DLRGROUP | SALUS

DLR Group Architecture & Planning inc.
a Washington corporation

51 University Street, Suite 600
Seattle, WA 98101

December 28, 2022

American College of Healthcare Architects
4400 College Boulevard, Suite 220
Overland Park, Kansas 66211

Re: Application for Membership: [redacted]

Dear fellow College Members,

Please accept this letter of recommendation for [redacted] certification and membership.

I have known [redacted] for over 15 years since he began as a plan reviewer for the Washington State Department of Health Construction Review Services.

[redacted] carried out his role as a regulator seriously while remaining curious, open to conversation, and maintaining an awareness of the challenges to the owners and designers of health care facilities. He chose to apply his understanding of architecture and the regulatory environment as a partner to the design community. This is a valuable, appreciated, and unfortunately, uncommon approach among authorities having jurisdictions.

I believe that [redacted] is very qualified for ACHA Board Certification because of his deep understanding of the environment of care. In his role as a plan reviewer, he had to educate himself of all the elements that impact patient care: architectural, structural, MEP, acoustical, lighting, etc. His former position required deep knowledge of the FGI codes, that are foundational to our expertise as healthcare architects.

I am very confident that [redacted] knowledge, experience, and character are consistent with the ACHA values and principles, and that he will be an excellent ambassador for our organization and practitioner of our values.

Sincerely,
DLR Group

[redacted]

ELEVATE *the*
HUMAN EXPERIENCE
THROUGH DESIGN

tgb | architects

January 2023

American College of Healthcare Architects
4400 College Boulevard, Suite 220
Overland Park, Kansas 66211

Re: Application for Certification: [redacted]

ACHA Board,

Please accept this letter of recommendation for [redacted] certification by the American College of Healthcare Architects.

I have worked with [redacted] throughout his tenure as a plan reviewer with the Washington State Department of Health's Construction Review Services.

I have watched [redacted] grow from strictly regulating healthcare facilities to collaborating with healthcare designers and developers to ensure that the outcomes envisioned are achieved in the most efficient and cost-effective manner possible given wildly divergent circumstances.

I am confident [redacted] curiosity, love of learning and teaching, and dedication to the planning, design, construction, and operation of healthcare facilities will add to your organization.

Sincerely,

[redacted]

[redacted]
4635 Eastern Street
New Orleans LA 70122

January 3rd, 2023

American College of Healthcare Architects
4400 College Boulevard, Suite 220
Overland Park, Kansas 66211

Letter of Recommendation of Certification: [redacted]

Dear fellow College Members,

I am pleased to provide this recommendation for [redacted] certification in the ACHA.

I spent 2022 as a plan reviewer at the Washington State Department of Health Construction Review Services, which provided a unique and exceptional insight into the broader elements of our discipline and the extent and impact of 'architectural' services in the healthcare sector. [redacted] was my coworker and a seasoned Plan Reviewer. [redacted] was an excellent mentor during this time and was instrumental in my development as a Plan Reviewer. He has a commanding knowledge of regulatory environment, design, and construction codes applicable to licensed healthcare facilities. In my opinion, he is one of the most knowledgeable Plan Reviewers and healthcare architects in the nation, and he is passionate about improving the profession and creating safer environments for patients and staff. He is a natural leader and executed his duties with respect, empathy, and diligence.

I am very confident that [redacted] knowledge, experience, and character are consistent with the ACHA values and principles, and that he will be an excellent ambassador for our organization and practitioner of our values.

Sincerely,

[redacted]

Moonbelly Midwifery Services / Lynden Birth Center

[redacted]

REFERENCE LETTER FOR [redacted]

January 2023

American College of Healthcare Architects
4400 College Boulevard, Suite 220
Overland Park, Kansas 66211

Letter of recommendation for [redacted]

Dear Sir or Madam,

I am pleased to recommend [redacted] for membership in American College of Healthcare Architects.

[redacted] assisted me during my journey to create my licensed birth center in Lynden, Washington. In his role with DOH[redacted] provided:

- Preliminary, informal assessment and recommendations for licensure of our first proposed location
- Technical assistance recommendations to simplify design, construction, and operations
- Formal plan review
- Assistance and coordination in design review with the local authority having jurisdiction, and
- Facility survey and guidance to help the licensing process go as smoothly as possible

The process of opening a licensed birth center is lengthy, stress-filled, and at times chaotic. There were times I wanted to quit, to give up. [redacted] was there, on the other end of the phone and often after hours, guiding, reassuring, and encouraging. His ideas were plentiful and helpful as I was renovating a small space. Every inch counted, literally. He worked closely with me and also my architect, helping interpret the vast documents of codes and applying them to this project. His guidance was immeasurable! I am happy to have had him as an integral part of the team.

The Lynden Birth Center is now up and running: a beautiful place for mothers, babies and families in a rural area.

I whole-heartedly recommend Matthew for this membership. He will be an asset to your organization.

Sincerely,

[redacted]

[redacted]

Providence SWEDISH

413 Lilly Road NE
Olympia, WA 98506

January 2023

American College of Healthcare Architects
4400 College Boulevard, Suite 220
Overland Park, Kansas 66211

Letter of recommendation for [redacted]

Dear Sir or Madam,

Please accept this letter of recommendation for [redacted] certification by the American College of Healthcare Architects.

Although his job was to review the plans for alterations to healthcare facilities, it is to his and the Department's credit that he engaged with our facility and project team to support our goals in the delivery of care. [redacted] consistently demonstrated understanding of:

- The value of identifying design and/or construction challenges early in the process
- Design of spaces for clinical care
- An understanding of the complexity of construction within an active hospital
- Medical gas, essential electrical, and ventilation requirement for healthcare facilities
- Risk assessment and mitigations necessary for construction within the hospital
- The capacity of the regulatory environment to impact project design and costs

In recent years [redacted] worked with our facility in technical assistance and plan review for the installation of a mobile/transportable kitchen, a mobile CT unit supporting CT equipment replacements, x-ray equipment replacement, build-out of 2 floors of acute care, and creation of a 'flex-bed' unit.

I am confident that his experience and perspective will be a valuable addition to your organization.

Sincerely, [redacted]

[redacted]

OCEAN BEACH HOSPITAL & MEDICAL CLINICS

174 1st Avenue North
Ilwaco, WA 98624

January 2023

American College of Healthcare Architects
4400 College Boulevard, Suite 220
Overland Park, Kansas 66211

Re: Application for Certification: [redacted]

To whom it may concern:
I am writing to recommend [redacted] certification by the American College of Healthcare Architects.

As the Facilities Manager for Ocean Beach Hospital & Medical Clinics, [redacted] provided our team technical assistance and regulatory review as an architect/plan reviewer for the Washington State Department of Health, Construction Review Services. Projects included alterations within the hospital, improvement to hospital building systems, conversion of a nearby restaurant into a licensed outpatient services facility, and general support to ensure our facility met hospital licensing and CMS certification and survey requirements.

Our team appreciated and benefitted not only from [redacted] knowledge and experience but his ability to communicate the design, construction, and licensing requirements in clear, actionable, terms focused on the success of the project.

[redacted] character and candor left no doubt of interest in the success of our facility and helping our team provide safe spaces for the delivery of care.

I am confident [redacted] experience and character will be an asset to your organization.

Sincerely,

[redacted]

Facility Manager (Retired)
Ocean Beach Hospital & Medical Clinics

[redacted]

Project 1: Lynden Birth Center

Non-traditional application for [redacted]

Project Summary: The scope of architectural construction included alterations to
Alterations to existing residential construction business use to establish a licensed birth center.

Program Summary:
Freestanding birth center for low-risk patients

My Role and Responsibilities:

- On behalf of the Washington State Department of Health Construction Review Services:
    - Support the owner operator with technical assistance, plan review, and guidance towards successful survey and licensure through two design iterations for the facility.
    - Translate the construction and licensing requirements for spaces for the delivery of care to the owner and project team.
    - Provide guidance to the architect of record regarding the applicable model construction code and licensing design requirements.
    - Coordinate with the local building official on application of model codes.

- Specific Program Challenges:
    - Working within the existing building footprint to meet specific design requirements.
    - I worked with the client to identify and lead them to a compliant design solution for the intended delivery of care model/clinical functional program.

Letter of reference from the facility owner/operator included as part of the overall application.

This is one sample of many birth center projects, most of which undertaken by the caregiver owner operator which I assisted over the course of 17 years as an educator, consultant, and regulator for the Washington State Department of Health. These are a 'high-touch' audiences which rarely have the budget for conventional architectural services, and for which the conventional architectural offerings, more inclined to residential rather than commercial construction, much less healthcare architects, are not often well equipped.

These conditions permitted me a unique opportunity to gain direct understanding of the delivery of care, the applicable design and construction codes, and the realization of a space for that care.

Project Comment Form
June 24, 2020

Washington State Department of Health
Construction Review Services

PO Box 47852
111 Israel Rd. SE.
Tumwater, WA. 98501
www.doh.wa.gov/crs
tel. 360-236-2944
fax.360-236-2321

Project Information:

CRS# [redacted]
Lynden Birth Center
Chapter 246-329 WAC Childbirth Center

Project Title: New Birth Center Renovation

Project Location: 200 3rd St
Lynden, WA. 98264

Local Permit #: [redacted]

Electronic Submittal. Plans will be delivered to:
Name: [redacted]
Email: [redacted]
Phone #: [redacted]

Key Contacts:	Company	Name	Phone	Email
DOH Reviewer		[redacted]	[redacted]	[redacted]
Facility Contact:				
Facility Admin.:	Lynden Birth Center	[redacted]	[redacted]	[redacted]
Arch./Eng.:	Mark Bratt Architecture	[redacted]	[redacted]	[redacted]
Other:	LDES, Inc	[redacted]	[redacted]	[redacted]
Other:	Eagle Contracting	[redacted]	[redacted]	[redacted]
Other:				
Other:				
Local AHJ:	City of Lynden	[redacted]	[redacted]	[redacted]

Addt'l Copies To: ☒ L&I Electrical Section ☐ L&I Factory Assembled Structures ☐ Local Electrical AHJ

Project Status:

-Not Approved-

This project is not approved for use or licensure. **Construction is not authorized** to begin. See page two for important next steps.

Project Summary:
Alterations to existing residential construction business use to establish a licensed birth center.

Program Summary:
Freestanding birth center for low-risk patients

Role and Responsibilities:
Support the owner operator with technical assistance, plan review, and guidance towards successful survey and licensure through two design iterations for the facility. Provide guidance to the architect of record regarding the applicable model construction code and licensing design requirements. Coordinate with the local building official on application of model codes.

I am providing only the technical assistance comments in this submittal. Formal plan review comments are consistent with this presentation. Additional technical assistance and plan review comments for this, and all licensed facility types under my purview, available upon request.

Project Details (for internal use only)

Occupancy Type IBC: B IBC: IBC: NFPA 101:	Construction Type IBC: 5-B IBC: IBC: NFPA 101: NFPA 101:	Fed Code: Building Code: 2015 IBC Licensing Code:
Number of Beds Added: n/a Removed: n/a	CON Required? ☐ Yes ☒ No	CON Approved ☐ Yes ☐ No

	Req'd	Provided	Type/category	
				Are Hospital inpatients seen at this location? ☐ Yes ☒ No
Automatic Fire Sprinkler System:	No	No		Are planned residents/patients **incapable** of self preservation? ☐ Yes ☒ No
Automatic Fire Alarm System:	No	No		If yes, how many?
Emergency Power System:	No	No		Is sedation provided? ☐ Yes ☒ No
Medical Gas System:	No	No		If yes, max. planned level?
Smoke Compartmentation:	No	No		Is space Medicare certified? ☐ Yes ☒ No

Building Department contacted?	Estimated construction completion:

REVIEW NOTES	Conversion of an existing building to licensed birth center using WAC 246-329-160(15), 2006 FGI. Residential style fire alarm system as directed by City of Linden Fire Department.

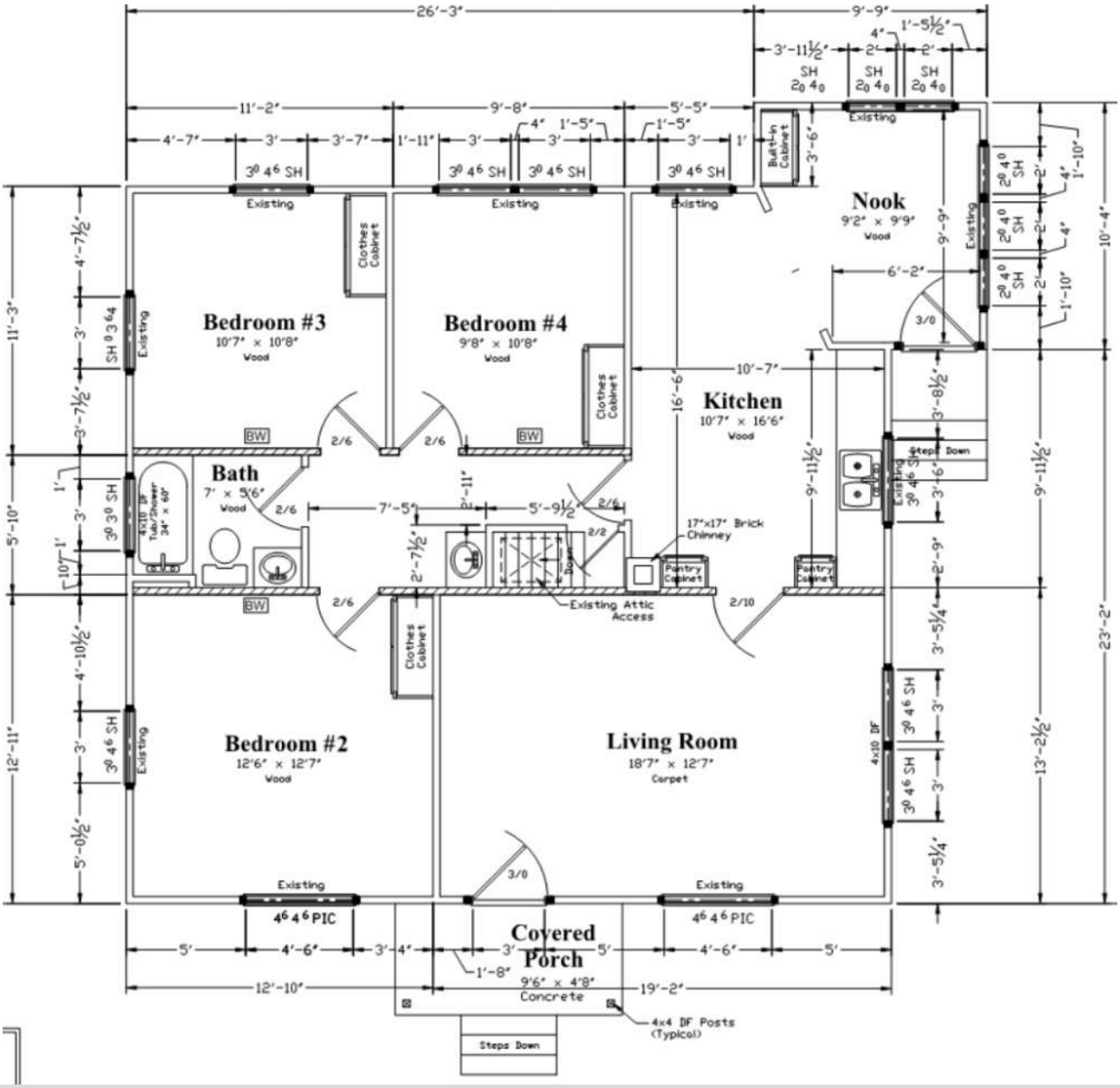
DSHS	**For Assisted Living Facilities Only**	Total Sleeping rooms
	Minimum required area of day rooms/areas	Total Approved beds
	Total area provided in day rooms/areas	Total Contract beds

NOTES TO SURVEY	

Preliminary Comments:

Comment ID#	
	Preliminary plans received 4/20/20 and 5/12/20. Multiple phone conferences and correspondence between [redacted] and [redacted] in the interim.
T1	The applicant seeks to convert an existing building, plan included in this doc, into a licensed birth center meeting the physical environment standards of the 2006 FGI under the provisions of WAC 246-329-160(15)
T2	WAC 246-329-065 describes the review process and requires the applicant provide construction documents to DOH/CRS for review. 'Construction documents' are written, graphic, and pictorial documents prepared to describe the physical characteristics of the project and demonstrate compliance with applicable building code and licensing requirements.

T3	CRS reviews the construction documents for proposed birth centers to the general design and construction standards of the building codes and the specific functional requirements of the licensing rules.
	
	• The general design and construction requirements are set forth in state building code adopted and amended by the state building code council, including, but not limited to:
	  ○ The International Building, Fire, Mechanical, and Existing Building Codes (IBC, IFC, IMC, IEBC respctively)
	  ▪ These codes are available for free view as read-only documents at: https://codes.iccsafe.org/category/Washington?year[]=Current+Adoption&page=1
	  ○ The Uniform Plumbing Code (UPC)
	  ▪ https://www.iapmo.org/publications/read-uniform-codes-online/
	  ○ State amendments the above codes can be found at: https://apps.leg.wa.gov/WAC/default.aspx?cite=51
	  ○ Chapter 296-46B WAC Electical safety standards, administration, and installation.
	  ▪ https://lni.wa.gov/licensing-permits/electrical/laws-rules-policies
	• The specific licensing requirements are provided in WAC 246-329 Childbirth Centers and the 2006 edition of the *Guidelines for Design and Construction of Health Care Facilities*
	• Elements of the physical environment not specifically addressed in the WAC or FGI are reviewed to the requirements of the building code as adopted by the state building code council.
	
	WAC 246-329-065(1)(a)

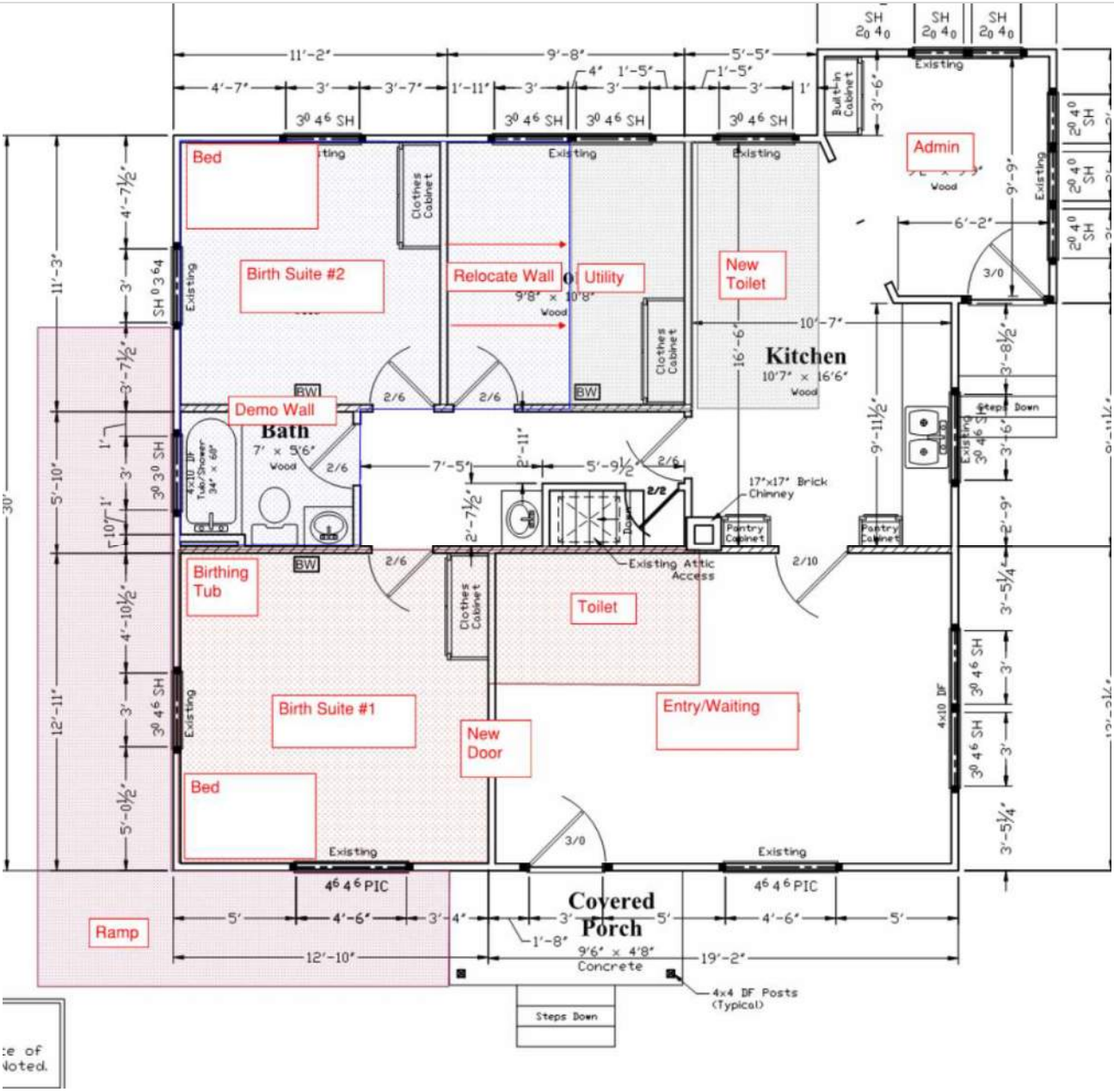
T4	It is recommended the facility develop a functional program for the project to describe the planned operational function of spaces as they relate to direct and indirect patient care. Through this description of the services, means, and methods of the delivery of care, this documents can: • Provide direction in the planning, design, and construction of the licensed space, • Articulate, for plan review, how the spaces and methods address the licensing requirements, and • Support / serve as a basis of survey. A guideline to assist in developing the functional program can be found here: https://www.doh.wa.gov/Portals/1/Documents/2300/2018/FPguideline.pdf,
T5	Existing conditions of the proposed facility: 

T6

Multiple design options were discussed via phone conferences and email correspondense during the course of preliminary plan review. The current conceptual design, shown below, proposes:

- The Living Room becomes the Entry and Waiting spaces
- Bedroom #2 becomes Birth Suite #1 with addition of a toilet room and door to the Waiting room
  - Toilet open to room; wall & door moved to include sink in room (not refelcted in sketch).
- Bedroom #3 is enlarged and becomes Birth Suite #2
  - Door from toilet to hall closed; toilet/bath open to room
- Bedroom #4, reduced in size, becomes a Utility room
- An accessible toilet room is created in Kithen area
- The Nook is use for administrative/clerical space

T7



T8

The FGI guidelines for the design and construction of birth centers address the same basic concepts of the WAC requirements albeit in a different manner/format. The FGI groups general standards in terms of general considerations, diagnostic and treatment locations, service areas, administrative and public areas, and construciton standards and adds modifications as appropriate to the specific facilty type or function.

Specifc building elements relevant to the proposed schematic design include but are not limited to:

- Birthing rooms must have a minimum clear floor area of 160 square feet and a minimum room dimension of 11 feet. FGI 3.6-2.1.3.1(1)
    - *Element present; additional detail required*
- Birthing rooms must be arranged to permit a minimum clearance of 3 feet at each side, head, and foot of the bed. FGI 3.6-2.1.3.1(2)
    - *Element present; additional detail required*
- Toilet, hand-washing station, and bath/shower facilities with appropriately placed grab bars must be adjacent (located next to, but not necessarily connected) to each birth room. FGI 3.6-2.4
    - *Element partially present; additional detail required*
- Birth rooms must have a hand-wash sink FGI 3.1-2.1 / WAC 246-329-120(4)(j)
    - *This element appears to be addressed in the schematic design*
- The minimum width of patient use halls/corridors/passageways must be 5 feet wide per FGI 3.1-5.2.1.1 / WAC 246-329-160(2)(b)
    - *Design does not appear to address this requirement / revisions appear necessary*
- The minimum nominal door width for patient use areas must be 3 feet per FGI 3.1-5.2.1.4 / WAC 246-329-160(2)(b)
    - *Design does not appear to address this requirement / revisions appear necessary*
- The birth center must have a housekeeping room per FGI 3.1-3 / WAC 246-329-160(12)
    - *This element is not present in the schematic design*
- Adequate equipment, clean and soiled storage, and utility areas must be provided
    - *Additional detail and/or design revisions required to demonstrate this requirement*
- New construction must meet the building code, including accessibility requirements of the building code. FGI 3.1-5.1.1 / WAC 246-329-065
    - *The design may be substantially impacted by modifications to address the above requirements and the minimum construction standards of the building code.*

T9	Specifc secondary building or operational, elements, include, but are not limited to: • Communication systems as described in FGI 3.6-2.1.5 / WAC 246-329-130(2) • Birth room equipment supply and storage per FGI 3.6-2.1.6 / WAC 246-329-130 and 160 • Support areas (for birthing rooms) per FGI 3.6-2.2 / WAC 246-329-130 and 160 • Storage for drugs, biologicals, and emergency equipment per FGI 3.6-2.2.4 / WAC 246-329-130 • Support areas for staff identified in FGI 3.6-2.3 • Support areas for patients per FGI 3.6-2.4 • Sterilization and laundry facilities per FGI 3.6-3 • Administrative and public areas per FGI 3.6-4 Review requriements of FGI 3.6 and sections 1 through 5 of Chapter 3.1 typically
T10	The proposed design appears to provide primary care areas, staff and patient support areas, and administrative and public areas consistent with the fundamental licensing requiements. Next, in increasing level of detail, the schematic design must be refined to address: • The licensing design requirements of comment T8 • The model code design requirements • Then the construction requirements of the model codes. It appears building alterations, such as removing the stairs to the basement, will be necessary to accommodate the program and circulation requirements within the existing building. CRS highly recommends the applicant work with an architectural/space planning consultant to develop a design solution. Ensure the space can accommodate the program before developing construction documents.
T11	A list of typical building code comments for new birth centers may be provided upon request, but do not seem pertinent at this point in design development. Contact plan reviewer with any questions.
T12	Comments made during this preliminary conference, both oral and written, represent guidance provided by the Department of Health, Construction Review Services, for your facility to meet the applicable licensing requirements for this project. These comments are provided as information and for use in preparing the construction documents. They may be revised and/or additional preliminary comments may be made during subsequent submissions. These preliminary comments should not be considered as an exemption or alternate from the requirements of any federal, state or local authority who may have jurisdiction and they do not guarantee compliance or approval by these authorities. In the event of conflicts between other jurisdictions and these comments, please contact this office immediately.

Project 2: Orthopedics Northwest Ambulatory Surgery Center

Non-traditional application for [redacted]

Project Summary: Evaluation of the surgical suite and supporting elements of a closed hospital for re-opening as an orthopedic ambulatory surgery center.

Program Summary: Orthopedic care across all subspecialties and levels of sedation anesthesia.

My Role and Responsibilities:

- On behalf of the Washington State Department of Health Construction Review Services:
    - Review existing drawings and conduct a site survey to compare existing conditions to current building code, licensing rules, and federal conditions of participation to establish a new CMS certified ambulatory surgery center.
    - Technical assistance provided to Orthopedics Northwest management team.
    - Translate the construction and licensing requirements for spaces for the delivery of care to the owner and project team.
    - Provide guidance to the architect of record regarding the applicable model construction code and licensing design requirements.

- With basic life safety plans and a single site visit I evaluated conditions on behalf of the project team. Creating this material:
    - Required an understanding of the codes at the time of construction
        - To fill in the blanks regarding fundamental construction, life safety, and means of egress
    - Required understanding of surgical services and levels of sedation anesthesia,
        - To assess the building system requirements for the combination of the two
    - The ability to apply this knowledge during a single day survey of a shuttered facility, and
    - Ability to compare existing conditions and survey findings to the current applicable design, construction, licensing, and certification requirements.

Letter of reference included in this portfolio was unsolicited.

This is one of many technical assistance efforts provided to project teams during my 17 years as an educator, consultant, and arbiter of minimum design and construction requirements for the Washington State Department of Health. These types of opportunities permitted me a unique understand the design and construction of the built environment from planning to evaluation of existing conditions for the delivery of care and how the letter of the rules are applied and impact the 'architectural' end product.

From: HealthFac <HealthFac@healthfacilitiesplanning.com>
Sent: Thursday, April 21, 2022 7:16 AM
To: [redacted]
Subject: Thank you

Follow Up Flag: Follow up
Flag Status: Flagged

External Email

Good morning. I want to thank you both for expediting the Orthopedics Northwest TA. The information was exactly what they needed to be able to make some decisions.

Appreciated.

[redacted]

[redacted]
120 1st Avenue West, Suite 100
Seattle, WA 98119
[redacted]
E-mail: healthfac@healthfacilitiesplanning.com

RESEARCH · DATA · ANALYTICS · STRATEGY · IMPLEMENTATION

Project Summary:
Field survey to assess viability of creating a new ambulatory surgery center in a vacant hospital

Program Summary:
Full range of surgical services permitted in an outpatient setting under administration of general inhalation anesthesia.

Role and Responsibilities:
Review existing drawings and conduct a site survey to compare existing conditions to current building code, licensing rules, and federal conditions of participation to establish a new CMS certified ambulatory surgery center. Technical assistance provided to Orthopedics Northwest management team. Tthe architect and builder identified above were not engaged in this initial feasibility study.

ORTHOPEDICS NORTHWEST, PLLC

[redacted]

[redacted]

[redacted]

[redacted]

Administrator
[redacted]

[redacted]

Mailing Address:
[redacted]

Phone: [redacted]
Fax:

[redacted]

March 8, 2022

[redacted]
Architect / Plans Reviewer
Construction Review Services
Washington State Department of Health
[redacted]

RE: Proposed ASC purpose and case type

Dear [redacted]

Thank you for your responsiveness and for the opportunity to collaborate with the CRS Program on developing a freestanding Ambulatory Surgery Center (ASC) in the City of Yakima. Access to operating rooms in the Yakima Valley has been extremely limited and Orthopedics Northwest intends to develop a 7-operating room ambulatory surgery center to enhance access to care, reduce outmigration for care out of the Yakima Valley, and offer to clinically appropriate patients a platform for outstanding surgical care at a lower cost than what is currently available in the Valley.

The address for the proposed ASC is 110 S. 9th Avenue in Yakima. This is the address of the closed Regional Hospital. The ASC is located in distinct space with a dedicated entrance. We have included drawings as well as the perimeter outline for the space.

The proposed ASC will perform Orthopedic care across all subspecialties including sports medicine (i.e., arthroscopic surgery, ACL reconstruction), joint replacement procedures, spine procedures (i.e. decompression procedures and single level fusions), hand and upper extremity procedures (i.e. carpal tunnel and trigger finger release, thumb and finger arthroplasties), and foot and ankle procedures (i.e. bunionectomy, plantar fascia release, and Achilles repair). In addition, Orthopedics Northwest intends to perform appropriate simple fracture and hardware removal surgeries as appropriate and indicated.*

We anticipate Orthopedics Northwest initially performing approximately 70 orthopedic cases per week, ramping up to nearly 200 cases per week as consumers learn that they can stay. We anticipate the length of surgical time will vary from ~10 minutes for procedures such as a carpal tunnel release to ~60-75 minutes for a joint replacement, and up to 90 min or even slightly longer for a spine surgery.

The space includes a 2,135 square foot pre-operative area and a 1,099 square foot PACU.

For each room that is running at the ASC (which will evolve over time, as noted above) we anticipate having a surgeon, anesthesia provider, 1-2 scrub techs and a nurse staffing the rooms. For some more physically demanding cases such as joint replacement, a surgical assist may also be used. The facility will be open Monday through Friday.

Please let me know if you have any questions.

*Surgical list is not intended to be all inclusive, but rather provide a high-level overview of the types of surgical procedures that will be performed.

Project Comment Form
April 20, 2022

Washington State Department of Health
Construction Review Services

PO Box 47852
111 Israel Rd. SE.
Tumwater, WA. 98501
www.doh.wa.gov/crs
tel. 360-236-2944
fax.360-236-2321

Project Information:

CRS# [redacted]
Orthopedics Northwest Ambulatory Surgery Center
Chapter 246-330 WAC Ambulatory Surgery Facility

Project Title: ASC Renovation

Project Location: [redacted]

Local Permit #:

Electronic Submittal. Plans will be delivered to:
Name: [redacted]
Email: [redacted]
Phone #: [redacted]

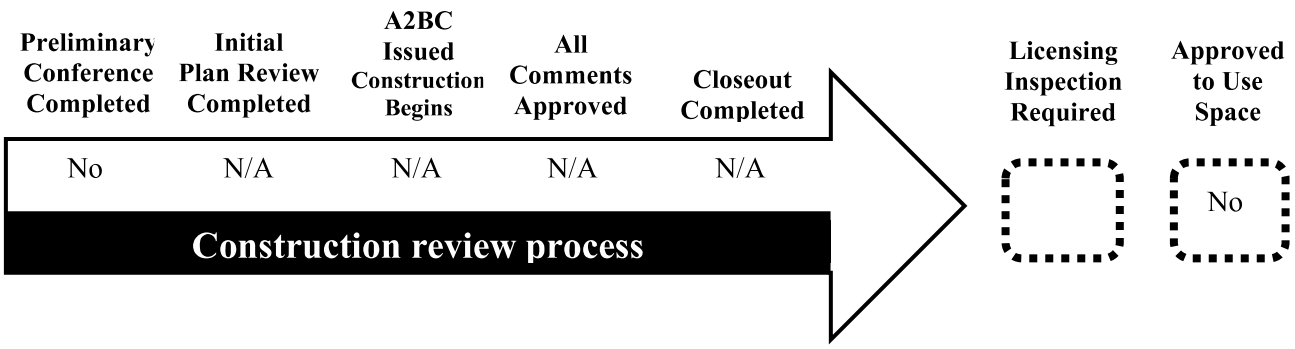
Key Contacts:	Company	Name	Phone	Email
DOH Reviewer		[redacted]	[redacted]	[redacted]
Facility Contact:	Aldrich & Associates	[redacted]	[redacted]	[redacted]
Facility Admin.:	Orthopedics Northwest	[redacted]	[redacted]	[redacted]
Arch./Eng.:	Mahlum Architects	[redacted]	[redacted]	[redacted]
Other:	Orthopedics Northwest	[redacted]	[redacted]	[redacted]
Other:	Orthopedics Northwest	[redacted]	[redacted]	[redacted]
Other:				
Other:				
Local AHJ:				

Addt'l Copies To: ☐ L&I Electrical Section ☐ L&I Factory Assembled Structures ☐ Local Electrical AHJ

Project Status:

-Preliminary-

CRS has not reviewed the construction documents, or the documents are not complete. **Construction is not authorized** to begin. This project is not approved for use or licensure. The following comments are for technical assistance purposes only. See page two for important next steps.



Plan Review Comments for Project [redacted]

Project Details (for internal use only)

Occupancy Type IBC: B IBC: IBC: NFPA 101: Ambulatory Healthcare	Construction Type IBC: 1-A IBC: IBC: NFPA 101: Type 1 (332) NFPA 101:	Fed Code: 2012 NFPA 101 Building Code: 2018 IBC Licensing Code: FGI 2006
Number of Beds Added: Removed:	CON Required? ☒ Yes ☐ No	CON Approved ☐ Yes ☐ No

	Req'd	Provided	Type/category	
				Are Hospital inpatients seen at this location? ☐ Yes ☐ No
Automatic Fire Sprinkler System:		Yes	13	Are planned residents/patients **incapable** of self preservation? ☐ Yes ☐ No
Automatic Fire Alarm System:		Yes		If yes, how many?
Emergency Power System:		Yes	Type 1 EES	Is sedation provided? ☐ Yes ☐ No
Medical Gas System:		Yes	Category 1	If yes, max. planned level?
Smoke Compartmentation:				Is space Medicare certified? ☐ Yes ☐ No

Building Department contacted? No	Estimated construction completion:

REVIEW NOTES	Technical assistance to evaluate creating a CMS certified ASC in an existing building.

DSHS	**For Assisted Living Facilities Only**	Total Sleeping rooms
	Minimum required area of day rooms/areas	Total Approved beds
	Total area provided in day rooms/areas	Total Contract beds

NOTES TO SURVEY	

Preliminary Comments based on material received 3/9/22:

Comment ID#	
	Comments made during this preliminary conference, both oral and written, represent guidance provided by the Department of Health, Construction Review Services, for your facility to meet the applicable licensing requirements for this project. These comments are provided as information and for use in preparing the construction documents. They may be revised and/or additional preliminary comments may be made during subsequent submissions. These preliminary comments should not be considered as an exemption or alternate from the requirements of any federal, state or local authority who may have jurisdiction and they do not guarantee compliance or approval by these authorities. In the event of conflicts between other jurisdictions and these comments, please contact this office immediately.

T1	General questions regarding ambulatory surgeries licensed under Chapter 246-330 WAC should be directed to [redacted] or [redacted].
	
	There are four supporting programs within the Department of Health which support state licensed ambulatory surgery facilities. These are:
	
	• Certificate of Need
	  ○ Contact [redacted] (360) 236-2955
	• Facility Licensing
	  ○ Contact [redacted] at (360) 236-4985
	• Construction Review
	  ○ Application information: CRS@doh.wa.gov and (360) 236-2944
	  ○ Plan review: [redacted] at (360) 236-2954
	• Facility Licensing Survey
	  ○ Contact [redacted] and (360) 236-2921

T2	Project Context:
	
	• Scope of application:
	  ○ New state licensed and CMS certified ASC
	
	• Scope of construction:
	  ○ To be determined
	  ○ Building construction type does not limit proposed use
	
	• Scope of services:
	  ○ Orthopedic care across all subspecialties
	
	• Levels of sedation / anesthesia
	  ○ Up to general anesthesia

T3

Regulations, codes, and standards applicable to the physical environment and methods of the delivery of care for licensed ambulatory surgery faclities reviewed for compliance with CMS conditions for coverage include, but are not limitted to:

- 42 CFR Part 416 – Conditions of Participation for Ambulatory Surgical Services
  - Electronic Code of Federal Regulations

- CMS conditions of participation and Policy Memos
  - https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/ASC
  - https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions

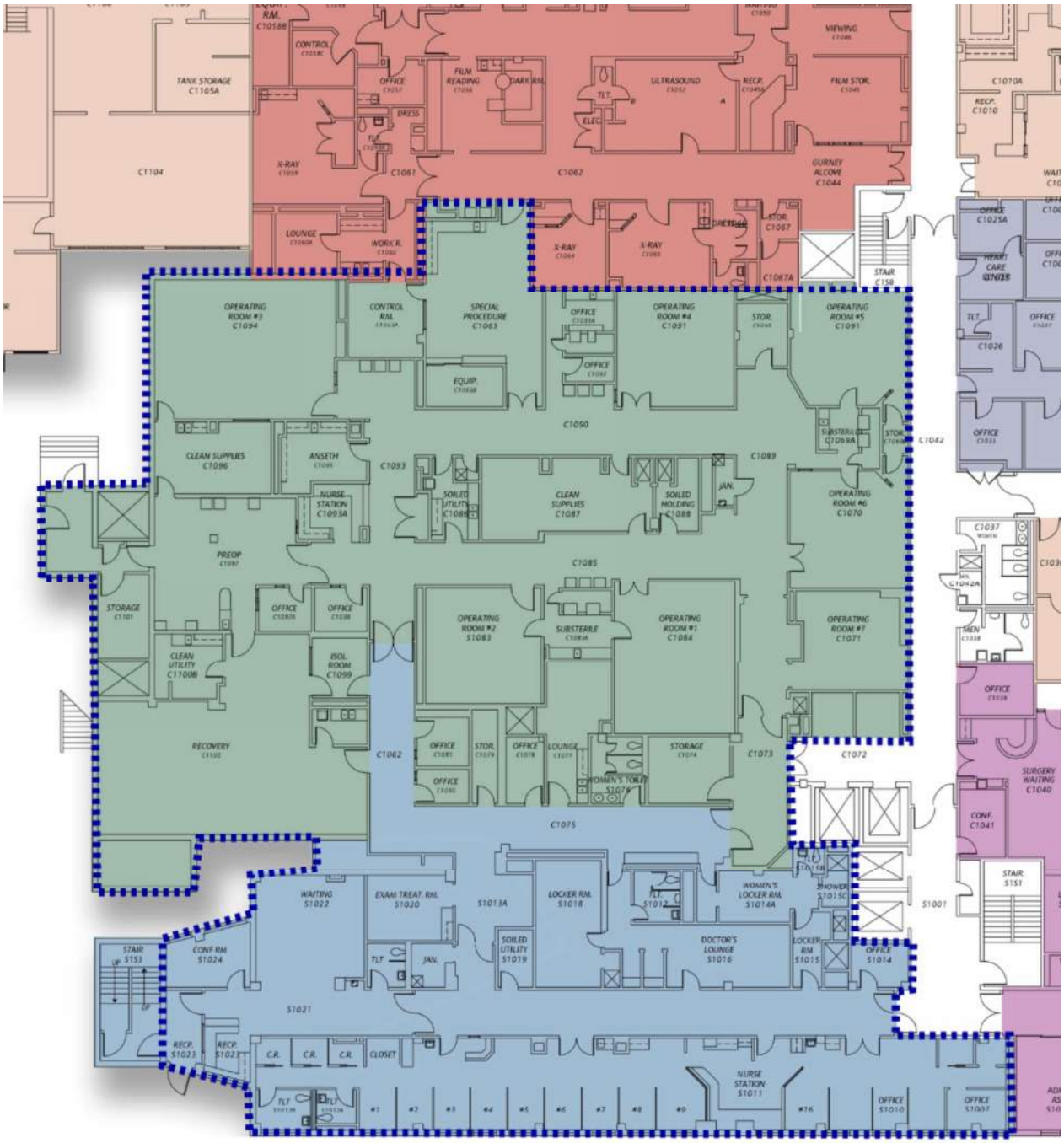
- 2012 NPFA 101: Life Safety Code and referenced documents
- 2012 NFPA 99: Health Care Facilities Code and references
  - Including the 2008 ASHRAE 170 as referenced Section 9.3.1.1, and
  - Tentative Interim Amendments: Conditions of Coverage TIA
  - Read only access to NFPA documents are available at https://nfpa.org/freeaccess

- WAC 246-330 (Chapter 246-330 WAC:) minimum health and safety requirements for the licensing, inspection, operation, maintenance, and construction of ambulatory surgical facilities, including adoption of the 2006 Guidelines for the Design and Construction of Hospital and Outpatient Facilities (FGI) Facility Guidelines logo v2 (fgiguidelines.org)

- The state building code as adopted and amended by the state building code council and the local AHJ
  - The international code council family of codes (IBC, IFC, IMC, IEBC)
    - The International Existing Building Code (IEBC) provides standards for change of occupnacy and alterations and identifies where the standards for new construction are applicable.
    - Read only access is available here: https://codes.iccsafe.org/codes/washington
  - The International Mechanical Code (IMC)
    - 2018 Washington State Mechanical Code | ICC Digital Codes (iccsafe.org)
  - The Uniform Plumbing Code (UPC)
    - 2018 Uniform Plumbing Code (iapmo.org)
    - WA state amendments to the building and plumbing codes may be found here: https://apps.leg.wa.gov/WAC/default.aspx?cite=51
  - The NEC (NFPA 70) as adoped and amended by WA State L&I
    - Electrical Laws, Rules & Policies (wa.gov)
      - The NEC references the 2018 Editions of NFPA 101 Life Safety Code and NFPA 99 Health Care Facilities Code

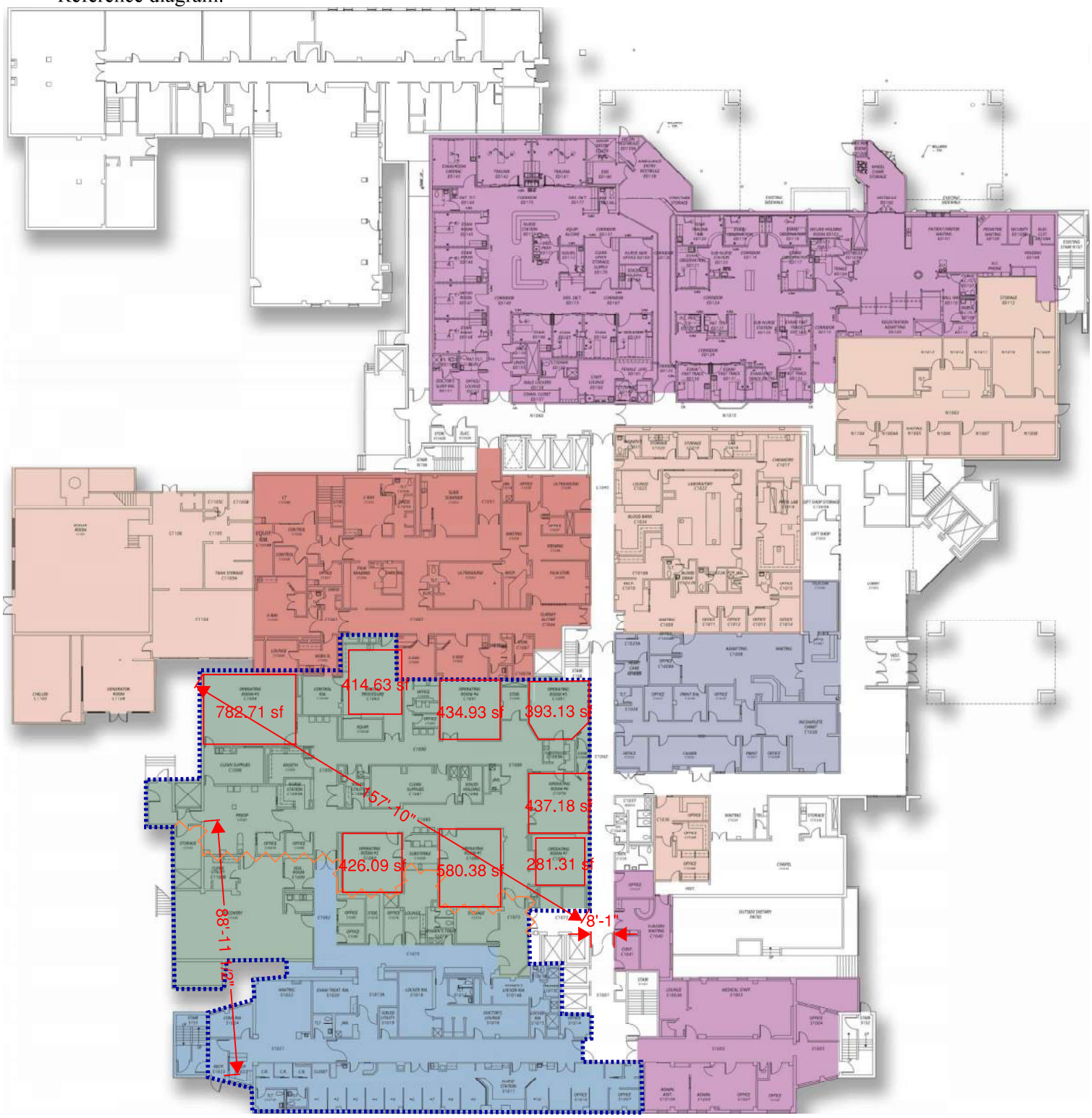
Codes, standards, and licensing requirements are applied as appropriate to the scope of work and clinical services provided.

Reference diagram:

T4	Proposed ASC: 
T5	The ASC is must be separated from other facilities or operations within the same building by walls with at least a one-hour separation. NFPA 101 Life Safety Code (incorporated by cross reference at §416.44(b)). Construction appears necessary to provide the one-hour rated separation with 45-minute rated opening protectives and assemblies. Smoke dampers are not required of ducts penetrating this assembly unless required by other elements of the building (IBC) or life safety (NFPA 101) codes.

Orthopedics Northwest Ambulatory Surgery Center
Chapter 246-330 WAC Ambulatory Surgery Facility

Reference diagram:



T6	The manner in which the space will meet the requirements for the means of egress and exiting is not readily apparent. Reference NFPA 101: 20.2, 38.2.2, and Chapter 7 • Identify at least 2 exits from the building in which the ASC is located o These must meet the applicable requirements of NFPA 101 Chapter 7 ▪ One exit appears indicated at Reception • The adequacy of the space for gurney / stretcher traffic cannot be determined ▪ One exit appears indicated via passage through Pre-Op C1097 • This exit does not appear compliant due to the swing of the exit door over the landing; design of stairs not known. o Measure travel distances from established compliant exits to demonstrate the travel distance from any point in a room in the ASC is less than 200 from an exit. NFPA 101: 20.2.6.2 • Identify exits from the ASC o These must be located to limit dead-end conditions to 50' and limit the common path of travel distances to less than 100'. NFPA 101: 20.2.5 and 38.2.5 o Exits from the ASC may be separate from building exits, provided the means of egress outside the ASC meet and are maintained to the requirements of the ASC. • Identify / clarify smoke compartmentation o Drawings show the north smoke compartment as 'land-locked' without access to a corridor or exit except through the immediately adjacent compartment to the south. IBC 422.3.3 Complete evaluation of the means of egress cannot be completed based on the information provided. Availability / reliability of Corridors S1001 and C1042 as means of egress to exits and clarity regarding the location of the smoke barrier appear instrumental in design of a complaint means of egress. Next steps should be to refine the distinct entity and develop life safety plans. These appear to be 'drywall' level issues. Walls and opening protectives presumed rated must be inspected for continuity and integrity.
T7	The facility must develop a written plan for the protection of all persons in the event of fire, for their evacuation to areas of refuge, and for their evacuation from the building when necessary as required by NFPA 101: 20.7.1.1 through 20.7.1.3. and 20.7.1.8 through 20.7.2.3.3 and IFC 401, 403.3.1 through 403.3 and 404 through 406. The design of the means of egress must support the facilities emergency plans.
T8	Illumination of the means of egress, emergency lighting, marking the means of egress, and fire alarm systems must meet the requirements of NFPA 101: 20.2.8, 20.2.9, 20.2.10, and 20.3.4 respectively.
T9	Portable fire extinguishers must be provided per NFPA 101: 20.3.5 and NFPA 10 / IFC 906.
T10	Coordinate with the City of Yakima regarding application of the existing building code to establish the separate ambulatory care facility occupancy within the existing building. IBC 422

T11

Building systems considerations:

Context: These elements are present in the building; in and beyond the proposed ASC.

- It is not clear how the facility will maintain adequate control over these systems to ensure their reliability and integrity consistent with the intent of licensing rules and conditions of participation.
  - These systems serve areas outside of the proposed ASC not under the control, direction, or responsibility of the ASC

- This element may be addressed through building alterations, operational means on a system by system basis; subject to review.
  - This not a common condition.
  - CRS can only review the systems to the applicable design and construction requirements
  - Compliant with conditions of participation is the purview of CMS

Content: Operatories where general anesthesia is administered, and post-anesthesia recovery areas require:

- A Category 1 piped medical gas and vacuum system
  - Including provision for waste anesthesia gas disposal within the OR, and
- A Type 1 essential electrical system,
  - Powered by a Type 10, Class X, Level 1 classified generator meeting the requirements of NFPA 99: 6.4, NFPA 110, NFPA 70, and the more specific direction within the Conditions of Coverage §416.54 and State Operations Manual Appendix Z, and
- Electrical design meeting NFPA 99 Chapter 6 and NEC 517, and
- Mechanical heating ventilation and air conditioning meeting the requirements of NFPA 99 Chapter 9 and 2008 ASHRAE 170

Criteria: Building systems / elements supporting the proposed ASC must be evaluated to the current applicable codes and standards. These systems have no vested appoval. These spaces were constructed to previous editions of NFPA 99, NEC, 110, and model building codes.

T12

Regarding the medical gas and vacuum system:

- Drawings (working from OR outward) showing, but not limited to,
  - Type, number, and location of station outlets, zone valves, area alarms, master alarms, service valves, local alarms, etc.,
  - Cut sheets for source equipment and components,
  - Type and quantity of gasses
  - Location, construction, ventilation, protection, etc., of source central supplies

  Are necessary to begin review the design of the system(s).

- And a med gas verification report for the system to:
  - Document the system meets the requirements for new construction for Category 1 systems
  - Or, document the deficiencies of the system to the Category 1 requirements

Drawings and cut sheets are appropriate for readily observable elements, the medical gas verification can address those elements which require expert knowledge and/or inspection. NFPA 99: Chapter 5, 6, and 11

Detailed information for these systems was not provided for review. Because these systems were built under previous licensing and construction requirements it is not likely that they are in strict compliance with the standard for new construction/licensure. However, these systems / elements were regularly certified during active use under NFPA 99: 5.1.12.

T13	Note special requirements for locations of medical gas central supply and on-site generators. Reference IFC 5306 and NFPA 99, and NEC Article 445 and NFPA 37.
T14	Regarding the electrical design of the proposed ASC. • Drawings (working from OR outward) showing, but not limited to, o The type, number, and location electrical receptacles, special grounding elements and/or isolated power systems, battery powered lighting units, o Panel schedules and single line diagrams for system design o The location alarm annunciator(s) o Cut sheets to demonstrate equipment meets the requirements for NFPFA 99 / NEC requirements for starting, safety indicators, shut-down, and alarm conditions, o Equipment rated load and on-site fuel storage o Location, construction, ventilation, protection, etc., of the generator set Are necessary to begin review the design of the system(s). • And an engineering assessment evaluating the electrical system design, installation, and components to the requirements of NFPA 99 and 110, and the NEC for a Type 1 system to, o Document the system meets the requirements for new construction for Category 1 systems o Or, document the deficiencies of the system to the Category 1 requirements Drawings and cut sheets are appropriate for readily observable elements, the engineering assessment is necessary for those elements which require expert knowledge, assessment, and/or inspection. NFPA 99: Chapter 5, 6, and 11. CRS design review is not equivalent to assessment by consulting engineer. Detailed information for the essential electrical system was not provided for review. Because these elements were designed and constructed under previous licensing and construction requirements it is not likely that they are in strict compliance with the standard for new construction/licensure. However, the alternate power source and transfer switches would have been regularly tested and inspected during active use under NFPA 99: 6.4.4.
T15	Regarding mechanical ventilation and air conditioning systems. • Drawings (from outside air intake to OR's) showing, but not limited to, o Details for location and design of fresh air intake o Location and design of filter banks o Details for cooling coils, drain pans, o Design of humidifiers and humidity control systems for OR, PACU, and sterile storage, o Installation of any duct linings o Supply and return diffuser selection and location o Outdoor and total room air change rates o Room air changes, temperature, and humidity controls, and o OR diffuser location, arrangement, and average velocity of supply air, and o Special provisions for imaging procedure rooms and o Exhaust for central sterile processing areas Are necessary to begin review this element to the requirements of 2008 ASHRAE 170 Photographs do not demonstrate any of the operating rooms meet the design requirements for ASHRAE 170: 7.4 regarding the location of the supply air diffuser array.
T16	Operating rooms, with exception to OR's # 5 and #7, appear to meet the Class C size and dimensional requirements of FGI 3.7-2.3.1.

T17	Photos indicate operating rooms with interior finish having more cracks and crevices, crash rails for example, than would be approved for new construction. Presumably the finishes in restricted rooms and areas will be replaced. OR ceilings must be monolithic, and the surfaces and material transitions at walls, ceilings, etc., must be caulked / sealed or otherwise addressed to be free of gaps or crevices consistent with FGI 3.7-5.2.2 . Finishes in all areas must meet the requirements of FGI 3.1-5.2 and 3.7-5.2.2.
T18	PACU and Phase II recovery areas must meet the requirements of FGI 3.7-2.4. Presumably, space and building systems are adequate to need, though building alterations may be necessary to meet dimensional requirements.

T19	Rooms, areas, functions, under FGI 3.1 and 3.7, required for licensure, include but are not limited to:
	
	• Examination room(s) or equivalent areas for thorough patient pre-procedure examination
	• Recovery areas appropriate to the level of sedation / anesthesia
	• Support areas for surgical services, including
	  o Nurse / control station in observation of the operatory
	  o Scrub facilities
	  o Drug distribution facilities with a refrigerator and handwash sink
	  o Soiled workroom with a clinical sink or equivalent flushing-type fixture, a work counter, a handwashing station, and waste receptacle(s), appropriate to the facility program
	  o Sterilization facilities including a soiled workroom and a physically separate lean/assembly workroom with a handwashing station and equipment for terminal sterilization of instruments
	  o Fluid waste disposal facilities
	  o Storage for clean and sterile supplies
	  o Soiled holding for items processed off-site
	  o Equipment supply and storage
	  o Housekeeping room
	• Support areas for surgical staff
	  o Staff clothing changing areas, toilets and showers
	• Support areas for patients
	  o Changing areas, including lockers, toilet facilities, and clothing changing areas, space for administration of medication, and provisions for securing patients' belongings
	• General support areas for outpatient facilities, including
	  o A general housekeeping room, equipment rooms for building system components, and
	  o Waste collection facilities
	• And administrative and public areas including:
	  o Reception spaces
	  o Waiting room and supporting toilet facilities
	  o Access to a public telephone and Provisions for drinking water
	  o Wheelchair storage
	  o Interview areas, individual office(s), and provisions for medical records and clerical supplies
	
	These elements are drawn generally from FGI Section 3.7 surgical facilities and the broader requirements of Section 3.1 which apply to all outpatient facilities. FGI Sections 1.6 and 3.1-5 provides design and construction standards for outpatient facilities in addition to the those of the building code.

T20	These technical assistance comments are consistent with those provided for existing buildings reviewed for licensure or the expansion of services or level of sedation in existing licensed facilities. Contact plan reviewer with any questions. General questions regarding scope and applicability of the building and licensing requirements may not require formal review (email). Specific questions regarding the proposed ASC which may impact design decisions should be formally presented for review & record (post to box).

Project 3: Prosser Memorial Hospital – Replacement Facility

Non-traditional application for [redacted]

Project Summary: Review of construction documents for a new licensed hospital facility

Program Summary: New 25 bed hospital with full surgical, ob-gyn, imaging, and medical office / outpatient facilities.

My Role and Responsibilities:

- I provided on-going technical assistance / compliance consulting to project team during planning and design and conduct construction document review of completed construction documents to applicable provisions of the construction codes, state licensing requirements, and federal conditions of participation.

- I coordinated with the local AHJ and sister agencies on areas of shared authority.

- Independent review and at least 9 technical assistance conferences over the course of approximately 11 months (3/22 to 2/22) with separate meetings with the local AHJ and USDA.

- This effort required:
    - A deep understanding of the regulatory environment for the delivery of care.
    - An understanding of the delivery of care model / program objectives of the facility.
    - The ability to identify and communicate compliant design and construction options available to the project team.
    - Deep and cross disciplinary technical understanding of the planning, design, construction, and regulation of licensed hospital facilities.
    - The ability to communicate complex licensing and construction requirements to a broad audience of stakeholders.
    - Cultivating shared interest in delivering spaces appropriate the types and methods of care in light of the compromises necessary to such large undertakings.

I am providing the technical assistance plan review and conference comments to demonstrate the depth and breadth of this effort. This work is typical of the work provided in countless technical assistance and plan reviews for licensed hospitals, ambulatory surgical centers, nursing homes, assisted living, and freestanding birthing facilities, during my tenure with WA DOH.

Project Comment Form
April 4, 2022

Washington State Department of Health
Construction Review Services

PO Box 47852
111 Israel Rd. SE.
Tumwater, WA. 98501
www.doh.wa.gov/crs
tel. 360-236-2944
fax.360-236-2321

Project Information:

CRS# [redacted]
Prosser Memorial Hospital
Chapter 246-320 WAC Hospital

Project Title: Replacement Hospital

Project Location: TBD Gap Rd
Prosser, WA. 99350

Local Permit #:

Electronic Submittal. Plans will be delivered to:
Name: [redacted]
Email: [redacted]
Phone #: [redacted]

Key Contacts:	Company	Name	Phone	Email
DOH Reviewer		[redacted]	[redacted]	[redacted]
Facility Contact:	Prosser Health	[redacted]	[redacted]	[redacted]
Facility Admin.:	Prosser Health	[redacted]	[redacted]	[redacted]
Arch./Eng.:	bcDesign Group	[redacted]	[redacted]	[redacted]
Other:	NV5 Engineering	[redacted]	[redacted]	[redacted]
Other:	Prosser Health	[redacted]	[redacted]	[redacted]
Other:	USDA	[redacted]		[redacted]
Other:	USDA	[redacted]		[redacted]
Local AHJ:	[redacted]	[redacted]	[redacted]	[redacted]

Addt'l Copies To: ☒ L&I Electrical Section ☐ L&I Factory Assembled Structures ☐ Local Electrical AHJ

Project Status:

-Not Approved-

This project is not approved for use or licensure. **Construction is not authorized** to begin. See page two for important next steps.

Project Summary:
Replacement hospital: 2 story 88,000 square feet facility: Full ED, DI, Acute care, OB, LDRP, Surgical Services, sterile compounding facilities, and medical office building with an estimated cost of $78 million.

Program Summary:
Full array of inpatient hospital care and provision of standard outpatient clinical services

Role and Responsibilities:
Provided the project team with technical assistance across disciplines through design and document development to ensure compliance with the applicable construction, licensing, and conditions of participation before completion of construction documents. Worked to identify and recommend effective and efficient code compliant solutions meeting the project goals as early in the process as possible. Conduct formal review of final documents to the above requirements and functional program.

Only technical assistance comments are provided in this submittal. Formal plan revi[redacted]237 in total, are available upon request.

Project Details (for internal use only)

Occupancy Type IBC: I-2 IBC: B IBC: NFPA 101: Healthcare	Construction Type IBC: 2-A IBC: 2-B IBC: NFPA 101: Type II (111) NFPA 101:Type II (000)	Fed Code: 2012 NFPA 101 Building Code: Licensing Code: FGI 2018
Number of Beds Added: Removed:	CON Required? ☒ Yes ☐ No	CON Approved ☐ Yes ☒ No

	Req'd	Provided	Type/category	
				Are Hospital inpatients seen at this location? ☒ Yes ☐ No
Automatic Fire Sprinkler System:	Yes	Yes	13	Are planned residents/patients **incapable** of self preservation? ☒ Yes ☐ No
Automatic Fire Alarm System:	Yes	Yes		If yes, how many?
Emergency Power System:	Yes	Yes	Type 1 EES	Is sedation provided? ☒ Yes ☐ No
Medical Gas System:	Yes	Yes	Category 1	If yes, max. planned level?
Smoke Compartmentation:	Yes	Yes		Is space Medicare certified? ☒ Yes ☐ No

Building Department contacted? Yes	Estimated construction completion:

REVIEW NOTES	Replacement hospital. CN application #21-69.

DSHS	**For Assisted Living Facilities Only**	Total Sleeping rooms
	Minimum required area of day rooms/areas	Total Approved beds
	Total area provided in day rooms/areas	Total Contract beds

NOTES TO SURVEY	25 beds including 10 swing beds and 6 LDRP beds. Building 'C' medical office building not reviewed or approved for services to inpatients.

CODE LEGEND

	NFPA REQUIREMENTS
SUITE	NFPA SUITE BOUNDARY
1HR	NFPA 0 HOUR HAZARDOUS AREA
SMK	NFPA 0 HOUR SMOKE PARTITION
1HR	NFPA 1 HOUR FIRE BARRIER
1HHA	NFPA 1 HOUR HAZARDOUS AREA
1HR/SMK	NFPA 1 HOUR FIRE/SMOKE BARRIER
2HR	NFPA 2 HOUR FIRE BARRIER
2HOC	NFPA 2 HOUR OCCUPANCY SEPARATION

	IBC REQUIREMENTS
SUITE	IBC SUITE BOUNDARY
1HR	IBC 0 HOUR INCIDENTAL USE
SMK	IBC 0 HOUR SMOKE PARTITION
1HR	IBC 1 HOUR FIRE BARRIER
1HR	IBC 1 HOUR FIRE PARTITION
1HR	IBC 1 HOUR INCIDENTAL USE
1HR	IBC 1 HOUR FIRE/SMOKE BARRIER
2HR	IBC 2 HOUR FIRE BARRIER
2HOC	IBC 2 HOUR OCCUPANCY SEPARATION
2HW	IBC 2 HOUR FIRE WALL
3HW	IBC 3 HOUR FIRE WALL

PATH OF EGRESS

E — BUILDING EXIT

EE — HORIZONTAL EXIT

FE — FIRE EXTINGUISHER CABINET

HO — HOLD OPEN

VP — VISION PANEL

XXM — XX-MINUTE FIRE RATED OPENING

CL — CLOSER

SPRAY FIRE PROOFING

CODE REVIEW INFORMATION

FACILITY NAME AND ADDRESS:
PROSSER MEMORIAL HEALTH
INTERSTATE 82 & OHP ROAD
PROSSER, BENTON COUNTY, WA 99350

TYPE OF CONSTRUCTION:
NEW CONSTRUCTION

LOCAL BUILDING INSPECTION DEPARTMENT:
PROSSER, WA

LOCAL FIRE DEPARTMENT:
WEST BENTON FIRE RESCUE

CITY / COUNTY / STATE
CITY OF PROSSER
BENTON COUNTY
STATE OF WASHINGTON

ARCHITECT:
HDESIGN GROUP
12470 W. 115TH STREET, SUITE 100
OVERLAND PARK, KANSAS 66210

APPLICABLE CODES AND STANDARDS:
2018 INTERNATIONAL BUILDING CODE WITH WASHINGTON STATE AMENDMENTS
2018 INTERNATIONAL FIRE CODE WITH WASHINGTON STATE AMENDMENTS
2018 WASHINGTON STATE ENERGY CODE
2018 INTERNATIONAL MECHANICAL CODE WITH WASHINGTON STATE AMENDMENTS
2018 INTERNATIONAL FUEL GAS CODE
2020 NEC WITH WASHINGTON STATE AMENDMENTS
2018 UNIFORM PLUMBING CODE WITH WASHINGTON STATE AMENDMENTS
2012 NFPA 101- LIFE SAFETY CODE
AMERICAN WITH DISABILITIES ACT ACCESSIBILITY GUIDELINES
2012 NFPA 99
2019 ICC/ANSI A 117.1
2018 FGI GUIDELINES FOR DESIGN AND CONSTRUCTION OF HOSPITALS AND OUTPATIENT FACILITIES

CONSTRUCTION TYPE (VB/A):
IBC: TYPE II(0) & (1)
NFPA: TYPE II (111) & (000)

ALLOWABLE / ENCLOSED AREA:
HEIGHT
NFPA: 5 STORIES (111) 5 STORY (000)
IBC: TYPE II A = 85', TYPE II B = 75'
AREA:
IBC: TYPE II A I-S4 = 45,000 SF, TYPE II B S-1 = 92,000

OCCUPANCIES:
IBC: GROUP B, BUSINESS
NFPA: HEALTHCARE, BUSINESS

FIRE SUPPRESSION:
FULLY SPRINKLED

GENERAL BUILDING DATA:

AREA OF THE WORK:
LEVEL 1 AREA: 72,491 SF GROSS
LEVEL 2 AREA: 28,594 SF GROSS
101,385 SF GROSS

STRUCTURAL FIRE PROTECTION:

IBC	TYPE II A	TYPE II B
FRAME		
PRIMARY STRUCTURAL FRAME	1	0
BEARING WALLS		
EXTERIOR	1	0
INTERIOR	1	0
NONBEARING WALL & PARTITIONS		
EXTERIOR X > 30	0	0
FLOORS CONST. AND SECONDARY MEMBERS	1	0
ROOF CONST. AND SECONDARY MEMBERS	1	0
STAIRWAY CONSTRUCTION	1	1
SHAFT CONSTRUCTION	1	1

NFPA 101	TYPE I (111)	TYPE I (000)
FRAME		
EXTERIOR BEARING WALLS	1	0
INTERIOR BEARING WALLS	1	0
COLUMNS	1	0
BEAMS, GIRDERS, TRUSSES, AND ARCHES	1	0
FLOORS CONSTRUCTION	1	0
ROOF CONSTRUCTION	1	0
EXTERIOR NONBEARING WALLS	0	0
STAIRWAY CONSTRUCTION	1	1
SHAFT CONSTRUCTION	1	1

OCCUPANCY LOADS:

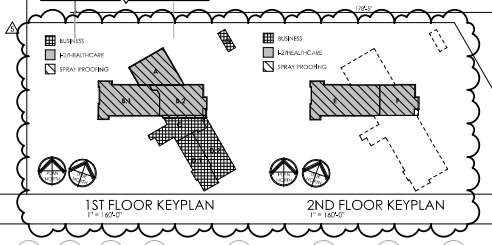
1ST FLOOR	
OUTPATIENT (SF/100): 27,601/100 =	276 OCCUPANTS
BUSINESS (SF/150): 36,810/150 =	246 OCCUPANTS
ASSEMBLY (SF/7): 4,609/15 =	344 OCCUPANTS
TOTAL:	896 OCCUPANTS 1ST FLOOR
2ND FLOOR	
INPATIENT TREATMENT (SF/240): 21,446/240=	
ASSEMBLY (SF/7):	
INT. ADAM LOUNGE 5159/15 =	035 OCCUPANTS
FAMILY WAITING/LOUNGE 5275/15 =	036 OCCUPANTS
ASSEMBLY TOTAL =	090 OCCUPANTS
ASSEMBLY (SF/15): 24,447/15 =	990 OCCUPANTS
	309 OCCUPANTS 2ND FLOOR
TOTAL:	1,198 OCCUPANTS

NUMBER OF EXITS:
1ST FLOOR = 3 MINIMUM
2ND FLOOR = 3 MINIMUM

E OCCUPANCY:
MAX. TRAVEL DISTANCE: 300 FT
MAX. DEAD END CORRIDOR: 50'-0"
MAX. COMMON PATH OF TRAVEL: 100'-0"

I-2 OCCUPANCY:
MAX. TRAVEL DISTANCE: 200 FT
MAX. DEAD END CORRIDOR: 30'-0"
MAX. COMMON PATH OF TRAVEL: 75'-0"

PLUMBING FIXTURE COUNT	REQUIRED	PROVIDED
1ST FLOOR		
WATER CLOSETS:		
MALE:	8	8
FEMALE:	8	8
LAVATORIES:		
MALE:	4	7
FEMALE:	6	7
DRINKING FOUNTAINS:	4	4
SERVICE SINK:	2	3
2ND FLOOR		
WATER CLOSETS:		
MALE:	2	2
FEMALE:	2	2
LAVATORIES:		
MALE:	2	2
FEMALE:	2	2
DRINKING FOUNTAINS:	1	2
SERVICE SINK:	1	2



1ST FLOOR KEYPLAN
1" = 160'-0"

2ND FLOOR KEYPLAN
1" = 160'-0"

2 2ND FLOOR CODE PLAN
1/16" = 1'-0"

1 1ST FLOOR CODE PLAN
1/16" = 1'-0"

EQUIPMENT LINETYPE KEY

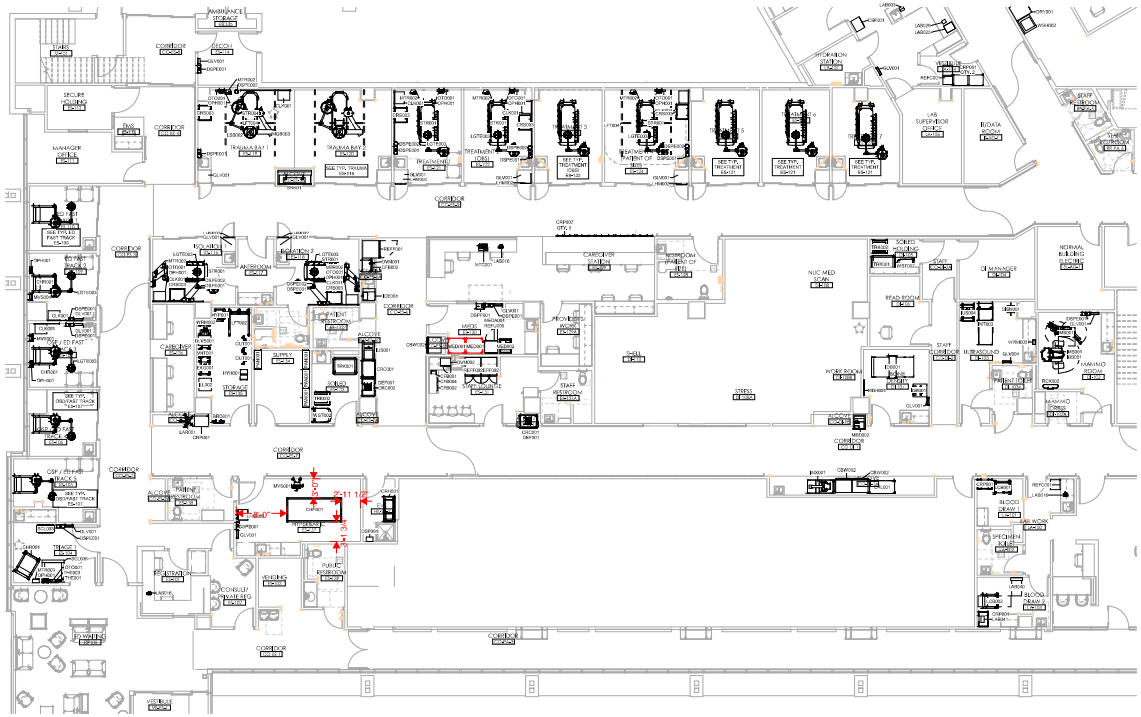
- NEW/EXISTING EQUIPMENT
- COORDINATION REQUIRED
- FUTURE EQUIPMENT

1 MEDICAL EQUIPMENT PLAN - LEVEL 1 AREA A
1/8" = 1'-0"

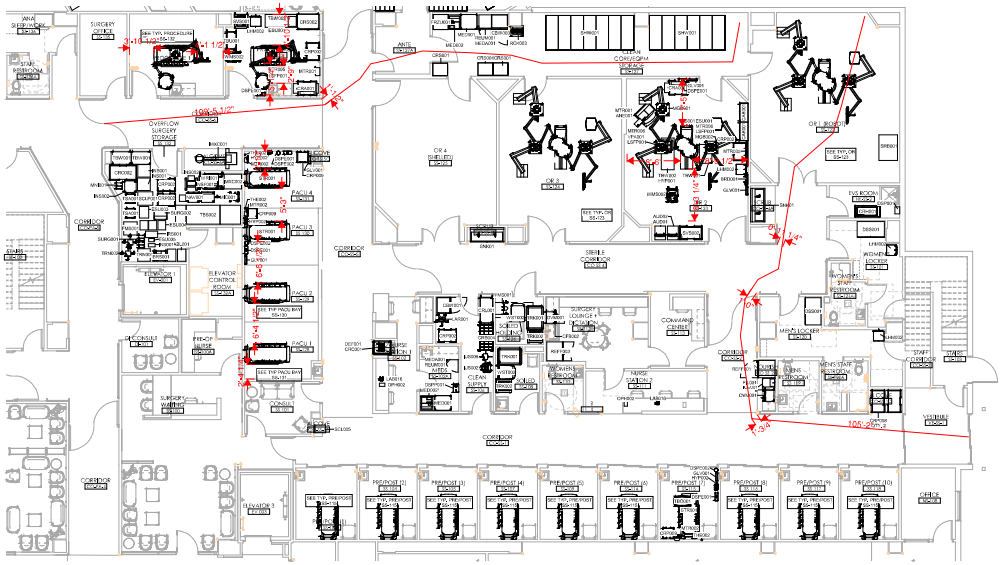
FOR REFERENCE ONLY - NOT FOR CONSTRUCTION

EQUIPMENT LINETYPE KEY

- NEW/EXISTING EQUIPMENT
- COORDINATION REQUIRED
- FUTURE EQUIPMENT



1 MEDICAL EQUIPMENT PLAN - LEVEL 1 AREA B1
1/8" = 1'-0"



2 MEDICAL EQUIPMENT PLAN - LEVEL 1 AREA B2
1/8" = 1'-0"

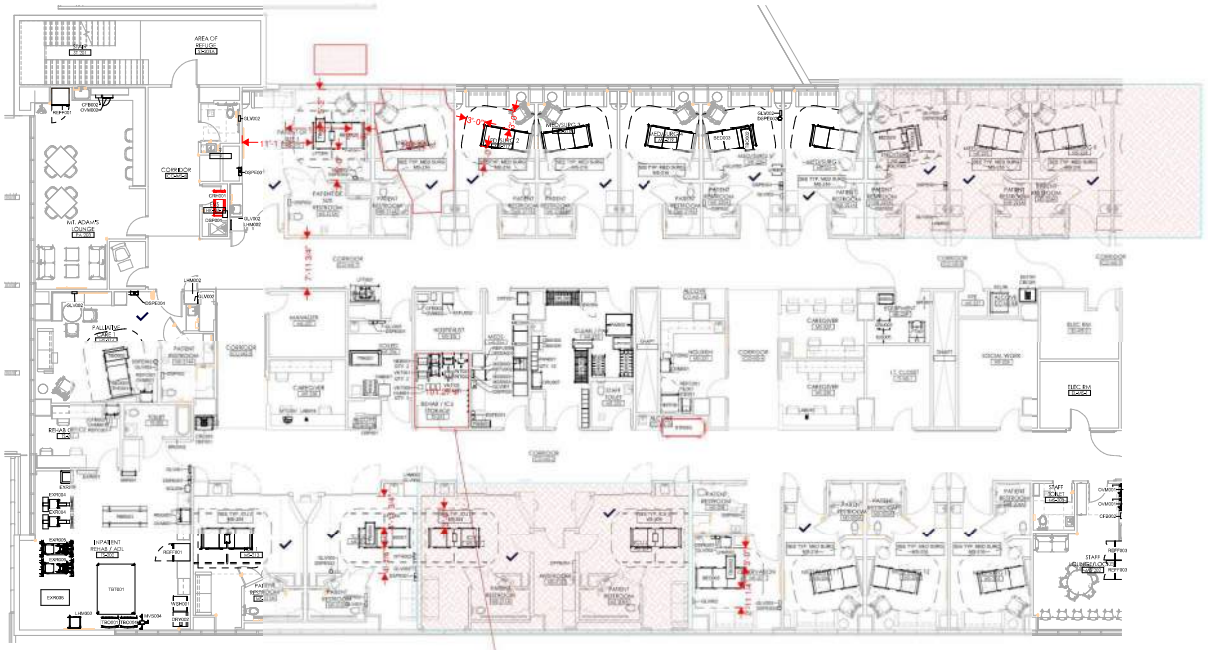
FOR REFERENCE ONLY - NOT FOR CONSTRUCTION

1 MEDICAL EQUIPMENT PLAN - LEVEL 1 AREA C
1/8" = 1'-0"

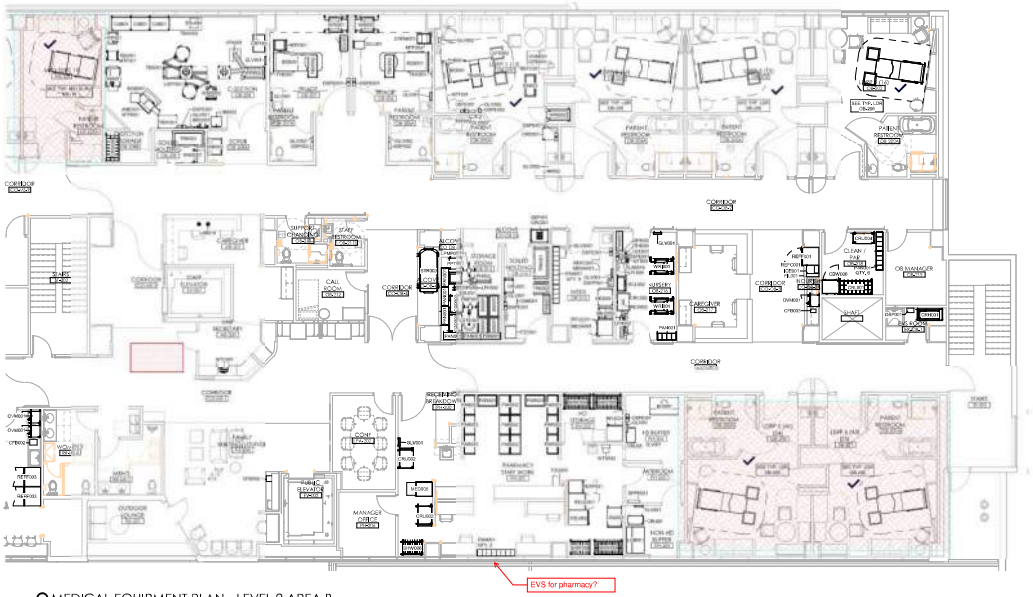
FOR REFERENCE ONLY - NOT FOR CONSTRUCTION

EQUIPMENT LINETYPE KEY

- NEW/EXISTING EQUIPMENT
- COORDINATION REQUIRED
- FUTURE EQUIPMENT



1 MEDICAL EQUIPMENT PLAN - LEVEL 2 AREA A
1/8" = 1'-0"



2 MEDICAL EQUIPMENT PLAN - LEVEL 2 AREA B
1/8" = 1'-0"

FOR REFERENCE ONLY - NOT FOR CONSTRUCTION

Preliminary Comments: 3/17/21 Conference

Comment ID#	
	Preliminary Conference -3/17/21
	Attendees:
	[redacted]
T1	Comments made during this preliminary conference, both oral and written, represent guidance provided by the Department of Health, Construction Review Services, for your facility to meet the applicable licensing requirements for this project. These comments are provided as information and for use in preparing the construction documents. They may be revised and/or additional preliminary comments may be made during subsequent submissions. These preliminary comments should not be considered as an exemption or alternate from the requirements of any federal, state or local authority who may have jurisdiction and they do not guarantee compliance or approval by these authorities. In the event of conflicts between other jurisdictions and these comments, please contact this office immediately.
T2	DOH/CRS encourages the design/project team to keep the lines of communication open – this is just the first of several consultations anticipated. The plan review fee for this project has been processed and there is no additional fee to involve CRS in any workshops or design process meetings or submit material for preliminary review and/or discussion should it be helpful throughout the planning and design process. WA DOH seeks to understand what and how the facility seeks to operate such that CRS can identify the applicable requirements and code path to ensure the physical environment supports the delivery of care in compliance with the state licensing requirements and CMS conditions of participation.
T3	Estimated Schedule: • Schedule: 100% DD received 2/26/21 • 50% CD estimated for mid-July • 100% CD by the end of September • Start construction in January 2022

T4 Regulations, codes, and standards to which additions and alterations to licensed hospitals are reviewed include but are not limited to:

- 42 CFR Part 482 – Conditions of Participation for Hospitals
  - Electronic Code of Federal Regulations

- CMS conditions of participation and Policy Memos
  - https://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/Hospitals.html
  - https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html

- 2012 NPFA 101: Life Safety Code and referenced documents
  - **Sheet GI 00 identifies the 2018 NFPA 101**
- 2012 NFPA 99: Health Care Facilities Code including the 2008 ASHRAE 170
  - **Sheet GI 00 does not identify NFPA 99**
  - Read only access to NFPA documents are available at https://nfpa.org/freeaccess

- WAC 246-320
  - https://apps.leg.wa.gov/WAC/default.aspx?cite=246-320

  - The 2014 Guidelines for the Design and Construction of Hospital and Outpatient Facilities (FGI), including the 2013 ASHRAE 170.
    - **Sheet GI 00 identifies the 2018 FGI. The project team may make a formal request for review to the 2018 FGI.**
    - https://fgiguidelines.org/guidelines/purchase-the-guidelines/read-only-copy/
  - **FGI Section 2.4 contains specific requirements for small rural hospitals. Drawings do not reflect a scope of services consistent with this section. Where the intended services are not appropriately addressed in Section 2.4, the appropriate portions of Sections 2.2, 2.3, 2.5, 2.6, and 2.7 will apply.**

  - Kitchen facilities will be reviewed to FGI 2.1-4.3 Chapter 246-215 WAC:

- USP 797 Pharmaceutical Compounding by reference 2014 FGI 2.1-2.6.6.2

- USP 795, 797, 800, and 800 as referenced FGI 201-2.6.6.2 and WAC 246-945
  - Inspection by DOH Pharmacy Quality Assurance Commission is required for pharmacy compounding facilities. WAC 246-945-005
  - Pharmacy Inspection Information: Washington State Department of Health

- The state building code as adopted and amended by the state building code council
  - The international code council family of codes (IBC, IFC, IMC, IEBC)
  - The Uniform Plumbing Code
  - https://apps.leg.wa.gov/WAC/default.aspx?cite=51

- The NEC / NFPA 70 as adopted and amended by WA state L&I
  - Washington State adopted the 2020 NEC effective October 29, 2020.
    - https://lni.wa.gov/licensing-permits/electrical/laws-rules-policies

- City and County municipal codes

As appropriate to the project.

T5 Provide / revise drawings to described overall construction and means of egress design including:

- **A building construction-site plan** showing each separate building, based on construction type, and the imaginary 'lot' line between them. Reference NFPA 101: 8.2.1.3 and IBC 705.3
  - This element will effect horizontal and vertical construction and opening protective requirements.
  - The design team should work to ensure the minimum construction standards of the model code are not used in a way which limit the utility, longevity, flexibility, or confidence in the built environment for the delivery of care in the facility.

- **A protect in place / means of egress plan** showing:
  - Room names
  - Exits and exit enclosures
  - Rated occupancy separations and required horizontal and vertical exits and exit discharges.
    - NFPA 101:18.1.3 and 7.1.3.2 / IBC 508.4 and 1022
  - Smoke compartments and refuge areas which will provide for continuity of care
    - Ensure the design supports the overall concept minimizing the possibility of building evacuation. Reference NFPA 101: 18.1.1.3
    - **Revise 1st Floor West / ER design such that the travel distance from any point to a door in the smoke barrier is less than 200'. NFPA 101: 18.3.7(4)**
  - Corridors and suites: **East wing requires attention** (reference A112)
    - **Revise design of 1st Floor (East) Area -B.2 to provivde direct egress to a corridor from the surgical suite consistent with the requiremnets of NFPA 101: 18.2.5 and 18.3.6 / IBC 407.2 and 407.4.1**
      - NFPA 101: 18.2.5.6.1 requires every habitable room have an exit access door leading directly to an exit access corridor, with exception to suites
        - Corridors must provide access to not less than two separate exits with exception to common paths of travel. NFPA 101: 18.2.5.4 & 7.5.1.1.2 / IBC 407.2
      - Patient care non-sleeping (OR) suite requires two means of egress.
        - One means of egress from the suite must be a corridor meeting the requirements of NFPA 101:18.3.6
    - Both egress doors from the surgical suite / Sterile Corridor CO-129 lead into a space in which PACU Bays are open to the room
      - NFPA 101: 18.3.6.1(1)(a) does not permit patient treatment areas to be open to the corridor.
    - The PACU bays and areas identified as CO-102A and 102C make up a patient care non-sleeping suite not a corridor
      - There is no egress from the surgical suite except into another suite.
  - Doors in the required means of egress (cross -corridor or suite separation) with special locking measures

- **Evaluation of the means of egress design could not be completed base on 2/23/21 plans.**

T6	Provide a functional program, https://www.doh.wa.gov/Portals/1/Documents/2300/2018/FPguideline.pdf, basis of design narrative, https://www.doh.wa.gov/Portals/1/Documents/2300/2018/BODguideline.pdf, and risk assessments, https://www.doh.wa.gov/Portals/1/Documents/2300/2018/RAguideline.pdf, for the proposed work. These documents support the technical drawings in describing the types, methods, and special considerations for the delivery of care and the premise for physical environment / design solution, **These notes have been developed absent these narratives and may not be applicable to the final design.** CRS references / uses the functional program to help determine the applicable regulatory and built environment requirements. Nomenclature used in the functional program should match that used in the FGI. **Rooms/spaces/areas will be reviewed to the most intensive clinical/functional use.**
T7	Provide a plan or otherwise show areas (outside the health care occupancy) where inpatients will receive services or where patients will be incapable self preservation. NFPA 101: 18.1.3.4 / IBC 422. **Building 'C' (medical office building) not reviewed or approved for services to inpatients.**
T8	Recommendation to facilitate plan review: Provide a schedule identifying each patient care room, the NFPA 99: 3.3.138 defined patient care room type, the NFPA 99 Chapter 4 building system categories, and whetehr the space is a vital life-support area, critical care area, and anesthetization location of moderate sedation, deep sedation, or general anesthesia. From the category designation, the requirements of NFPA 99 Chapters 5, 6, 9, and 10, NEC 517, and ASHRAE 170 can be determined.
T9	Review FGI Part 1.2 regarding the overall planning, design, construction, and commissioning processes, and note the prescriptive requirements of these sections. The functional program, safety risk assessments, patient handling and movement assessments, patient fall prevention assessment, and security risk assessments, are required documents and necessary to ensure review to appropriate standards. **Provided copies of all program narratives and risk assessments identified in FGI 1.2.**

T10	Regarding the OR suite / surgical services:
	
	• Surgery facilities which provide both inpatient and outpatient surgical services must provide support areas for outpatients. FGI 2.2-3.3.1.2
	• Review FGI 2.2-3.3.6.10 regarding soiled work and holding rooms supporting the surgical suite.
	  o This room does not appear accessible from the semi-restricted area
	  o This room appears to have direct access to the 'Sterile Corridor
	  o Consider connecting soiled rooms HK-131 and HK-109
	• Ensure design accommodates storage for blood, organs, and pathological specimens and provides areas for preparation and examination of frozen sections.
	• Ensure design provides 1.5 PACU recovery stations, rounding up, per OR / anesthsia locaiton
	  o 4 shown, 5 required for 3 OR's, 6 accommodating for shelled OR 4
	• Provide at least one recovery station for each endoscopy procedure room
	  o Requirement determined by the type and extent of anesthesia
	• Ensure design provides PACU for pediatric patient of 2.2-3.3.4.3, if such services are offered

T11	Regarding OB unit / LDRP rooms: • Revise design to meet the room space requirements of FGI 2.2-2.11.3.2 • Revise design to provide a minimum of one cesarean delivery room supporting the obstetrical unit consistent with FGI 2.2-2.11.9 and 2.4-2.2.4.7 • Identify distinction between AII and negative rooms o Provision for the care of perinatal patient with an airborne infection shall be determined by the facility ICRA • Ensure functional program describes the type of care provided in the nursery and triage rooms. • Ensure design provides a nursery workroom meeting the requirements of FGI 2.2-2.12.6.3 LDRP rooms within an OB unit may not flex to accommodate medical -surgical patient care. FGI 2.2-2.11-1.1 Design presents a purposeful OB unit rather than rooms able to serve as LDR or LDRP rooms in the event a patient arrives at the facility in need of such services as described in FGI 2.4-2.2.4.6
T12	Regarding ICU unit / rooms • Ensure functional program describes the proposed function of these rooms • Room size would appear to accommodate critical care • Identify function of the Ante-room between ICU 3 and 4 o This arrangement would appear more amenable to AII use
T13	Identify patent rooms and support areas for provision of in-hospital skilled nursing and general psychiatric nursing. Reference FGI 2.2-2.15, 2.4-1.2.2, 2.4-2.14, and CFR 485 Subpart F Electronic Code of Federal Regulations (eCFR)

T14	Regarding the Emergency Department:
	
	• Ensure the functional program identifies the serves which will be provided
	  o Hospitals that offer more than basic emergency care services shall have facilities that meet the requirements of FGI 2.2-3.1.3 for the services they provide
	• Ensure ambulance entry and trauma room door selection provides a minimum 6’ clear width
	• Ensure design accommodates a communications center consistent with FGI 2.2-3.1.3.5 and overall facility internal and external emergency operations
	• Revise design to ensure ED treatment rooms have at least 100 square feet of clear floor area
	• Revise design to provide each AII room with a separate room with a toilet, hand-washing station and a bathtub or shower FGI 2.2-3.1.2.4 and 2.1-2.4.2
	• If provided, pediatric care areas must meet the provisions of FGI 2.2-3.1.3.6(4)
	• Revise design for human decontamination facilites to meet provisions of FGI 2.2-3.1.3(8)
	• Ensure functional program describes and design supports administrative and security elements for the emergency department consistent with FGI 2.2-3.1.6 / CFR 485.625
	• Review FGI 2.2-3.13 and NFPA 99 Chapter 14 for design requirement of hyperbaric facilities
	  o It is not common to find this service in the emergency department
	  o Identify whether and where scheduled wound care and debridement will be provided

T15	Ensure drawings show and the functional program articulates the distinction between rooms intended to provide airborne infection isolation (AII) and rooms permitted to be negatively pressurized relative to adjacent spaces. The number, location, and type of AII an protective environment (PE) rooms shall be determined / documented in the design/operational infection control risk assessment. FGI 1.2-3.2.2
T16	Note special design, construction, and fit-and-finish requirements for: • AII rooms FGI 2.1-2.4.2 ○ Drawings do not indicate hard-lid ceilings at these rooms • Seclusion rooms FGI 2.1-2.4.3 • Labs and specimen collection facilities FGI 2.1-4.1.2 and 2.1-4.1.3 • ISO Classified areas for compounding sterile and/or hazardous preparations USP 797 / 800 • ORs, sterile storage, procedure, central and sterile processing rooms FGI 2.1-7.2.3 And similar locations consistent with the use/functional of the space.
T17	Ensure drawings include a room finish schedule and a plan showing unrestrictd, semi-restricted, and restricted areas (areas of sterile compounding and where scrubbed staff and sterile equipment will be open the atmosphere) of the facililty. These areas may have specific design, material selection, temperature and humidity requirements appropriate to use. FGI 2.1-7.2.3 and USP 797
T18	Exhaust hoods supporting facility kitchen appear in close proximity to building separation fire wall. NFPA 101:8.3 / IBC 706
T19	Ensure structural design of the separate business occupancy structures which contain life safety elements necessary to the hospital are designed to Risk Category IV. IBC 1604.5.1
T20	Identify whether the facility intends to include a Medical Test Site (MTS) or a Rural Health Clinic (RHC). [redacted]
T21	Ensure the design provides an outside window with a sill height not exceeding 36” in every sleeping room. 42 CFR 482.41(b)(9) / 42 CFR 485.623(c)(7)
T22	Review 2013 ASHRAE 170 generally and sections 6.1, 6.3, 7.2, 7.4, and 8 specifically. OR diffuser array appears inconsistent with standard. Ensure material provided for review includes a room ventilation table or otherwise demonstrates design meeting the requirements of ASHRAE 170 Table 7-1.
T23	Ensure design provides for telemedicine services. FGI 2.4-3.5
T24	Ensure design provides a telecommunications service entrance room meeting FGI 2.1-8.5.1, a technology equipment center meeting FGI 2.1-8.5.2, and technology distribution room(s) meeting FGI 2.1-8.5.3
T25	Accessible shelled spaces within the facility are reviewed as storage and must be separated with rated construction consistent with NFPA 101: 18.3.2 / IBC 509

T26	Continue to refine the design. Instances of overlapping door swings appear awkward if not consistent with accessible design standards. Column locations appear to disrupt functionality of some rooms.
T27	Identify the type (delineated by the familiar subdivided diamond plac) and quantity of flammable and combustible liquids used /stored within Microbiology, Lab, and Lab Dry Storage. NFPA 45 and 704.
T28	Ensure the functional program identifies the categories and types of sterile compounding planned. The design appears to locate the sink for hand-hygiene outside of the Ante-room in the Pharmacy Staff work area near the door to Hazardous Storage. USP 797: 4.4 permits the sink inside or outside the Ante-room with conditions for each location provided the design supports the facility policy and procedures for staff personal preparations, hand hygiene, and garbing. Locating the sink on the dirty side of the Ante-room near the line of demarcation is common.
T29	Review requirements of NFPA 99: 9.3.7 and IFC 5306.2 regarding ventilation of med gas supply rooms. The most restrictive provisions shall apply.
T30	Evaluate location of the med gas zone valve supporting OR 1 as it appears closer to the entry of OR2 than the area served. Reference P406. NFPA 99: 5.1.4.8.7
T31	Factory assembled building components, if included in the design/construction of the facility must be listed, certified, acceptance tested, approved by engineer of record, commissioned, etc., as appropriate to the element or assembly.
T32	Recommend adding considerations for Covid-19 like, peak and sustained need scenarios to facility planning, design, and construction, and emergency operations planning. WAC 26-320-296 and 500. State Operations Manual Appendix Z can be found here: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/Appendix-Z-EP-SOM-February-2019.pdf
T33	Review the Washington State L&I program guide for hazardous drugs for advisory and informational content intended to assist employers in providing a safe and healthful workplace. http://www.lni.wa.gov/safety/topics/atoz/hazardousdrugs/ http://www.lni.wa.gov/Safety/Topics/AtoZ/HazardousDrugs/pdfs/PharmacySampleProgram.doc
T34	Be cautioned that there are many parties/entities involved in a Hospital project and that CMS/reviewing agency, the local building officials and the Fire Marshall, may not be as flexible in their interpretation as WA DOH Construction Review Services (CRS), and or may take a more conservative approach on many issues. It will be important to explore many of these issues as early as possible. DOH/CRS is willing to participate in joint review sessions with other jurisdictions and has done just that, during the design process on many projects just like this one.
T35	Department of Health Certificate of Need (CN) approval is required for CRS to authorize a project to begin construction. Ensure material provided to CRS for review includes a copy of, or reference number for, the CN approval for this project.
	Contact plan reviewer with any questions. Please forgive any typographical errors as our document template appears to be experiencing technical issues.

T36	**Conferences:** • **5/61/21 Overview of DOH construction review and licensure of new facilities** • **6/10/21 Preliminary Structural: Presentation and discussion** o The hospital is made up of 3 buildings defined by construction type ▪ A central (2 story) concrete tower and 2 flanking (1 story) steel wings o All buildings are designed to structural Risk Category IV of IBC Table 1604.5. o DOH highly encourages Healthcare /I-2 occupancy designation for all buildings o City of Prosser is the primary for structural review ▪ DOH will focus on hospital specific structural elements to include building system and equipment connections and anchoring.
T37	Request for review to the 2018 Edition of the FGI with proposed state amendments, CHP 246-320 WAC - First Draft 08302018, as an alternative to the 2014 FGI with state amendments (WAC 246-320-600) received 6/7/21. Request Approved; See Comment #3.

Preliminary Comments: 10/11/21 Conference 85% MEP

T38	Provide a functional program for the project. This document is necessary to determine the applicability of licensing and construction rules and codes. • The names for spaces and departments used in the functional program must be consistent with those used the 2018 FGI and the names and spaces used on the facility floor plans. • The function, service, care provided, and delivery of care model identified for each room will determine: o Room size, shape, adjacencies, finish selections, and architectural details o Recommend identifying restricted areas where scrubbed staff and sterile instruments will be open to the atmosphere, and ISO classified rooms on the architectural room finish schedule. • The type and level of anesthetization or patient dependence on building systems in each room will determine the design requirements for gas and vacuum, electrical, and mechanical HVAC systems: o Recommend a room list with the type and level of sedation intended for each patient care locations for quick review o Rooms with a med gas zone valve immediately outside the room will be reviewed to NFPA 99 requirements for anesthetizing locations of moderate sedation to general anesthesia. o Category 1 gas and vacuum and electrical systems are required for the hospital. ▪ Design requirements for individual rooms based on use

T39	Ensure any building elements or systems outside of the scope of the engineer of record or construction contract but necessary to facility operations, such as bulk oxygen systems, are included in the project commissioning / acceptance process. 2018 FGI 1.2-8
T40	Coordinate location of manual fire alarm initiation boxes with facility overall evacuation and relocation plan(s) of NFPA 101: 18.7 and Chapter 4 IFC
T41	Procedure rooms where an anesthesia machine and associated supply cart(s) will be used must provide 6' clearance at the patient head in addition to the clearances required by 2018 FGI 2.2-3.3.2 and/or 2.2-3.11.2
T42	Consideration regarding outpatient care provided in the proposed hospital building, provided for reference only: QSO-19-13-Hospital (cms.gov)
T43	Provide a room / mechanical ventilation schedule demonstrating design to ASHRAE 170: Table 7.1.
T44	Provide facility: • Infection control (2018 FGI 1.2-4.2) • Patient Handling and Movement (2018 FGI 1.2-4.3) • Fall Prevention (2018 FGI 1.2-4.4) • Medication Safety (2018 FGI 1.2-4.5) • Behavioral and mental health risk (2018 FGI 1.2-4.6) • Patient immobility (2018 FGI 1.2-4.7) and • Security risk (2018 FGI 1.2-4.8) Risk assessments for review and record
T45	Recommend showing rated assemblies on mechanical and plumbing drawings. NFPA 101: 8 / IBC 7
T46	Provide a functional program, https://www.doh.wa.gov/Portals/1/Documents/2300/2018/FPguideline.pdf, for the proposed work. This document supports the technical drawings in describing the types, methods, and special considerations for the delivery of care and the premise for physical environment / design solution, **These notes have been developed absent these narratives and may not be applicable to the final design.** CRS references / uses the functional program to help determine the applicable regulatory and built environment requirements. Nomenclature used in the functional program should match that used in the FGI. **Rooms/spaces/areas will be reviewed to the most intensive clinical/functional use.**

Preliminary Comments 11/9/21 Conference 80% Arch:

	Attendees: [redacted]
T47	Schematic design revisions to provide a cesarean delivery room immediately accessible to the OB unit received 11/9/21. FGI 2.4-2.2.4.7(2)

T48	Reference T33 regarding hazardous drug compounding. Recommend location of compounding areas to minimize travel from receiving to storage and from preparation to administration areas.
T49	Provide a room / procedure schedule identifying: • Room name and number • Whether the spaces will service in-patients, outpatients, or both • Whether the procedures are elective/scheduled, urgent/essential, or both • Whether the procedure requires high level disinfection and or sterile instruments • Whether procedures will be diagnostic, interventional, or both • Whether the procedure is invasive as defined by 2018 FGI • The planned levels of sedation as defined NFPA 99: 3.3.63 • The Patient Care Room type defined by NFPA 99: 3.3.138 • The type and Category designation for building systems defined by NFPA 99: Chapter 4 • Whether it is a wet procedure location as defined by NFPA 99: 6.3.2.2.8 (for other than operating rooms) to determine the applicable design and construction standards. WAC 246-320-505 / FGI 1.2-2.2.5
T50	Patient care locations with medical gas and vacuum station outlets served by a dedicated medical gas and vacuum zone valve immediately outside the room will be evaluated to the most intensive use / level of anesthetization. NFPA 99: 5.1.4
T51	Reference T6 and T44 regarding facility risk assessments discussed this date. These assessments must identify and evaluate hazards and risks specific to the project and identify planned physical design and/or operational mitigations to minimize those risks. FGI 1.2-4
T52	Provide an executive summary, with references to information provided in the drawings, to demonstrate the design meets the prescriptive requirements for acoustics and building vibration of FGI 1.2-6 and Tables 1.2-3 through 1.2-8.
T53	Identify the projected weight capacity for patients of size the facility will serve. This will establish the design requirements for sinks, toilets, grab bars, casework, and lifts in care areas as well as design for patient movement and circulation to secondary care and support areas such as rehab and dining facilities within the hospital. FGI 1.2-6.4
T54	Ensure the facility will receive, at a minimum, the commissioning and record drawings and manuals prescribed in FGI 1.2-8 and 1.2-9.
T55	Provide an equipment list and plans showing fixed and movable equipment which require dedicated building services, special structure(s) or design accommodations, and/or require floor space. FGI 1.4
T56	Provide alarms and annunciators as prescribed by their respective code or standard including but not limited to 2012 NFPA 99 and 2010 NFPA 110 as adopted by CMS.
T57	Identify whether the facility seeks review for 'swing beds' (long term care services provided by CAH) eCFR :: 42 CFR 485.645 -- Special requirements for CAH providers of long-term care services ("swing-beds") and FGI 2.1-2.18

T58	On-site Sterile Processing: Two-room sterile processing facilities. The Decontamination and Clean Workrooms must be physically separated by wall. The wall may have a door or pass-through window in it that can be closed and secured or a built-in washer/disinfector with a pass-through door or window. The clean workroom may not be directly accessible from the decontamination room. FGI 2.1-5.1.2.2.
T59	Review FGI 2.8 regarding site requirements and support elements for mobile medical units.
	Next Steps: Project team will provide drawings for individual departments for review and discussion.

12/6/21: ED - Preliminary Review and Conference: [redacted]

T60	Emergency Department: • Minimum requirements: FGI 2.2-3.1.2 (p168) and FGI 2.4-3.2 (p234) • Hospitals that offer more than basic emergency services shall meet the requirements of FGI 2.2-3.1.3 (p169) for those services provided.
T61	See T43 regarding general design to ASHRAE 170. Areas of the ED with special requirements include: Trauma, Triage, Decontamination, AII (reference ASHRAE 170: 7.2), and ED public waiting areas.
T62	Ensure rooms meet the prescriptive space and clearance requirements of the FGI typically throughout.
T63	Confirm vestibule VE-ES-2 is not a continuation of an exit stair enclosure but an extension of the ED corridor, such that the internal door of the Decontamination room provides direct access into a corridor of the Emergency Department. The interior door of this room must be lockable against ingress from the ED corridor. FGI 2.2-3.1.3.6(8)(ii). Design to the special requirements of FGI 2.2-3.1.3.6(8)(c) & (d).
T64	See T44 regarding safety risk assessments generally. Ensure assessment includes ED Reception / Waiting as a location where undiagnosed emergency patients and scheduled outpatients will mix. FGI 2.2-3.1.3.4
T65	Handwashing sinks must meet the requirements of FGI 2.1-8.4.3.2 typically.
T66	Pass-through / nurse-servers located in corridor walls must be constructed to limit the transfer of smoke and have corridor side doors with self-latching and positive latching hardware. NFPA 101: 18.3.6.3

T67	AII rooms must:
	• Be visible from a nurse station
	  ○ Staff must be able to see the local, visual, room pressurization alarm (170: 7.2)
	• Meet the architectural detail requirements of FGI 2.1-2.4.2.4(1) including
	  ○ Penetrations of the room envelope, including nurse servers, must be constructed to prevent air exfiltration.
	  ▪ Do not recommend nurse servers for these rooms
	  ○ Self-closing devices on room exit doors
	  ○ Edge seals on any door, including casework, into the room
	• Meet the finish requirements of FGI 2.1-7.2 and the requirements of ASHRAE 170: 7.2.1
	• Anteroom door must have a self-closing device or audible alarm. FGI 2.1-2.4.2.3

T68	Medication preparation rooms must be under visual control of the nursing staff and meet the applicable requirements of FGI 2.1-2.8.8.2 for the equipment and methods used.
T69	Clarify whether the ED will provide emergent obstetric / sexual assault nurse examination. Revise design to provide for this care (FGI 2.1-3.2.4) and/or revise functional program accordingly. FGI 1.2-2.2
T70	Electrical design must provide hyperbaric facilities with service from the equipment branch of the ESS. NFPA 99: 6.4.2.2.5.4(6)
T71	Revise mechanical and/or electrical schedules to identify elements serviced by the equipment branch of the EPS. NFPA 99: 6.4.2.2.5

12/20/21: DI - Preliminary Review and Conference: [redacted]

T72	Review/discussion of Diagnostic Imaging department based on FGI Table 2.2-2 Class 1 diagnostic imaging services only. Fluoroscopy Procedures, including UGI, Small Bowel, Injections, HSG, Para/Thoracentesis and Aspirations, listed in the functional program would not appear to fall under Class 1 imaging services.
T73	Design for CT, MRI, and Fluoroscopy rooms in development – not available for review. Ensure rooms meet the prescriptive space and clearance requirements of the FGI typically throughout.
T74	Revise design of Nuc Med Scan DI-108 to provide 4’ on all circulating sides of the patient table/gantry. FGI 2.2-3.4.7.2 and 2.2-3.4.2
T75	Clarify functions of Hot Wait /Dosing and Injection rooms within the Nuclear Medicine suite. Revise design to provide sinks at locations of patient contact and at locations where radiopharmaceutical materials are handled, prepared, or disposed. Identify whether the treadmill will be located in the scan room. This element would appear to limit throughput. FGI 2.2-3.4.7.1
T76	Revise Ultrasound DI-103 to provide 3’ on all circulating sides of the patient position. Ensure design provides for patient privacy. FGI 2.2-3.4.6.1
T77	Revise corridor door to Patient Toilet DI-103A to fully pocket or swing into room. FGI 2.1-7.2.2.3(3)
T78	See T43 regarding general design to ASHRAE 170. Areas of the DI with special requirements include: Radiology waiting rooms and nuclear medicine hot labs/work rooms, hot waiting rooms/areas, dose administration, and scan rooms. Table 7.1
T79	Doors to imaging rooms must meet FGI 2.1-7.2.2.3 and have a minimum ~~45~~4.5” opening.
T80	Provide a patient toilet room in or next to, but not necessarily connected to, Imaging Waiting DI-100 and patient changing rooms for DI services. Identify changing rooms for each modality. FGI 2.2-3.4.10.2
T81	Design (Hot) Work Room DI 108B to FGI 2.2-3.4.8.22

T82	Provide support areas for imaging services as listed. FGI 2.2-3.4.8
T83	Recommend planning and design, such as HVAC ventilation capacity, for percutaneous and minimally invasive image guided/assisted procedures and/or biopsies. WAC 246-320-505 and FGI 1.2-2
T84	Provide cross-corridor doors at west end Corridor CO-DI-1; presuming this corridor will support movement of patients from the ED to the adjacent smoke compartment. NFPA 101: 18.3.7

1/4/22 Surgical Services - Preliminary Review and Conference:
Attendees: [redacted]

T85	Revise design of surgical suite to include: • Surgical waiting o Or indicate surgical waiting as a separate suite • The east entry vestibule and staff access corridor And indicate travel distance to exit through to the exit discharge/exterior door. NFPA 101: 18.2.5.7
T86	Revise life safety design to provide a horizontal exit between the surgical suite and the general services wing (fire barrier and door CO-SS-6B) or revise design to eliminate the dead-end condition at Corridor CO-CS-1. NFPA 101: 18.2.5.2
T87	Continue smoke barriers to exterior walls typically. NFPA 101: 18.3.7
T88	Provide sinks in Pre-Operative / Phase II recovery rooms. FGI 2.1-2.3.4.2.5 and 2.1-2.8.7
T89	Revise design such that patient care stations for Phase I (post anesthesia) recovery may be observed from the nurse station. FGI 2.1-3.4.4.3
T90	Identify the level of sedation / anesthesia, as defined NFPA 99: 3.3.63, which will be administered in Procedure Rooms 132 and 133. Rooms do not meet the clearance requirements for the administration of general anesthesia for which the medical gas elements appear to be designed. FGI 2.2-3.11 and 2.2-3.3.2
T91	Coordinate functional program, design, and location of 'red-lines' to identify areas where scrubbed staff and sterile instruments will be open to the atmosphere. Reference T17.
T92	Review FGI 2.1-8.4.2.6 regarding installation of drain piping over operating rooms.
T93	Recommend consolidating the mediation safety zones supporting the surgical suite in the 'core' (perhaps consolidate with Clean supply) of the surgical suite rather than in the Clean Core / Equip room immediate to the operating rooms. FGI 2.2-3.3.5.8(8) requires a medication safety zone for pre/post op care, and a sink is required in the medication safety zone. An alternative location would appear to support infection prevention (staff circulation and access in/out of the OR's and from Pre/Post recovery areas) and eliminate the requirement for a sink in the Clean Core. Sinks (open drains) are not permitted in areas where sterile items are open to the atmosphere.

1/19/22 Second Floor Inpatient Sleeping / Pharmacy
Attendees: [redacted]

T94	LDRP beds may not flex to other than obstetric care. FGI 2.2-2.9.1.1 requires obstetrical units be designed and located to prohibit non-related traffic through the unit and have controlled access. There are approved alternatives to delayed egress hardware for this application. See WSA IBC 1010.1.9.7
T95	Documents should demonstrate the newborn nursery is fitted and equipped to meet the requirements of FGI 2.2-2.10.8.5(3) for workspace supporting newborn nursery care. Ensure sink selectin for LDRP rooms accommodates baby washing consistent with facility delivery of care model / functional program.
T96	Recommend making Alcove CO-MS-8A a PPE alcove with a sink to support Med/Surg MS-218 and 219
T97	Recommend two sinks or a two-compartment sink in nourishment areas to ensure availability of a hand-wash station.
T98	Clarify whether the facility intends to provide in-hospital skilled nursing. FGI 2.2-2.13 and 2.4-2.18. Design intended to support facility's 10 patient swing bed program.
T99	See T4 regarding Chapter 246-945 WAC Pharmacy Quality Assurance Commission and Rules self-inspection worksheets.

1/31/22 B Occupancy: Outpatient and Support Facilities
Attendees: [redacted]

T100	Coordinate with Benton county health department regarding application for a new food establishment. Food Safety - Benton Franklin Health District (wa.gov) and WAC 246-215
T101	Ensure design of med gas manifold room to the provisions of NFPA 99: 5.1.3.3 and IFC 5306
T102	Revise design to pocket the west door of Elec Service Room EL-100 so it swings out and does not swing into the corridor. Revise design to ensure the north door from the room does not encroach on what appears to be a landing. NEC 110 Part II and FGI 2.1-7.2.2.3
T103	Recommend developing a code path analysis for interim and proposed lab spaces based on the materials used. • NFPA 101: 18.3.2.1 identifies the protection required for laboratories based on the quantity of flammable or combustible materials and hazardous materials. o Laboratories employing quantities of flammable, combustible, or hazardous materials considered to be a severe hazard must be protected in accordance with NFPA 99 • NFPA 99 Chapter 15 identifies features of fire protection for laboratories and requires laboratories using chemicals to meet the requirements of NFPA 45. • NFPA 45 provides a method of hazard classification, design, construction, and ventilation requirements, and direction for material storage and handling within laboratories. Absent detail, review would default to the safest, most restrictive design, to mitigate potential risks.

T104	Review FGI 2.1-8.4.3.8 and OSHA 29 CFR 1910 regarding emergency first aid / eye wash equipment.
T105	Provide coved base in Central Sterile and Soiled processing. Washington State Amendment to FGI 2.1-7.2.3.1 and 2018 FGI 2.1-7.2.3.1.

T106	Coordination between building construction and facility operating features require attention in three overlapping areas. As presented:
	
	• The site has 3 buildings (described as north, center, and south for this comment)
	  o These will be reviewed as buildings on same lot following from IBC 705.3
	
	• The buildings are presented as separate occupancies
	  o The north building contains elements essential to hospital operations and is identified as a 'B' occupancy but may be required to meet some requirements for hospitals as,
	  ▪ It appears to provide a required means of egress / access to exit from the hospital,
	  ▪ Presumably, the building supports the hospital's evacuation and relocation plan,
	  ▪ Presumably, staff will not evacuate on emergency but remain in place, and
	  ▪ Presumably, it will not have a separate fire alarm system
	
	  o The central building is identified and designed as healthcare / I-2 occupancy
	
	  o The south building contains the kitchen, essential to hospital operations, and is identified and designed as a 'B' occupancy
	  ▪ It is not clear whether this building supports the hospital's evacuation and relocation plan
	  ▪ This building does not appear to provide a required means of egress from the hospital
	  ▪ With exception to the kitchen, the building does not appear to contain elements essential to hospital operations
	  ▪ Presumably, occupants and staff would evacuate the building in an emergency, with exception to the kitchen,
	  ▪ Presumably this building, kitchen excepted, would have a separate fire alarm
	
	• The facility will be viewed as the 'hospital' during surveys and the technical details of the elements described above will invite questions and may require more of staff.
	  o The design does not separate the hospital kitchen as distinct from the rest of the south building.
	  ▪ Presumably the entire south building would be subject to survey
	  ▪ The design does not separate hospital water and electrical systems between licensed and potentially unlicensed areas within the south building.
	  o The design would appear to require 3 separate evacuation and relocation plans, separate fire alarm systems, and practicing distinct fire drills.
	
	Consider revising the design of the north wing to be a healthcare / I-2 occupancy.
	• This building serves, and presumably behave as and be indistinguishable from, the hospital
	• Type II (000) / 2-B is permitted
	• The means of egress appears consistent to the healthcare / I-2 occupancy designation.
	• This modification would reduce time and attention required of staff during survey in perpetuity
	
	Consider revising the perimeter walls of the central and south buildings:
	• To include the kitchen in the distinct entity of the hospital,
	• And provide physical separation between the hospital and un-licensed or other-licensed areas