



## **MEETING ANNOUNCEMENT**

### **DEKALB COUNTY PUBLIC BUILDING COMMISSION**

TUESDAY, JULY 6, 2021  
8:30 A.M.

**Location:** DeKalb County Legislative Center's Gathertorium  
200 N. Main Street  
Sycamore, IL 60178

### **AGENDA**

1. ROLL CALL
2. APPROVAL OF AGENDA
3. APPROVAL OF MINUTES – MEETING OF TUESDAY, MAY 4, 2021
4. PUBLIC COMMENTS
5. NURSING HOME EXPANSION PROJECT
  - A. REMAINING INTERIOR WORK
6. COURTHOUSE RECONFIGURATION PROJECT
7. COMMUNITY OUTREACH BUILDING GENERATOR PROJECT
8. OLD/NEW BUSINESS
9. NEXT MEETING DATE & LOCATION – TUESDAY, AUGUST 3, 2021
10. ADJOURNMENT

To: DeKalb County Public Building Commission

Cc: Brian Gregory  
County Administrator

From: Scott Gima, MPA

Date: July 1, 2021

Re: **Flash Update – Remaining Interior Work**  
DCRNC Project

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The interior work was stopped before completion due to COVID precautions. The uncompleted interiors are in three locations, the A building nurses station, B building nurses station and “480 rooms” located in the B Building. cosmetic room renovations to half of a wing in the B building. The nurses station remodeling was stopped midstream because of the proximity of construction workers to both residents and staff. The 480 room renovations were stopped after completion of one side of the hallway to provide a quarantine unit for new resident admissions.

On June 30, 2021, a conference call was held to review options to complete the remaining interior work that was postponed due to COVID restrictions in 2020. The conference call included Steve Duchene (Administrator), Scott Gima (MPA), Steve O’Bryan (Facilities), Brent Johnson (RLC), Tucker Johnson (RJC), Greg Kladar (RJC), Greg Stone (RJC), Shawn Tsusaki (RJC) and John Heimbach (LDG).

The call covered the following issues:

- Current COVID Conditions
- Infection Control Procedures
- Remaining Work
- Contract and Pricing
- Schedule

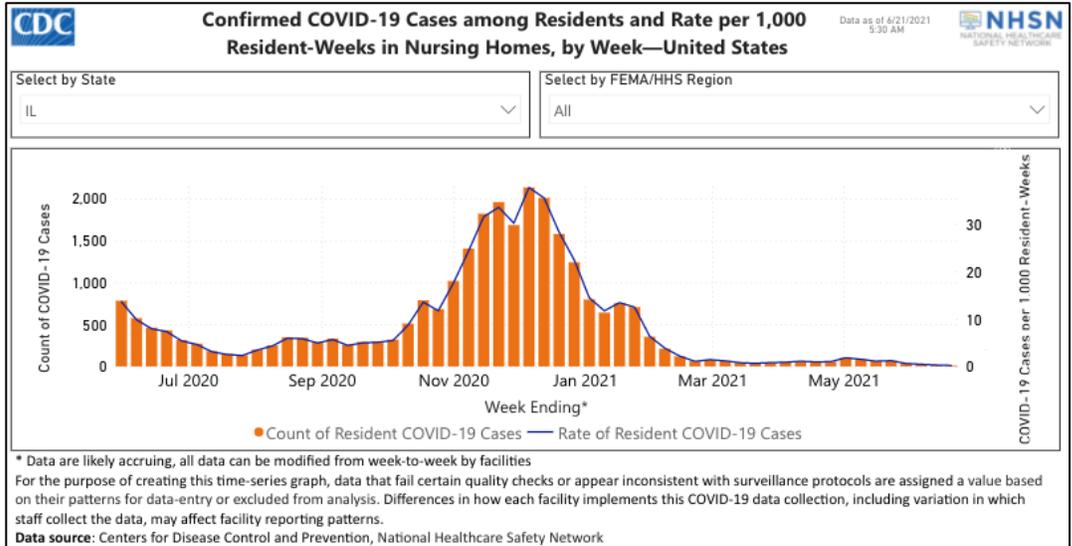
#### Current COVID Conditions

In recent conversations with Steve Duchene and nursing administration, there is agreement that the current environment related to COVID in the nursing home and in the community provides the best opportunity to complete the work with minimal risk of interruption.

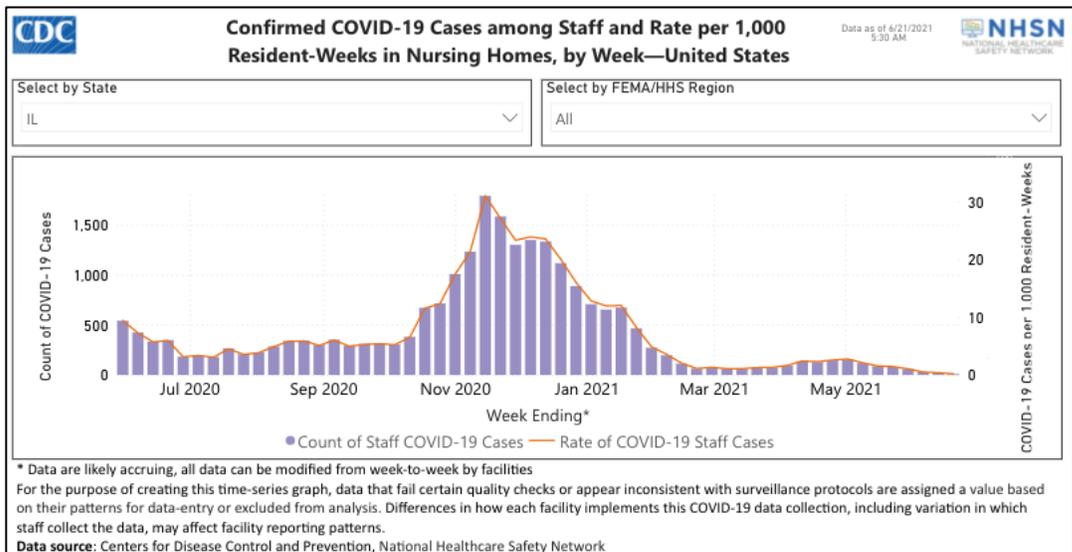
The CMS (Center for Medicare and Medicaid Services) county positivity rate (# of positive COVID tests divided by the total number of COVID tests) is currently 1.6%,

which is the lowest percentage we have seen so far this year and has been steadily falling. DCRNC itself has not had a positive case in six weeks and in preceding weeks, the incidence of a positive case has been limited to staff and at a frequency of approximately one positive case every couple of weeks or longer. The resident vaccination rate is 90%. The majority of the unvaccinated residents are due to medical contraindications. The staff vaccination rate is 78%.

This CDC chart shows the # of COVID cases and the rate of cases per 1,000 residents in Illinois nursing homes. It shows the lowest rates to date.



The next chart shows the # of COVID cases and the rate of cases among nursing home staff in Illinois. Like the previous chart, the incidence rates are at the lowest level to date.



### Infection Control Procedures

State (IDPH) and Federal (CMS) nursing home COVID guidance requires health screening, temperature checks, mask wearing and social distancing for all staff and visitors to the nursing home. The same procedures were taken last year for all construction workers. RJC has similar procedures for their staff and would ask the subcontractors to once again participate in the same safety precautions.

### Remaining Work

The areas of remaining work are in and around the Nurse Stations in Resident Building A, Resident Building B, and the “480 rooms” located in the south wing of Building B. The work remaining in these areas include the completion of the Nurse Station counters and other cabinetry, power and data systems to their final locations, alarm and nurse call systems, lighting, and flooring and other finishes. In the “480 rooms,” new finishes and the installation of the oxygen distribution system to the remaining half of the rooms is needed.

### Contract and Pricing

RJC has already reached out to the subcontractors that were part of the original project and received mixed reviews on moving forward to complete the work because of COVID.

That being said, it is RJC opinion that it will be beneficial to get as many of the original subs involved in the remaining work as possible. Their understanding of the remaining work will be helpful to quickly arrive at more accurate pricing and with the installation of materials that are already on site, the potential for problems with product and system warranties is reduced. I want to also point out that retaining RJC as the construction manager will also reduce and/or eliminate pricing and warranty problems.

RJC stated that there are significant supply chain issues that have caused significant volatility in material pricing. This should not have a large impact on pricing as most of the materials were previously obtained and remain on-site. Materials that will need to be obtained include: copper piping for medical gas lines, electrical conduits, paint and fasteners.

RJC has suggested there may be several advantages to obtain pricing for the remaining work as a change order to the previous contract. It will bypass the need to establish new contractual agreements with all parties as the existing contracts will still be the basis of the work. We will not have to address the selection process for a CM as related to publicly funded projects. We will also not have to prepare more extensive bidding documentation as required for a public bid. As mentioned previously, the concern for material and system warranties carrying over from the original work may be diminished because we may be utilizing the original subs to complete the work.

### Schedule

The Construction Manager estimates that approximately 4 weeks are needed to price the work and develop a draft schedule once drawings are available. Labor rates have changed and labor availability will impact pricing and schedule.

Per John Heimbach, there will be some additional time necessary to prepare drawings for pricing and to verify the scope of work with the contractors and facility. Additionally, time will be required to review our plans with IDPH Design Standards. They have expressed a concern that we show how resident safety will be addressed through the remainder of the construction. In total, a rough time frame of about 8 weeks was suggested to have pricing in hand and ready to begin the work.

A tentative schedule for the work is undetermined at this time. RJC and LD will require additional work to determine the cost/benefit of simultaneous work. There are also operational considerations with the work on the remaining “480 rooms” that will temporarily shut down all of the rooms in that hallway.

### Summary

- The incidence of COVID in the community and within the facility is at the lowest levels seen in 2021.
- There is a level of risk of work interruption caused by a resident, staff member or construction worker positive test, but that level of risk is currently low. In my opinion it is very unlikely that nursing home operations will return to a pre-COVID environment where the incidence of COVID in the community is completely eliminated.
- DCRNC, RJC and LD are all in agreement that work can be restarted.
- For the PBC, there are three issues for consideration:
  - Agreement that the interior work should be restarted at this time
  - Retaining RJC as the Construction Manager
  - Pricing method for the remaining work