



SKILLED NURSING FACILITY



**FUNCTIONAL PROGRAM EXECUTIVE SUMMARY**

[REDACTED]  
[REDACTED]  
**ADVANCED HEALTH CARE**

Functional Program

April 18, 2025

Facility Name: [REDACTED]

Facility ID #: [REDACTED]

OSHPD Building #: [REDACTED]

OSHPD #: [REDACTED]

Project Description: [REDACTED]

Code Cycle:

The facility will be built under the 2022 California Building Code.

**(b) Functional Program Executive Summary**

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<b>Project Summary:</b>	New free standing Skilled Nursing Facility
<b>Project Type:</b>	New Construction
<b>Project Size:</b>	[REDACTED]
<b># Stories:</b>	1
<b>Proposed # of Beds:</b>	46-beds
<b>Construction Type:</b>	Type V-A with Full Fire Sprinkler System
<b>Occupancy:</b>	Group I-2, B, A-2 Skilled Nursing Facility

**Project Description:** The project will consist of a newly constructed, one-story skilled nursing facility in [REDACTED]. The facility will be licensed for 46 beds.

**Structural Systems:** The structural system for this Skilled Nursing Facility will be Type V-A wood construction consisting of wood load-bearing and non-load bearing dimensional wood and / or engineered lumber stud walls, wood trusses, and plywood sheathed shear walls. The foundation system shall be a concrete slab with continuous spread footings at load-bearing walls and concrete pad footings at isolated posts/columns.

Wood load-bearing dimensional wood and / or engineered lumber stud walls, wood trusses, and wood beams are provided at the Porte Cochere.

Porte Cochere shall separate from the building with a seismic joint separating the two elements. Mechanical and Electrical Equipment serving the post-acute beds shall be seismically certified equipment.

**Mechanical Systems:** The mechanical design will comply with Pin 74. The mechanical system will consist mainly of rooftop HVAC package units serving individual zones within the building. A series of rooftop exhaust fans will service the toilet rooms, kitchen space, and any other areas requiring exhaust / relief air. Intakes to ventilate the attic spaces of buildings are provided. Specific rooms, including Patient Rooms, Med's Room, Electrical Room, IT Room, and PT Office will be provided with individual temperature controls, supported by a secondary system such as PTAC units or split system. Equipment will be designed to comply with the 2022 California Mechanical Code, CMC Table 4A requirements.

Rooftop package units serving the corridors that do not pass-through fire or smoke walls and do not serve other spaces other than the corridor will have fire dampers at the rated corridor ceiling. Combination fire / smoke dampers will not be required at these locations. Duct work serving the corridors shall be constructed of steel not less than 0.019 inch (0.48 mm) in thickness.

[REDACTED]  
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Functional Program

April 14, 2025

[REDACTED]

**Electrical Systems:** The primary source utility service will be 12kV utility power from IID to an on-site utility stepdown transformer. The stepdown transformer will supply a 277/480V and / or 120/208V, 3 phase main switchboard rated at around 2,500A. A three-branch essential electrical system will be backed up by a new, on-site, estimated size of 250kW, 277/480 or 120/208V, 3 phase diesel engine generator with 16-hour fuel storage. Supplemental fuel delivery will be provided to sustain emergency power for up to a 96 hour period in conformance with PIN 74.

**Plumbing Systems:** The plumbing systems will consist of waste, vent, grease waste, domestic water, water heating, and natural gas distribution.

**Fire Protection Systems:** This facility will be protected by a full fire sprinkler system in compliance with NFPA 13 and CBC Chapter 9.

[Redacted]

**FUNCTIONAL PROGRAM DETAIL**

[Redacted]



The 7 areas of the building will be as follows:

- Area 1:** I-2 Occupancy (Patient Wing) – 16 Beds  
**Area 2:** B Occupancy (Kitchen)  
**Area 3:** A-2 Occupancy (Dining)  
**Area 4:** I-2 Occupancy (Library, Administration, Nurse Station, Multipurpose Room, Med's Nourishment Room, Employee Lounge, Beauty Shop, Administrator)  
**Area 5:** B Occupancy (Physical Therapy, Kitchen Training, Administration, Laundry, Oxygen Storage)  
**Area 6:** I-2 Occupancy (Patient Wing) – 16 Beds, Nurse Station, Storage  
**Area 7:** I-2 Occupancy (Patient Wing) – 16 Beds, Nurse Station, Storage

**2.A. Departments Affected:**

- 2.A.1 Nursing Service:** The patient rooms will be accommodating patients who desire a private environment. Each room shall provide the following:
- Each room will be designed in such a way that the care of each patient in the facility is in a manner that promotes the dignity of the patient and his or her quality of life;
  - Ensure that each patient in the facility receives adequate supervision and devices to prevent accidents;
  - Each room will provide piped in oxygen;
  - Provide adequate and comfortable levels of lighting;
  - Provide comfortable levels of sound;
  - Have adequate outside ventilation by means of mechanical ventilation and provide safe and comfortable levels of temperature in the facility;
  - Equipped in a manner that allows adequate nursing care to be provided and provides comfort and privacy for the patient;
  - A separate bed of proper size and height for the convenience of the patient;
  - A clean, comfortable mattress;
  - Bedding that is appropriate for the weather and climate;
  - Clean linens for his or her bed and bath that are in good condition; and
  - Furniture that is appropriate for the patient's needs.
  - Allows plenty of space for the patient, family and staff to effectively congregate.
  - Patient beds will be an operable, hospital style that allows different positioning, with comfortable mattresses and headboards

The patient wings are separated into three areas (Areas 1, 6 and 7) separate from Area 4. Thus, patient rooms are clearly separated from the general public areas of the facility which allows privacy as needed for the patients.

There will be one centralized nursing station containing its support services in Area 4 serving all 46 Patient Rooms with additional nursing station in Areas 6 and 7. In this central location of area 4, the nurse station can monitor adjacent patient wings.

In summary, the facility will provide 46 total beds comprised of 46 private rooms. The intent is to have 100% fully accessible patient bedrooms and bathrooms throughout the entire facility to exceed the requirement of 50% of the patient bedroom and bathrooms to be fully accessible.

[REDACTED]

**2.A.2 Dietetic Service:** The facility will provide dietary services in-house in accordance with code and regulation to meet resident's individualized plan of care. The meals prepared by the facility's dietary department and will be provided based upon the resident needs and preferences.

Both a common and private dining room will be located in Area B. The common dining room will offer an elegant, homelike environment where residents can socialize while eating. The private dining room offers an area where residents and their support persons and/or families can enjoy meals or celebrate special occasions. Additionally, this space can be used to meet with residents for care conferences with staff. Staff will be available to serve residents and/or families while in the dining rooms. The private dining room seconds as a conference space where staff can meet to privately discuss topics relevant to operations of the facility. Doors and windows provide natural, ambient light and exposure to outside areas including eating in the courtyard, weather permitting.

A commercial style kitchen is located at the back of the common dining room which provides service access to residents, guests and staff. Trained dietary staff deliver nutritious, healthy, delicious meals three times a day from a 4-week cycle menu. Meals are served at scheduled times during the day, with not over 14 hours between the evening and breakfast meal, altered to accommodate individual resident needs. Families and guests are able to purchase meals for a nominal fee. A Registered Dietitian Nutritionist (RDN) approves all resident menus, which are prepared under the supervision of a Certified Dietary Manager (CDM). The RDN and CDM oversee all aspects of food production. The RDN and CDM arrange for the preparation of alternate foods for residents with special dietary needs and/or prescribed special diets.

Eating in the resident dining room is encouraged to support recovery and socialization, however residents may also choose to be served meals in their suites. Staff will deliver meals as needed or requested by the resident.

**2.A.3 Activity Programming Service** The facility will provide space for resident activities to take place "Centralized" or "Decentralized" based upon the resident preference and plan of care. The facility will provide activities and maintain a schedule that is consistent with the patient's interests, assessments and plan of care;

- Making choices relating to the patient's health care that are consistent with his or her plan of care;
- Interacting with persons inside and outside of the facility;
- Participating in social, religious and community activities that do not interfere with other patients in the facility; and
  - Making such other choices relating to his or her activities within the facility that are of significance to the patient.

The facility will provide a space so that a patient in the facility may organize and participate in groups formed to interact with other patients in the facility and with the members of their families. The facility shall provide a private area within the facility in which the members of such a group may meet.

**2.A.4 Therapy Service:** The facility shall provide to a patient, according to his or her plan of care, specialized rehabilitative services, including, without limitation, physical therapy, speech pathology, the rehabilitative services will be provided to a patient

[REDACTED]

in the facility only upon the written order of a physician and in accordance with current regulatory requirements.

The large, spacious rehabilitative gym allows skilled therapists to work independently and supervise the patient's rehabilitation and habilitation. The gym area is equipped with numerous exercise equipment, training areas and other constructed devices that will be used to provide physical, occupational and speech therapy to the patients. Natural sunlight is provided through exterior windows and an exterior door that exits to the courtyard. Exiting outside allows a natural environment for patients to rehabilitate while they enjoy the outdoors.

Patients are evaluated for physicians ordered therapy soon after arrival to the facility. An evaluation identifies patient deficits to which an individual plan of care is developed. Therapy is available 7 days a week.

Licensed physical therapists (PT) and physical therapy assistants (PTA) will use the exercise equipment and other constructed devices plus normal everyday activities inside and outside the facility to provide opportunities for the patients to improve their impairment. Techniques such as weightlifting, walking, negotiating stairs and inclines, doing stretches and massages will be done to increase strength, balance, flexibility, mobility, and bone and joint alignment to speed their recovery and reduce their pain. Therapists will also work with the patients to develop a treatment using similar techniques to use at home, so their recovery continues, and the possibility of future injuries reduced.

Licensed occupational therapists (OT) and certified occupational therapy assistants (COTA) assist the patient's habilitation by improving their ability to perform daily activities such as bathing, dressing, eating, and walking while recovering and preparing to return to independence. OTs also educate the patient on how to avoid and prevent future injuries and procedures in how to improve the healing process. A training kitchen and locker room are also located in the gym to assist the therapists in training the patients in their daily activities. The spaces are finished with skid resistant tile, painted walls, hard ceilings, kitchen cabinets and appliances, sinks and water closets, and showers that provide opportunities to practice duties that are crucial after returning home.

Speech therapy will be provided by licensed speech pathologists (SP) on an as needed basis to help address any vocal and cognitive communication disorders. A private therapy room is available for the therapists to help patients to learn or relearn how to properly swallow and train and support families to enable reintegration and recovery of the patient in a private setting.

While at the facility, wheelchairs, walkers, and similar equipment is provided to expedite patient recovery. Prior to discharge, an evaluation of the patient's home may be conducted to determine the equipment needed and possible modifications needed that help the patient to continue their recovery and prevent injuries. Home health and outpatient services are also offered to patients. Patients that require further rehabilitation and habilitation services in the comforts of their home or other clinic is explained and arranged by the discharge Coordinator prior to being discharged from the facility.

[REDACTED]

**2.A.5 Social Work Service:** Staff shall be provided with offices and meeting rooms to coordinate all discharges and ancillary services.

**2.B. Services and Project Components Required:**

**2.B.1 Administration Service:** Offices for administration, admissions, medical records, and social services are provided, including conference rooms, training, and multipurpose room(s).

The facility shall protect and safeguard all clerical files as they relate to staff, residents, and facility operations. Clerical files as so stated by code and regulation will be stored in a locked room and protected from fire, water damage, insects, and theft. All clerical files will be maintained in the Department in which they apply and will be maintained by such Department. Office space will be provided in the designated Department(s) to accommodate and maintain those clerical files in which it has oversight in accordance with current code and regulations.

**2.B.2 Storage:** The facility will provide storage space to meet the needs of the resident throughout the facility as they pertain to the individualized plans of care for each resident.

For example, but not limited to:

- Storage areas to enhance environmental cleanliness
- Storage area for personal belongings
- Storage space for the resident's medical record
- Storage space for the resident's medications
- Storage space for the residents activities and religious articles
- Storage space for care supplies and equipment
- Storage space for linens, both soiled and clean
- Storage space for dry food, refrigerated and frozen food

**2.B.3 Housekeeping Service:** Housekeeping services shall be available 7 days / week for each patient room and all common areas.

**2.B.4 Laundry Service:** Laundry shall be provided on-site, providing full service for linens and patients' personal laundry. Access and utilization of a soiled utility room(s) and equipment for infection control. In order to ensure the best possible care is being provided to our residents. At a minimum, the "Soiled Utility Room" will have; an area set aside for soiled goods, kept separate from the clean areas. A hand wash sink in accordance with current codes and regulations, flusher disinfectant per code and regulation and a clean storage area.

### **(c) 3. Indirect Support Functions**

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The skilled nursing facility is expected to have a peak shift of 40 staff members. The staff will be supported by employee locker rooms, toilet rooms and break areas. Staff toilet rooms are distributed throughout the building for both male and female employees. Each staff member will have a toilet within 200 feet of travel distance.

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[REDACTED]

## (c) 4. Operational Requirements

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**4.A. Projected Operational Use:** The distribution of the various departments is to be in response to the respective operational requirements. Wayfinding to specific nursing units is to be clear and simple.

**4.B. Departmental Operational Relationships and Required Adjacencies:** The I-2 patient wings are intended to be independent from each other, with shared services in the central area containing Dietary, Rehab and Administrative support areas.

## (c) 5. Environment of Care Requirements:

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**5.A. Delivery of Care Model:** Care for the patient is provided after an individualized program is developed that encourages the patient to transition to their best, functioning ability. The program is developed between the patient, skilled nursing staff and other licensed professionals and the patient's family and physician. The facility provides a pleasing, home-like atmosphere with skilled, qualified staff that provide friendly assistance to help the patients regain their strength and functionality to prepare for normal home life. Though patients recuperate at their own pace, the expected average stay of a patient is 20 days.

The program elements of this facility will be post-acute rehabilitation. This facility will utilize a patient focused care model. The goal is to provide care to patients in an inclusive way that builds a strong relationship between the patient and the care giver. By discussing the goals, values, and opinions of a patient, not only is a strong relationship formed, but care givers can better understand the progress an individual feels. This sense of progress determines a patient's commitment to the process. Ultimately it is the patient, not a physician who determines how successful an outcome has been.

The patient wings are designed using the Medical Model Nursing Unit (per CBC 1225.5.1).

**5.B. Patients, Visitors, Physicians and Staff Accommodation and Flow:** In general, visitors will access the building from the primary entrance in the central area (Area C) and check in with the Receptionist. Secondary entrances directly into the nursing units can be used by patients, staff, 3<sup>rd</sup> party transport or other parties with access, established previously with the facility.

**5.B.1 Care and Treatment:** The facility for skilled nursing shall provide to a patient in the facility, according to his or her plan of care, specialized rehabilitative services, including, without limitation, physical therapy, speech pathology, occupational therapy and services for mental illness and intellectual disabilities. The rehabilitative services will be provided to a patient in the facility only upon the written order of a physician and in accordance with current regulatory requirements.

## 5.C. Building Infrastructure and Systems Design Criteria:

[REDACTED]



[REDACTED]

**5.C.4 Plumbing System:** The plumbing systems will consist of waste, vent, grease waste, domestic water, water heating, and natural gas distribution. Separate water heaters will be provided for domestic hot water and kitchen hot water supply, and a copper distribution piping system is expected to be utilized. An exterior, below grade grease interceptor located on-site will service the kitchen greasy waste before connecting back into the sanitary system.

Primary and back-up domestic hot water heaters shall both provide a minimum of 70% of maximum usage at the Patient Wings 1, 6 and 7.

**5.C.5 Fire Protection Systems:** This facility will be protected by a full fire sprinkler system in compliance with the 2022 NFPA 13 and CBC 2022 Chapter 9.

**5.C.6 Fire Alarm System:** This facility will be protected by a fire alarm system that is fully addressable, state of the art, in compliance with 2019 NFPA and CBC 2022.

**5.D. Physical Environment:** The following elements are to guide design decisions:

**5.D.1 Light and Views:** All patient rooms are provided with exterior windows allowing natural light and views.

**5.D.2 Wayfinding:** Signage throughout the building(s) will provide names of units, rooms, areas directions and emergency egress, to ensure patients and visitors can navigate through the facility easily.

**5.D.3 Control of Environment:** Adequate light and ventilation are provided in toilet rooms and sleeping rooms.

**5.D.4 Privacy and Confidentiality:** The privacy and confidentiality of every patient is being protected by all employees of the facility. Conference rooms and offices will be available for confidential use by staff, patients, and their families. These rooms are located throughout the building. The Electronic Medical Record system has security measures in place to prevent unauthorized access.

**5.D.5 Security:** Facility staff will be located at control points to enforce limited access to restricted and semi-restricted areas and corridors for infection control protocols and for family/patient/staff safety.

**5.D.6 Architectural Details:** Architectural finishes / material palette shall promote a healthy, natural, calming healing environment for the patients.

Patient bedroom and bathroom fixtures are selected based on safety and risk planning.

**5.D.7 Cultural Responsiveness:** The economic demographic distribution is relatively **homogeneous**, and the ethnic backgrounds are quite diverse with no significant representation from any particular group.

[REDACTED]

Patient rooms will accommodate all residents admitted to the facility regardless of race, color, creed, national origin, age, sex, religion, handicap, ancestry, marital or veteran status, and/or payment source.

**5.D.8 Views of, and Access to, Nature:** The skilled nursing facility is located on the [REDACTED]  
[REDACTED]

**(c) 6. Technology Requirements:**

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The patient rooms will have nurse call systems with master stations at each nurses' station.

**(c) 7 Short- and Long-Term Planning Considerations:**

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The [REDACTED] is sized for the current demand of the area. If there is a need for future growth, a new facility on a different site will be constructed.

[REDACTED]



