

CARLSBAD BY THE SEALUTHERAN SERVICES OF SAN DIEGO, INC."ULTIMATE BUILDING PLANNING STUDY"I. Description of Subject Property:

Parcel A - Main building site 200 x 500 = 100,000 sq. ft. = 2.3 acres. Topography - gentle slope to West; "C" zone and developed to maximum for present.

Parcel B - Annex property south of main site across Grand Avenue. 200 x 100 = 20,000 sq. ft. = 0.46 acres. Topography - basically level, some slope to west. "C" zone; easterly 50' occupied by garages and access drive. Remainder vacant; several trees skirt north and west west property line.

Parcel C - Annex Beach Property, West of main site, across Ocean Street. 90' x 100' = 9,000 sq. ft + beach. Topography - terraced three levels to beach approximately 7' drop. "C" zone. Only developments are terraced levels landscaped and shuffleboard courts, one first level down.

II. Description of Administration and Type of Operation:

Non-profit operation sponsored by The National Lutheran Council Churches of San Diego called Lutheran Services of San Diego, Inc.

III. General Introduction to the Senior Citizens Programs and Market Demands:IV. The Present Facilities (Outline Form):V. Projected Growth Patterns to Meet Demand Under the Strain of Competition:VI. Specific Phases of Development:

1. Enlargement of 137 units to approximately 200 - 230 units
  - a) Enlarge South wing with three story concrete building - approximately 90' long. Private patios and/or balconies.
2. Provisions for recreational and other rehabilitation facilities
  - a) Relocate open areas of garden to beach frontage.

VI. Specific Phases of Development: (Continued)  
and

3. Provide dispensary/or convalescent facilities on annex property
  - a) Construct dispensary and additional space for non-ambulatory or convalescent guests on annex property.
4. Planning the progressive development of the present properties and remodeling of present facilities for non-efficient use of land
  - a) Remodel present kitchen and dining facilities to properly handle present dispensary becoming dining.  
  
Remodeling of other areas.  
  
Completion of Lobby remodel.  
  
Completion of Library.  
  
Men and women public restrooms.  
  
Flower preparation areas.  
  
Installing fire windows adjacent fire escapes.  
  
Garage facilities remodel or relocate.

## PHASES OF DEVELOPMENT

- PHASE I Develop annex property for infirmary, convalescent, rehabilitation, parking, garages, etc. A self contained development.
- PHASE II Remodel kitchen - dining facility into area where infirmary now exists.
- PHASE III Add South Wing addition with covered elevated walk to annex building.
- PHASE IV Construct beach property recreational facility.
- PHASE V Continue South Wing second addition. R move two southerly cottages.
- PHASE VI Add North Wing addition, remove Garden Apartments and two northerly cottages. Develop new Garden areas and remodel existing.
- PHASE VII Start satelite units for aged in surrounding areas. Ocean-side, Vista, Encinitas, etc. 20 - 25 bed units. Maximum 50 units.
- PHASE VIII Add two floors to South Wing addition with removal and reconstruction of old South Wing.
- PHASE IX Add two floors to North Wing addition with removal and reconstruction of old North Wing.
- PHASE X Remodel and add to front portion of old building.

### SECTION III

#### The General Introduction To The Senior Citizen Program and Market Demands

The present and prospective market demand for Senior Citizen housing and hospital facilities, like any other type of market, is governed by available supply versus existing demand.

In order to adequately measure the present and future market demands for Senior Citizen housing facilities, we have thoroughly analyzed the past, present and anticipated future growth patterns for that portion of the population which comprise the major source of market.

Usually in the normal market study, we will be concerned with only the market created in the local environs of the Subject Project. However, in this instance, we are dealing with the market of regional, if not national scope, primarily because our guests come from throughout the United States and could come from outside the United States and this is increasing annually. Not all persons in the Senior Citizen age level desire housing developments specifically designed for their convenience and comfort. We have found, however, evidence of a large quantity of persons in the above descriptive category who do now, and will in the future, require such facilities; therefore, our findings and projections are related to regional, national, and local trends to properly document demand trends.

This section of our report is devoted to arriving at logical determinations concerning the over-all market; thus, the creating limitations and economics of that market and ways and means of satisfying that market.

The population characteristics, using as its source the United States Bureau of Census, indicated that we have a constant increase in quantity of persons reaching the Senior Citizen plateau in life.

SECTION III (Continued) - 2

The percentages are thus: In 1900 approximately 4.1% of the population were over 65 versus 1960's 8.8% of a population of some 17,323 were over 65. Projected for 1980 total number, and all of these are in thousands, were 272,557 persons, 24,526 of these were over 65 and thus a 9.4 percentage of total population will be over 65 and in the Senior Citizen age group. It's also interesting to note that between male and female population in the age group 65 years and over there are over 102 men per 100 women, whereas in 75 years and over there are only 96.1 men per 100 women. This shows, of course, that women outlast men as the age group gets older.

Next item is where would be this demand. From what states does the largest percentage of state population come into the 65 years age group and over. Leading is New York with 10.05% of population over 65 and second is California with 8.2% of its population demand, third Pennsylvania, fourth Illinois, fifth Ohio, sixth Texas, seventh Michigan, eighth Massachusetts, ninth New Jersey and so on. The smallest perhaps Idaho ranking 45 with only .34% of population over 65 as is Vermont with only .25% of population over 65 and the same with Nevada with only .1% of population over 65. The highest ranking Alaska, .03% of its population. In conclusion of this particular phase, the national supply of Senior Citizen housing might be summed up thus ---

It is virtually impossible to accurately define or measure all housing in the country currently available to Senior Citizens, and especially of late because of the many many new developments taking place throughout the United States and especially here in California; as well as Hawaii, Arizona and in Florida. It can safely be said that more new housing especially planned for the elderly has been built in the last 10 years than has been built in the previous half century. Impressive as this may sound, it could not be concluded that the housing problems of our older citizens have been solved.

**SECTION III (Continued) - 3**

The following are types or various types of housing that can be supplied. Factors influencing the supply of homes for this market.

A) Types of housing being built for the elderly today generally can be placed in one of the following categories:

- 1) Houses for the Owner-Occupancy
  - a) Integrated into a community and
  - b) Colonies of retirees.
  
- 2) Apartments for independent living
  - a) Private or non-profit sponsorship to which we fall into and
  - b) Public housing.
  
- 3) Group housing non-institutional and institutional. Or as is sometimes the case, a project includes accommodations that fall into more than one categorie, it will be treated here in the dominant group.

CARLSBAD BY THE SEA  
LUTHERAN SERVICES OF SAN DIEGO, INC.  
"ULTIMATE BUILDING PLANNING STUDY"

EXISTING

Property's

- A. Hotel site                      200 x 500 = 100,000 sq. ft. - 2.3 acres  
Cottage site
- B. Annex site - 200 x 100 - 20,000 - 0.46 acres
- C. Ocean frontage site - 90 x

Buildings

1. Hotel building
2. Cottage - 4 duplexes
3. Garden Apartments - 4
4. 10 car garage

Site Features

1. Main entrance - Porte' Cochere'
2. Terraced garden
3. Green house
4. Croquet - shuffleboard
5. Ocean frontage terrace

Present Staff - 44

1. Executive Director
2. Business Manager
3. Secretary
4. Clerical Staff
5. Desk Clerks
6. Nurses - 3
7. Cook
8. Hostess
9. Waitresses
10. Gardener - contract
11. Watchman
12. Doctor - on call

ULTIMATE BUILDING PLANNING STUDY (Continued) - 2

Present Guest Room Facilities

Hotel - Ambulatory -	90	
Non Ambulatory -	11	
Cottages	9	Present occupancy 106
Garden Apartments	<u>4</u>	
Total	114	

Operation Facilities

Entrances  
Lobby  
Assembly Room  
Desk and Office  
Executive Director Office  
Clerical Office  
Kitchen  
Dining Room  
Social Rooms  
Recreation Room  
Hobby Shop  
Storage  
Laundry Facilities  
Infirmary

Possible Future Planning

1. Additional Guest spaces
  - a - single units with bath
  - b - suites, living room, bedroom and bath
  - c - apartments with kitchenette
2. Infirmary and Convalescent
3. Television rooms
4. Assembly and Recreation Rooms
5. Sitting and Reading Rooms
6. Dining Facilities
7. Kitchen Development
8. Storage - all types



ULTIMATE BUILDING PLANNING STUDY (Continued) - 3

9. Solarium
10. Office and Staff Facilities
11. Recreation
  - Indoor -
    - Games
    - Puzzles
    - Billiards
    - Cards
    - Hobbies
    - Chess and Checkers
  - Outdoor -
    - Croquet
    - Lawn Bowling
    - Putting Green
    - Swimming
    - Shuffleboard
    - Horseshoes
12. Outdoor Social Facilities
  - Bar B-Q
  - Ampha-Theatre
  - Terrace - Decks
13. Maintenance Facilities
  - Shops
  - Garden Storage
  - Janitor
14. Magazines, candy, gift stand, and sight seeing tours
15. Coffee shop
16. Garage Spaces
17. Guest Visitors Facilities
18. Music Room
19. Intercom system with music
20. Maid call system
21. Individual balconies (decks and patios)
22. Hobby shops (Crafts)
23. Sewing Room
24. Art Studio
25. Delivery Areas
26. Service Yards
27. Off Street Parking
28. Gardens, Patios
29. Ramps for easy access
30. Club Rooms
31. Public Toilet Facilities

## SECTION V

We need more population. More people living in using these facilities. We might do this by increasing the south wing clear down to Ocean Street; taking out the cottages. We might also extend the North Wing but not let it project as far into the garden as the present cottages do, and again create there a two or three story unit, causing three or four times as many people per ground area as the present cottages do.

We would be creating a larger and wider and more gracious recreation and garden facility in the inter court of the whole plan. This would tie to the beach property; where there we might have a large deck that cantilevers out over the beach sand area for a street level approach with lower level units encompassing solariums and recreational rooms and spaces where the guests may go even during the winter months and be comfortable. Places where they can have hobby shops, places of rehabilitation, for relaxation and games, for public or for their own gatherings. This would not obstruct the view of the ocean.

A need now for satisfying this many people we would have to increase the dispensary size. We might go across on the annex property build a three, four, five or six story building depending on the exact needs necessary for the following facilities. Ground level non-ambulatory guest space increased. A dispensary and offices where doctors may have treatment rooms and examination rooms. We might have to have a drug dispensary; a place where drugs can be dispensed. We would have waiting rooms, we would have places where people can come in and receive medical attention, and also rehabilitation places where they can come in and receive physical therapy treatments. They might also receive occupational or other types of therapy.

SECTION V (Continued) - 2

The second, third, and fourth floors might be convalescent rooms, where we can handle not just the guests but outside out patients using the convalescent facilities; of course, properly screened. We would have to have nurses facilities and, of course, kitchen facilities and service facilities along with additional garage spaces for those guests who will have their own automobiles. With these two annexes we will have to have circulation ties. Across Grand Avenue might be a covered walk elevated over the street say to the second floor, perhaps looping down to an intermediate floor between the first and second floor so that ground access would be possible. The tie between the recreation garden area and the center of the main building and the beach deck might be left as it is on the ground, because that street would not necessarily be so busy that guests could not cross.

We should now consider that within the present plant the dining room and kitchen facilities would have to be remodeled. That the offices would have to be relocated perhaps; more central and in a place where they can control and handle the center of population; perhaps out in the garden itself. Television rooms, hobby rooms, places where people can do things together or alone should be provided throughout the whole plant. Elevators and ramps should be flush and level with no tripping hazards. All halls would have hand rails and things that would help the elderly in getting around the facilities. We would eliminate as many of the steps that exist there now only bring in very shallow ramps so they can maneuver these with very little difficulty. Providing many type hand grips for the bathroom areas as well as the patio areas or the relaxation areas and hobby areas. Adequate illumination should be provided; presently it is very hazardous.

SECTION V (Continued) - 3

We would want to have proper lighting; not glaring lighting but subdued light powerful enough for the elderly, with their failing eyes would be able to comprehend. Have climatic conditions in all of the facilities so that they have comfort year around; this may include air conditioning in certain areas. And concentrate the equipment that they use in their own facilities at hip to shoulder height. Provide toilet facilities that the public or all of the guests could use in different areas. Provide many areas for storage so that the help storage facilities are broadened in scope so that they become more efficient in their daily task of providing service. All the doors should be widened and each room should have outside windows that open to let the fresh air come in.

The bathrooms would have to be larger and more spacious so the elderly can move around and use the facilities properly. Also we must provide that people in wheel chairs and on crutches and in strollers can move around applicably. We would have to have also, of course, facilities for guests and relatives of guests. Then we would have to turn back to the original old hotel building and in phasing, reconstruct this because it will fail as time goes on and become more and more inadequate and expensive to maintain; perhaps tearing down sections at a time and replacing.

INFIRMARY - CONVALESCENT - REHABILITATION FACILITY

PROGRAM OF REQUIREMENTS

1. Provide infirmary facility for approximately 20 guests and 50 additional spaces for out patients.

Preliminary purpose of this building is to enlarge present 6 bed infirmary to 20 beds plus provide additional heavy duty nursing facilities for referred patients of area and provide possible non-ambulatory spaces.

Specialization of facility would be in Geriatrics and Rehabilitation.

70 beds total arranged so one nurses station would be required each floor. Each room a private view of patios or ocean.

Provide 90% of rooms as double with perhaps one or two private and one or two ward type rooms. Other facilities include:

Office, nurses restrooms, nurses work stations, bath facilities, public toilets, drug room, room toilets and closets, elevators, and stairs.

Rehabilitation and exam rooms would enable small x-ray room, exam rooms, treatment room, physical therapy facility, doctors lounge, and small laboratory, diet kitchens and storage.

Staff would include:

Staff doctors, staff registered nurses - 3 to 4 required, nurses aids - ratio 1 aid to 6 patients minimum, administrators, physical therapist, maintenance and custodian help.

Access to the building would be from ground level to first floor, and via overpass from present south wing and proposed south wing extension to second floor.

Parking on site one space per 3 beds. Garage parking for Carlsbad By The Sea guests increased to 20 maximum.

INFIRMARY - CONVALESCENT - REHABILITATION FACILITY (Continued) - 2

1 st Floor area	5,700 sq. ft.
2 nd Floor	9,500 sq. ft.
3 rd Floor	9,500 sq. ft.
4 th Floor	9,500 sq. ft. - future
Parking Facilities	= 22 (10 covered)
Garage	= 10
Parking area	10,600 sq. ft.

Total present building area 24,700 sq. ft.

Building	24,700 @ \$20.00/sq. ft.	= \$494,000.00
Garage 10 cars	2,200 sq. ft. @ \$6.00	= 13,200.00
Parking 12 cars	= 6,600 sq. ft.	= <u>1,400.00</u>
Total Cost		\$508,600.00

## SOUTH WING EXTENSION

### STUDY "A"

Three story addition 12 apartment units each floor, total 36 units approximately 264 sq. ft. each with balcony decks or patios.

Three story addition would align in height with existing structure. Incorporated also would be two new stairways one replacing existing South Wing stairway.

Separate heating system would be required and would be sized for future addition of this wing.

Construction would be reinforced concrete with curtain wall system with provisions for addition of two more stories.

Building size 92' x 52' (to match existing in width = 4,784 sq. ft.)

Three floors 4,784 sq. ft. = 14,352 sq. ft. @ \$18.00/sq. ft. = \$260,000  
36 units @ \$7,200.00 per unit.

SOUTH WING EXTENSION

STUDY "B"

Three story addition one floor for garage, storage, and mechanical.  
12 apartments each floor two floors = 24 units total  
16 car parking garage lower floor.

Other data same as STUDY "A"

1 st Floor	4,784 sq. ft. @ \$10.00 =	47,840
2nd & 3rd Floor	9,568 sq. ft. @ \$18.00 =	172,000
		<u>\$219,840</u>

16 stalls @

24 apartment units @ \$7,200 each



## RECREATIONAL FACILITIES BEACH PROPERTY

1. THE SITE: is a terraced slope down to the beach approximately 35' below the street.

Obstruction of the view by residence should be avoided. This development would supplant all of the losses in the Garden area and add to the overall program of recreation and relaxation areas of great new latitudes.

1. Large deck area at street level for sitting, sunning, and active game areas.
2. Terraced levels down to beach providing indoor rooms all with view and flexible usage for gatherings, hobbies, game areas, etc.
3. Easy access to beach, by elevators, ramps, or other devices so that more use of beach area can be made possible for more residences.

### STUDY "A" BUILDING AND DECK SIZES

Upper street level deck	-	-	-	-	6,300 sq. ft.
Down one level	-	-	-	Enclosed	5,400 sq. ft.
				Deck	900 sq. ft.
Down two level	-	-	-	-	4,050 sq. ft.
				Deck	900 sq. ft.
Down three level	-	-	-	Enclosed	2,250 sq. ft.
				Deck	1,350 sq. ft.

Total enclosed 11,700 sq. ft. @ \$12.00 = \$140,000.00

Deck area 9,450 sq. ft. @ \$ 5.00 = \$ 47,000.00

TOTAL \$187,000.00