



GUIDE TO PACE SITE SELECTION AND CENTER DEVELOPMENT



801 North Fairfax Street • Suite 309 • Alexandria, Virginia 22314
Phone: 703-535-1565 • Fax: 703-535-1566 • www.NPAonline.org

TABLE OF CONTENTS

OVERVIEW	1
SITE SELECTION CONSIDERATIONS	1
■ Location	1
■ Proximity	3
■ Center Size	4
■ Availability and Affordability	4
■ Sample PACE Center Scenarios (Center for Elders Independence)	6
PACE CENTER DEVELOPMENT	10
■ Facility Requirements	10
■ Space Requirements	10
■ Design Considerations	11
• Entrance/Lobby	11
• Day/Activity Room	11
• Personal Care Area	12
• Therapy Areas	12
• Dining and Kitchen	12
• Clinical Area	12
• Transportation	13
• Outdoor Area	13
• Staff Areas	13
■ Security	14
PACE CENTER COSTS	14
ATTACHMENTS	15
■ Attachment 1— <i>PACE Parameters: Program Start-up Costs and Considerations; Sources for Financing the Start-up of a PACE Program: An Overview</i>	15
■ Attachment 2—State Readiness Review Tool	25
■ Attachment 3—Sample Clinic Order Form (Providence ElderPlace- Seattle)	31
■ Attachment 4—Sample Center Furniture and Equipment List (On Lok Senior Health Services)	43
■ Attachment 5—PACE Center Checklist	49

GUIDE TO PACE SITE SELECTION AND CENTER DEVELOPMENT

OVERVIEW

The PACE center (the center) is the central point of service delivery for the PACE program. It must be designed, constructed, equipped and maintained to provide for the physical safety of participants, personnel, and visitors. The center must provide a functional, accessible and comfortable environment for the delivery of services that protects the dignity and privacy of the participants (PACE Regulation, 42 CFR Part 460 et al, 1999).

Selecting an appropriate site for the PACE center involves a number of critical factors that must be considered by developing PACE organizations. This Guide is intended to assist organizations through this process by offering some key site selection considerations as well as suggestions for facility development and design. Developing PACE organizations also can engage consultants, who have expertise in operating a PACE program, to assist with the site selection and center development process. For more information about consulting organizations, please contact the National PACE Association at 705/535-1517, or visit our website at www.npaonline.org.

SITE SELECTION CONSIDERATIONS

As the core service facility for PACE participants, the PACE center must be located where participants live and should be in close proximity to other potential contract service providers. It must be large enough to support daily attendance by participants and accommodate census growth. The center must also be large enough to support the delivery of a broad range of services, e.g., physician, occupational therapy, physical therapy, congregate meals, etc. The availability of an existing facility (unless the organization intends to build a new center) and what the organization can afford ultimately determine the location of the PACE center within the defined service area.

LOCATION

Service Area: Ideally, the PACE center should be located in an area of the community that is familiar to those who will be served and those the sponsoring organization already serves. The actual location for the center should be based on the analysis of the intended service area, the number of PACE eligibles and where eligibles reside. Such a location supports census building efforts and eases transportation burden. Transportation from the participant's residence to the center should be no more than 45 minutes (or shorter, if required by state and/or local requirements).

Market Size: The actual size of the service area is a major factor in site selection.

- **Multiple distinct neighborhoods.** If the intended service area is large enough to encompass multiple distinct neighborhoods, or both inner city and suburban areas, the organization will need to integrate various populations in order to meet enrollment goals. If the organization anticipates difficulties in enrolling participants from multiple distinct neighborhood groups in a single center, it will need to develop a strategy for overcoming these anticipated difficulties.

- **Transportation Time.** PACE enrollment can be limited by: the number of PACE eligibles in a given area, the size of the center, transportation time between PACE participants' homes and the center, and the number of PACE centers that can be developed cost effectively. Thus, based on the number and location of PACE eligibles in a given service area, an organization may decide to develop multiple centers over a period of time. This will assist the organization in meeting enrollment goals and addressing the issue of transportation time.

Whether it be to accommodate distinct neighborhoods/groups, or to address transportation issues, an organization that plans to develop multiple centers should consider:

- Where will the central office be located?
- Where will management staff be located?
- What services will be housed in the central office (e.g., quality assurance, finance, purchasing, marketing, etc.)?
- What will the organizational structure look like as new centers are developed – center-based or centralized management?

Market Diversity: If a single center's service area is culturally, economically, and racially and/or ethnically diverse, the organization will be required to integrate diverse populations under one roof. To meet this challenge, the organization will need to offer diverse programming and cultural resources for each population. To maximize enrollment from the entire catchment area, the PACE organization must strive for balance and sensitivity in communications, programming, staffing and enrollment in order to ensure representation of all ethnic, racial and cultural populations in the center's service area.

Community Receptiveness: Any new addition or change to an existing system is likely to create some ripples. In selecting a site for the PACE center, it is very important that the organization determine whether consumers and other health care service providers in the area are amenable to and accepting of the new center. Below are some suggested strategies for facilitating community receptiveness and acceptance.

Service Providers: Some service providers may not be receptive to the center, as they might view it as a threat to their existing services. Forming long term relationships with existing service providers (whether as subcontractors, referral sources, members of the PACE board and/or various committees, or partners in some larger community effort) is crucial to establishing acceptance within the community.

- The organization should have a plan for how it will successfully integrate itself into the community.
- The organization will need to have a strategy for how it will work with established referral networks.
- The organization will need to have a strategy for how it will establish long term relationships and negotiate contracts with service providers.
- The organization should identify a representative/champion who can speak to the community about PACE and its mission and begin to cultivate long term relationships with service providers. If possible, this individual should be someone with stature from the existing medical community.

Consumers: Reaching out to community residents and local community organizations also is a critical component of ensuring community receptiveness. Some residents may have misconceptions about the new PACE center and might be unsure whether this “new program” will interfere with the way current services are provided. One option for alleviating some of these concerns is to make a concerted effort to promote and educate the community about PACE.

- Once identified, the organization’s representative/champion should speak to the local community about PACE and its mission, address residents’ concerns, and begin to establish long term relationships with local health-related organizations, community leaders and residents.
- In promoting the PACE center, the organization should emphasize that the organization sponsoring the PACE program already is part of the community (if applicable). Commonalities between PACE and the sponsoring organization should be highlighted.
- PACE representatives should visit neighborhoods and attend community gatherings for service organizations, as well as residents and potential participants, and participate in community events.
- PACE representatives should visit religious centers (churches, synagogues, etc.) of potential participants.

Having a clear understanding of residents’ values, needs and desires relative to long term care services, will greatly facilitate the organization’s ability to gain community acceptance and market center services to the community. In the fall of 2001, the National PACE Association conducted a series of eight focus groups in four cities. The focus groups included family caregivers, who recently had arranged care for an aging loved one with chronic care needs. Focus groups were conducted in two communities with PACE programs and two without PACE programs. The following themes emerged:

- Consumers are motivated to keep loved ones out of nursing homes.
- Consumers will seek providers who can provide or coordinate care and help them make decisions as their needs change.
- Consumers expect to interact with a caring and friendly staff in caregiving organizations.
- Family caregivers value respite care.

Although public outreach and the establishment of good community relations with providers and consumers may not always be accomplished prior to site selection, it is worth consideration during the site selection process in an effort to achieve a smooth entry into the community.

PROXIMITY

Health Services: The center should be easily accessible to community-based providers, hospitals, nursing facilities and other complimentary services that the organization has identified as potential service options for the program.

Housing: Consider the proximity (or co- location) of senior housing, low-income housing, assisted living facilities, etc., where potential PACE participants could reside. In both HUD 202 and Tax Credit Affordable Senior Housing facilities, residents are aging in place and are already low income and therefore, likely to be both Medicaid and Medicare eligible. This provides a prime market for PACE. It also reduces the cost of transportation. It might, however, increase home care costs if most residents require home care.

Visibility: The main entrance to the center should be well lit, easily identifiable and at a safe distance from traffic. The center should be appealing, easily identifiable and fit within the surrounding buildings and/or businesses (e.g., a health care facility in an industrial or manufacturing area would not be ideal).

Accessibility: The center should be situated right on street level. If this is not possible, the center must be accessible by a ramp or elevators. The main entrance should be free from obstacles so participants can enter without difficulty. There should be enough space in front of the main entrance, away from traffic, so vans can stop safely. Participants should be able to get on and off the vans safely and enter the center with ease.

If possible, there should be parking for staff and visitors. (Some cities have ratio requirements for staff and visitors.) If parking is on the street, a cutout for wheelchairs or a ramp is necessary. There should be multiple handicapped parking spaces near the center's main entrance. As census increases at the center, there will most likely be more than one van loading and unloading at the same time. Also, van parking overnight parking and/or parking during the day when the program is not transporting participants should be considered. These spaces may be negotiable as a part of the lease.

Note: It is important to keep in mind the physical facility must meet federal accessibility laws and state and local requirements.

CENTER SIZE

Typically, the size of a PACE center, not including administrative office space, ranges from 10,000 to 12,000 square feet. The total number of participants per center (and per interdisciplinary team) is usually around 120 to 150. Based on 150 total participants, the center should be able to accommodate a **daily attendance** of 80-100 participants (on the average, participants will visit the day center between two and three times a week). It is important to keep in mind that the size of the center will impact census growth. Consequently, the size of the center should accommodate projected census growth. As census grows and center capacity is reached, other centers will need to be developed. Therefore, a smaller facility can be used with the expectation that additional centers will be developed as census grows. Larger facilities that can accommodate two interdisciplinary teams and, therefore, twice as many participants (240-300), also can be developed.

AVAILABILITY AND AFFORDABILITY

Ultimately, the exact location of the PACE center will be determined by what existing properties are available in the service area and by what the organization can afford. Is there an available facility in the service area that can be renovated? (If the organization is part of a larger health care system, there may already be an existing center that may not require extensive renovation.) If so, does the organization plan to **lease** or **purchase**? If a facility is not available, can the organization access financial resources to **construct** a new center?

Regardless of whether the organization purchases or leases space, some key questions to address when assessing the potential of existing facility are:

- What is the age and size of the facility?
- What shape is the facility? (Square and rectangular work best.)
- How easy is the space to modify? Will it require massive renovations or simple modifications?

- Is the space restrictive to design changes or mounting equipment? Are there existing structural limitations and/or state regulations that may prohibit necessary renovations? For example, are there pillars that would interfere with a participant's safe passage through the center?
- What was the facility used for previously?
- Will potential participants be resistant to the pending transformation?
- Is the facility appealing enough to attract participants?
- Is the facility easy to find?
- Is it close to public transportation?
- Is the facility in a safe area of town?

Balancing location, availability and affordability is a challenging yet essential task that organizations will face during site selection. According to Peter Szutu, executive director of Center for Elders Independence (CEI) in Oakland, CA, the site selection process will require a

“little bit of science, a lot of planning, some luck, and most of all, compromises. Decisions that are made during this process will likely be based on achieving an **acceptable** solution, not necessarily an **optimal** solution, or possibly somewhere in between. Be opportunistic. Be creative. Take advantage of what is available. And most of all, know what you can afford.”

Note: See Section on PACE center costs and Attachment 1 for further information on center costs and sources of financing for start-up.

As of April 2002, CEI had a census of 337 participants who were served across three PACE centers. For CEI, the two major driving factors in site selection were location and affordability. The following center case scenarios from CEI's centers illustrate the experiences of one PACE provider. The pros and cons for each scenario are presented.

SAMPLE PACE CENTER SCENARIOS
CENTER FOR ELDERS INDEPENDENCE, OAKLAND, CA
CENTER #1 - HIGHLAND
1992

The Highland Center was developed in an unused ward of a community hospital. Although it was inexpensive to remodel the space, there were many restrictions with regard to design changes and mounting equipment.

LOCATION	AFFORDABILITY	PROS	CONS
In an unused ward of a county hospital	Affordability was the main driving factor	Inexpensive remodeling (\$30k)	Unattractive – still an old hospital
Originally built in 1920s	Preceding organization was financially anemic	Free rent	Hard to find for new participants and families
	\$750,000 in grant funds for first three years	Inexpensive food	County hospital has stigma of welfare hospital – reluctance to enroll
	Used existing ADHC facility	Some people knew where it was because of the adult day health center (ADHC)	
	Minimal modifications needed to achieve licenses	ADHC staff converted – few new hires	Space was hard to modify because of state and federal hospital regulations
	Free rent and reduced food cost	ADHC participants converted – 40 from start	Very restrictive as to design changes and mounting equipment

Note: In 2001, participants in this center were relocated to a new center (see Eastmont Center – Center #4)

CENTER #2 - SAN PABLO 1995

The San Pablo site is located in a building that was originally a hotel. Previously, the building had been condemned following the 1989 earthquake. A collaborative effort took place to use the building for low-income housing and services for seniors in the community. Using Federal Emergency Management Agency Rehabilitation funds with HUD 202 tax credits, the building was renovated into 144 affordable senior apartments and the PACE program.

LOCATION	AFFORDABILITY	PROS	CONS
Ground floor of 144 units of affordable senior housing	\$600,000 for remodeling and furnishings	Ground floor of 144 units of affordable senior housing – 70 participants did not require transportation to the center	Funny V-shape restricted design options
Within 2 miles of 6 more affordable senior housing facilities	\$6,000 per month rent (tied to CPI)	Custom configured to meet our needs	Footprint smaller than optimum – requiring two mezzanines to accommodate office space
Beautiful south-facing enclosed patio and garden	Lease for 15 years with option to buy at the end of the lease period – buy up to 50% equity for remaining tax credit liability	Less than \$1/square foot/month, with option to own up to 50% of building	Too easy access for housing tenants who are participants – would come to the center on days they were not assigned to be there
Lower economic area of downtown	Triple net rent agreement – responsible for maintenance, utilities and repairs		

CENTER #3 - BERKELEY 2000

A new construction project, CEI partnered with two other non-profit organizations to develop affordable senior housing, a PACE center, and an Over 60 Community Health Clinic. HUD funds and a mortgage loan guaranteed from Cal Mortgage State Insurance Program funded the project.

LOCATION	AFFORDABILITY	PROS	CONS
In the heart of South Berkeley/ North Oakland flatlands	Purchased 50% ownership of site with low interest loan of \$2.9 million	Co-location with 40 units of HUD 202 and Over 60s Community Health Center	Expensive square footage
Co-located with Over 60 Health Clinic and 40 units of HUD 202 above.	Site built from scratch – collaboration with two other non-profit organizations	Design built from scratch	Still smaller than optimal (~6,000 sq. feet)
Close to public transit stops	Monthly debt service \$12,000 for 6,000 square feet	Enhanced with Community Art	Indebted to Cal Mortgage for the loan
Lovely patio and other features		Sized for the anticipated market	Total census capacity about 100 to 115 – smaller market

CENTER #4 - EASTMONT 2000

The Eastmont site is located directly in the heart of Oakland in a large under-utilized shopping mall. Developers opted to attract community services rather than major retailers. The Eastmont site has access to many community services, including county outpatient clinic, library, dialysis center, stores, etc. In 2001, participants from the Highland Center were reallocated to Eastmont, which resulted in a starting census of 104.

LOCATION	AFFORDABILITY	PROS	CONS
Large under-utilized shopping mall	Operating lease includes tenant improvements – not a loan	Big enough to have multiple programs for various levels of function	No outdoor space
Co-location with public library, county outpatient clinic, senior center, dialysis center, computer learning center, Planned Parenthood and stores	\$1,000,050 total for remodeling 10,500 square feet	Co-location with many complementary services	No affordable senior housing on campus
Public transportation hub	Replaced Highland Site – starting census of 104, no ramp-up loss, no new hires	Room for two day rooms – one large, one small	
Heart of East Oakland	Increased rent from Highland's \$0/mo. to \$24,000 per month	Broke even from day one	
	Although rent increased, broke even or better operationally from day one*	Lots of parking	

*This was in large part due to the transfer of participants from CEI's first locations to this new location.

PACE CENTER DEVELOPMENT

FACILITY REQUIREMENTS

The PACE center's physical facility must be in compliance with applicable federal, state and local building requirements. Attachment 2 presents selected criteria from the State Readiness Review Tool, which is used by the State Administering Agency (SAA) during the readiness review of non-operational PACE organizations. This tool presents criteria (established by CMS central office in conjunction with the CMS regional offices and the states) relative to the physical environment of the PACE center. This "criteria" is used by the SAA to determine the organization's readiness to administer the PACE program and enroll participants. The focus of the review includes, but is not limited to: design and construction of the building; emergency preparedness; compliance with OSHA, FDA, state and local laws; and adherence to life safety codes.

The *State Readiness Review Tool*, which presents both the PACE regulation and readiness criteria, can be used by organizations as a planning tool and to monitor compliance with facility requirements during the development of the PACE center.

Note: Organizations may obtain a copy of the entire State Readiness Review Tool and the PACE Regulation from the CMS web site at: www.cms.hhs.gov/pace/pacest.asp.

SPACE REQUIREMENTS

As stated earlier, the PACE center should be able to accommodate 80 to 100 participants on any given day. Because the PACE center includes the provision of adult day health care, the state adult day care/day health care licensing requirements (typically 40 square feet per person for the program area) must be met, if the day center is licensed. The National Adult Day Service Association recommends at least 60 square feet per person of program space for multi-purpose use, not including reception or storage areas, offices, rest rooms, passageways, treatment rooms, and therapy and dining areas (if these two areas are used solely for therapy and dining). However, PACE participants are frailer than the typical ADHC client. Experience by PACE programs suggests planning for approximately **100 square feet per participant** for multipurpose program space (dining, large and small group activities, quiet activities). In addition to multipurpose space, the center must provide for rehabilitation, primary care services, administrative office and team meeting space. Furthermore, since the PACE center requires a considerable amount of plumbing fixtures and sufficient sewer capacity, there must be enough space available to accommodate plumbing and sewer capacity needs. (Note: Plumbing renovations are a significant cost consideration in site selection.)

It is common for programs to use several areas for a variety of activities. This allows the program to conduct a variety of activities/programs for participants with different needs and interests (e.g., participants with dementia). The day room/multi-purpose room typically is used for dining in addition to other activities, which may include all participants or small groups. Some programs use therapy areas for other activities when therapy is not being provided.

Some PACE programs recommend the use of an architect who has experience with senior housing. This should be someone who understands the Americans with Disabilities Act (ADA) as well as the functional aspects of accessibility. Furthermore, the architect should be effective in working with the city permit and inspection process. (Note: PACE programs have found that developing a team of designers, engineers and contractors works best as they build additional centers. The team gets used to the program's expectations and work style.)

DESIGN CONSIDERATIONS

The PACE center design should maximize participants' independence and enhance the normal experiences of everyday life. The interior of the PACE center is a major factor in participants' physical and psychological functioning. The center should be inviting, friendly, familiar and easy to navigate. The center should be attractive but not confusing or over stimulating to participants. Particular attention should be paid to accessibility, lighting, color and contrast, furniture, floor coverings, familiar furnishings and atmosphere.

- Lighting - participants' eyes will most likely function better if there is a combination of natural light and artificial light.
- Color and contrast - the use of colors and contrast can assist participants in separating objects from their background.
- Furniture - chairs should provide leverage so participants can stand up with ease. Using upholstery that is easy to clean and maintain (e.g., vinyl) is preferred.
- Floor finishes - tile floors are easy to clean and maintain; however, they can become slippery and cause too much glare for elderly eyes. Consider using carpets, some of which are suited for health care facilities.
- Familiar furnishings - creating an environment that would have some residential familiarity can lessen the impact of the loss of independence that comes with aging.

(The above suggestions are from *Trends in Adult Day Health Center Design, The Design of PACE Model Facilities and the Future of Long Term Care, AHA/AIA 1994-1995 Graduate Fellowship in Health Facility Planning and Design, Mark Thomsen, AIA. In the preface, there is a statement by the author, Mark Thomsen, "...financial support of a grant supplied by the American Hospital Association and the American Institute of Architects. This grant is administered through the AIA's Academy of Architecture for Health, chaired by Peter Bartwell of NBBJ Architects in Columbus, Ohio."*)

Below are some suggested design considerations for each area of the center:

Entrance/Lobby Area. The entrance of the center should be protected from the weather. Automatic doors should be installed to allow easy access into the center. The entrance area should be warm and welcoming, accessible for wheelchair-bound persons and wide enough for a stretcher. Special attention should be given to the floor covering to ensure participants' safe and easy passage into the center. A shiny floor may look nice, but it also may be very slippery. A coat room/storage closet should be nearby.

Day/Activity Room. The day room is where all major activities take place and should be located in the middle of the center. Usually, this is the first place that participants come when they arrive at the center and the place they leave from at the end of the day. The day room should be able to accommodate activities involving all participants in attendance as well as small group activities. There should be sufficient storage space for items used for recreation, crafts and other activities. The day room should accommodate smaller quiet areas for activities such as movie viewing, music therapy and religious services, and for participants preferring quiet conversation. These spaces can be separate corners of the room and/or nooks and alcoves in other parts of the center. A separate room may be designated for participants with dementia.

The day room should be equipped with comfortable, washable chairs. Consider folding tables. Wall space in the day room should be available for pictures, bulletin boards, etc. Incandescent and fluorescent lighting is best.

Personal Care Area. The personal care area consists of the main toileting area, as well as bathing, grooming and clothes-washing facilities. This area should be easily accessible from the day room and should be designed, or have signage in clear view, to assure that it is off limits to visitors in order to ensure privacy. A call system should be in place so staff can call for assistance without leaving the area.

- **Toilet** stalls should be large enough to accommodate two or more persons assisting a participant in a wheelchair or using a lift. Curtains can be used instead of hard partitions to allow for more space. Toilets should be at least 14" high (which is higher than what the ADA requires). In addition to the personal care areas, public and/or additional unisex toilets can be located in other areas of the center as well. Overall, it is recommended that there be at least one toilet per 10 participants (this varies across programs).
- Wheelchair-sized unisex **showers** should be near but separate from toileting areas. One option is to locate the showers in between the men's and women's bathrooms. Showers should have non-skid surfaces or mats, and it is recommended that heat panels be located overhead. Showers should be large enough to accommodate assistance by at least one staff member. Each shower should have hand-held showerheads, and hot and cold turn-on valves should be away from showerheads. The shower entrance should ensure privacy. Storage for participants' change of clothes should be nearby in the dressing area. Additional space for personal care, such as a shampoo sink and a place for hair styling, can be outside the shower area.
- The **laundry** area is used to clean participants' clothing on an as needed basis. This area should be outfitted with heavy-duty washers and dryers and located near the personal care area. Room for folding of laundry is recommended and secure storage cabinets should be accessible for keeping laundry soap and other cleaning supplies. Participants' change of clothes, if not stored in the dressing area, can be kept in the laundry area.

Therapy Areas. Physical and occupational therapy areas should be near the day room. Private areas also should be available for examinations and/or individual treatments, such as ADL retraining. Space used for crafts or cooking should accommodate wheelchairs.

Dining and Kitchen. Dining areas should be integrated with the center and on the same level as the main day room, if not already a part of the day room. The dining room should accommodate comfortable sound levels during meals, good illumination and ventilation. Tables should be adjusted to fit wheelchairs. Having access from the dining area to an outdoor patio is a nice amenity and highly recommended if possible.

Clinic. The clinical area should be private and quiet. Exam rooms should be large enough to accommodate wheelchairs, family members and staff. There should be separate but adjoining rooms for medical record staff and the confidential storage of charts. The number of exam rooms usually will determine the size of the clinic. The number of exam rooms is based on the center's daily attendance. The following are some ideas worth considering for the clinic area (*PACE Operating Practices, 1998*):

- private exam rooms with sinks;
- one room for observation and/or resting with 2-3 beds (in or next to the clinic);
- sufficient office space for nurses and caregiver/family members;

- sufficient access to computers in treatment and office spaces;
- radiology view box location;
- adequate storage in clinic area for medical equipment (liquid nitrogen, splints, braces, surgical/parenteral equipment, wound supplies);
- room accessibility for wheelchairs;
- geriatric exam table;
- reception area for traffic control and scheduling of daily appointments;
- oxygen and suction;
- designated space for in-house specialists (e.g. dental, optometry, foot care, audiology, speech) (the latter two will need to be in as quiet an area as possible);
- charting space for all staff, out of the flow of traffic (may be provided in medical record room if sufficient counter space and seating is provided);
- proximity to clean/dirty utility rooms for infection control;
- small waiting area next to clinic;
- wheelchair-accessible bathroom in clinic area;
- daily communication system for appointments, etc. that can be made private;
- good ventilation;
- hazardous waste disposal; and
- refrigerator and locked cabinet for medications.

Note: In some states, the clinic may be required to have hospital-grade wiring.

Transportation. The transportation area should be safe from traffic with a covered entryway if possible and designated pick-up and drop-off areas. Inside, the area should be large enough to allow participants to take their coats off away from the door. There should be a communication board where items needing to go home with participants can be listed for the drivers. The transportation supervisor or coordinator needs a desk area or office nearby. A secure parking area for the vehicles at night also must be considered. (*PACE Operating Practices, 1998*)

Outdoor Area. Outdoor areas should be available to participants, if at all possible. This area should provide sitting and walking areas and include safe boundaries for wandering.

Staff Areas. Staff office space should be functional and convenient for both administrative and participant care staff. Depending upon the level of involvement with participants, the design needs and location of staff workspace will vary. Some office space will be located where participants are, while others will be separated from the “hub” of center activity. Some staff require private office space. Others require a workstation, and still others may not need any workspace at all. Part-time staff may share office space, if that is workable.

There must be suitable space for the interdisciplinary team to meet daily. This space must allow the team to maintain participant confidentiality. In addition, there should be adequate private space for family conferences. A separate lounge for staff is recommended.

SECURITY

The PACE center should install a proper security system with the goal of protecting participants from wandering out of the center.

- Receptionist workspace may be located near entrances and exits to observe/monitor/intercept wandering participants who may exit the center.
- Door alarm systems can be installed at entrance and exit doors to alert staff when participants have exited the building.
- Obscuring exit doors from participants' view, using items such as curtains, screens, etc., also can be useful, as long as this does not interfere with access.

The center also should provide adequate security for staff. Parking lots should be well lit.

PACE CENTER COSTS

PACE center costs will vary depending on whether the site is leased or purchased. As mentioned earlier, the typical size of a site is 10,000-12,000 square feet (excluding administrative office space) with the understanding that state adult day care licensing standards may affect the required square footage.

Lease: If the center is leased, costs are likely to be in the range of \$10-\$15 per square foot.

Purchase: If the center is purchased, the costs will vary depending on whether the site is new construction or renovation. Construction costs typically range from \$135-\$160 per square foot. Renovation costs typically range from \$45-\$55 per square foot. The PACE center requires a considerable amount of plumbing fixtures. Therefore, the level of plumbing at an existing site, and/or ease of access to add plumbing, can affect costs of renovation significantly.

Equipment costs will vary depending on whether the equipment is leased or purchased. For purchased equipment, costs will vary depending on whether the equipment is new or used.

For an overview of center cost estimates, please refer to *PACE Parameters: Program Start-up Costs and Considerations*, located in Attachment 1.

PACE Program Development Considerations:

Program Start-up and Development Costs

To provide a general understanding of the start-up requirements for a new PACE program and the factors affecting those requirements, the National PACE Association (NPA) reviewed the experience of six PACE programs.¹ Based on this review, NPA has developed high, medium and low range estimates of the costs associated with initiating a new PACE program. While the cost estimates presented here provide a sense of the resources required to start a PACE program, your own specific circumstances will have a significant effect on the costs you actually incur. Organizations should be careful to adjust their assumptions in light of their unique situation and market factors. This information should not be used as the basis for an organization's decision whether to invest in or initiate a PACE program. Each organization must develop its own estimates of the costs, benefits and risks of starting a PACE program.

Planning, development and start-up of Programs of All-inclusive Care for the Elderly (PACE) typically require resources for the following:

- Consulting
- Acquisition of space for the PACE day center
- Acquisition of equipment for the PACE day center
- Vans
- Working capital
- Solvency reserves

The start-up experiences of existing PACE organizations exhibit a considerable range in each of these categories, reflecting variation in their approach, geographic location, time of start-up and access to funding.

To assist potential new PACE organizations in considering whether PACE is a good fit, NPA has provided an overview of each of these start-up requirements and their associated costs. The cost parameters presented are intended to guide organizations in assessing the potential scope of funding required relative to their financial strengths and weaknesses.

Though not presented in detail here, the revenues of PACE programs have demonstrated their ability to generate a solid return on the start-up investment required.² Fully operational PACE programs with enrollments in excess of 300 participants are demonstrating solid margins that ensure their financial viability.

To ascertain financial requirements and considerations, many organizations engage consultants with expertise in operating a PACE program and assessing the requirements of establishing a new program. These consultants can gather the needed information and assist in developing a financial analysis. For more information about consulting organizations available to help you, visit the National PACE Association's web site at www.NPAonline.org, or contact NPA by phone (703/535-1517) or e-mail (pei@NPAonline.org).

¹The year of start-up for these programs ranges from 1998 to 2000.

²The Medicare and Medicaid reimbursement rates for the PACE program vary by location. Each state sets rates according to its own methodology. Medicare rates are based on the Medicare+Choice rate for a program's location, adjusted by a 2.39 factor for PACE acuity. Medicaid rates are negotiated between the PACE organization and the state, subject to federal approval. In general, rates are set by states to provide savings relative to alternative health care services (e.g., nursing homes, home care or assisted living).

Table 1: Start-Up Costs and Variables

While the general categories for start-up costs are common across new programs, the extent of the costs can vary significantly. This table presents start-up cost categories and some of the variables to consider.

CATEGORY - Description	VARIABLES
<p>Consulting Fees The fees paid to consultants for the evaluation, design and development of the PACE program</p>	<ul style="list-style-type: none"> • Consultant costs vary depending on how early a consultant is engaged in the development and planning process, what products the consultant is responsible for (eg., feasibility analysis, provider application, service initiation, financial audit, applications for loans/financing), and whether staff are hired as consultants during the planning phase and/or operational phase. • Regardless of the point at which a consultant is engaged, costs will vary depending on the extent of staff time available from the sponsoring organization to complement the work of the consultant. • Travel costs for consultants may add to the total expense. • Resources that support consultants working with prospective PACE organizations are available through NPA. NPA membership fees begin at \$2,500 for Exploring PACE, a one-year membership program to support organizations in the decision-making and early development stages.
<p>Organizational Assets</p>	
<p>PACE Center The location of the PACE center and the costs associated with its development</p>	<ul style="list-style-type: none"> • Costs will vary depending on whether the site is leased or purchased; lease costs are likely to be in the range of \$10-\$15 per square foot, or \$10,000 to \$15,000/month for a 12,000 square foot center (see next bullet). • The typical size of a site is 10,000–12,000 square feet; state adult day care licensing standards may affect the required square footage. • If a site is purchased, costs will vary depending on whether the site is new construction or renovation. • Construction costs typically range from \$135–\$160 per square foot; renovation costs typically range from \$45–\$55 per square foot. • The level of plumbing at an existing site, and/or ease of access to add plumbing, can significantly affect costs of renovation because of the extensive requirements for plumbing.
<p>Equipment The equipment needed for the PACE center’s activities, clinical services and administrative offices</p>	<ul style="list-style-type: none"> • Costs will vary depending on whether the equipment is leased or purchased. • Equipment purchase costs typically range from \$650–\$850 per participant, for a program intending to serve a total enrollment of 300. • Equipment is needed for: activities room, kitchen, dining area, rehabilitation, physician examination and clinic, personal care areas, suites for use by external medical specialists (e.g., dentistry, mobile x-ray), and administration. • For purchased equipment, costs will vary depending on whether the equipment is new or used.

CATEGORY - Description	VARIABLES
------------------------	-----------

Transportation

The vehicles needed to transport PACE participants

- Costs will vary depending on whether the vehicles are leased or purchased.
- Purchased vans range from \$35,000-\$40,000 for a used van and \$50,000-\$60,000 for a new van.
- Transportation can be subcontracted entirely resulting in no, to low, upfront costs.
- Passenger vans typically accommodate 12–15 passengers; wheelchair vans accommodate 6-8 passengers. These may vary depending on state requirements for seating positions.

Working Capital for Start-Up

While the program grows its enrollment, some of the fixed costs will result in operating losses that will need to be covered.

- Staff required to initiate a program are determined by regulation. Programs will need to have the site director and core interdisciplinary team of staff in place at the point the program opens and is operational.
- The rate at which programs achieve census growth will determine the duration of operating losses associated with fixed minimum staffing, facility, transportation and other costs. Census growth will vary depending on the service area’s underlying demographics, service alternatives/competition, and marketing success.
- Effective clinical management is a cornerstone of PACE quality and financial viability. The program’s ability from the outset to maintain people in their homes and avoid unnecessary hospitalizations or nursing facility admissions by delivering effective preventive care and assistance will help reduce initial operating losses as enrollment grows. Clinical management will continue to be critical to financial success.
- To contain medical cost risk exposure, PACE programs can contract with providers that are willing to share risk, and they can acquire reinsurance to limit their exposure for extraordinary inpatient care costs. Containing risk through these kinds of arrangements can reduce the impact of catastrophic costs during a time when the program has a small financial base/risk pool.

Solvency Requirements

PACE programs are required to meet state and federal solvency requirements

- Sponsoring organizations may offer a line of credit to meet the solvency requirements of the PACE program.
- Federal regulations require PACE programs to have one month of expenses plus one month of total capitation in reserve; some states have requirements that exceed this minimum.

Table 2: PACE Program Start-Up Investment Scenarios

New PACE programs have varied in their start-up costs and funding requirements. This table presents high, medium and low cost scenarios for each of the most significant cost categories.³

Category	Factors	Range (high, medium, low)
Consulting Fees	High: All phases, full-time consultant during planning, actuary Medium: Planning and provider application Low: Planning only	High: \$ 420,000 Medium: \$ 220,000 Low: \$ 100,000
Organizational Assets		
PACE Center	High: Purchase of building and renovation Medium: New site construction Low: Lease and renovate a site within an existing building	High: \$ 2.3 million Medium: \$ 1.75 million Low: \$ 500,000
Equipment	High: Purchase new equipment Medium: Purchase mostly new and some used equipment Low: Purchase mostly used and some new equipment <i>Note: leasing some equipment may lower upfront case requirements</i>	High: \$ 250,000 Medium: \$ 200,000 Low: \$ 130,000
Transportation	High: Purchased van fleet over two years to serve full enrollment Medium: Contract for services initially; purchase vans after one year Low: Contract for service (monthly fees offset need for capital)	High: \$ 500,000 Medium: \$ 300,000 Low: \$ 0
Working Capital for Start-Up		
Pre-operational Staffing	High: Full staff hired for program during preoperational development Medium: Full-time manager supplemented with part-time team members Low: Staff assigned by sponsoring organization to do most of planning and pre-operational development	High: \$ 540,000 Medium: \$ 400,000 Low: \$ 80,000

³These estimates are based on the experience reported by six PACE programs. The estimates have been adjusted for regional cost factors and outliers. Cost estimates have been standardized to reflect a program with a planned total enrollment of 300.

Category	Factors	Range (High, Medium, Low)
Working Capital for Start-Up (continued)		
Losses while Growing Enrollment	High: For a site with a net enrollment growth of three per month Medium: For a site with a net enrollment growth of four per month Low: For a site with a net enrollment growth of five per month	High: \$ 800,000 Medium: \$ 600,000 Low: \$ 500,000
Solvency Requirements	High: Cash reserves needed to self-insure for risk Medium: Cash reserves to ensure stability, with additional line of credit Low: Line of credit from sponsoring organization	High: \$ 750,000 Medium: \$ 300,000 Low: \$ 200,000
<i>Total</i>	<i>(see all above)</i>	<i>High: \$ 5.56 million Medium: \$ 3.77 million Low: \$ 1.51 million</i>

NOTE: Please see attached discussion. These estimates are best used to assess the order of magnitude an investment in PACE may require. More detailed financial analyses should be developed to evaluate costs, risk and return on investment. This information should not be used as the basis for an organization to decide whether to invest in or initiate a PACE program.

DISCUSSION

Consultant and Service Management Fees

New PACE organizations typically work with a consultant that has experience in developing and operating a PACE program. Consultants can assist organizations with demographic analyses, market assessments, financial estimates and actuarial analyses, regulatory approval, planning for service start-up, and initiation of service delivery. The fees for these services range from \$20,000-\$30,000 for assistance with developing a feasibility assessment and from \$40,000-\$50,000 for preparation of required submittals to state/federal agencies. Support for service development and start-up in the first year of operation is generally in the range of \$40,000-\$55,000.

The National PACE Association (NPA) offers a range of technical assistance resources through its Exploring PACE membership program. Exploring PACE is a one-time, one-year program for organizations assessing PACE. The cost for Exploring PACE is \$2,500 for one year. Full NPA membership provides access to all of the services of Exploring PACE, as well as to the range of model practices developed by the association. NPA membership fees for provider organizations begin at \$8,500. For organizations that join Exploring PACE and go on to join NPA, the cost of Exploring PACE is credited against the full membership fee for the first year.

Capital for Required Organizational Assets

PACE Center

The PACE center is the core service facility for PACE enrollees. Primary medical care, nursing, recreation, occupational and physical therapies, social services, dietary and personal care services are provided on-site to the persons enrolled in the PACE program, who are referred to as “participants.” At an enrollment of 300, the PACE program’s day center would need to accommodate 120-140 participants on any given day (the average number of visits to the day center by a participant is between two and three per week).

Because the PACE center includes the provision of adult day health care (ADHC), the state adult day care/day health care licensing requirements (typically 40 square feet per person for the program area) must be met. The National Institute on Adult Day Care Standards recommends at least 60 square feet per person of program space, not including reception or storage areas, offices, rest rooms, passageways, treatment rooms, and therapy and dining areas (if only used for therapy and dining). However, PACE participants are frailer than the typical ADHC client. Experience of PACE programs suggests planning for approximately 100 square feet per participant for multipurpose program space. In addition to the day center’s activity space, the center provides space for its rehabilitation and primary care services, along with administrative space. These requirements can add a total of 4,000 square feet to the center’s size. New construction costs for a PACE center range from \$135 to \$160 per square foot while build-out of existing space generally falls within \$45 to \$55 per square foot.

Transportation

PACE centers rely on vans or other vehicles to pick up participants and bring them to the day center or other locations to receive needed services. In addition, PACE centers may rely on their vehicles to deliver meals and provide transportation for home care workers and personal care attendants. Passenger vans typically accommodate between 12 and 15 ambulatory people, while wheelchair vans accommodate

between 6 and 8 people. Experience indicates that PACE programs require more wheelchair than ambulatory van capacity. When initiating a new PACE program, a van that allows seats to be removed and can convert from ambulatory to wheelchair capacity can help reduce costs. As an alternative to owning its own fleet, a PACE program may choose to contract with a transportation company for these services.

Equipment

PACE centers equip the general activity space, the rehabilitation and primary care clinics, and the administrative offices.

Working Capital for Start-Up

Demand for Services

The demand for PACE services will determine how quickly a program's enrollment grows. PACE programs typically break-even at approximately 80-100 participants. Programs typically experience net enrollment growth of from five to eight new enrollees per month as they grow. Program Staff At start-up, an interdisciplinary team must be established at each PACE center to comprehensively assess and meet the individual needs of each participant. The interdisciplinary team must be composed of at least the following: primary care physician; registered nurse; social worker; physical therapist; occupational therapist; recreational therapist or activities coordinator; dietitian; PACE center manager; home care coordinator; personal care attendants or their representative; and drivers or their representative. Prior to opening for enrollment, PACE programs will have payroll or contractual expenses for the required staff.

Clinical Management

The financial viability of PACE programs is predicated on their ability to maintain frail elderly people in their homes, with reduced reliance on inpatient and institutional long term care services. Effective clinical management is essential to achieving this. Successful PACE programs tend to maintain their inpatient utilization rate in the range of 2,802 days per thousand participants. Clinical management also will affect the number of enrollees cared for in nursing homes, which can have a significant impact on costs.

Financial Risk Management

To contain risk exposure, PACE programs can contract with providers that are willing to share risk and also can purchase reinsurance that covers the costs associated with extraordinary inpatient care. Reinsurance typically costs from seven to nine dollars, per member, per month for coverage of inpatient hospital services that exceed \$50,000 for an admission.

Payment Rates

Monthly PACE capitation payment rates are established independently by Medicare and Medicaid. For the vast majority of PACE enrollees, PACE programs receive both the Medicare and Medicaid capitation payments. For a small subset of participants who are ineligible for Medicaid, the program receives the Medicare capitation payment and a private-pay premium equivalent to the Medicaid capitation amount. For those participants who do not qualify for Medicare, Medicaid is the sole payer. Medicare establishes payment rates for PACE on the basis of the payment system in place for Medicare+Choice organizations. Beginning in 2004, a new risk-adjusted payment methodology is being phased in for PACE such that 10% of each participant's Medicare payment will be based on individual-level demographic and diagnostic data and an organizational-level frailty adjustor based on the program's participants' self-reported levels of functional impairment. The remaining 90% of Medicare payments will be based on the methodology in place for PACE since 1985 whereby county level M+C rates are multiplied by a single acuity

adjustment factor of 2.39 to reflect the higher frailty of the population served by PACE. The proportion of individual-level payment rates based on the diagnostic model will increase to 30% in 2005, 50% in 2006, 75% in 2007 and 100% in 2008. Medicare monthly payment rates for current PACE programs generally fall within the range of \$1400 and \$1775.

Medicaid capitation payment rates are generally set as a percentage of an Upper Payment Limit (UPL) that is based on the state's costs of serving a comparable nursing home eligible population. In all cases, the Medicaid rate(s) must not exceed the corresponding UPL(s). Medicaid monthly payment rates for dual-eligibles enrolled in current PACE programs generally fall within the range of \$2200 and \$3700. Medicaid rates for Medicaid only participants are higher as a consequence of Medicaid's status as sole payer for these individuals.

Start-Up Capital Required to Fund Early Operational Losses

The rate of enrollment growth determines to a large extent the level of operational losses. For programs achieving rapid enrollment growth (e.g., a net enrollment increase of eight per month), start-up operational losses may only be incurred for one year and be as low as \$500,000, though experience to date has not supported such rapid growth assumptions. For programs that add to enrollment at a slower rate, multiple years of losses can be expected. A more typical operating loss over two years would be approximately \$600,000. In some cases, if break-even enrollment growth for a large center is achieved over a longer period of time (three or more years), the cumulative operating loss may be closer to \$800,000.

Solvency Requirements

Federal and state requirements for the PACE program to maintain a risk reserve are designed to ensure the solvency of the program. The federal requirement is for one month of operating revenue and one month of expenses to be on-hand. This can be in the form of a letter of credit to the PACE program. States vary and may impose additional reserve requirements. In the first year, average monthly revenue is likely to be low with enrollment growing from 0 to a more operational level (probably in the 60 to 80 enrollee range). Therefore, the solvency requirement will be similarly low. However, access to risk reserves or reinsurance is important to protect the PACE program. Reinsurance costs range from seven to nine dollars per member, per month for coverage of inpatient admissions that exceed \$50,000. However, service exclusions and cost caps can result in significant costs for the PACE program even when reinsurance is triggered. To establish its own insurance reserve, a PACE program may want to secure between \$500,000 and \$750,000 in cash or letters of credit from a sponsoring organization.

PACE Program Development Considerations:

Sources of Financing

The sources of financing available to and selected by a PACE organization will reflect the mission and size of the sponsoring organization, the need to offset initial operating losses as the PACE program grows, and the general availability of financing options for start-up businesses.

As an organization considers its financing options, it is useful to distinguish the asset-based financing that will be required from financing that is not asset-based:

Asset-based financing: This is financing that will go toward the purchase or development of an asset that can be used as collateral for the financing. For example, financing for the construction of a PACE center, which then becomes an asset of the PACE organization, would be asset-based.

Financing for Operating Expenses: This is financing for expenses associated with operating the PACE program for which there is no tangible asset (e.g., financing needed to cover staffing costs prior to the opening of the program or cover operating losses while the program grows). The ability to cover these loans is based on the program's financial projections for positive net revenues (i.e., operating eventually where revenues exceed costs).

Generally, financing terms for loans that are secured by an asset will be more favorable while loans for operating expenses are considered riskier, and therefore the loans for these expenses are more costly.

Charitable Gifts and Donations

For organizations with a mission of charitable care, foundations and individuals that share their mission may be willing to fund PACE start-up through charitable grants and donations. Historically, foundation and gift support for PACE start-up has been a significant source of funding for new PACE organizations. Charitable sources of funding can be particularly useful in funding the planning costs that go into a new PACE program and offsetting the operating losses the program will face as it grows. Planning costs and start-up losses often are the most difficult expenses to fund commercially, as they provide no asset to secure a loan.

Conventional Loans

Other costs associated with start-up that do provide an asset, such as vehicle purchase or facility construction, offer commercial lenders more security, as the asset may be liquidated to offset any default on the loan or investment. Thus, banks will offer conventional loans to build or purchase a facility and purchase vans for a van fleet. The terms of conventional loans (repayment time period, interest rate) available to a new PACE organization will vary based on market conditions, the organization's history, and the availability of assets as collateral for the loan. Organizations with a financial history, or with a sponsoring organization that has a financial history, will be assessed based on this when requesting a conventional loan. Start-up organizations without the backing of a parent organization will need to present a business and marketing plan to support their request for funding.

Guarantees

Guarantees by a related organization offer security and collateral. A guarantee may be limited to a part or all of the debt. Guarantees may “burn-off” as the PACE program moves from start-up to a stable operation, or when the program attains some prenegotiated benchmarks.

Construction Loans

Banks also issue construction loans, but these differ from general loans in terms of how their total amount is determined and how they are paid to the requesting organization. The value of a construction loan is determined by the assessed value of the property to be constructed. Construction loans provide periodic advances to support the costs of building the property. The duration of a construction loan usually is one to two years, with payment for the construction loan rolled into a larger, longer-term form of financing, such as a conventional loan or bond financing.

Tax-Exempt Bonds

Bonds represent a promise by the borrower, through an issuing authority, to an investor to repay a debt at a certain interest rate and term. State and local governments are authorized to issue a limited amount of tax-exempt bonds for nongovernmental purposes, such as PACE. Tax-exempt bonds exempt the holder of the bond from paying taxes on the interest received. When these tax-exempt bonds are issued for a nongovernmental purpose, they are issued through a variety of designated authorities, which may include: local governments, economic development authorities, hospital or health care authorities, housing authorities and educational authorities. Tax-exempt bonds issued by these designated authorities are backed by the organization receiving the proceeds from the bonds, not by the state or local government. Thus, the designated authority is acting primarily as a conduit through which the borrower can access financing via the issuance of tax-exempt bonds. Because tax-exempt bonds do not require a tax payment on the interest paid to the investor, investors are willing to purchase these bonds for a lower interest rate. The lower interest rate reduces the cost of capital to the PACE organization. The overall amount of bond financing that may be issued by a state and the type of financing is limited by federal tax code and state legislation. The PACE organization needs to be a qualified 501(c)(3) organization or a project undertaken by such an organization to advance its mission.

Related Housing Financing

A number of state and federal programs exist to provide advantageous financing for the construction of low-income housing and the development of assisted living projects. By incorporating these elements into the overall financing of a new PACE program, a sponsoring organization may be better able to obtain financing for the elements of PACE start-up that do not generate an asset (e.g., development costs, initial operating losses). The connection with housing provides a considerable asset base, along with the PACE day center, to increase the total asset value of a project relative to the total loan value.

State Financing

In some cases, new PACE organizations may be able to obtain start-up funding from their state. States committed to expanding PACE services can direct funding to offset initial start-up operating losses as the PACE program grows its enrollment or support the costs of planning and development.

State Readiness Review Tool

PACE Regulation Physical Environment (Section 460.72)	State Readiness Review Criteria Physical Environment	Center Status		
		Yes	No	In Process
<p>1. Safe Design - 460.72(a)(1)(i): The PACE center must be designed, constructed, equipped, and maintained to provide for the physical safety of participants, personnel, and visitors.</p>	<p>A. EVIDENCE OF COMPLIANCE WITH ALL STATE AND LOCAL BUILDING, FIRE SAFETY AND HEALTH CODES OR</p> <p>B. Evidence of the following:</p> <ol style="list-style-type: none"> 1. Fire exit system; 2. Doorways that provide adequate width to allow easy access and movement of participants by wheelchair or stretcher; 3. Doorways and stairways that provide access free from obstructions at all times; 4. Lights and handrails in stairways, corridors and bathrooms, and at exits used by participants; 5. Toilets and stalls in the public bathrooms that are accessible to allow use by nonambulatory and handicapped participants, as well as staff and visitors; 6. Evidence of compliance with the ADA (28 CFR Part 36 Title III); 7. Facility equipped with call lights for a communication system that alerts staff of participant problems in bathrooms, therapy areas, etc.; and 8. Design features to safeguard cognitively impaired clients who may wander (e.g., fences, door alarms, detector bracelets, etc.) <p>C. Written plan that outlines scheduled maintenance for the PACE center to include building maintenance.</p>			

PACE Regulation Physical Environment (Section 460.72)	PACE Regulation Physical Environment (Section 460.72)	Center Status		
		Yes	No	In Process
2. Safe Design - 460.72(a)(1)(ii): The PACE center must ensure a safe, functional, accessible and comfortable environment for the delivery of services to the participant.	<p>A. EVIDENCE OF CERTIFICATION OR LICENSURE BY THE STATE OR A RECOGNIZED ENTITY FOR ADULT DAY CENTERS THAT ENCOMPASSES APPROPRIATE CRITERIA. OR</p> <p>B. Evidence of the following:</p> <ol style="list-style-type: none"> 1. Written policies and procedures for ensuring an environment that provides privacy and dignity for participants (i.e., doors for exam rooms, privacy curtains, appropriate clothing and linen to cover participants during treatment, etc.); 2. The center must have lighting and sound levels in care areas, activity and dining rooms appropriate for individuals with vision, hearing and cognitive impairments; 3. Written policies and procedures for an effective pest control program to control household pests and rodents not limited to roaches, ants, flies and mice; 4. Proper ventilation; 5. Designated areas for smoking that are clearly marked and limited to participants and staff; 6. Posted signs that prohibit smoking while oxygen therapy is being administered and clearly designated universal oxygen signs; 7. Written policies and procedures to determine if or when participants may smoke without supervision; 8. Written policies and procedures on the proper storage, handling and disposal of all chemicals, compounds and biohazardous waste, including Material Safety Data Sheets for any chemical, cleaning and medical supplies; and 9. Equipment stored in a manner to ensure participant safety at all times. 			

PACE Regulation Physical Environment (Section 460.72)	State Readiness Review Criteria Physical Environment	Center Status		
		Yes	No	In Process
3. Primary Care Clinic - 460.72 (a)(2): The PACE center must include sufficient suitable space and equipment to provide primary medical care and suitable space for team meetings, treatment, therapeutic recreation, restorative therapies, socialization, personal care and dining.	<p>A. Evidence of Adequate Space For: (Adequate space would be determined by the provisions, if any, that are included in the PACE center Life Safety Code building occupancy license)</p> <ol style="list-style-type: none"> 1. Team meetings 2. Medical treatment and other care 3. Therapeutic recreation 4. Restorative therapies 5. Socialization 6. Personal care 7. Dining <p>B. Evidence of sufficient and maintained equipment for safely transferring disabled participants on to exam tables and into restorative therapy treatment equipment, such as tubs, beds, etc.</p>			
4. Equipment Maintenance – 460.72(a)(3): The PACE organization must establish, implement and maintain a written plan to ensure that all equipment is maintained in accordance with the manufacturer’s recommendations and keep all equipment (mechanical, electrical, and patient care) free of defect. This includes any equipment in the patient’s home.	<p>A. A written maintenance plan that identifies the individual responsible for the implementation and monitoring of the plan, what logs or records will be required, what equipment is included, and the maintenance schedules.</p> <p>B. A written plan and monitoring programs to check all contracts related to maintenance agreements.</p> <p>C. Written plans and procedures to report device-related death and serious injuries to the FDA and/or the manufacturer of the equipment in accordance with the Safe Medical Devices Act of 1990.</p> <p>D. Evidence of manufacturer’s manuals for all equipment (mechanical, electrical and patient care).</p>			

PACE Regulation Physical Environment (Section 460.72)	State Readiness Review Criteria Physical Environment	Center Status		
		Yes	No	In Process
<p>5. Fire Safety - 460.72 (b)(1) The PACE center must meet the occupancy provisions of the 1997 edition of the Life Safety Code of the National Fire Protection Association for the type of setting in which it is located (i.e., hospital, office building, etc.)</p> <p>Fire Safety - Exceptions - 460.72 (b)(2) The Life Safety Code provisions do not apply in a State in which HCFA determines that a fire and safety code imposed by State law adequately protects participants and staff.</p>	<p>A. EVIDENCE OF COMPLIANCE WITH THE CURRENT EDITION OF THE NFPA 101 (1997) LIFE SAFETY CODES.</p>			
<p>6. Emergency and disaster preparedness - 460.72 (c)</p> <p>460.72 (c) (1) The PACE Center must: Establish, implement, and maintain documented procedures to manage medical and non medical emergencies and disasters that threaten the health and safety of participants, staff, or the public.</p> <p>460.72 (c) (3) PACE organization must train all staff (employees and contractors) on the actions necessary to address different medical and nonmedical emergencies.)</p> <p>460.72 (c) (4) The PACE center must have emergency equipment, including easily portable oxygen, airways, suction, and emergency drugs, along with staff who know how to use the equipment at the center at all times and immediately available to adequately support participants until Emergency Medical assistance responds to the center.</p>	<p>A. IF APPLICABLE, EVIDENCE OF CERTIFICATION OR LICENSURE BY THE STATE OR RECOGNIZED ENTITY THAT REQUIRES PLANNING AND PREPARATION FOR MEDICAL AND NONMEDICAL EMERGENCIES OR</p> <p>B. Evidence of:</p> <ol style="list-style-type: none"> 1. Written plan and procedures to manage medical emergencies, including responding to DNRs, or any other advance directives; choking; chest pain; seizures; stopped breathing or cessation of heart. 2. Written plan and procedures(s) for the periodic examination of all emergency drugs to confirm expiration date(s) and inventory control. 3. Written plans and procedures for staff training on and drills for the center's emergency procedures, including the use of emergency drugs and emergency equipment; 4. Evidence that all staff on site (during hours the center(s) have participants present) are trained and certified in at least basic life support. 5. Verify that emergency drugs and emergency equipment are readily available, operating, and clean including: <ol style="list-style-type: none"> a. PORTABLE OXYGEN b. AIRWAYS 			

PACE Regulation Physical Environment (Section 460.72)	State Readiness Review Criteria Physical Environment	Center Status		
		Yes	No	In Process
	<p>c. SUCTION EQUIPMENT d. PHARMACEUTICALS APPROPRIATE TO STABILIZE PARTICIPANTS.</p> <p>6. Written plan and procedures to manage nonmedical emergencies and any natural disasters affecting the center's geographic location, including:</p> <ul style="list-style-type: none"> a. method of containment of fire; b. evacuation plans and routes; c. adequate emergency lighting at exits and corridors; d. plans for power outages, problems with water supply, and transfer of participants to other sites that meet their special needs; e. periodic drills; f. documentation of drills and training; and g. plan for assuring the health and safety of participants at home to ensure their continuing care needs will be met. <p>7. Facility structure and characteristics that will accommodate an expedient and safe evacuation of staff, participants and visitors.</p>			

Notes page

CLINIC ORDER FORM
 PROVIDENCE ELDERPLACE – SEATTLE
 SEATTLE, WA

ITEM	ESI#	Vendor & Number	SUPPLIED	MANUFACTURER	PRICE	Comment
CAPITAL						
Burdick/Siemens EK10 EKG machine		BBM 921865	each		1641.00	
Service manual for EKG machine		BBM 860207	each		40.00	
Mobility lift			each		3036.00	
Nellcor Puritan Bennett pulse oximeter		NPB-40	each	Nellcor	550.00	
Semi electric hospital bed		BBM/Invacare bed 4	each		730.00	
Suction pump with battery		AE 6993	each	Armstrong Medical	635.00	
Wheel chairs		PEP Equipment	each		500.00	
MINOR EQUIPMENT						
Ambu bag with Adult mask		BM 078967	each		15.00	
BP cuffs		BBM 190093	each		94.00	
Counter top refrigerator for meds		George Smith Warehouse	each	Sanyo Model SR 171W	173.00	
Denture marking kit		Geri Inc #1990	each		29.00	
Economy privacy screen		BBM 153094	each		130.06	
Glass storage jars 7"		BBM 128314	each		4.00	
Covers for glass storage jars		BBM 128032	each		3.00	
Gooseneck standing lamp		BBM 339027	each		76.00	
Inflation leg system Adult		BBM 338746	each		21.00	
Inflation leg system Child		BBM 338680	each		14.00	
IVAC Thermometer 2090E		IVAC #2090E	each		296.00	
Locking Med cupboard			each		345.00	
Mini Wright Spiromenter (Adult Standard)			each	Clement-Clarke #0195-10133		
Monofilament		#5.07 (see comment)	each	Sensory Testing System	10.00	
Nail genie Professional model		Kallispell p. 41 #A	each		112.50	Foot care setup
Nebulizer		6710D	each	BBM	227.00	
Nebulizer, battery pack		M125760	each	BBM	230.75	

ITEM	ESI#	Vendor & Number	SUPPLIED	MANUFACTURER	PRICE	Comment
One touch II Glucometer		BBM 580685	each	One Touch	106.00	
Ophthalmoscope		BBM 658168	each		112.00	
Desk charger for ophthalmoscope		BBM 363091	each		245.00	
Otoscope		BBM 304360	each		68.00	
Overbed table		6417	each		144.00	
Pelvic light with cord attach		BBM 426362	each		94.00	
Penlight		SPD 105537	6 pack		5.28	
Pocket doppler			each	Parks Medical Model 840	335.00	
Rolling exam stools		BBM 518440	each		66.00	
Snellen Eye chart		195-0001240-00	each	Wilson Ophthalmic Corp	11.00	
Snellen illiterate "E" chart & astigmati		195-0001241-00	each	Wilson Ophthalmic Corp	11.00	
Spir-O-Flow peak flow meter			each	Spiro Matics Medical Equip		Cully only
Standing IV pole		BBM 341241	each		27.00	
Stethoscopes		BBM 338692	each		27.00	
Thermometer, digital	126164	BBM #016469	each		7.70	Home care bags

SUPPLIES FOR EQUIPMENT

Pedicure discs		Kallispell P-2	each	Nail Genie		Foot care setup
Barrel Drum Stone		Kallispell N-S-3	each	Nail Genie		Foot care setup
Diamond cone tips-Med		Kallispell	set 3	Nail Genie		Foot care setup
EKG caliper with clip		BBM nonstock	each		20.00	
EKG mounting paper		BBM 921051	box of 100		18.00	
EKG paper		BBM 921040	box of 100		28.00	
Aerosol mask, Adult		SPD 108150	each			
EKG sensors, disposable		BBM 437682	box of 500		34.00	
IVAC probe covers model 2090E		P90				
Nasal Cannula		SPD 108049				
Nebulizer hand held kit		BBM 545995	each	Hudson RCI #1734	1.01	

ITEM	ESI#	Vendor & Number	SUPPLIED	MANUFACTURER	PRICE	Comment
Otoscope replacement lamp		BBM 200098	each		7.22	
Otoscope speculum dispenser		BBM 463486	each		14.00	
Otoscope speculums 4mm	113202	BBM 52434	bag of 1,000		20.36	
Oxygen mask		SPD 26555	pack/6			
Spir-O-Flow mouth pieces			?	Spiro Matics Medical Equip		Cully only
Speculum, Vaginal (small)	113203	BBM 58000	box of 25	Welch/Allyn #58000	29.34	
Speculum, Vaginal (medium)	113204	BBM 58001	box of 25	Welch/Allyn #58001	29.34	
Suction Canisters			each	Bemis 480410001		
Suction Kit (cath and glove 14-16Fr)		#06200140100	case 50		107.71	
Suction tubing 10" connecting		SPD 109724	each		0.57	
Thermometer Sheaths	113234	B&B 017061	case	Becton Dickinson #2870	20.80	Home care thermom
Thermoscan Covers	117960		box	Thermoscan IR-200	10.82	
Yankauer Suction Tip		SPD 106152				
INSTRUMENTS						
Bandage scissors, large		BBM 815792	each		32.00	
Bandage scissors, small		BBM 818793	each		20.00	
Curved Iris Scissors		BBM 850070	each		22.00	
Disposable Scalpel #11		#0723371611	box of 10	Bard #371611	6.16	
Disposable Scalpel #15		BBM #029634	box of 10			
Ear Curette, blunt size 00		BBM 904594	each		14.00	
Ear Curette, blunt size 0		BBM 904570	each		14.00	
Forceps, duckbill		Storz #NO958	each	Storz Instrument Company	180.00	
Forceps, Kelly, straight		BBM 816000	each		21.00	
Forceps, Kelly, curved		BBM 816012	each		21.00	
Forceps, Tissue		BBM 815895	each		20.00	
Forceps, Tissue, serated		BBM 815883	each		20.00	

ITEM	ESI#	Vendor & Number	SUPPLIED	MANUFACTURER	PRICE	Comment
Ingrown toenail lifter		Kallispell - #126	each	Mehaz and Spilo		Foot care setup
Laceration tray		Durr #236410	each	Sterile Concepts	12.25	
Nail Nippers - Tweezerman		Kallispell-5172	each	Tweezerman		
One time sharps debridement tray		B&B #177192	each	Acme #61505	3.39	
Percussion hammer			each		2.46	
Pusher/cleaner - (foot care)		Kallispell #120	each	Mehaz		
Suture removal kit		BBM 732382	each	J & J	0.97	
Tape measure retractable	113205	BBM	each		1.5	
Tuning fork	129129	BBM 815512	each		8.65	
Sutures		Surgery PPMC	each pkg	Identify type and number		R. Childress
REFERENCES						
Drugs and Nursing Implications		Govoni & Hayes	each		33.00	
Facts and Comparisons			each		105.00	
Lippincott Manual of Nursing Practice Diagnostics		6th edition	each		49.00	
Manual of Laboratory			each		26.00	
PDR			each		46.00	
Scheduling calendar			each			
Taber's medical dictionary			each		26.00	
WOUND SUPPLIES						
3-M No Sting, 28 ml swab		#4509003343	box 25	3M 3343	23.14	
3-M No Sting, 28 ml spray		Choice-MM3346	each	3M 3346	11.07	O&M case of 12
3-M No Sting wipe		O&M 3344	box	3M	11.31	
Ace Bandage 3" roll	101922	#0723007376	box 10	Ace BD	6.21	
Acticoat 4x4		Choice-WB20101	each			

ITEM	ESI#	Vendor & Number	SUPPLIED	MANUFACTURER	PRICE	Comment
Alldress	124427	#5737065324	box of 10		16.32	
Allewyn 4 x 4	116276	#6504007637	box of 10	Smith/Nephew #7637	34.17	
Allewyn 2 x 2	135782	#6504007643	box	Smith/Nephew	25.77	
Aquacel		#1638177904	box of 5	Convatec #177904	30.13	
Band-aids 1"	112908	#3460004444	box of 100	J&J #4444	2.42	
Calgiswab type 3 (plastic)		#256643	pk/200	Spectrum 174-114P	15.03	
Cleansing bottle (peri)		#1365456540	case/50		15.31	
Clearsite 4 x 4		B&B #680576	1/box=10	(v92520)	44.71	
Coban 2"		#4509001582	each	3M 1582	1.11	
Coban 4"	115763	#450901584S	box/18	3M 1584s	31.51	
CombiDERM ACD			box of 10	Convatec #1877-25		
Comfeel clear 4 x 4		#1517003533	box of 10	Coloplast #3533	28.22	
Comfeel clear 9 x 14 cm	101942	#1517003536	box of 10	Coloplast #3536	31.71	
Comfeel plus 4 x 4	107300	#1517003110	box of 5	Coloplast #3110	17.49	
Coveroll stretch 4" x 2 yds	101756	#3455045548	each	Beiersdorf 45548	3.37	
Coveroll stretch 6" x 2 yds	101758	#3455045549	each	Beiersdorf 45549	4.45	
Cutinova body cavity	137505	Evergreen pharm 47571	box of 10	Beiersdorf	34.80	
Cutinova foam 4 x 4	117294	#3455047583	box of 5	Beiersdorf 47583	17.16	
Cutinova hydro 10 cm x 10 cm	101893	#3455047443	box of 10	Beiersdorf	22.70	
Cutinova hydro 5cm x 6 cm		#3455047441	box of 10	Beiersdorf 474441	19.21	
Dacron swab		#3022025801	box of 100	Hardwood	18.79	
Duoderm gel		#1638187990	10/box	NDC 003-1879-90	33.80	
Exudry disc		#2578090022	100/cs	Exudry 99-002	116.00	
Exudry disc		Choice medical	pk/2, ea.	Exudry 99-002	1.36	
Ferris polymem 4 x 4	118028	Vendor #6914	box of 15	Ferris 5044	51.44	
Ferris polymem 1" strips	118776	Vendor #6914	pack of 20	Ferris 7031	20.75	
Ferris polymem dots	130437	Vendor #6914	pack of 20	Ferris 7203	19.50	
Hydrasorb 4 x 4	101950	#35831694	box 10	Calgon Vestal #1694-NW	10.25	
Hydrasorb 4 x 8	101954	#16381694 NX	10/box	Calgon Vestal #1694-NW	9.80	
Kaltostat	101955	#16381681 NN	2g, box 5	Calgon Vestal #0519-1457-30	20.58	

ITEM	ESI#	Vendor & Number	SUPPLIED	MANUFACTURER	PRICE	Comment
Kerlix 4"	137714	#3583006715	cs/100	Kendall 6715	84.00	
Liquiskin	135022	Medlogic Global Corp			37.50	
Lyfoam C 4 x 4		ChoiceSQ 164755				
Micropore 1"	102103	#4509015301	box of 12	3M 1530-1	4.24	
Mipilex 4 x 4		ChoiceSQ 294100	5/box		30.80	
Miplex 8 x 8		ChoiceSQ 294400	5/box		103.90	
NS cotton swabs 6" 100/pk		#30220806 WC	box 10 packs		5.00	
NS 4x4 12 ply gauze sponges	101922	#3583002634	sleeve		8.60	
NS 2x2 12 ply gauze sponges	101919	#3583002252	sleeve		3.48	
Optipore sponge	107421	#16381251W5	box 25	Calgon Vestal	25.92	
Profore dressing		SPD 66020016	each	Smith Nephew #66000016	12.99	
Swabs, betadine	105849	B&B #565751	box 50		4.53	
Saf clens 12 oz.		Choice VE 1597H4	each	Calgon Vestal 51074	9.81	
Saf gel 3 oz.		Choice VE 1457ER	each	Calgon Vestal 0519-1457-30	10.02	
Shurclens	107256	#16381212W1	box 25	Merck	28.05	
Skin prep		#4204-00	box 50	Smith & Nephew		
Sleeve NS gauze 2x2		#3583002252	bag/200	Kendall 2252	1.98	
Sleeve NS gauze 4x4		#3583002634	bag/200	Kendall 2634	6.53	
Softsorb 4x6	138894	#5285046101	box/30	Deroyal 46-101	55.76	
Staple remover		Choice MMSR3	each	3M SR3	7.17	
Steri-strips 1/4" x 4"		#45090R1546	box	3M R1546	50.54	
Sterile cotton swabs 6"	105585	#3022258062 WC	pk 100	Hardwood	2.84	
Sterile gauze 2x2	101931	#3460002318	box 50	J&J 2318	1.75	
Sterile gauze 4x4	101935	#3460002317	box 25	J&J 2317	2.03	
Surepress	123632	#1638650948	6 rolls/pk	Convatec 0003- 6509-48	6.33	
Surepress wrap and stretch		Choice #SQ650947	each	Convatec	13.42	
Telfa		Stores	each		0.16	
Tielle 4 1/4" x 4 1/4"	116273	#3460002440	box of 10	J&J 2440	40.63	

ITEM	ESI#	Vendor & Number	SUPPLIED	MANUFACTURER	PRICE	Comment
Tielle 2 3/4" x 3 1/2 "		#3460002439	box 10	J&J	30.56	
Tielle Sacrum				J&J 2443		
Transorbent 4"x4"		#1088000400	box of 5	Braun 00400	21.95	
UROLOGICAL						
Catheter leg band		#1821000316	box 10	Dale 0584-316	32.44	
Catheter plug		SPD-391250	bag/10	Baxter 9660	0.35	
Catheter tray (no syringe)						
Chemstrip, 10 with SG	114174	BBM 799660	box of 100	Boehringer Manneheim	31.32	
Cups w/lid urine specimen		Stores 104657	case			
Cystoflo urine drainage bag		Allegiance KB2909	case/20	Baxter 2D2909	80.00	
Female Cath kit		SPD 109523	each		2.49	
Foley Cath tray (add a cath)	109599	#0620782100	case/20	Bard	34.08	
Foley Catheter 5cc, 14 Fr.		#0620165L14	box 12	Bard #165L14	41.53	
Foley Catheter 5cc, 16 Fr.		#0620165L16	box 12	Bard #165L16	43.34	
Foley Catheter 5cc, 18 Fr.		#0620165L18	box 12	Bard #165L18	43.34	
Foley Cath Silicone 5cc, 16 Fr.		SPD 109305	each		3.38	
Foley Cath belly bag w/belt		144961	box of 5?		20.58	
Irrigation tray w/piston syringe						
Male external cath (condom) med.		General stores 109756	case of 100		114.99	
Secure Caths		Choice MC54452	each	M.C.Johnson Co. #5445-2		
Tieman Catheter 5cc, 14 Fr.		#0620102L14	each	1.99	10.35	
Tieman Catheter 5cc, 16 Fr.		#0620102L16	each	Bard #0102L-16	10.35	
Urinal with cover	136275	BBM H140-01				
Urinal female		BBM 535886				
Urine collection hat	128694	B&B 134636	each	Sage 2500	0.48	
Urine leg bag (med.)		#3158009824	each	Hollister 9824	O&M 8.86	

ITEM	ESI#	Vendor & Number	SUPPLIED	MANUFACTURER	PRICE	Comment
SHARPS						
1cc TB syringe 25g 5/8"		SPD 106399	box 100		7.00	
6cc syringe	127692	#0723309603	box 100	BD #309603	7.13	
3cc syringe 25g 5/8"		SPD 128420	box 100	BD 513512	7.00	
3cc syringe 21g 1"		BBM 309575	box 100	BD 226375	4.14	
10cc syringe		#0723309604	box 100	BD #309604	7.35	
12cc syringe luer lock	116776	#5817512936	box 50	Monoject	5.70	BBM999465
35cc syringe luer tip		#5817535754	box of 25	Monoject #53574	5.90	
60cc (2oz) catheter tip syringe		#0723309664	box 30	BD #309664	10.84	
BD 18g 1 1/2" needle		#0723305196	box 100	BD #305196	2.37	
BD 20g 1 1/2" needle		#0723305176	box 100	BD #305176	2.37	
BD 20g 1" needle		#0723305175	box 100	BD #305175	2.37	
BD 21g 1" needle		#0723305165	box 100	BD #305165	2.37	
BD 21g 1 1/2" needle		#0723305167	box 100	BD #305167	2.37	
BD 22g 1" needle			box 100			
BD 22g 1 1/2" needle		SPD 106270	each		0.03	
BD 25g 5/8" needle		#0723305122	box 100	BD #305122	2.37	
BD 25g 1" needle		#0723305125	box 100	BD #305125	2.37	
BD 27g 1/2" needle		#0723305109	box 100	BD #305109	2.37	
Butterfly 25g 3/4"	138054	BBM	bag of 40			
Butterfly 23g 3/4"	129806	BBM	bag of 40	Abbot 45650101	14.55	O&M box
Butterfly 21g 3/4"	138053	BBM	bag of 40	Abbot 44920101	23.60	40/\$31.20
InSyte IV cateters 18g		SPD-181520	each	BD#3875181		
InSyte IV cateters 20g		SPD-181550	each	BD#3875181		
InSyte IV cateters 22g		SPD-181560	each	BD#3875181		
IV tubing 10gtts/ml			case 48	Baxter 2C5521s	79.22	
IV tubing 60gtts/ml			case 48	Baxter 2C5522s	141.06	
Lab supplies (vacuum tubes)		PPMC lab				see lab order sheet
Sharps containers 1 qt		#5595008900	each	Sage 8900	1.19	
Sharps containers 5 qt wall	115817	BBM 020266	case/20	Sage		
Sharps containers 5 qt stand alone		BBM 406079	case/20			

ITEM	ESI#	Vendor & Number	SUPPLIED	MANUFACTURER	PRICE	Comment
TOPICAL						
Alcohol preps	138895	3583006818	20 box/ case		25.92	
Aloe vest body wash	138484	O&M	case/4 gal		46.38	Pump 138485 free
Aloe Vesta zinc oint	141221	O&M			62.47	
Aquaphor	107336	O&M 345545585000	case of 12		139.17	
Body shampoo		16386278-08	case/4 gal		51.27	
Cetaphil cleanser		SPD 107248	each		7.12	BBM 529800 E 8.94
Eucerin cream 16 oz.		#345500090010	case 12	Beiersdorf 10356- 090-01	113.27	
Eucerin lotion plus	116277	#345503967010	case 24	Beiersdorf 510311	145.19	
Eucerin plus cream	130209	B&B BF03611	each	Beiersdorf	6.78	
Eucerin light cream	138565	Choice	each		11.04	
Eucerin light lotion	117693	BBM	each		6.59	
Hibiclens		BBM 636623	32 oz each	8 oz 594830		also 4 oz and 16 oz
Verruca freeze			each	CyroSurgery, Inc.		Basic Kit
Normal saline irrigation, 1,000ml		Durr - 974572	1000 ml	McGaw R5200-01	1.11	
Sterile water for irrigation		Durr - 974584	500 ml	McGaw R5201-01	1.11	
SensiCare lotion		Choice	3 oz each	Convatec 401881	5.00	
MISCELLANEOUS						
Adhesive remover wipes , Alkare	106207	#6504402300	box/50		5.75	
Alcohol		Pharmacy	gallon			
Arm sling, universal		Zimmer 1798-01	each		3.50	
Bath basin		PEP Equipment	each			
Batteries "AA"		SPD 102342	box of 32		8.32	
Batteries "AAA"		SPD 102345	each			
Batteries "C"		SPD 102349				
Coverage spray		GS 102952	case/12		37.30	
Coverage spray trigger		GS 102953	case/6		Free	
Denture cups with lid		SPD 138097	each		0.08	

ITEM	ESI#	Vendor & Number	SUP-PLIED	MANUFACTURER	PRICE	Comment
Disp sitz bath		#6709H99005	case 10	Vollrath	15.20	
Enema Administration Unit			each	Baxter, 6301A		
Fleets enema	113103	BBM 08774-9	EA	Fleet 0132-0201-40	0.92	
Fleets enema, oil retention	117812	BBM 087762	EA	Fleet 0132-0201-40	1.27	
Hand sanitizer (purell no rinse gel)	130318	BBM	4 oz pump			
Heelbo		#3075006880	each		5.96	
Hemocult slides	114172	BBM 276704	box 100		10.00	
Isopropyl alcohol		Pharmacy	gal			
Lemon glycerin swab		SPD 107424	each		0.08	
Lubricating jelly		SPD 106079	box 144		2.88	
Nasal cannula oxygen tubing		SPD 108049	each		0.43	
NS cotton balls, medium		293014028	bag of 2,000	O&M	5.76	
Paper bags small #6		Stores 128824	bundle /500		8.70	
Penlight flashlights		SPD 105765	pack of 6			
Pocket mask		O&M 641485820011	each	Superior	15.90	
Polygrip		SPD				
Powder free gloves, large	138733	BBM	case/20 box		128.24	
Powder free gloves, medium		BBM 581203	case/20 box		135.29	
Powder free gloves, small	117684	BBM 581197	case/20 box		135.29	
Sterile brand enviro aid		Mt. Hood Chemical	case/4 gal			
Surgical mask with ties		BBM 146560	box 50			
Swedish file (fot fil)		Kallispell	each	FotFil by Flowery		Foot care setup
Tape measure		BBM #728184	each			
TED hose (stocking elastic knee), large		Stores 105799	box of 12 pr		42.12	
TED hose (stocking elastic knee), medium		Stores 105801	box of 12 pr		42.12	
TED hose (stocking elastic knee), small		Stores	box of 12 pr		42.12	

ITEM	ESI#	Vendor & Number	SUPPLIED	MANUFACTURER	PRICE	Comment
Tempadots-disposable thermometers		#4509005122	box of 100		6.34	
Toothettes		SPD 107427	pack of 20		1.60	
Unisolve adhesive remover wipe		Choice	box		19.75	
Wooden tongue depressors NS		B&B 021271	box of 500	Bergen/Brunswig		
Wooden tongue depressors STERILE	116625	BBM 54124	box/100		2.79	
DIABETIC SUPPLIES						
Battery 6.2 V J		SPD 102332	each 6/box		1.58	
Box of Glucolet II lancing device	138129	O&M	box of 10		88.45	
Glucometer test solutions		BBM	one vial	J&J/NCD53885-353-01	5.00	For one touch
Glucometer test strips - One touch	117689	B&B 387496	box 50	J&J/NCD53885-285-50	24.25	
Glucometer test strips - Accucheck		#0875000560	box 50	Boehring-Mannehiem	33.50	
Insulin syringes - 1 cc		#0728329420	box/100		7.87	
Insulin syringes- low dose	117691	B&B 220206	box/100		7.11	
Lancets for Glucolet II	117690	B&B 586330	box of 200		27.76	
Tracer II test strips		B&B 921646			37.16	
MEDICATION SUPPLIES						
Aerochambers		GS 107968	case		239.00	
Cups waxed paper 3 oz	101408	BBM 822814	roll 100		1.72	
Maxi mediset (medium red)	137643	Apoth. Products	3/pack		39.00	now through pharmacy
Maxi mediset liners		Apoth. Prod. 71350				now through pharmacy
Paper bags #6 (small) white		GS 128824	Bndl/500		8.70	
Foot care						

Notes page

CENTER FURNITURE AND EQUIPMENT LIST
 ON LOK SENIOR HEALTH SERVICES
 30TH STREET MISSION CENTER
 SAN FRANCISCO, CA

PRODUCT	DESCRIPTION	LOCATION	REPLACE COST
AV			
VCR	Sony, 0425777	MI DHC	\$100.00
Stereo receiver	Aiwa	MI DHC	\$150.00
Television, 25"	Toshiba	MI DHC	\$200.00
Furniture			
Pedestal (b/b/f), BPI	Putty	MI Clinic	\$165.00
Cart, twelve basket	Chrome	MI Storage	\$600.00
Shelf	Gold	MI Storage	\$165.00
Shelf	Gold	MI Storage	\$160.00
VCR	Sony, 0425777	MI DHC	\$100.00
Television, 25"	Toshiba	MI DHC	\$200.00
TV stand	Wall mounted	Mission Center	\$160.00
Chair, Warren highback	Green	MI DHC	\$522.00
Chair, Warren highback	Green	MI DHC	\$522.00
Chair, Warren highback	Green	MI DHC	\$522.00
Table Plus, 42" square	T9H, maple	MI DHC	\$528.00
Table Plus, 42" square	T9H, maple	MI DHC	\$528.00
Table Plus, 42" square	T9H, maple	MI DHC	\$528.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Ergonomic stento chair, #205040	Citadel Forest	MI Reception	\$184.00
Workstation, BPI	Harper's, Aspen sand	MI OT/PT	\$850.00
Keyboard tray with arm	#180S-21, #170	MI Gym	\$207.00
Shoji screen		MI Gym	\$60.00

PRODUCT	DESCRIPTION	LOCATION	REPLACE COST
Shoji screen		MI Gym	\$60.00
Ergonomic steno chair, #205040	Citadel Forest	MI OT/PT	\$184.00
Table, 30x48 mobile	Bronze/cinder	MI DHC	\$555.00
Table, 30x48 mobile	Bronze/cinder	MI DHC	\$555.00
Table, 30x48 mobile	Bronze/cinder	MI DHC	\$555.00
Keyboard tray with arm	#180S-21, #170	MI DHC	\$207.00
Keyboard tray with arm	#180S-21, #170	MI DHC	\$207.00
Ergonomic steno chair, #205040	Crayola	MI DHC	\$184.00
Ergonomic steno chair, #205040	Print	Mission Center	\$195.00
Ergonomic steno chair, #205040	Crayola	MI DHC	\$184.00
Ergonomic steno chair, #205040	Print	Mission Center	\$195.00
Workstation w/overhead, BPI	Harper's, Aspen sand	MI Clinic	\$1,152.00
Workstation w/overhead, BPI	Harper's, Aspen sand	MI Clinic	\$1,152.00
Workstation w/overhead, BPI	Harper's, Aspen sand	MI Clinic	\$1,152.00
Ergonomic steno chair, with arms, #205040, 205081	Crayola	MI DHC	\$301.00
Ergonomic steno chair, #205040	Crayola	MI Clinic	\$184.00
Ergonomic steno chair, #205040	Crayola	MI Clinic	\$184.00
Keyboard tray with arm	#180S-21, #170	MI Clinic	\$207.00
Keyboard tray with arm	#180S-21, #170	MI Clinic	\$207.00
Keyboard tray with arm	#180S-21, #170	MI Clinic	\$207.00
Stool	S336207	MI Clinic	\$0.00
Overbed table	115823	MI Clinic	\$84.00
Ergonomic steno chair, #205040	Citadel Forest	MI Clinic	\$184.00
Ergonomic steno chair, #205040	Citadel Forest	MI Clinic	\$184.00
Ergonomic steno chair, #205040	Citadel Forest	MI Clinic	\$184.00
Keyboard tray with arm	#180S-21, #170	MI Clinic	\$207.00
Keyboard tray with arm	#180S-21, #170	MI Clinic	\$207.00
Overbed table	115824	MI Clinic	\$84.00
Overbed table	115822	MI Clinic	\$84.00
Shelf	Gold	MI Clinic	\$190.00
Keyboard tray with arm	#180S-21, #170	MI Clinic	\$207.00
Laundry hamper		MI DHC	\$110.00
Workstation w/overhead, BPI	Aspen sand	MI DHC	\$1,378.50
Workstation w/overhead, BPI	Aspen sand	MI DHC	\$1,378.50
Murphy table		MI DHC	\$2,973.00
Murphy table		MI DHC	\$2,973.00
Murphy table		MI DHC	\$2,973.00
Laundry hamper		MI DHC	\$110.00
Table Plus, 42" square	T9H, maple	MI DHC	\$528.00
Table Plus, 42" square	T9H, maple	MI DHC	\$528.00
Table Plus, 42" square	T9H, maple	MI DHC	\$528.00

PRODUCT	DESCRIPTION	LOCATION	REPLACE COST
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Arm chair, #8911 Gunlocke	Spice	MI DHC	\$216.00
Kitchen			
4H steamtable	Aerohot, EP303M, 5G 00	MI DHC	\$825.00
Cabinet, heated metro	TC90S	MI DHC	\$1,055.00
Refrigerator	Traulsen, T963460Foo	MI DHC	\$2,231.00
Dishwasher, Hobart LX 18H	23-1036-201	MI DHC	\$3,385.00
Cart, 2 shelf metro	97106	MI DHC	\$200.00
Refrigerator	Sanyo, 3.7 cu. ft.	MI DHC	\$162.00
Maintenance			
Vacuum cleaner	K131268, Windsor II	MI Plant	\$525.00
Medical			
Welch Allyn Anoscope light head & handle		MI Clinic	\$270.00
EKG machine, Burdick E-350	10510006446	MI Clinic	\$3,237.00
Exam table, Ritter 75L	JX003349	MI Clinic	\$6,975.00
Step stool		MI Clinic	\$85.00
Welch Allyn wall mounted charger, otoscope, ophthalmoscope, thermometer		MI Clinic	\$836.85
Welch Allyn light, table mounted		MI Clinic	\$608.70
Vaginal specula light source	Welch Allyn	MI Clinic	\$119.48
Trash can, Mipro	Small, white	MI Clinic	\$90.33
Trash can, Mipro	Small, white	MI Clinic	\$90.33
Medication cart, Lionville	Mdl,#EX2000, Srl#37337	MI Clinic	\$2,801.49

Core
Resource
Set for
PACE

PRODUCT	DESCRIPTION	LOCATION	REPLACE COST
Pulse oximeter, BCI 71000A1	701020832	MI Clinic	\$632.00
Thermometer, Diatek suretemp 4	1999037	MI Clinic	\$230.66
Gulcoscan	MRM44BEFH, Lifescan	MI Clinic	\$120.00
Welch Allyn desk charger, otoscope, ophthalm		MI Clinic	\$572.40
Cart-bedside, #ABC-AA-5, blue	Tan	MI Clinic	\$550.00
Continental chair scale, #CONT445	14465	MI Clinic	\$548.75
Semi-electric bed	Mdl#B624, Srl#6-22-99	MI Clinic	\$848.00
Baumanometer, StandBy model		MI Clinic	\$211.50
Baumanometer, StandBy model		MI Clinic	\$211.50
Oxygen cart, E cylinder		MI Clinic	\$62.50
Oxygen cart, E cylinder		MI Clinic	\$62.50
IV pole		MI Clinic	\$59.00
Cart, #Lake 311		MI Clinic	\$183.60
Suction pump, #MEDSP-2200	608809	MI Clinic	\$213.19
Oxygen Concentrator	99G182272	MI Clinic	\$1,100.00
Pulmo-aide, #DEV-5150D	D3405218	MI Clinic	\$121.00
Trash can, Mipro	Small, white	MI Clinic	\$90.00
Trash can, Mipro	Small, white	MI Clinic	\$90.00
Trash can, Mipro	Small, white	MI Clinic	\$90.00
Trash can, Mipro	Large, white	MI Clinic	\$107.83
Office			
Pedestal (b/b/f), BPI	Putty	MI Reception	\$165.00
Fax machine, Canon CFX-L4500	ULR70270	MI Reception	\$995.00
Copier, Canon 7130	NVF19053	MI Reception	\$1,400.00
Shelf cabinet, holga, jumbo	3 shelf, putty	MI Reception	\$329.50
Shelf cabinet, holga, jumbo	3 shelf, putty	MI Reception	\$329.50
Shelf cabinet, holga, jumbo	3 shelf, putty	MI Reception	\$329.50
Keyboard tray with arm	#180S-21, #170	MI Reception	\$207.00
Pedestal (b/b/f), BPI	Shadow	MI Clinic	\$262.00
Pedestal (b/b/f), BPI	Shadow	MI Clinic	\$205.00
Pedestal (b/b/f), BPI	Shadow	MI Clinic	\$205.00
Pedestal (b/b/f), BPI	Shadow	MI OT/PT	\$205.00
Pedestal (f/f), BPI	Shadow	MI OT/PT	\$205.00
Pedestal (b/b/f), BPI	Shadow	MI DHC	\$205.00
Pedestal (b/b/f), BPI	Shadow	MI DHC	\$262.00
Shelf cabinet - 2 drawer	Putty	Mission Center	\$305.00
Telephone			
Nextel base station		Mission Center	\$750.00
Nextel radio		Mission Center	\$99.00
Nextel radio		Mission Center	\$99.00

PRODUCT	DESCRIPTION	LOCATION	REPLACE COST
Therapy			
Restorator, 2142		MI Gym	\$329.00
Restorator, 2142		MI Gym	\$329.00
Staircase	Closed end	MI Gym	\$689.00
Parallel bars, 10 ft., adj. ht and width	Mdl#1415, Srl# 9908338	MI Gym	\$2,555.44
Hydrocollator	Mdl#SS-2, Srl#1651	MI Gym	\$863.86
Hemi-wheelchair	00KM299089	Mission Center	\$227.05
Hemi-wheelchair	00KM299088	Mission Center	\$227.05
Standard wheelchair	00KM299111	Mission Center	\$255.36
Standard wheelchair	00KM299110	Mission Center	\$209.51
Mat Table, 4'x7'		MI Gym	\$540.00
Misc			
Stereo receiver	Aiwa	MI DHC	\$150.00

Notes page

PACE CENTER CHECKLIST

FACILITY REQUIREMENTS

- In compliance with federal, state and local building requirements
- Meets state certification or licensure for ADHC, if applicable
- Adequate space for provision of services
- Sufficient equipment for participant transfers
- Plans for equipment maintenance and safety
- Compliance with NFPA 101 Life Safety Codes
- Plan in place for addressing medical and non-medical emergencies (in compliance with state certification or licensure, if applicable)

SPACE REQUIREMENTS

- Center can accommodate 80-100 participants on any given day
- 100 square feet per participant for multipurpose program space
- Adequate space for plumbing fixtures, sewer capacity, wiring, etc.
- Free from obstacles
- Working with an architect who has extensive experience in senior housing

OVERALL DESIGN

- Inviting, friendly, easy to navigate
- Familiar environment
- Attractive, but not over stimulating
- Lighting should be indirect and a combination of natural and artificial light
- Colors and contrasts should be used to assist participants in separating objects from background
- Chairs should allow participants to get up easily; upholstery should be easy to clean and maintain
- Adequate office space and team meeting space
- Adequate storage space
- Square or rectangular space works best

ENTRANCE/LOBBY AREA

- Warm and welcoming
- Protected from weather
- Automatic doors
- Wide enough for wheelchair and stretcher
- Floor coverings
- Coat room nearby
- Sitting area

DAY/ACTIVITY ROOM

- Located in the middle of center
- Accommodate large and small group activities
- Quiet areas
- Comfortable, washable chairs
- Adequate storage space
- Consider fold-away tables
- Wall space for accent pictures, bulletin boards, etc.
- Incandescent and fluorescent lighting

PERSONAL CARE AREA

- Accessible from day/activity room
- Toilet stalls large enough to accommodate two assistants
- Curtains separating stalls instead of walls (optional)
- Wheelchair-sized showers with hand-held shower heads
- Hot and cold turn-on valves away from shower heads
- Heat panels overhead
- Cubbies for change of clothes; change area
- Space for personal care – shampoo sink, hair styling
- Large enough shower to dress in or area to dress participant
- Non-skid surface or mats
- Call system
- Signage to assure privacy

TOILETS

- Suggested ratio of one toilet for every ten participants
- At least one toilet very close to the day/activity room
- At least 14 inches high (above what ADA requires)

LAUNDRY

- Heavy-duty washers and dryers
- Located near the personal care area
- Room for folding laundry
- Secure storage cabinets

THERAPY AREAS

- Near the day room
- Private areas available for examinations and/or individual treatments
- Space used for crafts or cooking should accommodate wheelchairs

DINING

- Same level as the main day room, if not already a part of the day room
- Comfortable sound levels during meals
- Good illumination and ventilation
- Tables fit wheelchairs
- Access to an outdoor patio (optional)

CLINIC

- Private and quiet
- Large enough to accommodate wheelchairs, family members and staff
- Separate but adjoining rooms for medical record staff and the confidential storage of charts
- Sufficient access to computers in treatment and office spaces
- Radiology view box location
- Adequate storage in clinic area for medical equipment (liquid nitrogen, splints, braces, surgical/parenteral, wound supplies)
- Room accessibility for wheelchairs
- Geriatric exam table
- Reception area for traffic control and scheduling of daily appointments is desirable
- Oxygen and suction
- Designated space for in-house specialists (i.e., dental, optometry, foot care, audiology, speech) (the latter two will need to be in as quiet an area as possible)
- Charting space for all staff, out of the flow of traffic (may be provided in medical record room if sufficient counter space and seating is provided)
- Proximity to clean/dirty utility rooms for infection control
- Small seating area next to clinic
- Wheelchair-accessible bathroom in clinic area
- Daily communication system for appointments, etc. that can be made private
- Good ventilation
- Hazardous waste disposal
- Refrigerator and locked cabinet for medications

TRANSPORTATION

- Safe from traffic with a covered entryway if possible
- Designated pick-up and drop-off areas
- Communication board
- Desk area or office for transportation supervisor or coordinator nearby
- Secure parking area for the vehicles at night

STAFF AREAS

- Functional and convenient
- Private office space
- Workstations
- Staff lounge away from day/activity room
- Suitable space for the interdisciplinary team to meet
- Private space for family conferences.. Functional and convenient
- Private office space
- Workstations
- Staff lounge away from day/activity room
- Suitable space for the interdisciplinary team to meet
- Private space for family conferences