

STATE HOME CONSTRUCTION GRANT PROGRAM SPACE PROGRAM ANALYSIS - NURSING HOME AND DOMICILIARY

PROJECT LOCATION

PROJECT NAME:

FAI#

NUMBER OF BEDS IN PROJECT

1. SUPPORT FACILITIES	PROPOSED BY STATE	VA CRITERIA	TOTAL VA ALLOWED
ADMINISTRATOR'S OFFICE		200	
ASST. ADMINISTRATOR		150	
MEDICAL OFFICER, DIRECTOR OF NURSING OR EQUIVALENT		150	
NURSES' OFFICE AND DICTATION AREA		120	
GENERAL ADMINISTRATION (<i>each office/person</i>)		120	
_____		120	
_____		120	
_____		120	
_____		120	
_____		120	
_____		120	
_____		120	
MAY INCLUDE: MEDICAL RECORDS		120	
SOCIAL SERVICES		120	
RECEPTION/INFORMATION		120	
CLERICAL STAFF (<i>Each</i>) #		80@	
COMPUTER AREA		40	
CONFERENCE ROOM/CONSULTATION AREA/IN-SERVICE TRAINING		500	
LOBBY/WAITING AREA		3/BED <i>(150 min. 600 max.)</i>	
PUBLIC TOILETS (<i>MALE, FEMALE</i>)		25/FIXTURE	
PHARMACY	AR	AS REQUIRED	AR
DIETETIC SERVICE	AR	AS REQUIRED	AR
DINING AREA		20/BED	
CANTEEN, RETAIL SALES		2/BED	
VENDING MACHINE		1/BED <i>(450 max./facility)</i>	
RESIDENTS TOILETS		25/FIXTURE	
CHILD DAYCARE	AR	AS REQUIRED	AR
MEDICAL SUPPORT (<i>Each</i>)		140	
_____		140	
_____		140	
STAFF OFFICES (<i>Each</i>)		120	
EXAM/TREATMENT (<i>Each</i>)		120	
FAMILY COUNSELING (<i>Each</i>)		120	

1. SUPPORT FACILITIES(<i>Continued</i>)	PROPOSED BY STATE	VA CRITERIA	TOTAL VA ALLOWED
BARBER AND/OR BEAUTY		140	
MAIL ROOM		120	
JANITORS CLOSET		40	
MULTIPURPOSE ROOM		15/BED	
EMPLOYEE LOCKERS #EMPL.		6/EMPLOYMENT	
LOUNGE		120	
TOILETS		25/FIXTURE	
CHAPEL		450	
PHYSICAL THERAPY		5/BED	
OFFICE, IF REQUIRED		120	
OCCUPATIONAL THERAPY		5/BED	
OFFICE, IF REQUIRED		120	
LIBRARY		1.5/BED	
BUILDING MAINTENANCE STORAGE		2.5/BED	
RESIDENT STORAGE		6/BED	
GENERAL WAREHOUSE STORAGE (<i>medical, dietary</i>)		6/BED	
GENERAL LAUNDRY	AR	AS REQUIRED	AR
SUPPORT FACILITIES SUB-TOTAL;(No "As Required" Areas)			
AS REQUIRED AREAS:	AR	AS REQUIRED	AR
2. BED UNITS			
ONE # ROOMS X @ =		150	
TWO # ROOMS X @ =		245	
LARGE 2 # ROOMS X @ = (2 Unit Max)		305	
THREE # ROOMS X @ =		370	
FOUR # ROOMS X @ =		460	
LOUNGE AREAS RESIDENT LOUNGE W/STORAGE		8/BED	
RESIDENT QUIET ROOM		3/BED	
CLEAN UTILITY		120	
SOILED UTILITY		105	
LINEN STORAGE		150	
GENERAL STORAGE		100	
NURSES STATION, WARD SECRETARY		260	
MEDICATION ROOM		75	
EXAMINATION/TREATMENT ROOM		140	
WAITING AREA		50	
UNIT SUPPLY AND EQUIPMENT		50	
STAFF TOILET		25/FIXTURE	
STRETCHER/WHEELCHAIR STORAGE		100	
KITCHENETTE		120	

1. SUPPORT FACILITIES(Continued)	PROPOSED BY STATE	VA CRITERIA	TOTAL VA ALLOWED
JANITOR CLOSET		40	
RESIDENT LAUNDRY		125	
TRASH COLLECTION		60	
OTHER (Justify)			
UNIT SUB-TOTAL:			
TIMES NO. OF UNITS:	X		X
SUB TOTAL-ALL BED UNITS:			
3. BATHING AND TOILET FACILITIES			
A. PRIVATE OR SHARED FACILITIES			
WHEELCHAIR FACILITIES # ROOMS X @ =		25/FIXTURE	
(50% OF TOTAL, MINIMUM COMPLIANCE WITH UFAS)		25/FIXTURE	
STANDARD FACILITIES # ROOMS X @ =		15/FIXTURE	
		25/FIXTURE	
B. FULL BATHROOM			
# ROOMS X @ =		75	
		25/FIXTURE	
C. CONGREGATE BATHING FACILITIES			
FIRST TUB/SHOWER		80	
EACH ADDITIONAL FIXTURE#		25	
UNIT SUB-TOTAL:			
TIMES NO.OF UNITS:	X		X
SUB-TOTAL-ALL UNIT TOILETS			
NOTE 1: If Bed Units vary in bed numbers, program, or design, reproduce Bed Unit forms, as required (pages 2 & 3), and fill out for each different unit type.			
NOTE 2: Mechanical, electrical and other engineering/utility areas, in addition to engineering workshops and circulation space, are not included in the Space Analysis or the Percentage of Participation calculations.			
NOTE 3: All areas not shown on this form must be justified, on a programmatic medical care or state imposed regulatory basis, in order for VA to participate in the funding of that space.			
TOTALS	PROPOSED BY STATE	VA CRITERIA	TOTAL VA ALLOWED
COMPREHENSIVE SUB-TOTALS			
SUPPORT FACILITIES - CRITERIA			
SUPPORT FACILITIES - AS REQUIRED	AR		AR
BED UNITS			
BATHING AND TOILET FACILITIES			
GRAND TOTALS - CRITERIA AREAS:			
GRAND TOTALS - AS REQUIRED AREAS:			
	AR		AR
If prepared by State: I certify that this accurately reflects the proposed Space Program Analysis for this project			
_____		_____	
(Signature)		(Date)	

COMPUTATIONS		PROPOSED BY STATE	TOTAL VA ALLOWED
ANALYSIS			
CRITERIA AREAS			
10% DEVIATION			+
AS REQUIRED AREAS		+ AR	+ AR
TOTAL STATE PROPOSED:	<input type="text"/>	TOTAL VA ALLOWED:	<input type="text"/>

FORMULA FOR % OF VA PARTICIPATION:

VA ALLOWED: _____ x .65

STATE PROPOSED: _____ = _____ %

OFFICIAL PERCENTAGE OF VA STATE PROPOSED PARTICIPATION = _____ %

CERTIFIED _____ DATE _____

State Home Grant Program, Office of Facilities Management (181A)
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