Residential Health, Care, and Support Facilities, 2018 (not adopted in Oregon, for reference only)

#### **Design Criteria**

- > Project Location: Bend, Oregon
- > Elevation: approximately 3,600 feet
- > Climate Zone: 5B
- > Weather Data: 2013 ASHRAE Fundamentals Handbook, Roberts Field (Redmond
  - Summer Outdoor Dry Bulb/Wet Bulb (0.4%): 93/62°F
  - Summer Evaporation Wet Bulb/ Coincident Dry Bulb (0.4%): 64/89 °F
  - Winter Outdoor Dry Bulb (99.6%): 5°F
- > Indoor Conditions:
  - Hospice: 70°F -85°F
  - 5°F minimum dead band (no heating or cooling)
  - Maximum relative humidity: 60%, no minimum level
- > Equipment efficiencies: Shall meet or exceed the OEESC.
- > Occupancy Schedule:
  - Hospice: 24/7 year round
- The occupancy classification is 'I' for the Hospice House, the building will be fully fire sprinklered.
- > Seismic Design Category is 'D'
- > Energy sources: Natural gas and electricity.

#### **Plumbing Systems**

Plumbing design will include sizing of domestic water piping, waste and vent piping, sewer main, and water heater. Sizing will be primarily based on the number of plumbing fixtures.

Plumbing fixtures will be commercial grade. Fixtures will meet the water consumption rates of the Plumbing Code and the Federal lead-free requirements. Flush valves and faucets will be a combination of automatic sensor type and manual type. Fixture selection will be coordinated with the Owner.

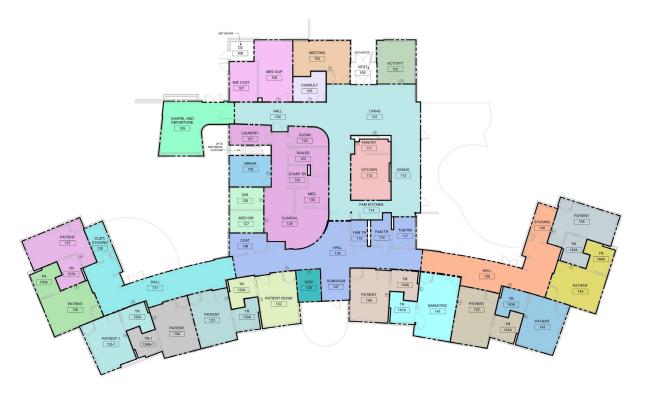
Water heaters will be gas-fired, separated combustion, direct-vent type with integral storage tank. Hot water will be stored at 140°F to minimize growth of Legionella bacteria. A master mixing valve will be used to deliver hot water at 120°F. Mixing valves will temper water to 105-110 F at the public lavs per code. A pump will recirculate hot water back to the water heater designed for a maximum decrement of 10 F. Piping branches to fixtures will typically be 16 feet or less from a recirculated line. The recirculation pump will be controlled to shut off during periods of limited hot water demand through the BAS. Balance valves will be used on recirculation piping, as required.

Above and below ground waste, vent, and roof drain piping will be no-hub cast iron or Schedule 40 PVC DWV. Interior vertical roof drain piping will be of cast iron.

Domestic water piping will be Type 'L' copper for above grade and Type 'K' for below grade.

Gas piping will be schedule 40 black steel pipe. Condensate piping will be Type 'L' or 'M' copper.

## **NARRATIVES MECHANICAL**



Freeze-proof hose bibbs will be provided around the perimeter of the buildings at maximum 100-feet intervals.

Oxygen will be stored in cylinders in a storage room, manifolded and piped to each patient room, patient toilet room, and the tub room for a total of 25 outlets. A central vacuum system will be located in the mechanical room and will be piped to each patient room for a total of 12 outlets.

#### **HVAC Systems**

The Hospice House mechanical system will consist of one Variable Air Volume (VAV) indoor air handler unit with gas heat and direct expansion cooling with a remote condensing unit located on grade. Each temperature control zone will be served by a single duct variable air volume terminal unit with electric SCR reheat. Approximately 24 zone are planned. Return air will be ducted back to the air handler unit located in the mechanical mezzanine. Energy recovery is not required

for this system; however, demand-controlled ventilation will be implemented in meeting rooms and conference rooms larger than 150 s.f. Air handler unit will be capable of 100% economizer operation providing increased ventilation and energy savings during shoulder seasons.

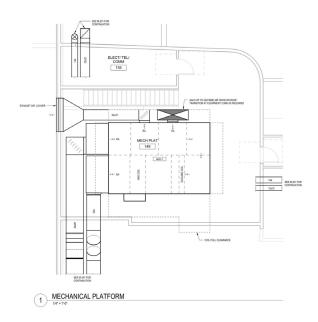
Supply air will be distributed from HVAC equipment to the conditioned spaces via galvanized steel sheet metal ducts with external insulation. Plaque diffusers or linear slot diffusers will be utilized in areas with lay-in ceilings. Underground ductwork will be fiberglass.

Filters will be provided at all air handling equipment. Higher efficiency MERV 13 filters will be utilized in the air handler unit.

Outdoor ventilation requirements will be calculated per the IMC, ASHRAE 62.1 2013 and ASHRAE 170. Outdoor air will be ducted directly to the air handling units through sidewall louvers at the exterior walls or a roof hood/plenum box on the roof. Relief air will be similarly ducted to the outside. The air handling units will be capable of supplying 100% outdoor air for economizer operation.

Exhaust requirements will be calculated per OMSC. Exhaust will be provided by centrally located centrifugal fans. Fans will be equipped with two-position motorized shut-off dampers which will be closed when the fans are not in operation. Spaces where air will be exhausted

## **NARRATIVES MECHANICAL**

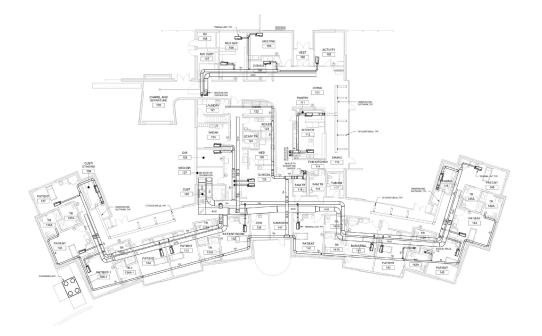


#### include:

- > Restrooms
- > Housekeeping closets
- > Tub room
- > Laundry rooms
- > Break rooms
- > Other spaces as required

The air handling unit will have a duct smoke detector for unit shutdown. A smoke control system may be required for the Hospice House patient rooms.

These types of facilities typically require a significant number of fire and fire-smoke dampers for duct penetrations in rated walls. Early establishment of the location of rated walls



can allow optimizing of duct routing to minimize the quantity of dampers.

#### **Mechanical Insulation**

All mechanical systems, equipment and components, will be insulated with the requirements of the OEESC. Internal roof drain and cold-water piping will also be insulated to prevent condensation.

#### Temperature Controls

The temperature controls will be direct digital control (DDC). All mechanical systems will be controlled by a web-accessible, building automation system (BAS). The BAS will control and monitor all HVAC equipment and space temperatures. All major spaces, including each

patient room, will be provided with a dedicated thermostat for individual temperature control.

#### Seismic Design

Ducts with a cross sectional area greater than 6 s.f., and pipes greater than 3" will be restrained to resist seismic forces. All of the natural gas and oxygen piping will be seismically restrained. All floor or roof mounted equipment over 400 pounds and suspended equipment greater than 20 pounds will be seismically restrained.

## NARRATIVES ELECTRICAL

#### Introduction

This project involves the construction a 12 patient Hospice House in Bend, Oregon. The Hospice House will be single story and approximately 13,400 square feet. This narrative establishes design criteria and summarizes key electrical portions of the design.

#### **Electrical**

The site will require a 600 amp 208/120 volt 4 wire service. The 208 volt services will be fed from a 225 kva pad mount transformer or smaller if the utility desires. A 160 kva generator is existing on site and should be able to feed any portion of the Hospice house space. The generator will also be used to feed critical server room loads in the administration building. The electrical switch aear should include a transfer switch for the generator power. The generator would run loads to provide light and heat in the patient facility. The building will have some special equipment loads from a walk in spa tub, towel and blanket heaters, sterilization machines and a dishwasher capable of sterilizing dishes. The kitchen area will not be set up to fry foods and would only need a normal vent hood. The kitchen will have range, refrigerator, microwave, garbage disposal, and several 20 amp branch circuits for crock pots and kitchen equipment.

## Lighting

Lighting will be all LED. Patient rooms will need a combination of care facility lighting including exam lights in each room, floor level night lights, and bathroom lighting. Next to the bed are residence style lamps that are also wipe down and shatter proof. Lighting will be critical to the mood of the interior and exterior spaces. Landscape lighting will be provided for garden beds and walkways. The parking lots will have pole lights. All exterior lighting will need to be full cut off to comply with Oregon codes.

#### **Nurse Call**

The facility will have nurse call system with patient bed controls and bathroom pull stations. The nurse call will annunciate to a central station and will also show color coded lights above the patient room doors.

#### Fire Alarm

The building will have a standard fire alarm system. CO detectors will be provided in all combustion areas and in the hallways of all the sleeping areas. A annunciator with alarm indication will be provided in the main entry way.

## **Seismic Design**

All Switch gear, transformers and floor mounted electrical equipment shall be seismically restrained for Zone 3.

#### Telecom and Data

The building will be wired for TV locations including cable coax and CAT 6 to all patient rooms and lounge areas. CAT 6 data will be run to all admin areas, WIFI locations, and patient rooms. Phones will be in provided in all rooms and will be CAT 6 VOIP wiring.

# PROJECT SCHEDULE

## **Revised Project Timeline**

PROJECT PHASE Start	Finish		G SE	·		018	NO	.,	_	D.E.	^		1001	_	EED			44.5	_			_	20				_			_			La	ED I		LION.	755		202 AN	
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PROGRAMING/PRE-DESIGN 2 Dec. 7	Jan. 31	T	t			Ť			-				+												T								$\dagger$				Ħ	十	$\top$	П
Concept Budget Estimate (ACC) Jan. 10	Jan. 31	T	Ť			П							-												T								T				П	Ť	Π	П
Owner Concept Design 2 Review Dec. 1	Jan. 31		T						-																											П	П	T	П	
SCHEMATIC DESIGN Feb.	Apr. 1																		7																		П	T	П	
SD Cost Estimate (ACC) Mar. 11	Apr. 1																a	_	7																			T		
Owner SD Reviews * Feb. 27	Mar. 27															*			*																			$\perp$		
SD Revisions Apr. 1	Apr. 8																	_	-	•																				
SPR REVIEW / CONDITIONAL USE Apr. 8  DKA Submit Cond. Use info to P.I.C Mar. 25  P.I.C Burden of Proof Apr. 6  DKA upload Conditional Use Application COB accept Cond. Use App. (est.) Apr. 9  COB Pre-lim. Land Use Approval (est.)	Mar. 25 Apr. 1 Apr. 8 Apr. 9																		<b>→</b>												•									
DESIGN DEVELOPMENT (60% CDs) Apr. 8	July 1																				+						+													
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BUILDING PERMIT Review Nov. 1	Feb. 3 2020																																	-	_		$\vdash$	$\pm$	<b>→</b>	
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SUBSTANTIAL COMPLETION & Closeout (Hospice House)	Mar. 2021	1																																		Ш		$\perp$		Ш

Notes: (Re Site & Admin. Bldg.):

★ Design team/workgroup face-to-face meeting

- 1. Phase 1 NW Parking starts October 2019 (Afler Site Plan Review).
- 2. Phase 2 Hospice House and some sitework starts after Phase 1 is complete April 2020 (Allows Phase 1 parking to get paved and Construction start in spring, not winter).
- 3. Phase 3 Remodel South Admin May 2021 (Start after Hospice House is completed).
- 4. Phase 4 Remodel North Admin Oct. 2021 (May not be able to start untill after south portion is complete)

## **AREA SUMMARY**

	SCHEMATIC DESIGN SUBTOTAL	PROGRAM SUBTOTAL
SUB-TOTAL	10,046 s.f.	10,475 s.f.
Unassigned Space	4,428 s.f.	2,619 s.f.
TOTAL	14,474 s.f.	13,094 s.f.
Last Estimate	13,713 s.f.	
Overage	761 sf	

		SCHEMATIC	DESIGN	PROGRAM
PROGRAM AREA	SPA	CE (NET)	SUBTOTAL	SUBTOTAL
FAMILY SERVICES				
1.0 Patient and Visitor's Entry	1 @	84 s.f.	84 s.f.	70 s.f.
1.1 Living Room	1 @	534 s.f.	534 s.f.	500 s.f.
1.2 Consultation Room	1 @	129 s.f.	129 s.f.	150 s.f.
1.3 Dining Room	1 @	356 s.f.	356 s.f.	350 s.f.
1.4 Activity Area	1 @	238 s.f.	238 s.f.	250 s.f.
1.5 Chapel	1 @	315 s.f.	315 s.f.	300 s.f.
1.6 Small Seating Alcoves	2 @	- s.f.	146 s.f.	80 s.f.
- Family Kitchen	1 @	102 s.f.	102 s.f.	0 s.f.
- I diffilly Pationion	' @	102 3.1.	1,904 s.f.	1700 s.f.
PATIENT CARE			1,304 5.1.	1700 5.1.
2.0 Patient Departure	1 @	105 s.f.	105 s.f.	150 s.f.
2.1 Patient Rooms			3320 s.f.	3300 s.f.
	11 @	(300+/-) s.f.		
2.2 Bariatric/Pediactric Room	1 @	366 s.f.	366 s.f.	400 s.f.
2.3 Patient Toilet Rooms	12 @	(100+/-) s.f.	1167 s.f.	1200 s.f.
2.4 Therapy Tub Room	1 @	102 s.f.	102 s.f.	200 s.f.
			5,060 s.f.	5250 s.f.
FOOD SERVICE				
3.0 Kitchen	1 @	267 s.f.	267 s.f.	250 s.f.
3.1 Pantry	1 @	74 s.f.	74 s.f.	0 s.f.
			341 s.f.	250 s.f.
CLINICAL SERVICES				
4.0 Clinical Station	1 @	422 s.f.	422 s.f.	500 s.f.
4.1 House Manager's Office	1 @	107 s.f.	107 s.f.	150 s.f.
4.2 Medical Director's Office	1 @	107 s.f.	107 s.f.	120 s.f.
4.3 Medical Supplies Staging	2 @	98 s.f.	196 s.f.	300 s.f.
4.4 Medication Room	1 @	128 s.f.	128 s.f.	125 s.f.
4.5 Meeting Space	1 @	293 s.f.	293 s.f.	400 s.f.
4.6 Social Work/Chaplain Office	1 @	109 s.f.	109 s.f.	120 s.f.
			1,362 s.f.	1,715 s.f.
CLINICAL SUPPORT			.,552 5	1,110
5.0 Medical Supplies Storage	1 @	315 s.f.	315 s.f.	350 s.f.
5.1 Laundry	1 @	117 s.f.	117 s.f.	120 s.f.
5.2 Clean Utility/Linens	1 @	107 s.f.	107 s.f.	120 s.f.
5.3 Soiled Utility	1 @	107 s.f.	107 s.f.	200 s.f.
5.4 Staff Breakroom	1 @	184 s.f.	184 s.f.	240 s.f.
	1 @		_	
5.5 O2 Storage (exterior)	1 (0)	66 s.f.	66 s.f. <b>914 s.f.</b>	90 s.f.
FACILITY AREAS			314 5.1.	1,120 s.f.
	1 @	F0 of	E0 of	100 of
6.0 Staff Toilet Room	1 @	59 s.f.	59 s.f.	100 s.f.
6.1 Family Toilet Room	2 @	- s.f.	143 s.f.	100 s.f.
6.2 Custodial	1 @	105 s.f.	105 s.f.	60 s.f.
6.3 Mech/Elec Room	1 @	158 s.f.	158 s.f.	180 s.f.
			465 s.f.	440 s.f.