

Built Form

The rationale behind the built form of the Cambie Senior Continuum-of-Care Residence follows the design guidelines in the Cambie Corridor Plan (hereinafter referred to as "the Plan") while also making allowance for some slight variances in form due to uniqueness of a continuum-of-care community.

The following rationale addresses these variances:

Floor Depths:

To create a therapeutic milieu in the amenities space on the main floor of the west and centre buildings, large open space must be provided that enables a seamless service, particularly in the dining room and lounge areas. Numerous studies have shown that socialization is the key to seniors living long, happy and fulfilled lives. It is our goal to encourage residents to spend time interacting with each other and the staff in the amenities areas. As a result amenity area must be capable of providing residents with intimate areas where they can interact in small groups and can easily transform itself into a large venue to accommodate all of residents and their families for our many celebrations and signature events. The main levels of the west and centre building are the location of these centralize amenity and socialization spaces and as a result deeper floor plates are required to allow for the appropriate function and livability of this seniors community.

The floor depth of the western half of the west building is also designed so the suites and amenity area for the complex care component have appropriate scale and livability. From the laneway, the building scale will be 2 storeys as in the Cambie Plan.

Building Connections:

A unique and critically important design element of this continuum-of-care facility is the need to connect all building components at ground level. As a result, the 3 principal buildings are linked discretely at ground level across the 24 ft separations, which are significantly screened and setback from the property lines. The connections serve the critical purpose of providing convenient indoor access to centralized health care services and amenities for residents who will have a range of mobility limitations and are more susceptible to illnesses from outdoor exposure. Personal support and care staff also need convenient access to all units.

The connection of the west and centre building is deeper because this is a critical link where the kitchen facilities interface with the dining facilities. In keeping with the rationale stated above, large open spaces that enables a seamless service and a superior livability is critical.

The connection between the centre and east building can be narrower, however research has shown that residents with cognitive issues such as the early onset of dementia become agitated and frightened by long narrow walkways. As a result, these connections between the buildings need to give residents a sense of openness at the end of the hallway. It also provides them with a place to stop and rest before proceeding onto their destination.

Second Floor Connection:

This link between the west and central building connects all of the amenity space, care services and residential units of the licensed care component of this facility. These residents will have complex physical and cognitive care needs, meaning most of the residents will never leave the floor. As such, large open spaces must be provided to avoid a feeling of confinement and this connection helps archive this goal. The care suites are small to encourage residents to get out where they can either sit and enjoy their surroundings and see the outside world or wander at will, as this is imperative to their well-being. In order to provide a sense of openness and space for residents to wander, wheelchairs to pass and service carts to maneuver. This connection must have a width appropriate to achieve these goals.

Building Density:

The proposed above grade building density of 1.99 FSR is based on two key elements unique to a continuum-of-care residence. First, as indicated above, is the need for connectivity of all building components and second is the need to provide significantly more amenity and supporting services area relative to a typical residential building. With a building efficiency of only 0.72, a slightly higher FSR is required for such a facility to be feasibly developed an operated in this location.

PROJECT STATISTICS

GROSS AREA

	AREA(sqf)
IND. & AL. UNITS AREA *	71,778
CARE UNITS AREA	11,017
AMENITIES (MAIN LEVEL ONLY)	9,951
CARE SERVICES	3,425
CIRCULATION	30,493
TOTAL GROSS AREA (ABOVE GRADE)	126,664
TOTAL GROSS AREA WITH BASEMENT	142,316

FSR CALCULATION

UNIT AREA	82,795
AMENITIES	9,951
CIRCULATION	30,493
STORAGE AREA EXCLUSION	1,991
10% AMENITIES EXCLUSION	9,951
TOTAL FSR AREA (ABOVE GRADE)	114,722
SITE AREA	57,537
FSR (ABOVE GRADE)	1.99
FSR (WITH BASEMENT)	2.27

BALCONIES CALCULATION

RESIDENTIAL NET AREA	82,795
ALLOWABLE BALCONY AREA**	6,624
PROVIDED NET BALCONY AREA	4,575

* IND & AL = INDEPENDENT LIVING AND IN-SUITE ASSISTED LIVING

** MAXIMUM ALLOWABLE BALCONY AREA = 8% X RESIDENTIAL AREA

UNIT TYPE

UNIT TYPE	COUNT
1 BEDROOM UNITS	76
2 BEDROOM UNITS	19
STUDIO UNITS	8
LIGHT CARE UNITS	32
TOTAL UNITS	135

UNIT MIX

IND. & AL. SALE	47
IND. & AL. RENTAL	56
CARE UNITS	32
TOTAL RENTAL UNITS	88
TOTAL UNITS	135

DATE	ISSUED FOR	REV
05/06/14	REZONING APPLICATION	01

Notes:

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NORR
ARCHITECTS PLANNERS

Project

**CAMBIE SENIORS
CONTINUUM-OF-CARE
RESIDENCE**
408-488 W KING EDWARD AVE
VANCOUVER, BC

Drawing Title

DESIGN RATIONALE

Scale

Project No. OCVA-13-0018

Drawing No. A00-00-05