

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

November 17, 2020

Mr. Matthew Bertagnole, Executive Director (via e-mail only) Good Hope Hospital, Inc. PO Box 639 Erwin, NC 28339

Re: Project No. HL-11358-MAS/TKM

FID No. 120572 Good Hope Hospital Psychiatric Bed Expansion Erwin (Harnett)

Dear Mr. Bertagnole:

The engineering portions of construction documents dated September 11, 2020 (received September 17, 2020) for the referenced project above have been reviewed for conformance with licensure rules for Hospitals (10A NCAC Chapter 13 Subchapter B). The engineering portions of the drawings are approved provided we receive satisfactory written responses and revised drawings that address the following comments:

- 1. When available, provide sprinkler system drawings that are prepared, sealed, and signed by a NC registered engineer or a sprinkler system designer with a current NICET Level III certification.
- 2. Air handling units must have outside air intakes a minimum of 25 feet from exhaust or vents. Please verify this requirement is met. [2017 ASHRAE 170, 6.3.1.1]
- 3. Reference Sheet M0.2: Clean Linen 138 requires a positive air relationship with adjacent spaces. The plans indicate no requirement for this room. [2017 ASHRAE 170, Table 7.1]
- 4. Reference Sheet M1.1: The clothes dryer exhaust duct has a maximum length of 35 feet. The location of the dryer appears close to this maximum length. [2018 NCSMC, 504.8.4.1] Verify this requirement is met.
- 5. In seclusion rooms, bedrooms, patient toilet rooms and patient bathing facilities, ventilation grilles shall be secured using tamper-resistant fasteners and have perforations or openings to eliminate their use as a tie-off point or be designed to prevent them being used as ligature points. Verify the mechanical grilles in patient areas meet this requirement. [2018 FGI, 2.5-7.2.3.3 (2)]

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION CONSTRUCTION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2705 Mail Service Center, Raleigh, NC 27699-2705
info.ncdhhs.gov/dhsr/ • TEL: 919-855-3893 • FAX: 919-733-6592

- 6. Receptacles in patient bedrooms shall be protected by a ground fault circuit breaker or an individual ground-fault circuit interrupter device. Revise drawings to meet this requirement. [2018 FGI, 2.5-8.3.6.1 (3)]
- 7. Patient bedrooms shall have general lighting and night lighting. At least one nightlight fixture in each bedroom shall be controlled at the room entrance. [2018 FGI, 2.5-8.3.4.2 (1) & 2.1-8.3.4.3 (b) (ii)] How is this requirement met?
- 8. Corridors in patient care units shall have general illumination with provisions for reducing light levels at night. How will light levels be reduced at night? [2018 FGI, 2.5-8.3.4.2 (2)]
- 9. Reference Sheet E1.0: Tagged note #4 indicates electrical connection to nearest GFCI circuit for faucet. Electronic faucets shall be capable of functioning during loss of normal power. [2018 FGI, 2.1-8.4.3.2 (8) (b) (ii)] A normal circuit is shown serving these faucets. How will this requirement be met?
- 10. Reference Sheet E1.2: The life safety branch lights in each corridor is fed from the same circuit out of the life safety panel which will leave that corridor in total darkness if the life safety circuit is lost. Is this desired?
- 11. The fire/smoke dampers are shown connected to the life safety branch of power. Life safety branch power for fire/smoke dampers is not one of the allowed functions for this branch of power. Connect the fire/smoke dampers to another branch of emergency power. [2017 NEC, 517.33 & 2012 NFPA 99, 6.4.2.2.3.5]
- 12. Provide critical branch illumination and receptacles in Nurses' stations and medication prep rooms. [2017 NEC, 517.34 (A) (3) b. g.]
- 13. Reference Sheet P0.0: Shower heads shall be of flush mounted design to minimize hanging appendages. [2018 FGI, 2.5-8.4.2] Verify this requirement is met.
- 14. Reference Sheet P1.0: The plumbing design indicates a 2-1/2" cold water main entering the building near Patient Storage 144. Sheet C-07 Utility Plan indicates a 2" cold water main line entering the building near Conf/Treatment Planning 162 on another side of the building. Coordinate the size of the waterline and location with civil and plumbing plans.
- 15. The waste discharge point of hand washing sink faucets shall be at least 10 inches above bottom of the basin. Verify this requirement is met. [2018 FGI, 2.1-8.4.3.2]
- 16. Reference Sheet FA1.0: Install a smoke detector in Sally Port 126.

It is our understanding that you intend to begin construction as soon as possible in accordance with these approved documents. Please note that changes or revisions should be submitted to our office for review and approval prior to completion of the work. When construction is not started within one year of the date of this letter, our approval of these documents expires and they are subject to re-review for compliance with any changes in the governing codes and regulations that may have occurred. Please understand that approval of these documents in no way relieves the owner, architect, or engineer from responsibility related to violations of governing codes and regulations not found by our office or other reviewing agencies. When such violations are found they must be corrected.

When construction is complete you (the owner) or your architect must provide a letter requesting a final inspection at least two weeks prior to the anticipated completion date.

The following documentation must be available at the time of the inspection and prior to our recommendation for occupancy and licensure:

- 1. A copy of the "Certificate of Occupancy" or "Certificate of Compliance" issued by the local code enforcement official having jurisdiction.
- 2. A copy of the inspection report approved by the Fire Marshal. (Please indicate if this is part of the "Certification of Occupancy"/"Certification of Compliance".)
- 3. Certification on the sprinkler contractor's letterhead stating that the sprinkler system has been installed in accordance with National Fire Protection Association Code Number 13 and that flow control and supervisory valve alarms are active.
- 4. A letter from the design architect and engineer confirming that their firms have inspected the project and have found it to be constructed in conformance with approved plans and specifications; and that our review conditions of drawing approval have been met in the construction.
- 5. A copy of the form "Fire Alarm System Record of Completion" from the fire alarm installer confirming that the fire alarm system and placement of fire alarm devices have been inspected and tested, and are in conformance with the NFPA 72, *National Fire Alarm and Signaling Code*.
- 6. Confirmation that all electrical materials, devices, appliances, and equipment located in the project area have been evaluated for safety and suitability for their intended use by an approved testing agency (such as Underwriters Laboratories). This evaluation must be conducted in conformance with nationally recognized standards and must be conducted by a qualified testing laboratory. (North Carolina General Statute 66-25) Please provide confirmation from the electrical contractor on their letterhead.
- 7. Documentation showing the values of voltage measurements (not to exceed 20 mV) made under no-fault conditions between a reference grounding point and the exposed conductive surfaces of fixed electrical equipment in all patient care areas. Please include the location of the common ground point in the documentation. (NFPA 99, *Health Care Facilities Code*)
- 8. Documentation showing the values of impedance (not to exceed 0.1 ohms) from the ground point of the receptacles and a common ground point in all patient care areas. Please include in the documentation the location of the common ground point. (NFPA 99, *Health Care Facilities Code*)
- 9. Documentation showing that the isolated-from-ground electrical systems in areas such as OR, C-Section, ICU, CCU, etc. have been specially tested for current leakage per line per circuit and for grounding performance and are operating properly. (NFPA 99, *Health Care Facilities Code*)
- 10. A copy of the air balance report for each HVAC system located in the project area(s).
- 11. Manufacturers' current detailed installation instructions for the specific fire dampers, ceiling radiation dampers, smoke dampers, and duct smoke detectors installed in the project area. These instruction sheets need to be available for reference during the final inspection.
- 12. Certification by the local sanitarian indicating that the kitchen may be used for food preparation and that the potable water system has been sanitized in accordance with N.C. State Plumbing Code.

Project No. HL-11358-MAS/TKM Good Hope Hospital Psychiatric Bed Expansion

13. Provide a bed count document showing the location of all licensed beds in the facility. Also, provide small scale floor plan(s) of the facility showing the location of each room by room number corresponding to those used in the bed count document. An example of a bed count document is available upon request.

At the time of the final inspection we will expect to find that all building systems have been completed and tested and that they are operating properly. Representatives of the various trades and equipment installers should be present to demonstrate that all systems are functioning as designed, or as required by governing codes and regulations. Failure to have knowledgeable personnel at the final inspection may result in an incomplete inspection.

It is our understanding that this project was designed under the 2018 edition of the North Carolina State Building Codes as a 15,740 square foot fully-sprinklered building of Type II-B construction under Group I-2 occupancy. The project has also been reviewed for Medicare/Medicaid certification under NFPA 101 Chapter 18 New Health Care Occupancies within a building of NFPA Type II (000) construction. You may access licensure rules at our DHSR website: http://www.ncdhhs.gov/dhsr/testrules.htm.

Please use our Project No. HL-11358-MAS/TKM and FID No. 120572 on all correspondence related to this project. If you have any questions or if we can be of any further assistance, please contact our office at the telephone number or e-mail address listed below.

Sincerely, *Tony McQuage*

Tony McQuage Engineering Plan Reviewer DHSR Construction Section Tony.McQuage@dhhs.nc.gov (919) 855-3901

cc: Stogner Architecture – David Stogner (via e-mail only)
Lighthouse Engineering – Paul Scott (via e-mail only)
Harnett County Building Inspections Department – Brad Sutton (via e-mail only)