



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

August 3, 2022

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 County)

Dear Mr. Bertagnole:

The referenced project was inspected on July 27, 2022 by Mark Saulnier, Tony McQuage, Jerry Boyle and Luis Padilla. This project cannot be approved until the following deficiencies have been corrected:

1. At Nurse Station 139, the glass in the smoke barrier was not rated. It must be a minimum 45-minute fire-protection-rated glazing per NCSBC Table 716.6
2. At Nurse Station 139, the fire extinguisher cabinet must be 5 sided behind the cabinet to maintain the 1-hour smoke barrier. Also cover the junction box above the ceiling.
3. There was a discussion about the connection to the existing building. Our understanding is that there is a 1-hour smoke barrier around Corridor 100 and a smoke barrier lid over corridor 100 to separate the new from existing into separate smoke compartments. Confirm that the lid is a 1-hour assembly and that all of the walls surrounding Corridor 100 are labeled as 1-hour smoke barriers and that the cross-corridor Doors 100 have an astragal at the meeting edge.
4. In Bath 133, the paper towel/trash dispenser must be 5 sided behind the dispenser to maintain the 1-hour smoke barrier.
5. In all patient accessible areas where they are not under constant physical supervision, change the screws at the door hardware to tamper resistant.
6. At pair of Doors 131, adjust the coordinator to allow the active leaf to pass the inactive leaf so that the doors self-close and latch properly.
7. Confirm that the water temp is between 100 – 116 degrees.
8. In Sprinkler Riser Room 111, finish the box out to the floor to maintain the rated wall.
9. There were numerous data cover plates throughout that had regular screws. Change to tamper resistant.

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION**

**CONSTRUCTION SECTION**

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10. At the courtyard change the screws to tamper resistant at the GFCI receptacles, On/off switch and door hardware.
11. Adjust the door at Dining 122 so that it closes and latches properly.
12. In Bath 159, tighten screw on cover plate next to the toilet.
13. The shower rods in the patient baths appear to be a security risk. The facility must evaluate the risk as part of the Behavioral and Mental Health Risk Assessment, FGI Section 1.2-4.6.
14. The top of patient bathroom doors appears to be a ligature issue. The facility must evaluate the risk as part of the Behavioral and Mental Health Risk Assessment, FGI Section 1.2-4.6.
15. At the Activity and Library, the data plates and heat sensor screws must be changed to tamper resistant. Also, some of the screws at the windows are not tamper resistant.
16. In some of the patient areas the lights at the ceiling had regular screws. In these areas the facility must evaluate the risk as part of the Behavioral and Mental Health Risk Assessment, FGI Section 1.2-4.6.
17. The door locking at the seclusion room does not meet the requirements of Mental Health Rules 10A NCAC 27E .0104(e)(8). The lock must be interlocked with the fire alarm so that the door automatically unlocks when the fire alarm is activated. Our understanding is that an equivalency was requested that allowed the use of a manual switch, that would override the fire alarm release and would prevent the door from unlocking. As part of the policy and procedure a staff member standing at the door would hold the button and when it was released the door would unlock. There would also be an evacuation procedure in place. The hardware that was installed is a manual locking device that is not tied into the fire alarm as required by the rule. The locking mechanism also was sticking and did not release when the handle was released.
18. Change the screws at the seclusion room door to tamper resistant.
19. Add a parabolic mirror at the seclusion room ceiling to allow a view of the entire room from the door.
20. Confirm that the hospital has a policy and procedure for the supervision of the patients while the shower wands are in use at the accessible bathrooms.
21. At Bath 150, tighten the screws at the toilet and flush handle.
22. Add exit signs at the ends of the nurse station corridors so that you can see two means of egress from the corridor.
23. Install a smoke detector in Sally Port 126.
24. Multiple smoke detectors were located within (3) three feet of HVAC diffusers. Please check smoke detector placement throughout the facility. Smoke detectors shall not be installed within (3) feet of mechanical registers. [2013 NFPA 72, 29.8.3.4 (7)]
25. A smoke detector was installed in Seclusion Room 143. This smoke detector did not appear to be tamper and ligature-resistant type. Provide verification that detector is tamper and ligature resistant or replace. [2018 FGI, 2.5-7.2.2.7 (2)]
26. One pendant fire sprinkler head in Electrical Room 105 was obstructed by a conduit secured to the ceiling. Either the fire sprinkler head should be moved or electrical conduit. [2013 NFPA 13, 8.6.5.2.1.3(A)]

27. In patient areas, fire sprinkler heads shall be tamper and ligature-resistant type. [2018 FGI, 2.5-7.2.2.7 (1) (2)] Concealed pendant heads were installed in patient areas. Replace heads in patient areas with tamper and ligature-resistant type.
28. The duct insulation at AHU-5 was not secured at the connection to the unit. Repair as necessary. [2018 NCSMC, 604]
29. The ceiling radiation dampers installed in Quiet Room 142 and Seclusion Room 143 had large gaps around the damper sleeve above the ceiling. Repair the 1-hour fire-resistant rated ceiling assembly and install radiation dampers per manufacturer's installation instructions. [2018 NCSMC, 607.6.2.1]
30. Duct smoke detectors in new AHUs serving the facility could not be tested at the time of our inspection. The equipment (smoke machine) necessary to test these detectors was not on-site. This will be tested on our re-inspection.
31. The roll up fire/smoke shutter installed in Medication Room 135 could not be tested at the time of our inspection. Knowledgeable personnel familiar with the installation were not on-site. This will be tested on our re-inspection.
32. Provide critical branch illumination and receptacles in Nurses' stations and medication prep rooms. [2017 NEC, 517.34 (A) (3) b. g.]
33. Provide critical branch power to nurse call system. [2017 NEC, 517.34 (A) (5)] The nurse call system is currently connected to normal power.
34. Receptacles supplied by the essential electrical system shall have a distinctive color or marking readily identifying it as connected to the emergency system. The emergency receptacle in fire sprinkler backflow enclosure was not identified. [2017 NEC, 517.31 (E)]
35. The life safety and critical emergency system wiring must be mechanically protected. Where life safety and critical branches are installed in patient care spaces the installation shall also comply with the requirements of 517.13 (A) and (B). [2017 NEC 517.31 (C)(3)(1)] During the inspection it was observed that life safety and critical panelboards had healthcare grade MC cable serving these branch circuits. These circuits require mechanical protection using nonflexible metal raceways. How will this requirement be met?
36. Provide GFCI protection for receptacle within (6) six feet of sink in Exam Room 113. [2017 NEC, 210.8 (B) (5)]
37. Install a remote generator emergency stop either on the building, within the building in a staff location or at the location discussed during the inspection adjacent to the portable generator connection. [2010 NFPA 110, 5.6.5.6]
38. Nurse call bath stations must be located so they can be activated by a patient lying on the floor at each patient toilet or shower. The bath stations shall be located 3 to 4 feet above the floor and within normal view of user. Bath stations serving toilets must be within 12 inches of the front of the toilet bowl. The location of nurse call devices in patient toilet rooms did not meet the requirement to be accessible to patient lying on the floor. In order to meet the intent of the requirement it will be acceptable to install additional low nurse call devices. [2018 FGI, 2.1-8.5.1.3 (2) (3)] & [2.5-8.5.1.2(4)]
39. Install permanent labels to indicate which switch in nurses' station controls receptacles for each patient bedroom. [2018 FGI, 2.5-8.3.6.1]

40. Update panelboard directories to legibly identify every circuits use. [2017 NEC, 408.4]
41. The facility's door locking arrangement is based on 2018 NCSBC, 407.11 *Locks and Latches*. Keyed on/off electromagnetic locks are connected to the normal power supply. To create a more reliable security system is it desirable to connect the power supply to the critical power supply?
42. The key on/off switch was missing at exit Door 100 which is equipped with the electromagnetic locking arrangement. [2018 NCSBC, 407.11] Install the required on/off switch to serve Door 100.
43. 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. *This was not included as part of the closeout documentation received.* Please provide architect's and engineer's inspection approval letters.

When the deficiencies listed above have been corrected, we must receive a letter and pictures addressing each and confirming that the work is complete. Once the letter and pictures are received, we will schedule a re-inspection.

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,



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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)