The Money Pit PCNA Challenges and Solutions







The Money Pit PCNA Challenges and Solutions

Moderator:	Dan Frink, Greystone Funding
Panelist:	Jason January , KeyBank
	LEAN PCNA Review from the Lender's Perspective
Panelist:	Jeb Bonnett, AEI Consultants
	LEAN PCNA General Issues
Panelist:	Mike Ferguson, Dominion Due Diligence Group (D3G)
	Accessibility
Panelist:	Jeff Smith, JPS & Associates, Inc.
	New Construction





The Money Pit PCNA Challenges and Solutions





LEAN PCNA Review

Jason January, KeyBank



Address any long-term issues immediately

- Seismic zone
- Mold growth
- Phase I issues with potentially expensive & timely repairs
- Termite damage
- Material Accessibility Repairs
- Full Sprinkler System?



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Compare Appraisal, Phase I, Zoning, and ALTA Survey

- Property Address
- Zoning Area
- Acreage and gross square footage
- Bed/Unit Mix
- Flood zone
- Parking (Available, required, handicapped)



Age of Facility

- Address RUL (Remaining Useful Life) /REL (Remaining Economic Life) differences
- Important to look closely for additions/improvements
- Any additional supportive information available?
- Could affect loan term and potentially NOI/DSCR issues



Review Repair and Reserve Tables:

- Send to both Borrower and Operator. Address issues as early as possible
- Bed/Unit corrections?
- ADA/Accessibility Repairs (Grandfathered? Critical or Non-Critical?)
- Obvious issues such as facility is over 50 years old but little to no repairs needed?
- Comments on repair doesn't match the repair itself or doesn't have enough info?
- Are Phase I repairs missing?
- Look for items that may not belong in Reserve Tables (Such as multiple church organs, commercial washer & dryers but they contract outside facility, has a new roof and parking lot but cost still scheduled in year 2?)





Any Borrower Proposed Repairs?

- Has consultant reviewed?
- Proper invoicing, especially for estimates \$25,000 or more?
- Financing availability
- 15% Substantial Rehab qualification?





Accessibility Requirements

Look at construction dates closely:

- ADA (Post 1/26/1992)
- FFHA (Post 3/131991)
- UFAS (Post 7/11/1988)



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Review Fire/Safety Information

- Recent Fire & Sprinkler Inspections?
- Are smoke detectors in every unit?

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Closing

Life Lesson:

Tom Hanks and Shelley Long were hilariously surprised again and again in the Money Pit, it's not so hilarious in real life. If possible, have a HUD friendly inspection completed before doing the bridge loan to avoid any potential "surprise" ADA/Accessibility repairs when finally submitting to HUD.



LEAN PCNA General Issues

Jeb Bonnett, AEI Consultants



Emergency Generators

- Purpose of Emergency Generators
- CMS Emergency Preparedness Final Rule
- Long-Term Care Facilities (Nursing Homes)
- State Backup Power Requirements (Nursing Homes and Assisted Living Facilities)
- HUD LEAN Blasts (Emergency Generators)
- Economic Impact
- Case Studies
- Summary



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Purpose of Generators

Emergency generators at healthcare facilities perform the following functions;

- 1. Maintain temperatures to protect patient health and safety
- 2. Provided safe and sanitary storage of provisions,
- 3. Provide emergency lighting, fire detection, extinguishing, and alarm systems, and sewage and waste disposal.
- 4. Power life saving medical equipment (ventilators).





CMS Emergency Preparedness

- On September 16, 2016, the final rule on Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers was published (Federal Register Vol. 81, No. 180).
- <u>https://www.cms.gov/medicare/provider-enrollment-and-</u> certification/surveycertemergprep/emergency-prep-rule.html
- The 17 CMS provider/supplier types each have their own respective regulations for compliance with the Emergency Preparedness Final Rule.
- There are different correction dates for each facility depending upon their deficiencies.



CMS Emergency Preparedness

- The **four** main components of the requirements are consistent with the National Preparedness Cycle.
- The emergency plan,
- Policies and procedures,
- Communication plan, and
- The training and testing program all must be reviewed and updated at least annually.



CMS Emergency Preparedness – Cont..

- <u>https://data.medicare.gov/Nursing-Home-Compare/Emergency-Preparedness-Deficiencies/9ezk-fzua</u>
- <u>https://www.medicare.gov/nursinghomecompare/search.html?</u>
- The two links above are quick methods to determine what emergency preparedness violations are at your facility.
- Most violations are unrelated to lack of emergency generators.
- The websites will isolate the issues in chart form, see next page...



CMS Emergency Preparedness – Cont..

Egress Deficiencies	0	0	0
Electrical Deficiencies	0	0	2
Emergency Plans and Fire Drills Deficiencies	0	0	0
Fire Alarm Systems Deficiencies	0	0	2
Smoke Deficiencies	2	2	1
Interior Finish Deficiencies	0	0	0
Gas, Vacuum, and Electrical Systems Deficiencies	1	1	0
Hazardous Area Deficiencies	0	0	0
Illumination and Emergency Power Deficiencies	0	0	0
Laboratories Deficiencies	0	0	0
	_		_



Long-Term Care (Nursing Homes)

- <u>https://files.asprtracie.hhs.gov/documents/aspr-tracie-cms-ep-rule-long-term-care.pdf</u>
- As previously mentioned, the 17 CMS provider/supplier types each have their own respective regulations for compliance with the Emergency Preparedness Final Rule. The LTC provider type has additional emergency power regulations.
- The LTC facility must implement emergency and standby power systems based on the emergency plan.
- Mobile generators, emergency vendor contractors are possibilities per risk assessments; however, property testing, maintenance and documentation must be in place.
- For facility risk assessments requiring permanently installed generators, please refer to existing Life Safety Code and NFPA guidance.



Long-Term Care (Nursing Homes)

- Some facilities have contracted services with companies who maintain portable emergency generators for the facilities off-site.
- In the event of an emergency where the facility is unable to reschedule patients or evacuate, the generators are brought to the location in advance to assist in the event of loss of power.
- Facilities who are not specifically required by the EP Final Rule to have a generator, but are required to meet provision for an alternate sources of energy, may consider this approach for their facility.



State Healthcare Backup Power Laws

Federal CMS laws apply at the state level to all applicable facilities; however, there are additional regulations at the state and local level for existing facilities and new construction requiring emergency generators; a few examples below:

- **IBC** new construction code does require the installation of emergency generators at Group I-2 facilities (Skilled nursing and intermediate care facilities).
- HUD New Construction, Lenders Architectural Reviewer and Cost Analyst's Statement of Work As a minimum, nursing facilities or sections thereof shall have emergency electrical systems as required in NFPA 101.
- **Ohio** requires existing nursing homes with ventilator equipment to have emergency generators.
- Illinois Does not specifically require existing nursing facilities to have emergency generators, but any present equipment must be properly maintained.



State Healthcare Backup Power Laws - Cont.

- Virginia, Just passed SB 1077 requiring either permanent on-site generator or multiple redundant vendor supplied generator agreements for ALFs.
- Florida, Senate Bill 7028 and House Bill 7099, require all Skilled Nursing Homes and Assisted Living Facilities to install back up power generators, including existing facilities. Reference website below:
- http://ahca.myflorida.com/MCHQ/Emergency_Activities/EPP.shtml
- Each facility can be tracked as to current status, see next page.



State Healthcare Backup Power Laws - Cont.

• Florida database website showing facility statuses below:

d: 6/5/2019 8:00:39 AM

Provider Name	Provider Type	Region	County	City	Plan Approval Date	Plan Implementation Date	Current Variance Requested or Approved
ARCADIA HEALTH & REHABILITATION CENTER	Nursing Homes	01	ESCAMBIA	PENSACOLA			Yes
BAYSIDE HEALTH AND REHABILITATION CENTER	Nursing Homes	01	ESCAMBIA	PENSACOLA	2017-11-15		Yes
UNIVERSITY HILLS HEALTH AND REHABILITATION	Nursing Homes	01	ESCAMBIA	PENSACOLA			Yes
ROSEWOOD HEALTHCARE AND REHABILITATION CENTER	Nursing Homes	01	ESCAMBIA	PENSACOLA	2017-10-30		Yes
HAVEN OF OUR LADY OF PEACE	Nursing Homes	01	ESCAMBIA	PENSACOLA	2017-10-31	2018-08-30	Not Needed



HUD LEAN Blasts – Emergency Generators

- <u>https://www.hud.gov/federal_housing_administration/healthcare_facilities/residential_care_/mail_blast_index</u>
- August 29, 2018 Guidance on generator costs instructions and R4R funds.
- May 2, 2018 References to compliance deadline, please note it has changed numerous time, additional related links below provided:
- April 3, 2018 Confirms Florida passes law and provides guidance on generator costs instructions and R4R funds and past clarifications to previous related blasts.

LINKS INCLUDED IN THESE BLAST

Emergency Environmental Control for Assisted Living Facilities Emergency Environmental Control for Nursing Homes Emergency Power Plan Rules Resources



HUD LEAN Blasts – Generators Cont.

- <u>https://www.hud.gov/federal_housing_administration/healthcare_facilities/residential_care_/mail_blast_index</u>
- November 13, 2017 Guidance/reminders on environmental regulations for ASTs & USTs.
- October 13, 2017 References to compliance deadline, please note it has changed numerous time, additional related links below provided:
- September 28, 2017 HUD LEAN's 1st Florida Generator issue blast to begin dialogue with lenders.

LINKS INCLUDED IN THESE BLAST

58AER17-1 Procedures Regarding Emergency Environmental Control for Assisted Living Facilities 59AER17-1 Nursing Home Emergency Power Plan



Economic Impact – Emergency Generators

CMS Final Rule:

The Department of Health and Human Services prepared a regulatory impact analysis (RIA) for the total projected cost of the CMS Emergency Preparedness Final Rule, and the cost modeled to be \$373 million in the first year, with subsequent projected annual cost to be approximately \$25 million.

State of Florida SNF & ALF Bills:

Per state economists, costs of \$121.3 million over the first five years for nursing homes, about \$66 million of which would be offset by taxpayers through Medicaid. While ALFs costs were estimated to be \$243 million. ALFs do not serve Medicaid-funded patients, so those costs wouldn't be offset by taxpayers.



Case Studies– Emergency Generators

- Hollywood Hills Nursing Home 2017, Hurricane Irma, Power outage/heat deadly combination
- <u>https://www.politico.com/states/florida/story/2018/11/05/hollywood-hills-nursing-home-residents-were-sheltering-in-danger-during-hurricane-irma-report-finds-681857</u>
- New York Comptroller Report 2018, lack of generator testing & maintenance records
- <u>https://www.osc.state.ny.us/audits/allaudits/093018/sga-2018-16s80.pdf</u>
- Promenade Nursing Home, power outage, flooded generator room
- <u>https://www.nytimes.com/2012/11/10/nyregion/queens-nursing-home-is-faulted-over-care-after-storm.html</u>



Summary – Emergency Generators

- Generators properly installed and maintained can save lives (Provide HVAC and preserve Food).
- The CMS Emergency Preparedness Final Rule has created backup power requirements at the federal level for Long-Term Care Facilities (Nursing Homes).
- There are also local level Backup Power Requirements (Nursing Homes and Assisted Living Facilities).
- HUD LEAN has provided six different communication blasts related to the Florida emergency generator requirements.
- The CMS federal regulations and state of Florida emergency generator regulations are projected to costs nearly a billion dollars over the next five years.



Just \$800+ Million Dollars, Nothing Trivial





Sinks, Toilets & Bathrooms

TABLE OF CONTENTS

- Lender's Architectural Reviewer and Cost Analyst Statement of Work Section 232
- HUD LEAN Blasts (Bathroom Waivers)
- 24 CFR 232.7 "BATHROOM" WAIVER
- Case Study
- Economic Impact
- State Level Bathroom Requirements
- Summary





Lender's Architectural Reviewer and Cost Analyst Statement of Work – Section 232

Skilled Nursing & Intermediate Care Facilities:

1. Handwashing stations shall be provided in each resident room. They may be omitted from a single-bed or two-bed room when such is located in an adjoining toilet room serving that room only.

2. Each resident shall have access to a toilet room without having to enter the corridor area.

3. Resident bathing facilities. A minimum of one bathtub or shower shall be provided for every 20 residents not otherwise served by bathing facilities in resident rooms. The bathtub in this room shall be accessible to residents in wheelchairs and the shower shall accommodate a shower gurney with fittings for a resident in a recumbent position.

4. Skilled Nursing and Intermediate Care Facilities must meet State/local licensing requirements, building codes and other occupancy standards.

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Lender's Architectural Reviewer and Cost Analyst Statement of Work – Section 232

Board and Care (B&C) Facilities:

1. Not less than one full bathroom provided for every four residents;

2. Handwashing stations shall be provided in each bedroom, except they may be omitted when the bathroom serves only one single-bed or double occupancy bedroom;

3. Access to required bathrooms from bedrooms served shall not be through public corridors or areas; public corridors or areas are defined as common areas or areas outside of the unit.

4. An additional bathroom(s) may be included for assisted bathing. Provide a lavatory, toilet, dressing area, and means for privacy for such bathrooms.

5. Board & Care Facilities must meet State/local licensing requirements, building codes and other occupancy standards.

1.



Lender's Architectural Reviewer and Cost Analyst Statement of Work – Section 232

Assisted Living Facilities (ALFs):

- 1. The assisted living unit may have a full bathroom per bedroom, or a bathroom shared by the residents of more than one bedroom, not to exceed four residents per bathroom.
- 2. A bathroom must include a lavatory, toilet, and bathtub or shower meeting accessibility criteria for persons with disabilities.
- 3. Access to required bathrooms from bedrooms served shall not be through public corridors or areas; public corridors or areas are defined as common areas or areas outside of the unit.

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HUD LEAN Blasts – Bathroom Waivers

- <u>https://www.hud.gov/federal_housing_administration/healthcare_facilities/residential_care_/mail_blast_index</u>
- June 27, 2012 Original guidance on information required to initiate waiver requests to HUD.
- November 12, 2013 Stipulates the feasible criteria of when a request should be made.
- January 28, 2014 If a waiver request does not meet the criteria detailed in the November 12, 2013 Email Blast, the waiver must be sent to the assigned ORCF Underwriter for review ALONG with the documentation outlined in the June 27, 2012 Email Blast.
- May 7, 2014 HUD has found that we are not able to make a full and fair determination prior to the full underwriting of the mortgage insurance application packages. Accordingly, the Bathroom Waiver request will be reviewed by the HUD Underwriter concurrent with the mortgage insurance application review process.



24 CFR 232.7 "BATHROOM" WAIVER

- The request is for Memory Care residents who are located in a separate, secured, and locked area,
- The Memory Care residents need full assistance and/or supervision while bathing,
- Each resident's room contains a half bathroom,
- For every six residents there is at least one full bathroom,
- The residents do not reside in 3 or 4 bedroom wards, and
- The residents will not access their bathroom through a public corridor.



Case Studies– Sinks, Toilets & Bathrooms

Existing Assisted Living Facility with 57 rooms and 90 beds:

- Seven resident rooms had private bathrooms, each with a toilet, sink, and shower.
- 50 resident rooms were equipped with a private toilet and sink.
- There were also five central shower rooms, that were equipped with a combined 12 shower stalls.

Result?

The facility had to add/retrofit 50 private bathrooms to the resident rooms. The central shower rooms could not be used towards the count of the 4 beds to 1 bath ratio as the residents would be forced to enter the common corridor.



Case Studies– Sinks, Toilets & Bathrooms

Resident Bathroom Modifications:

- 1. Demo wall covering & existing finishes
- 2. Demo outer wall for added space to accommodate new shower
- 3. Demo plumbing & electric fixtures and grab bars
- 4. Repair flooring
- 5. Run plumbing needed for hot/cold/drainage to accommodate new showers
- 6. Install shower stall & waterproof
- 7. Install shower handles, heads and drain caps
- 8. Re-sheetrock all walls with waterproof sheetrock and skim to smooth
- 9. Paint all walls.
- 10. Install new grab bars (3)
- 11. Install new handicap accessible wall mounted sink w/faucets, toilet fixture, toilet roll holder
- 12. Install new mirror
- 13. Install new vanity light fixture
- 14. Replace exhaust fan
- 15. Install new LVT and cove base
- 16. Repair door and repaint
- 17. Change door handles to lever-type handles consistent with ADA Requirements



Economic Impact – Sinks, Toilets & Bathrooms

Assisted Living Facility with 57 rooms and 90 beds:

• The cost of adding 50 bathrooms to the private restrooms in each ALF resident room was \$5,850 per room, totaling \$292,500.



State Level Laws Sink, Toilet & Bathrooms

Beyond the HUD LEAN and CMS waiver regulations there are also state level regulations that apply to bathroom counts; a few examples below:

- Indiana, 1 for 3 to 22 beds, 2 for 23 to 37 beds, 3 for 38 to 52 beds, 4 for 53 to 67 beds, 5 for 68 to 82 beds, and 6 for 83 to 97 beds.
- Arkansas, At least four (4) patients' toilet facilities and three bathing units shall be provided for each thirty-five (35) beds.
- **Connecticut,** Resident baths shall have one (1) separate shower or one (1) separate bathtub for each eight (8) beds not individually served.



Summary – Sinks, Toilets & Bathrooms

- HUD LEAN requires no more than 20 beds to 1 bathroom at SNF & ICF facilities.
- HUD LEAN requires no more than 4 beds to 1 bathroom at B&C and ALF facilities (and these must be in the bedrooms/rooms).
- There is a waiver process for non-compliant facilities; however, this process is part of the total application and cannot be definitively ruled on until later on in the submission review.
- Adding additional bathroom facilities is very expensive.
- Certain states have additional bathroom rules that are more strict than HUD LEAN regulations.



Do You Know the Facilities Bathing Situation?





Accessibility

Mike Ferguson, D3G



Population with Ambulatory Difficulty

2017 US Population (65+ years): 316,450,569			
	Total Population	Population with Ambulatory Difficulty	Percent of Population with Ambulatory Difficulty
Male	20,609,100	3,923,742	19%
Female	25,827,922	6,567,621	25.4%
Total	46,437,022	10,491,363	22.6%

Source: www.diasbled --world.com/disability/statistics/age-type.php



Laws

Guidelines

- Architectural Barriers Act of 1968
- Fair Housing Act of 1968, amended 1974 and 1988 (March 13, 1991)
- Americans with Disabilities Act of 1990 (January 2, 1993)

Fair Housing Accessibility First https://fairhousingfirst.org (888) 341-7781

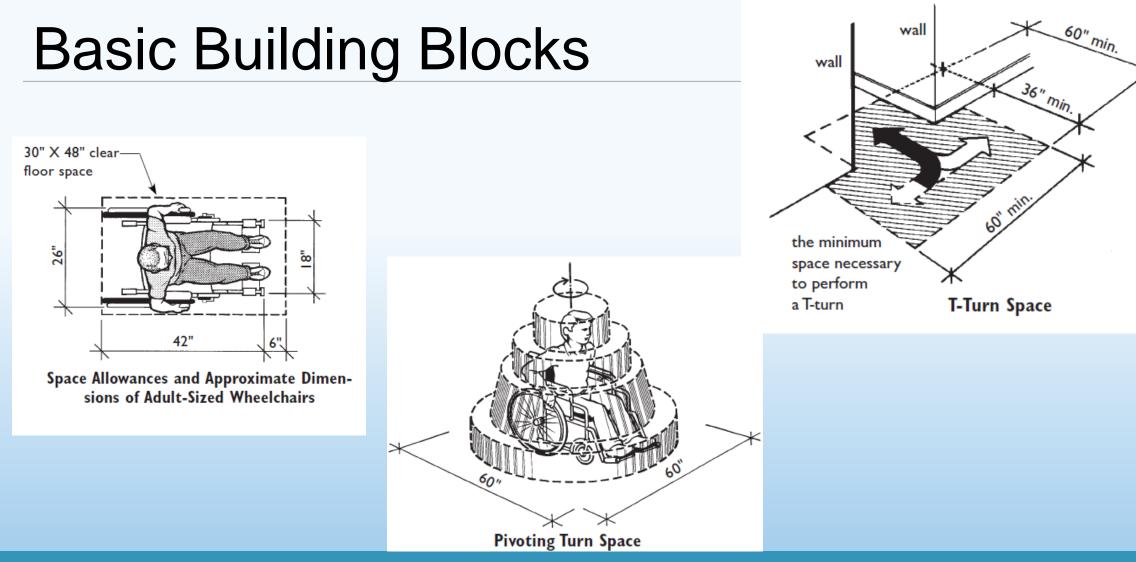
- CABO/ANSI A117.1 1986, 1992
- ICC/ANSI A117.7 1998, 2003, 2006, 2012, 2015
- Americans with Disabilities Act Accessibility Guidelines (ADAAG)
- Uniform Federal Accessibility Standards (UFAS) – July 11, 1988
- BOCA, SBBC, UBC chapter 11, 1996, 1997, 1997 and earlier
- IBC chapter 11, 2000, and each 3rd years thereafter
- State laws and standards should also not be overlooked



Why is my property not compliant now?

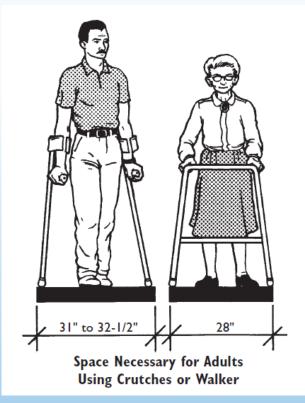
- Poor Design (lack of knowledge)
- Poor Construction Do you trust your contractor?
- Reduced Oversite construction cost savings
- Procurement Quality Control
- No Proper Inspections building official error / training
- No building code enforcement or poor building code enforcement
- Change orders
- Re-design on the fly

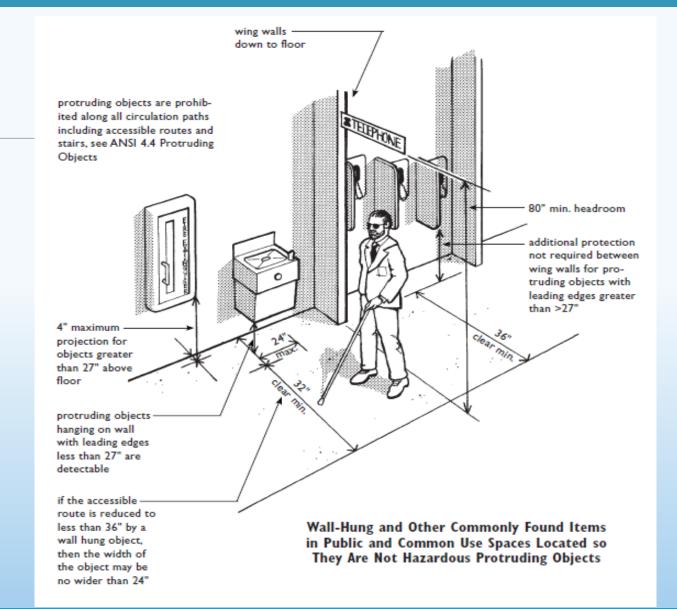






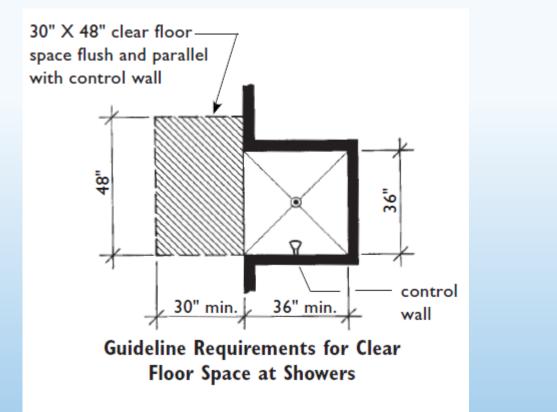
Also consider.....

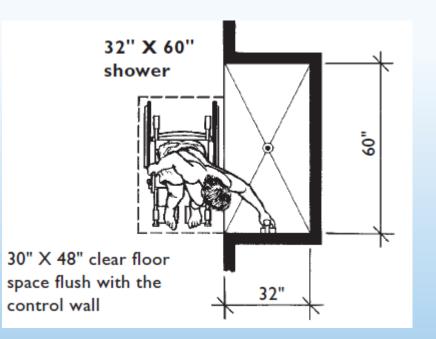






Common issues – bathrooms / showers







Assisted Living – 1999 D.O.C.





Assisted Living – 1999 D.O.C.





Assisted Living – 2016 D.O.C.



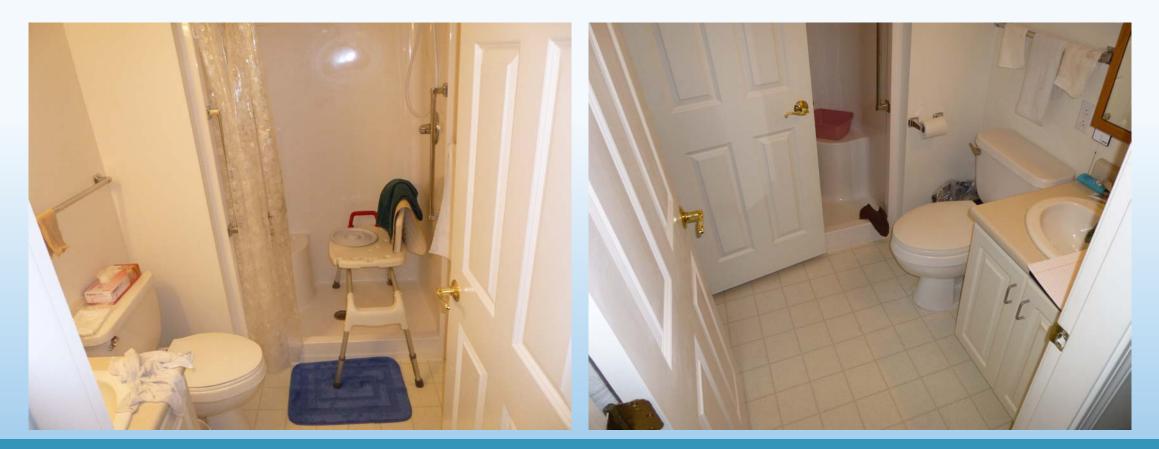


Assisted Living – 2016 D.O.C.





Assisted Living – 2001 D.O.C.



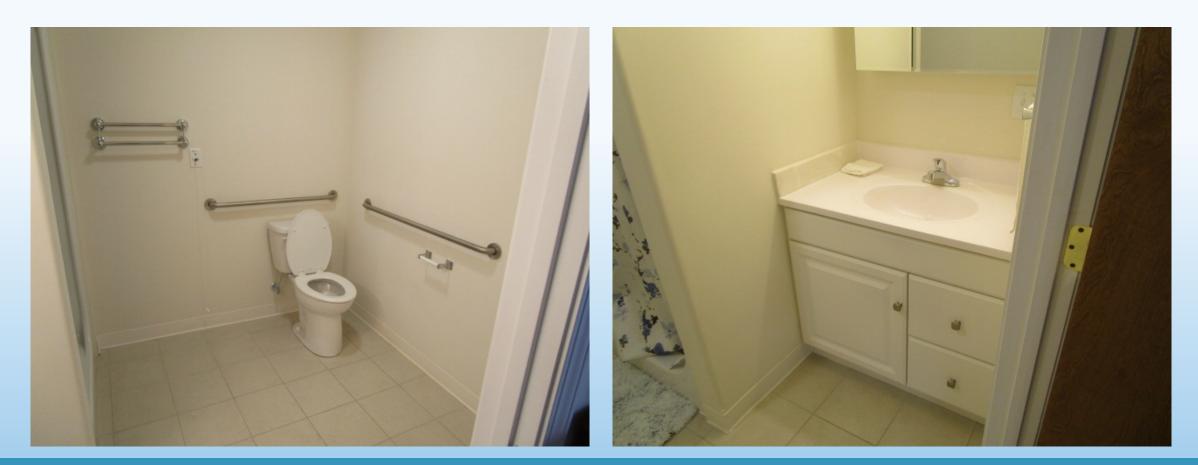


Assisted Living – 1998 D.O.C.





Assisted Living – 2003 D.O.C.





Assisted Living – 2005 D.O.C



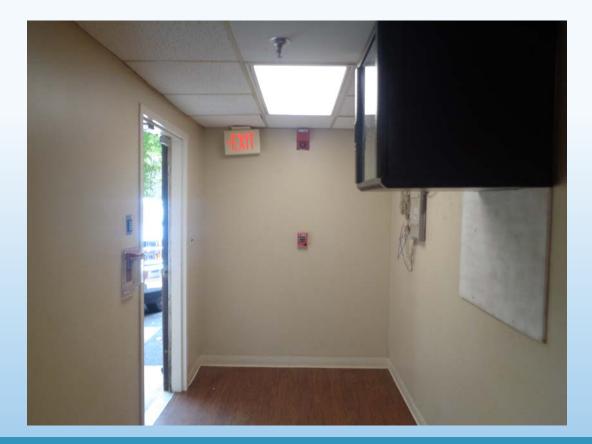


Assisted Living – 2005 D.O.C





Skilled Nursing – 1995 D.O.C





Skilled Nursing – 1998 D.O.C.





Skilled Nursing – 2017 D.O.C





Assisted Living – 1980 D.O.C





PCNA/Accessibility Challenges

Mike Ferguson, P.E., BPI-MFBA, M.B.A. President, D3G <u>m.ferguson@d3g.com</u> 804-237-1879



New Construction

Jeff Smith, JPS





Jeffery Smith, AIA JPS & Associates, Inc.



Role of AEC Third Party

- Provide a review of the project and deliverables, then summarize in a report to assist the Lender and HUD/ORCF in analyzing risks on the project.
- Serve as a guide and resource for the project team in navigating the "LEAN Guide" and 232 process
- Qualifications of Reviewers Per "Lender's Architectural Reviewer and Cost Analyst's Statement of Work"

Our reviewers and inspectors are architects and engineers, or have been trained/educated as architects, engineers or building inspectors. In addition, JPS has been the design architect on multiple healthcare facilities.



Communication with Lender and Project Team

- AEC Third party is hired by the lender and as such all communication should go through them.
- Everything on AEC checklist is on the Lender's much larger list. Lender typically coordinates all documents from project team and forwards appropriate documents to AEC third party.
- Schedule regular recurring conference calls.
- Major items like plans and specs are often sent directly or coordinated with AEC printer.
- Time saver for architect to talk with architect and GC to talk with estimator, then copy team via email or communication memo.

Site Visit and/or Joint Site Inspection

 New construction site visit is used to review site, looking for any issues: dumping, ponds & streams (wetlands), utilities (availability), power lines, and buildability of the site for the proposed project.



Timing of specific pieces of review process

- Site visit need to coordinate with lender and owner for site access. Typically want at least **2 weeks** notice for travel.
- Typically receive, review and either provide comments or approve documents in **2 to 4 days**.
- Plans and Specs prefer CD's to be 80% complete or better (all disciplines)
 - Prefer hard copies on first round, but can utilize Bluebeam for pdf reviews
 - Initial review of CD's is typically a 2 to 3 week turn based on project size/complexity
 - Plan review letters are sent with comments to lender with project team copied or the lender will distribute to the project team. Lender should always be in the loop.
 - Response reviews are typically individual sheets and response letter typically takes 3 to 5 days depending on number of initial comments

Deliverables for AEC review:

- JPS Document Catalog (similar checklists for other third parties)
- Lender deliverables list



Report Documents – Typical Deliverables

- Design Professionals brochure, resume, license, contract, insurance, ORCF forms
- Contractor qualifications, contract, IOI statement, ORCF forms
- Utility Service Availability letters
- Third party reports Environmental, Radon, Noise, Wetlands, etc.
- ALTA Survey
- Budgets, schedules, fees, major movables lists
- Plans & Specifications, Geotech reports, etc.



Construction Documents – Plan & Spec Related Deliverables

- Full sized hard copies of plans (or Bluebeam pdf's) for initial review
- Architect's code study for the project
- Verification that architect reviewed and incorporated HUD MPS, 232 Accessibility Matrix, 232 Statement of Wok checklist, Seismic Requirements (NC per code), Energy Efficiency Requirements, Fire Safety Requirements, and Geotech
- Coordinate Accessibility Matrix with project team so everyone is on the same page as to what applies and why. (UFAS Section 504, Fair Housing, and ADA 2010
 - A&E reviewer should cover Accessibility Matrix on kick-off call or site meeting if team is present



QUESTIONS???



