



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

March 5, 2014

Gerald J. Boyle, Consultant Services
1217 Pond Street
Cary, North Carolina 27511

Exempt from Review

Facility: Ridgewood Rehabilitation Center, LLC
Project Description: Construct new replacement facility at 1624 Highland Drive,
Washington, NC
County: Beaufort
FID #: 070685

Dear Mr. Boyle:

In response to your letter of September 10, 2013, the above referenced proposal is exempt from certificate of need review in accordance with N.C.G.S 131E-184(e). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need.

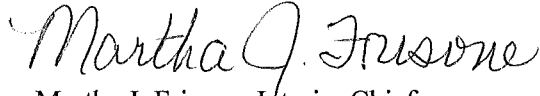
However, you need to contact the Construction and Nursing Home Licensure and Certification Sections of the Division of Health Service Regulation to determine if they have any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Certificate of Need Section. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,


Jane Rhoe-Jones
Project Analyst


Martha J. Frisone, Interim Chief
Certificate of Need Section

cc: Construction Section, DHSR
Nursing Home Licensure and Certification Section, DHSR



Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-733-8139

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

An Equal Opportunity/ Affirmative Action Employer



Appendix D: North Carolina Certificate of Need Statute

Ridgewood
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- (14) The applicant shall demonstrate that the proposed health services accommodate the clinical needs of health professional training programs in the area, as applicable.
- (15) through (18) Repealed.
- (18a) The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost effectiveness, quality, and access to the services proposed, the applicant shall demonstrate that its application is for a service on which competition will not have a favorable impact.
- (19) Repealed.
- (20) An applicant already involved in the provision of health services shall provide evidence that quality care has been provided in the past.
- (21) Repealed.

(b) The Department is authorized to adopt rules for the review of particular types of applications that will be used in addition to those criteria outlined in subsection (a) of this section and may vary according to the purpose for which a particular review is being conducted or the type of health service reviewed. No such rule adopted by the Department shall require an academic medical center teaching hospital, as defined by the State Medical Facilities Plan, to demonstrate that any facility or service at another hospital is being appropriately utilized in order for that academic medical center teaching hospital to be approved for the issuance of a certificate of need to develop any similar facility or service.

(c) Repealed.

* § 131E-184. Exemptions from review.

(a) Except as provided in subsection (b), the Department shall exempt from certificate of need review a new institutional health service if it receives prior written notice from the entity proposing the new institutional health service, which notice includes an explanation of why the new institutional health service is required, for any of the following:

- (1) To eliminate or prevent imminent safety hazards as defined in federal, State, or local fire, building, or life safety codes or regulations.
- (1a) To comply with State licensure standards.
- (1b) To comply with accreditation or certification standards which must be met to receive reimbursement under Title XVIII of the Social Security Act or payments under a State plan for medical assistance approved under Title XIX of that act.
- (2) Repealed.
- (3) To provide data processing equipment.
- (4) To provide parking, heating or cooling systems, elevators, or other basic plant or mechanical improvements, unless these activities are integral portions of a project that involves the construction of a new health service facility or portion thereof and that is subject to certificate of need review.
- (5) To replace or repair facilities destroyed or damaged by accident or natural disaster.
- (6) To provide any nonhealth service facility or service.
- (7) To provide replacement equipment.
- (8) To acquire an existing health service facility, including equipment owned by the health service facility at the time of acquisition.

Appendix D: North Carolina Certificate of Need Statute

- (9) To develop or acquire a physician office building regardless of cost, unless a new institutional health service other than defined in G.S. 131E-176(16)b. is offered or developed in the building.
- (b) Those portions of a proposed project which are not proposed for one or more of the purposes under subsection (a) of this section are subject to certificate of need review, if these non-exempt portions of the project are new institutional health services under G.S. 131E-176(16).
- (c) The Department shall exempt from certificate of need review any conversion of existing acute care beds to psychiatric beds provided:
- (1) The hospital proposing the conversion has executed a contract with the Department's Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and/or one or more of the Area Mental Health, Developmental Disabilities, and Substance Abuse Authorities to provide psychiatric beds to patients referred by the contracting agency or agencies; and
 - (2) The total number of beds to be converted shall not be more than twice the number of beds for which the contract pursuant to subdivision (1) of this subsection shall provide.
- (d) In accordance with, and subject to the limitations of G.S. 148-19.1, the Department shall exempt from certificate of need review the construction and operation of a new chemical dependency or substance abuse facility for the purpose of providing inpatient chemical dependency or substance abuse services solely to inmates of the Department of Correction. If an inpatient chemical dependency or substance abuse facility provides services both to inmates of the Department of Correction and to members of the general public, only the portion of the facility that serves inmates shall be exempt from certificate of need review.
- (e) The Department shall exempt from certificate of need review a capital expenditure that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:
- (1) The proposed capital expenditure would:
 - a. Be used solely for the purpose of renovating, replacing on the same site, or expanding an existing:
 1. Nursing home facility,
 2. Adult care home facility, or
 3. Intermediate care facility for the mentally retarded; and
 - b. Not result in a change in bed capacity, as defined in G.S. 131E-176(5), or the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.
 - (2) The entity proposing to incur the capital expenditure provides prior written notice to the Department, which notice includes documentation that demonstrates that the proposed capital expenditure would be used for one or more of the following purposes:
 - a. Conversion of semiprivate resident rooms to private rooms.
 - b. Providing innovative, homelike residential dining spaces, such as cafes, kitchenettes, or private dining areas to accommodate residents and their families or visitors.
 - c. Renovating, replacing, or expanding residential living or common areas to improve the quality of life of residents.
- (f) The Department shall exempt from certificate of need review the purchase of any replacement equipment that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(22) [sic, should be (22a)] if all of the following conditions are met:
- (1) The equipment being replaced is located on the main campus.
 - (2) The Department has previously issued a certificate of need for the equipment being replaced. This subdivision does not apply if a certificate of need was

Appendix D: North Carolina Certificate of Need Statute

- not required at the time the equipment being replaced was initially purchased by the licensed health service facility.
- (3) The licensed health service facility proposing to purchase the replacement equipment shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.
- (g) The Department shall exempt from certificate of need review any capital expenditure that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:
- (1) The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus.
 - (2) The capital expenditure does not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.
 - (3) The licensed health service facility proposing to incur the capital expenditure shall provide prior written notice to the Department along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

§ 131E-185. Review process.

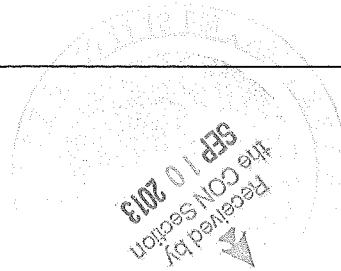
- (a) Repealed.
- (a1) Except as provided in subsection (c) of this section, there shall be a time limit of 90 days for review of the applications, beginning on the day established by rule as the day on which applications for the particular service in the service area shall begin review.
- (1) Any person may file written comments and exhibits concerning a proposal under review with the Department, not later than 30 days after the date on which the application begins review. These written comments may include:
 - a. Facts relating to the service area proposed in the application;
 - b. Facts relating to the representations made by the applicant in its application, and its ability to perform or fulfill the representations made;
 - c. Discussion and argument regarding whether, in light of the material contained in the application and other relevant factual material, the application complies with relevant review criteria, plans, and standards.
 - (2) No more than 20 days from the conclusion of the written comment period, the Department shall ensure that a public hearing is conducted at a place within the appropriate service area if one or more of the following circumstances apply; the review to be conducted is competitive; the proponent proposes to spend five million dollars (\$5,000,000) or more; a written request for a public hearing is received before the end of the written comment period from an affected party as defined in G.S. 131E-188(c); or the agency determines that a hearing is in the public interest. At such public hearing oral arguments may be made regarding the application or applications under review; and this public hearing shall include the following:
 - a. An opportunity for the proponent of each application under review to respond to the written comments submitted to the Department about its application;
 - b. An opportunity for any person, except one of the proponents, to comment on the applications under review;
 - c. An opportunity for a representative of the Department, or such other person or persons who are designated by the Department to conduct the hearing, to

Consultant Services

Specializing In Health Care Development & Financing
1217 Pond Street, Cary, North Carolina 27511, 919/467-4667

Gerald J. Boyle
President

Boyle
September 10, 2013



Mr. Craig R. Smith
Chief, CON Section
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Ridgewood Rehabilitation Center, LLC
1624 Highland Drive
Washington, N.C. 27889

Dear Mr. Smith

Ridgewood Rehabilitation Center, LLC hereby provides notice pursuant to N.C.G.S. 131-184-(e) that it will incur a capital expenditure to construct a new replacement nursing facility.

As indicated in the attached documentation from the owner, Ridgewood is proposing the replacement facility in order to improve the quality of patient care for its residents. The capital expenditure will be used solely to replace the existing facility on the same site and there will be no change in the bed capacity or the addition of any new health services. The owner will utilize the capital expenditure to convert semi-private to private rooms (6 to 12) and create a neighborhood design concept. Drawings for these renovations are also attached. There will be no change in the bed compliment (150 beds) for the replacement facility.

Please let us know if you have any questions regarding this notice.

Very truly yours,

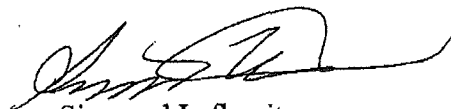
Gerald J. Boyle
Gerald J. Boyle

Encl.

Mr. Sigmund Lefkowitz
910 Skokie Blvd., Suite 225
Northbrook, IL, 60062
847-412-9871

Dear Gerry,

Please be advised that Ridgewood Rehabilitation Center will have a total of 12 private rooms coupled with a neighborhood design for its new replacement facility. Drawings for the new building are enclosed and have been submitted to the Construction Section for review. There will be no change in the bed compliment (150 beds) for the replacement facility.



Sigmund Lefkowitz

FEI ARCHITECTS, P.C.

910 SKOKIE BOULEVARD, SUITE 225, NORTHBROOK, IL 60062
TEL: (847) 564 9010 FAX (847) 564 5428

August 9, 2013

Mark Bell, Architect,
DHSR Construction Section
1800 Umstead Drive
Raleigh, NC 27603

Re: Project No. NH-2062-MB/JB
Ridgewood Living and Rehabilitation Center
1624 Highland Drive,
Washington, NC, 27889

Dear Mr. Bell:

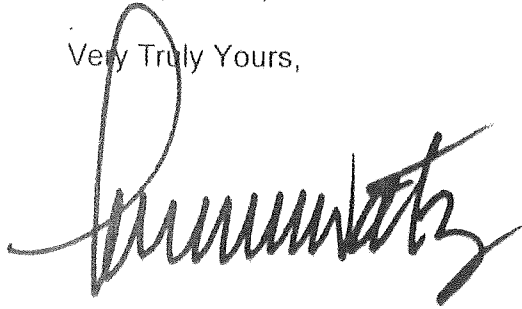
Thank you for the letter dated, March 13, 2013. Please find attached two signed and sealed sets of Architectural plans. Structural, Mechanical, Plumbing and Electrical working drawings shall follow soon. Now, here is an item by item reply to your review comments:

1. Complied.
2. Complied.
3. Revised plans revert to conventional layout with wider corridor.
4. Complied, the stairs in the midsection of the building are for staff use only and are no longer part of the exiting components.
5. Complied, all exit access corridors provide access to minimum two exits. Exit access corridors will be constructed in accordance with NFPA 101 Section 18.3.6.2. Any proposed furniture shall strictly comply with NFPA 101 Section 18.2.3.4(5).
6. Complied.
7. Complied.
8. Complied.
9. Complied.
10. Complied.
11. Complied.
12. Complied.
13. Complied.
14. Complied please see Sheet A9 Detail
15. Complied.
16. Complied please refer to floor plans Sheet A9.2 Detail I.
17. Complied.
18. Complied.
19. Complied.
20. Complied.
21. Complied.

- 22. Complied.
- 23. Complied.
- 24. Complied.
- 25. Complied, see detailed Typical Two Bed Layout Sheet A14.

Thank you for your attention in this matter.

Very Truly Yours,



Ralph F. Schwartz, NCARB
c/o FEI ARCHITECTS, P.C.

- c: Timothy A. Morrison, PE with one set of drawings
- S. Lefkovitz
- G. Lefkovitz
- F. Isaac

Encl

RIDGEWOOD LIVING AND REHABILITATION CENTER

2012 APPENDIX B
BUILDING CODE SUMMARY
FOR ALL COMMERCIAL PROJECTS
(EXCEPT AS NOTED)

2012 REHAB CODE INFORMATION: Existing data and conditions shall be indicated on the data sheet.

2012 EDITION OF NC CODE FOR REHAB COMMISSIONERS ADDED DELETED AMENDMENT

2012 REHAB CODE INFORMATION: Existing data and conditions shall be indicated on the data sheet.

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Qualifications for work by the REHAB CODE:

PERSONNEL TITLE	NAME	TYPE	EXPIRES
Project Engineer	John A. Lunn	Professional Engineer	01/15/2013
Structural Engineer	John A. Lunn	Professional Engineer	01/15/2013
Mechanical Engineer	John A. Lunn	Professional Engineer	01/15/2013
Electrical Engineer	John A. Lunn	Professional Engineer	01/15/2013

PROJECT INFORMATION: Project Name: RIDGEWOOD LIVING AND REHABILITATION CENTER. Address: 1624 Highland Boulevard, Washington, NC 27789.

OWNER INFORMATION: Owner Name: RIDGEWOOD LIVING AND REHABILITATION CENTER. Address: 1624 Highland Boulevard, Washington, NC 27789.

DESIGNER INFORMATION: Designer Name: RALPH F. SCHWARTZ ARCHITECT C/O FEI ARCHITECTS. Address: 1624 Highland Boulevard, Washington, NC 27789.

STRUCTURAL DESIGN

Design Loads: Live Load: 40 psf. Wind Load: ASCE 7-05, 150 mph. Seismic Design Category: B.

SEISMIC DESIGN CATEGORY: Seismic Design Category: B. Ground Motion Intensity: 0.4. Seismic Design Spectral Acceleration (at short periods): 1.0. Seismic Design Spectral Acceleration (at long periods): 0.4.

PLUMBING FIXTURES REQUIREMENTS

FIXTURE	TYPE	INSTALLATION	REQUIREMENTS
TOILET	1	1	1
WATER CLOSET	1	1	1
BATH	1	1	1
SHOWER	1	1	1
VANITY	1	1	1
SINK	1	1	1
REFLECTOR	1	1	1
TUB	1	1	1
STOVE	1	1	1
DISHWASHER	1	1	1
REFRIGERATOR	1	1	1
ICE MAKER	1	1	1
WATER HEATER	1	1	1
WASHER	1	1	1
DRYER	1	1	1
WASHER/DRYER	1	1	1
LAUNDRY	1	1	1
REFRIGERATOR	1	1	1
ICE MAKER	1	1	1
WATER HEATER	1	1	1
WASHER	1	1	1
DRYER	1	1	1
WASHER/DRYER	1	1	1
LAUNDRY	1	1	1

MECHANICAL DESIGN

Design Conditions: Heating: 65°F. Cooling: 80°F. Humidity Ratio: 0.011. Wind Speed: 150 mph. Seismic Design Category: B.

ELECTRICAL DESIGN

Design Conditions: Voltage: 120V/208V. Frequency: 60 Hz. Grounding: Neutral Grounded. Protection: Overcurrent Protection.

FIRE PROTECTION REQUIREMENTS

Fire Protection System: Automatic Fire Alarm and Sprinkler System. Fire Alarm Control Panel: Addressable. Sprinkler System: Wet Pipe.

ALTERNATE DESIGN

SECTION	DESCRIPTION	REQUIREMENTS
MECHANICAL	MECHANICAL SYSTEMS	MECHANICAL SYSTEMS SHALL BE INSTALLED IN ACCORDANCE WITH THE 2012 NC REHAB CODE, SECTION 1500, AND THE 2012 NC REHAB CODE, SECTION 1505.
ELECTRICAL	ELECTRICAL SYSTEMS	ELECTRICAL SYSTEMS SHALL BE INSTALLED IN ACCORDANCE WITH THE 2012 NC REHAB CODE, SECTION 1600, AND THE 2012 NC REHAB CODE, SECTION 1605.
PLUMBING	PLUMBING SYSTEMS	PLUMBING SYSTEMS SHALL BE INSTALLED IN ACCORDANCE WITH THE 2012 NC REHAB CODE, SECTION 1500, AND THE 2012 NC REHAB CODE, SECTION 1505.
STRUCTURAL	STRUCTURAL SYSTEMS	STRUCTURAL SYSTEMS SHALL BE INSTALLED IN ACCORDANCE WITH THE 2012 NC REHAB CODE, SECTION 1700, AND THE 2012 NC REHAB CODE, SECTION 1705.
MECHANICAL	MECHANICAL SYSTEMS	MECHANICAL SYSTEMS SHALL BE INSTALLED IN ACCORDANCE WITH THE 2012 NC REHAB CODE, SECTION 1500, AND THE 2012 NC REHAB CODE, SECTION 1505.
ELECTRICAL	ELECTRICAL SYSTEMS	ELECTRICAL SYSTEMS SHALL BE INSTALLED IN ACCORDANCE WITH THE 2012 NC REHAB CODE, SECTION 1600, AND THE 2012 NC REHAB CODE, SECTION 1605.
PLUMBING	PLUMBING SYSTEMS	PLUMBING SYSTEMS SHALL BE INSTALLED IN ACCORDANCE WITH THE 2012 NC REHAB CODE, SECTION 1500, AND THE 2012 NC REHAB CODE, SECTION 1505.
STRUCTURAL	STRUCTURAL SYSTEMS	STRUCTURAL SYSTEMS SHALL BE INSTALLED IN ACCORDANCE WITH THE 2012 NC REHAB CODE, SECTION 1700, AND THE 2012 NC REHAB CODE, SECTION 1705.

MECHANICAL SYSTEMS NOT IN CONTACT WITH OTHERS

Mechanical Systems: Mechanical Systems shall be installed in accordance with the 2012 NC Rehab Code, Section 1500, and the 2012 NC Rehab Code, Section 1505.

ELECTRICAL SYSTEMS NOT IN CONTACT WITH OTHERS

Electrical Systems: Electrical Systems shall be installed in accordance with the 2012 NC Rehab Code, Section 1600, and the 2012 NC Rehab Code, Section 1605.

MECHANICAL SYSTEMS NOT IN CONTACT WITH OTHERS

Mechanical Systems: Mechanical Systems shall be installed in accordance with the 2012 NC Rehab Code, Section 1500, and the 2012 NC Rehab Code, Section 1505.

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PLUMBING FIXTURES REQUIREMENTS

FIXTURE	TYPE	INSTALLATION	REQUIREMENTS
TOILET	1	1	1
WATER CLOSET	1	1	1
BATH	1	1	1
SHOWER	1	1	1
VANITY	1	1	1
SINK	1	1	1
REFLECTOR	1	1	1
TUB	1	1	1
STOVE	1	1	1
DISHWASHER	1	1	1
REFRIGERATOR	1	1	1
ICE MAKER	1	1	1
WATER HEATER	1	1	1
WASHER	1	1	1
DRYER	1	1	1
WASHER/DRYER	1	1	1
LAUNDRY	1	1	1
REFRIGERATOR	1	1	1
ICE MAKER	1	1	1
WATER HEATER	1	1	1
WASHER	1	1	1
DRYER	1	1	1
WASHER/DRYER	1	1	1
LAUNDRY	1	1	1

MECHANICAL SYSTEMS NOT IN CONTACT WITH OTHERS

Mechanical Systems: Mechanical Systems shall be installed in accordance with the 2012 NC Rehab Code, Section 1500, and the 2012 NC Rehab Code, Section 1505.

ELECTRICAL SYSTEMS NOT IN CONTACT WITH OTHERS

Electrical Systems: Electrical Systems shall be installed in accordance with the 2012 NC Rehab Code, Section 1600, and the 2012 NC Rehab Code, Section 1605.

RIDGEWOOD LIVING & REHAB CENTER-NEW 3 STORY BUILDING

1624 Highland Boulevard, Washington, NC 27789

NO.	REVISION	DATE
1	REVISED	01-04-13
2	REVISED	01-04-13
3	REVISED	01-04-13
4	REVISED	01-04-13
5	REVISED	01-04-13

DATE: 01-04-13

PROJECT: RIDGEWOOD LIVING & REHAB CENTER-NEW 3 STORY BUILDING

DRAWING: MECHANICAL

SHEET: A1.1

RALPH F. SCHWARTZ ARCHITECT C/O FEI ARCHITECTS
1624 HIGHLAND BOULEVARD
WASHINGTON, NC 27789

DATE: 01-04-13 PROJECT: RIDGEWOOD LIVING & REHABILITATION CENTER MECHANICAL DRAWING: MECHANICAL SYSTEMS NOT IN CONTACT WITH OTHERS SHEET: A1.1

RIDGEWOOD LIVING & REHAB CENTER-NEW 3 STORY BUILDING

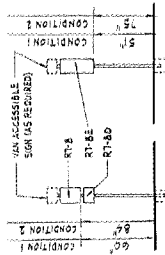
PROJECT NO.	08-00-13
DATE	08-00-13
DESIGNER	FEI ARCHITECTS, INC.
SCALE	AS SHOWN

SITE PLAN	
DATE	08-00-13
SCALE	AS SHOWN

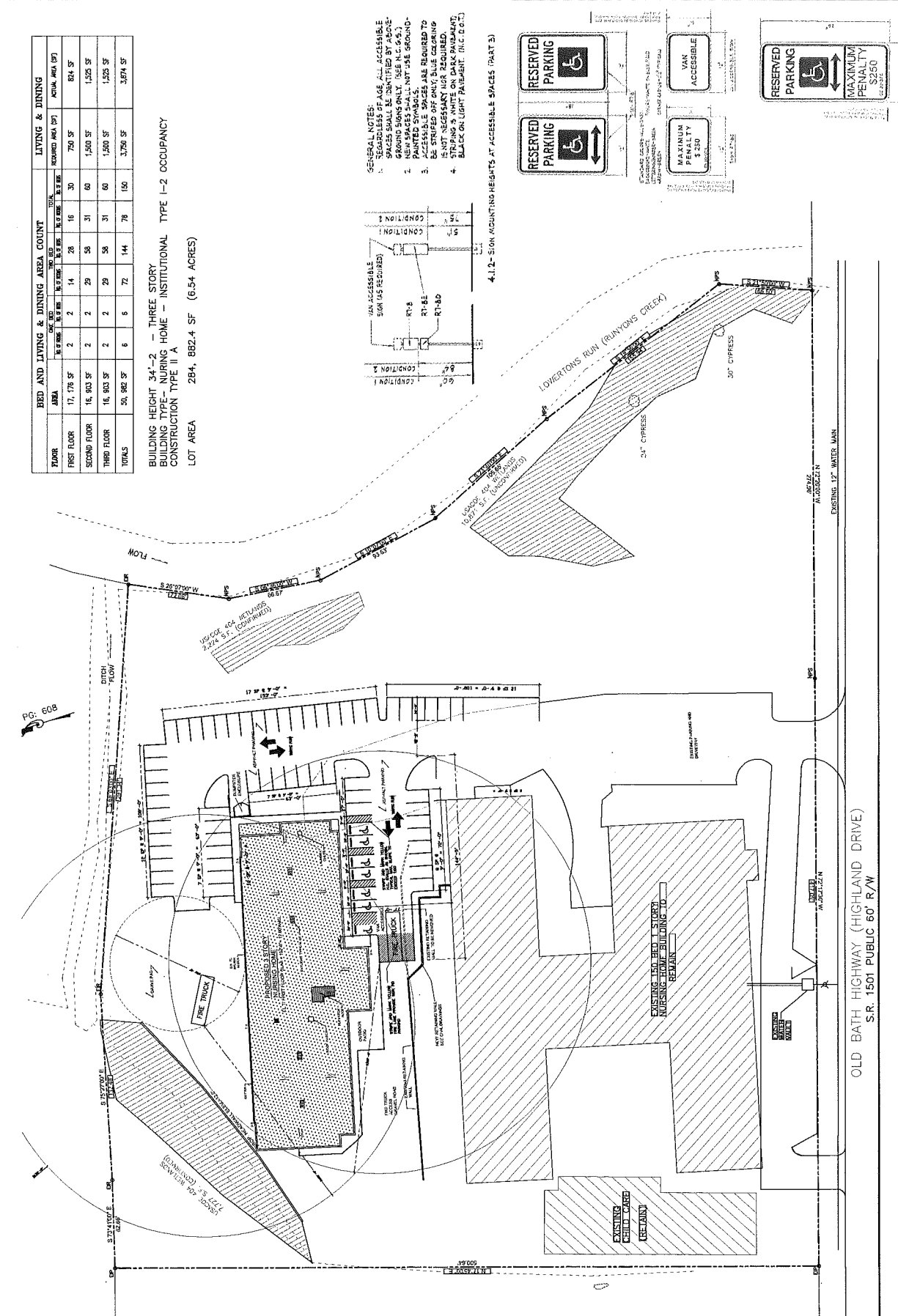
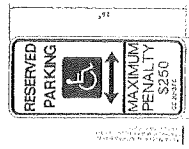
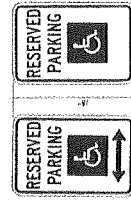
FLOOR	BED AND LIVING & DINING AREA COUNT				LIVING & DINING			
	AREA	NO. BED	NO. DINING	TOTAL	RECORDED AREA (SF)	RECORDED AREA (SF)	ACTUAL AREA (SF)	ACTUAL AREA (SF)
FIRST FLOOR	17,176 SF	2	14	16	30	750 SF	824 SF	824 SF
SECOND FLOOR	16,903 SF	2	29	31	60	1,500 SF	1,525 SF	1,525 SF
THIRD FLOOR	16,903 SF	2	29	31	60	1,500 SF	1,525 SF	1,525 SF
TOTALS	50,982 SF	6	72	78	150	3,750 SF	3,874 SF	3,874 SF

BUILDING HEIGHT 34'-2" - THREE STORY
 BUILDING TYPE SPRING HOME - INSTITUTIONAL TYPE I-2 OCCUPANCY
 CONSTRUCTION TYPE II A
 LOT AREA 284,882.4 SF (6.54 ACRES)

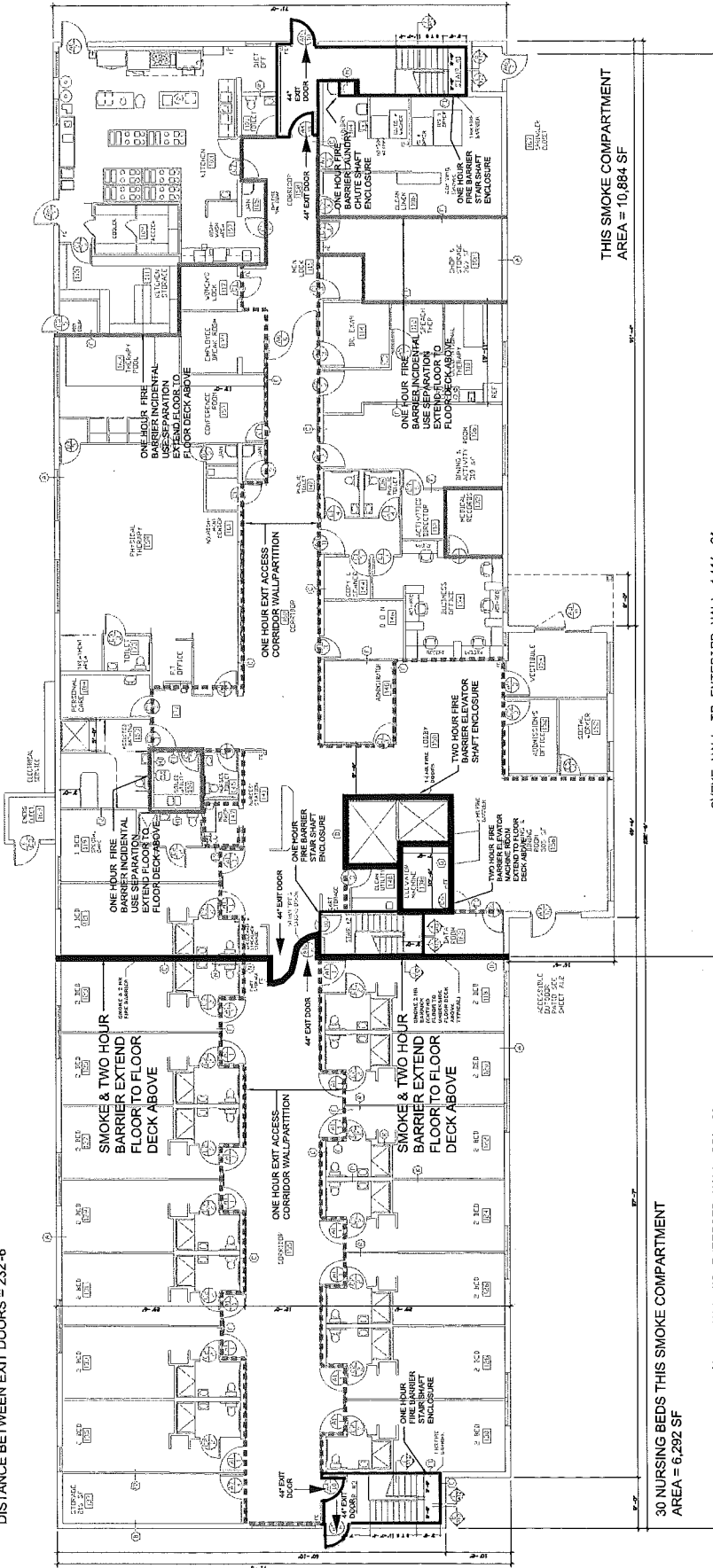
- GENERAL NOTES:
- REGARDLESS OF AGE, ALL ACCESSIBLE SPACES SHALL BE IDENTIFIED BY ACCESSIBLE SYMBOLS. ACCESSIBLE SPACES SHALL NOT USE SOUND-PAINTED SYMBOLS.
 - ACCESSIBLE SPACES ARE REQUIRED TO BE IDENTIFIED BY ACCESSIBLE SYMBOLS. STRIPS OR WHITE ON DARK PAINTMENT, BLACK OR LIGHT PAINTMENT. (I.L.C. D.0.3)



4.1.2- SIGN MOUNTING HEIGHTS AT ACCESSIBLE SPACES (PART 3)



30 TOTAL NURSING BEDS THIS FLOOR
 MAXIMUM TRAVEL DISTANCE TO EXIT DOOR IN
 STAIR ENCLOSURE = 118'-0"
 DISTANCE BETWEEN EXIT DOORS = 232'-6"



30 NURSING BEDS THIS SMOKE COMPARTMENT
 AREA = 6,292 SF

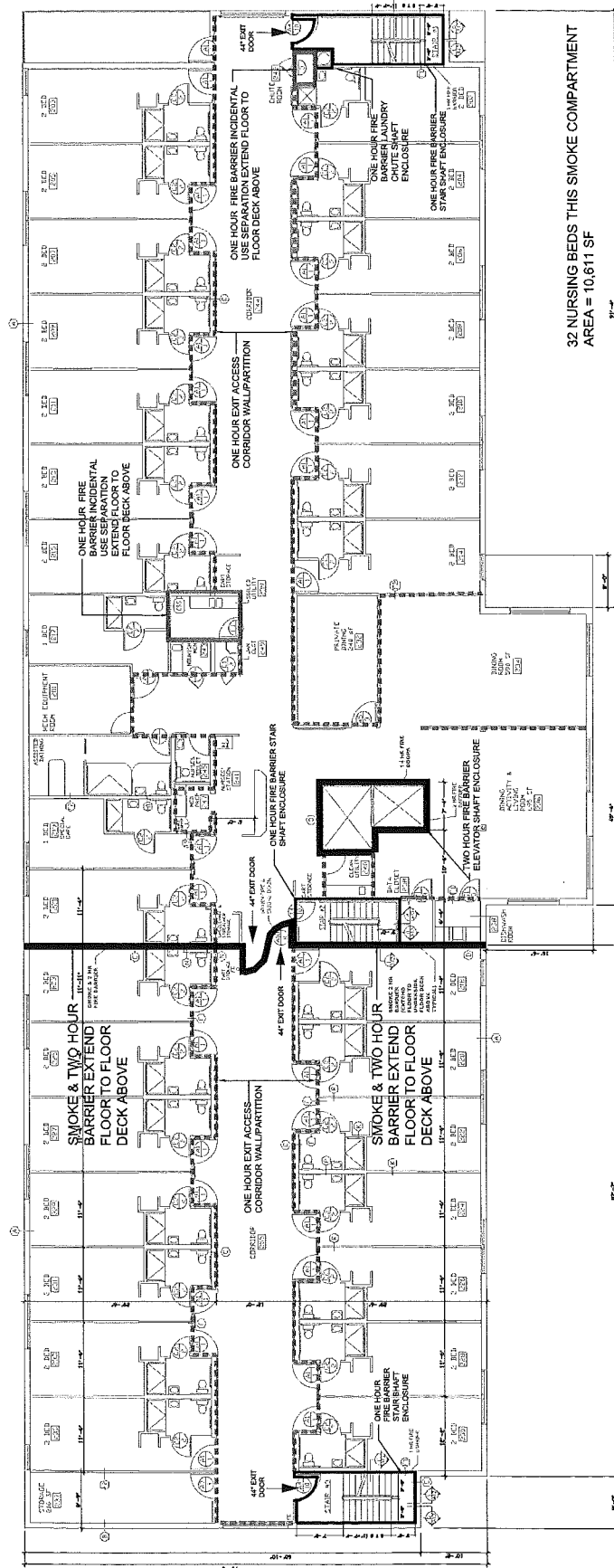
SMOKE WALL TO EXTERIOR WALL 89'-6"
 MAXIMUM TRAVEL DISTANCE TO STAIR EXIT ENCLOSURE OR SMOKE DOOR = 86'-0"

FIRST FLOOR LIFE SAFETY PLAN
 30 BED AT 1ST FLOOR
 SCALE 1/8" = 1'-0"

SMOKE WALL TO EXTERIOR WALL 141'-0"
 MAXIMUM TRAVEL DISTANCE TO STAIR EXIT ENCLOSURE OR SMOKE DOOR = 157'-0"

THIS SMOKE COMPARTMENT
 AREA = 10,884 SF

60 TOTAL NURSING BEDS THIS FLOOR
 MAXIMUM TRAVEL DISTANCE TO EXIT DOOR IN STAIR ENCLOSURE = 101'-0"
 DISTANCE BETWEEN EXIT DOORS = 232'-6"



28 NURSING BEDS THIS SMOKE COMPARTMENT
 AREA = 6,292 SF
 SMOKE WALL TO EXTERIOR WALL 89'-6"
 MAXIMUM TRAVEL DISTANCE TO STAIR EXIT ENCLOSURE OR SMOKE DOOR = 86'-0"



SECOND FLOOR LIFE SAFETY PLAN
 60 BED AT 2ND FLOOR
 SCALE 1/8" = 1'-0"

32 NURSING BEDS THIS SMOKE COMPARTMENT
 AREA = 10,611 SF
 SMOKE WALL TO EXTERIOR WALL 143'-0"
 MAXIMUM TRAVEL DISTANCE TO STAIR EXIT ENCLOSURE OR SMOKE DOOR = 157'-0"



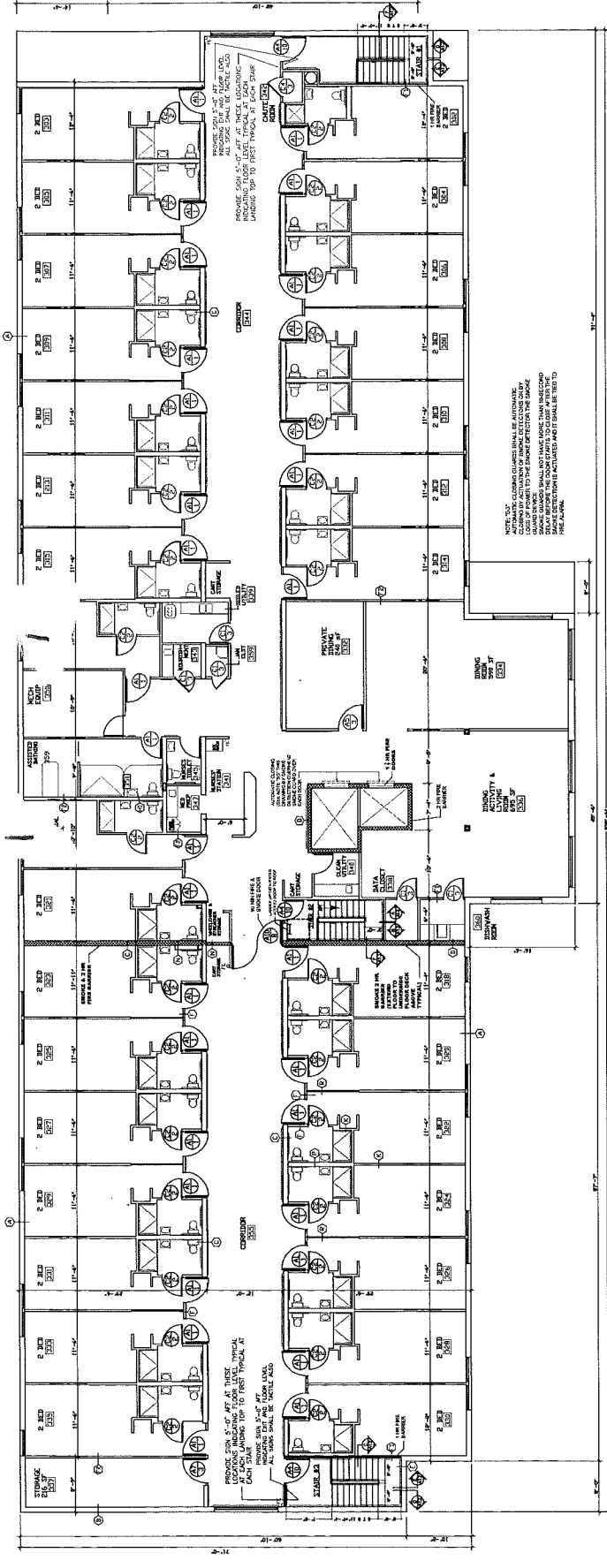
SECOND FLOOR PLAN
 60 BED AT 2ND FLOOR
 SCALE 1/8" = 1'-0"

RIDGEWOOD LIVING & REHAB CENTER-NEW 3 STORY BUILDING

1624 Highland Boulevard, Washington, NC 27889

PROJECT NO.	1624
DATE:	08-05-13
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THIRD FLOOR PLAN SCALE 1/8" = 1'-0" 60 BED AT 3RD

WALL AND PARTITION NOTES & LEGEND

1. USE MOST RESISTANT SYSTEM BASED ON ALL WALLS
2. UNLESS NOTED ON PLAN OTHERWISE ALL DIMENSIONS SHOWN ARE CENTER TO CENTER OF STUDY BOARD PARTITIONS, AND/OR CENTERLINE OF STUDY BOARD PARTITIONS.
3. ALL PARTITIONS EXCEPT PATIENT BEDROOM AND ITS TOILET ROOM SHALL BE DESIGNATED AS FIVE HOUR. ALL FIVE HOUR PARTITIONS SHALL BE DESIGNATED AS FIVE HOUR UNLESS NOTED OTHERWISE. ALL PARTITIONS EXCEPT PATIENT BEDROOM AND ITS TOILET ROOM SHALL BE DESIGNATED AS FIVE HOUR. ALL FIVE HOUR PARTITIONS SHALL BE DESIGNATED AS FIVE HOUR UNLESS NOTED OTHERWISE. ALL PARTITIONS EXCEPT PATIENT BEDROOM AND ITS TOILET ROOM SHALL BE DESIGNATED AS FIVE HOUR. ALL FIVE HOUR PARTITIONS SHALL BE DESIGNATED AS FIVE HOUR UNLESS NOTED OTHERWISE.
4. ALL ONE HOUR SHOCK & VIBRATION BARRIER TWO HOUR AND SOLED UTILITY WALLS DESIGNATED AS BELOW SHALL EXTEND TO FLOOR OR CEILING DECK OR TO FLOOR OR CEILING DECK AND THIS TRAINING PER TYPE DENOTES SHOCK & VIBRATION BARRIER WALL EXTEND TO FLOOR OR CEILING DECK EXTEND TO FLOOR OR ROOF DECK EXTEND TO FLOOR OR ROOF DECK MASONRY WALLS IN TYPES A, THRU E, 2HR WALLS PER U.L. DESIGN UNQ 100

ALL INSULATION EXCEPT AT CEILING SHALL HAVE FLAME-SPREAD RATING AND MEAN RATE OF FLAME PROPAGATION (MP) OF INORGANIC FIBER INSULATION SHALL HAVE FLAME-SPREAD RATING NOT TO EXCEED 25 AND A SMOKE DENSITY NOT TO EXCEED 100. ALL APPROVED TESTS SEE U.L. DESIGN REPORT FOR FIRE ALARM INSTALLATION TO COMPLY WITH INSCB SEC. 907 PROVIDE SMOKE DETECTORS IN PATIENT ROOMS, SMOKE DETECTORS TO COMPLY WITH U.L. 100

TWO HOUR SHOOT WALL PARTITION (W)

2" GA #14 @ 16" O.C. 1" SHEET ROCK-BOARD TYPE C

ONE HOUR PARTITION/PLUMBING WALL (A)

5/8" GYPSUM BOARD 12" x PART W/TH 1'-0" FROM TOP AND BOTTOM OF PARTITION

TYPICAL NON-RATED PARTITION (E)

1" SHEET ROCK-BOARD TYPE C

TYPICAL ONE HOUR PARTITION (D)

5/8" GYPSUM BOARD 12" x PART W/TH 1'-0" FROM TOP AND BOTTOM OF PARTITION

TYPICAL TWO HOUR PARTITION (G)

1" SHEET ROCK-BOARD TYPE C

INTERIOR MASONRY WALL (C)

8" CONG BKT 11 TO 31(T) 8" CONG BKT 11 TO 31(T) 8" CONG BKT 11 TO 31(T) 8" CONG BKT 11 TO 31(T)

MASONRY WALL (A)

8" CONG BKT 11 TO 31(T) 8" CONG BKT 11 TO 31(T) 8" CONG BKT 11 TO 31(T) 8" CONG BKT 11 TO 31(T)

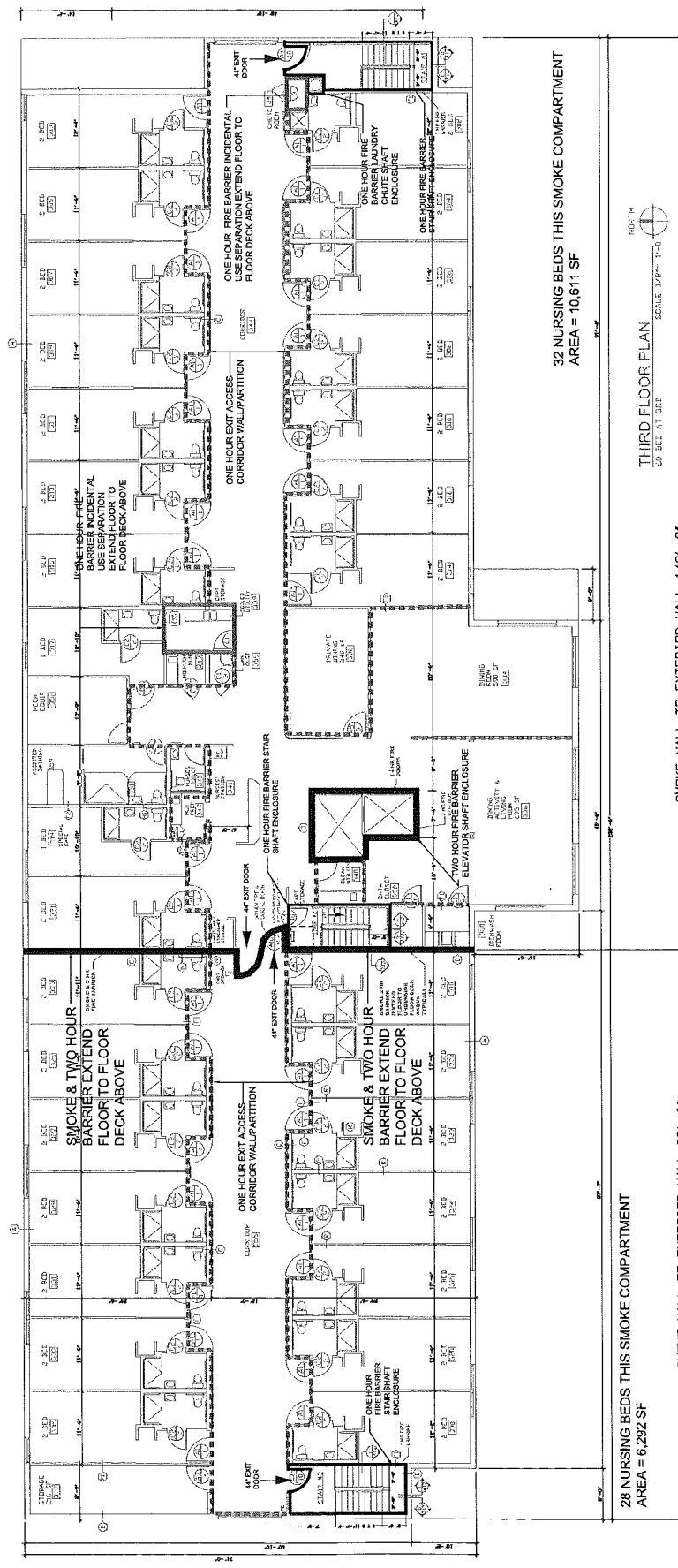
PLUMBING PARTITION (P)

1/2" METAL @ 24" O.C.

ONE HOUR PARTITION (H)

5/8" GYPSUM BOARD 12" x PART W/TH 1'-0" FROM TOP AND BOTTOM OF PARTITION

60 TOTAL NURSING BEDS THIS FLOOR
 MAXIMUM TRAVEL DISTANCE TO EXIT DOOR IN STAIR ENCLOSURE = 101'-0"
 DISTANCE BETWEEN EXIT DOORS = 232'-6"

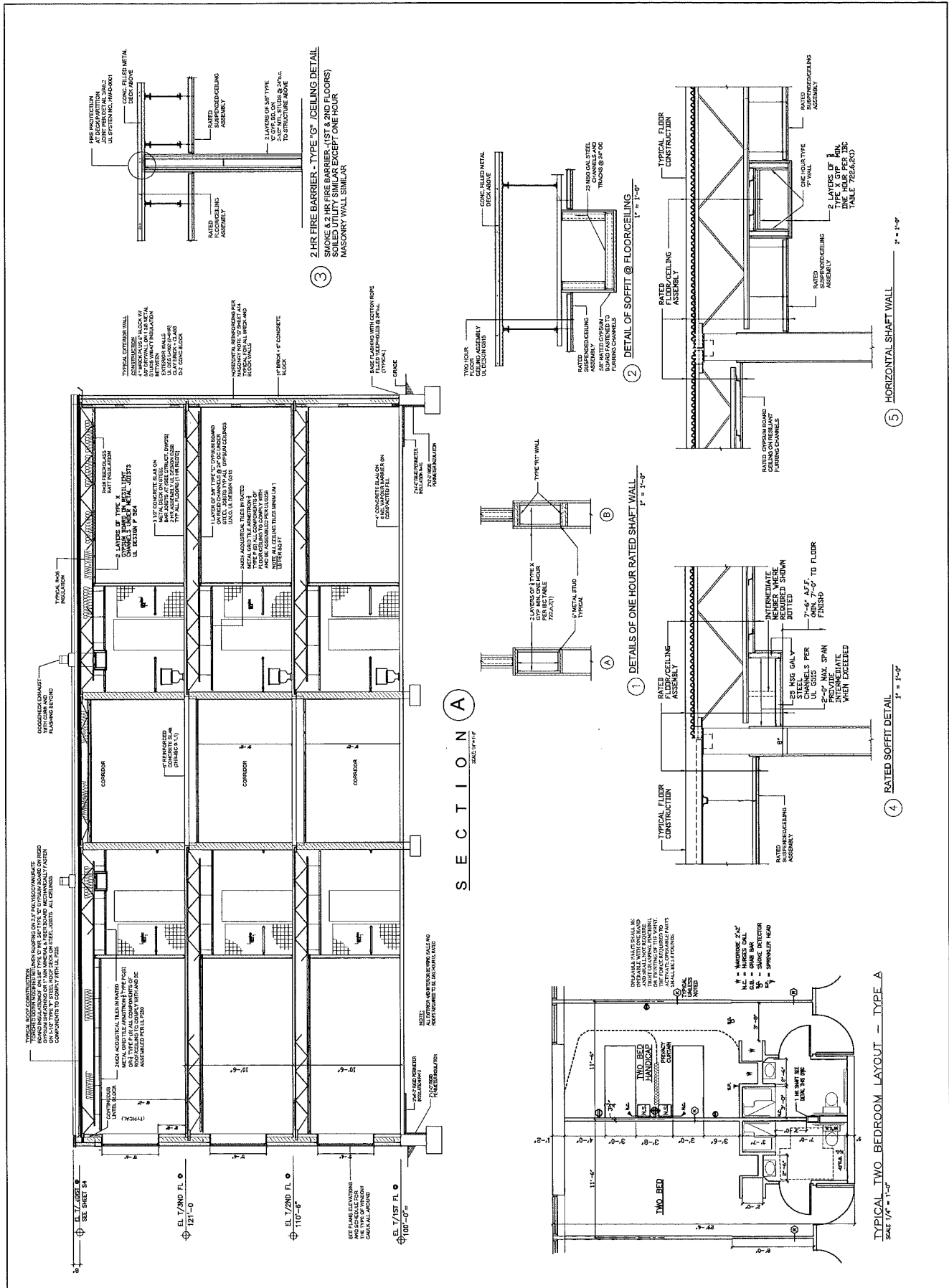


28 NURSING BEDS THIS SMOKE COMPARTMENT
 AREA = 6,232 SF
 SMOKE WALL TO EXTERIOR WALL 89'-6"
 MAXIMUM TRAVEL DISTANCE TO STAIR EXIT ENCLOSURE OR SMOKE DOOR = 88'-0"

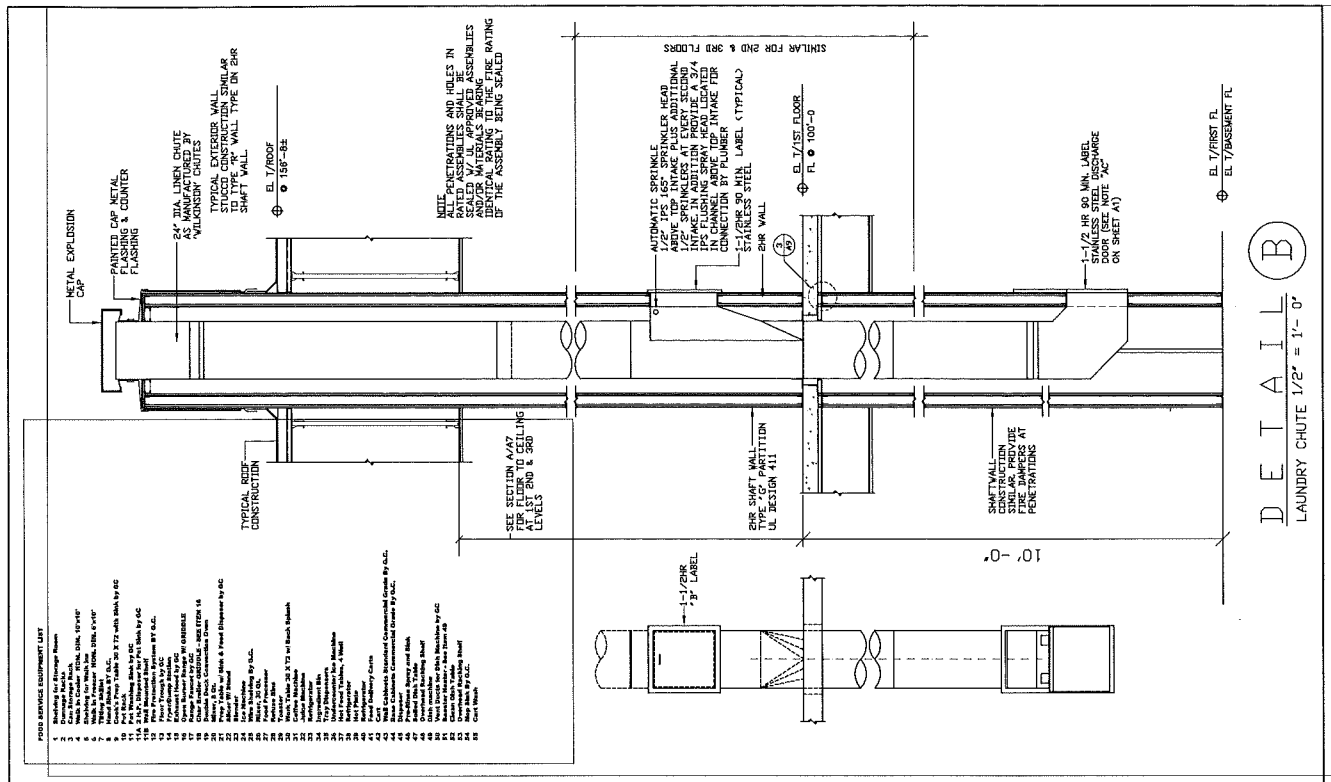
THIRD FLOOR LIFE SAFETY PLAN
 60 BED AT 2ND FLOOR
 SCALE 1/8" = 1'-0"

32 NURSING BEDS THIS SMOKE COMPARTMENT
 AREA = 10,611 SF
 SMOKE WALL TO EXTERIOR WALL 143'-0"
 MAXIMUM TRAVEL DISTANCE TO STAIR EXIT ENCLOSURE OR SMOKE DOOR = 157'-0"

THIRD FLOOR PLAN
 60 BED AT 3RD
 SCALE 3/8" = 1'-0"

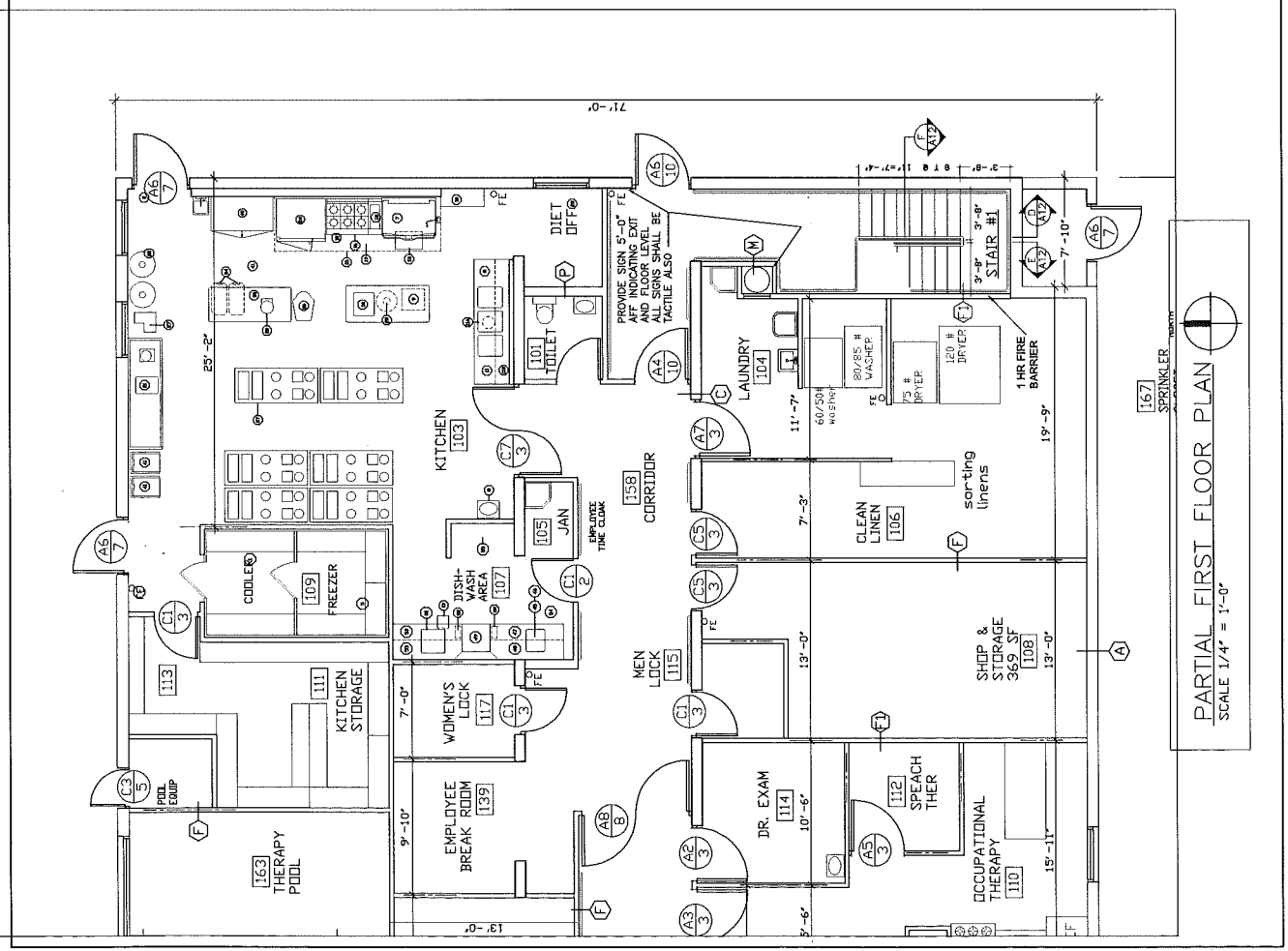


DATE	04-20-13
PROJECT NO.	13-001
NO.	13-001-01
DESCRIPTION	LAUNDRY CHUTE

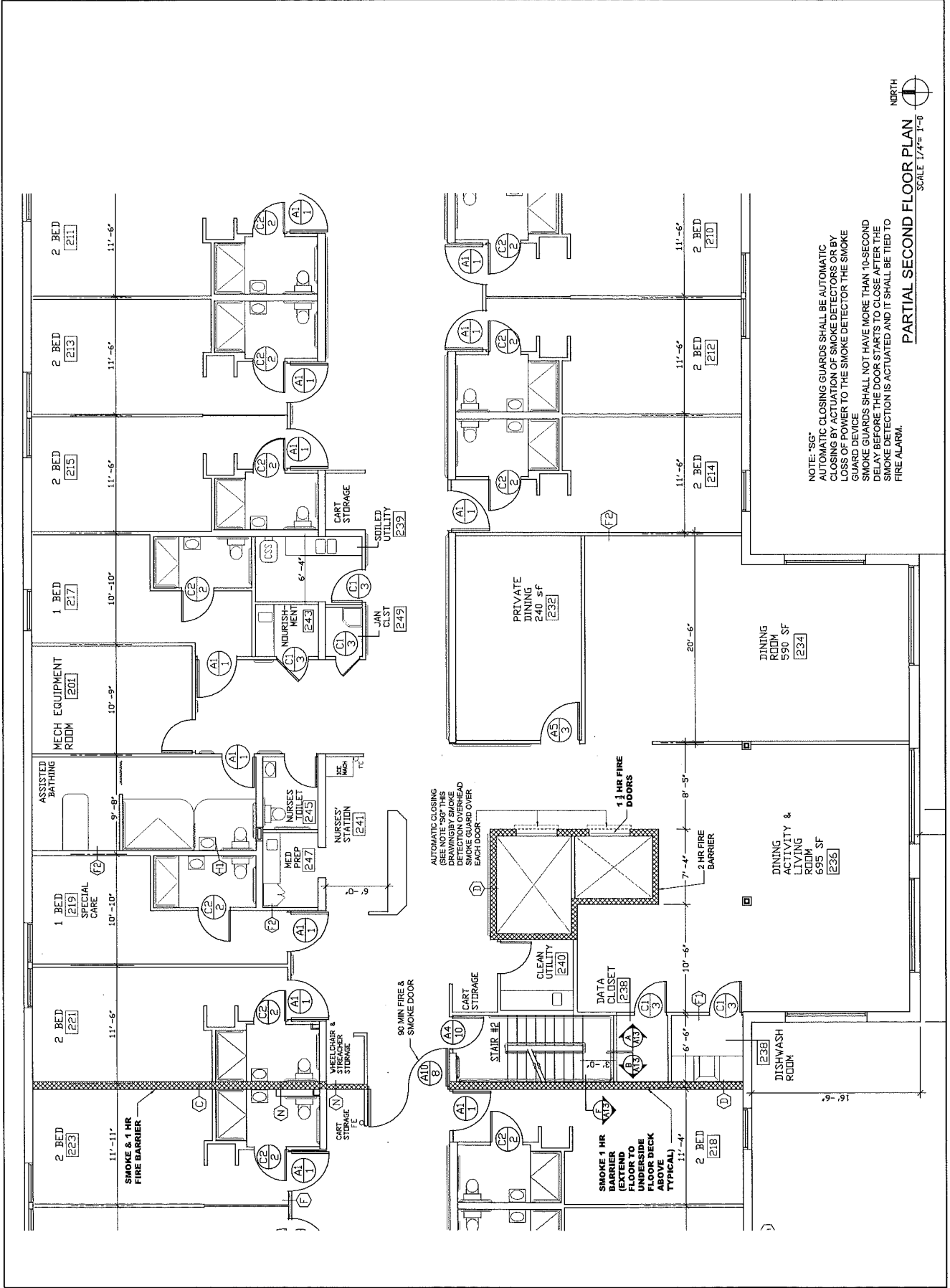


- FIELD SERVICE EQUIPMENT LIST**
1. Handing for Storage
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 3. Cap for Storage
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 49. Cap for Storage
 50. Cap for Storage

DETAIL B
 LAUNDRY CHUTE 1/2" = 1'-0"



PARTIAL FIRST FLOOR PLAN
 SCALE 1/4" = 1'-0"



NOTE: "SG" AUTOMATIC CLOSING GUARDS SHALL BE AUTOMATIC CLOSING BY ACTUATION OF SMOKE DETECTORS OR BY LOSS OF POWER TO THE SMOKE DETECTOR. THE SMOKE SMOKE GUARDS SHALL NOT HAVE MORE THAN 10-SECOND DELAY BEFORE THE DOOR STARTS TO CLOSE AFTER THE SMOKE DETECTION IS ACTUATED AND IT SHALL BE TIED TO FIRE ALARM.

PARTIAL SECOND FLOOR PLAN
 SCALE: 1/4" = 1'-0"
 NORTH

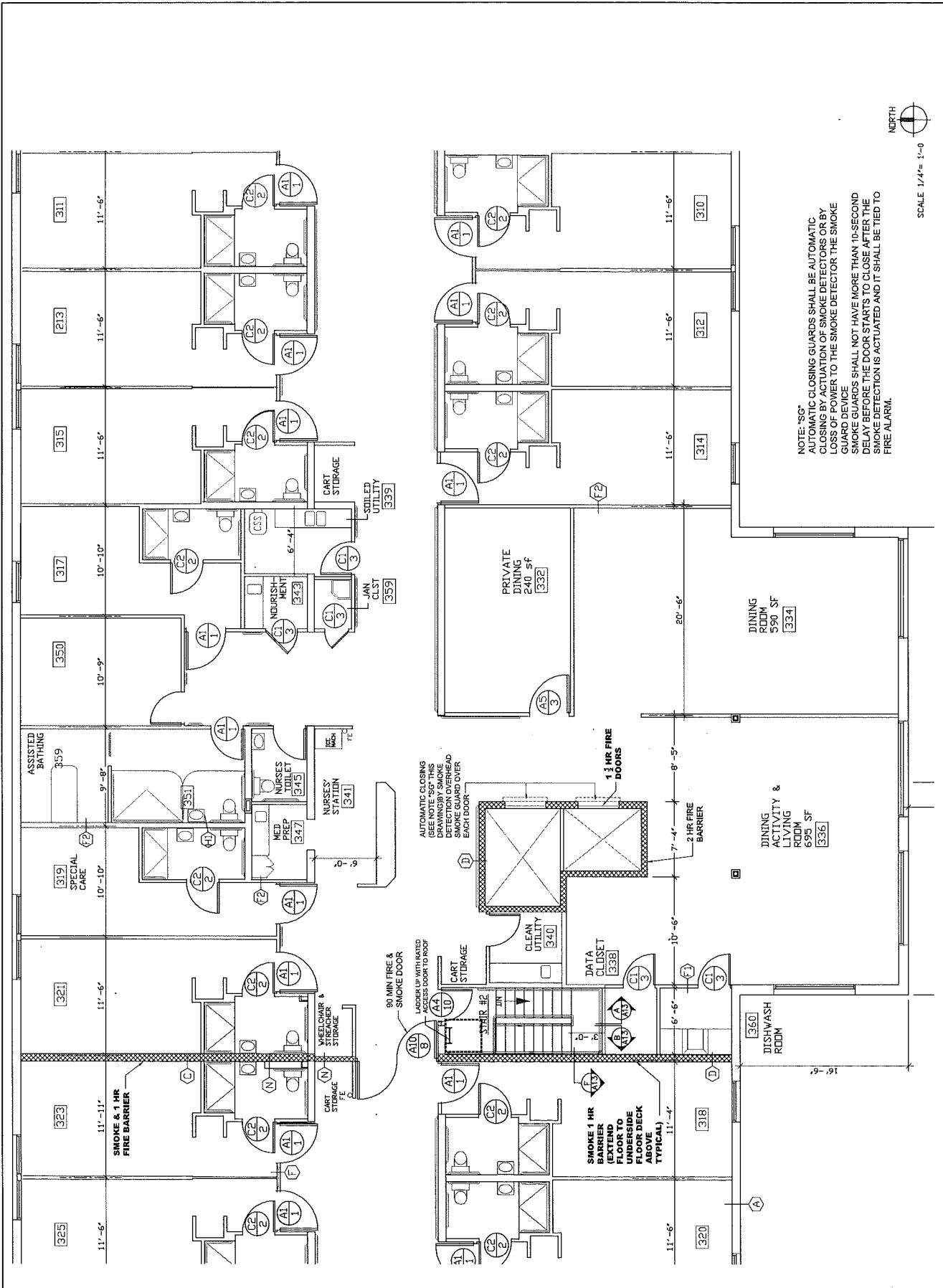
RALPH F. SCHWARTZ ARCHITECT C/O FFI ARCHITECTS, INC. 10 BROAD ST., 5TH FL. NEW YORK, NY 10004-1001 TEL: (212) 691-1000 FAX: (212) 691-1001

RIDGEWOOD LIVING & REHAB CENTER-NEW 3 STORY BUILDING 1624 Highland Boulevard, Washington, NC 27889

PROJECT NO.	
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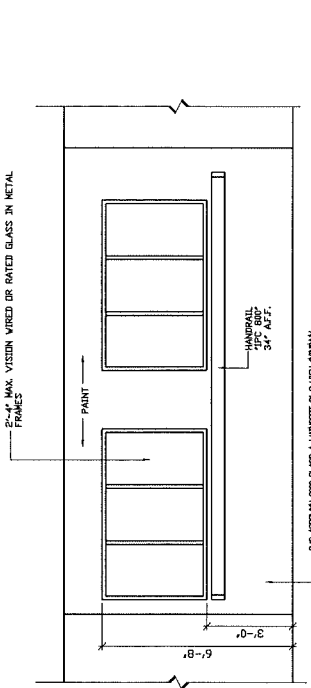
DATE THIS PARTIAL SECOND FLOOR PLAN DRAWN

A8.3 PROJECT NO. NH-2062 NB/JB

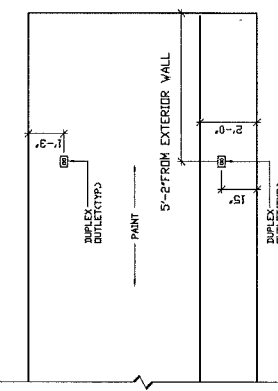


NOTE: "SG" AUTOMATIC CLOSING GUARDS SHALL BE AUTOMATIC CLOSING BY ACTUATION OF SMOKE DETECTORS OR BY LOSS OF POWER TO THE SMOKE DETECTOR THE SMOKE GUARD DEVICE SMOKE GUARDS SHALL NOT HAVE MORE THAN 10-SECOND DELAY BEFORE THE DOOR STARTS TO CLOSE AFTER THE SMOKE DETECTION IS ACTUATED AND IT SHALL BE TIED TO FIRE ALARM.

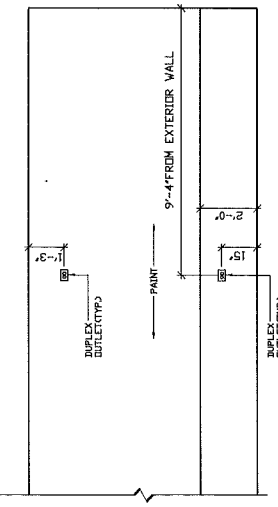
NORTH
SCALE 1/4" = 1'-0"



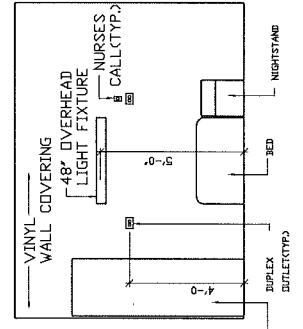
TYPICAL GLASS WALL PARTITION
 1/2" = 1'-0"



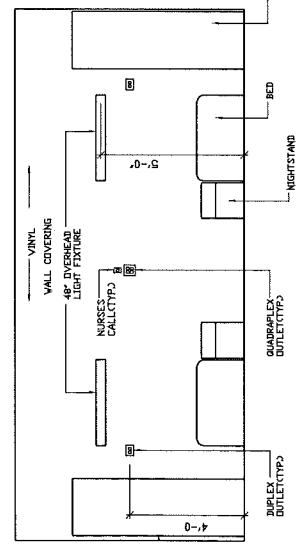
TYPICAL ONE BEDROOM ELEVATION
 1/2" = 1'-0"



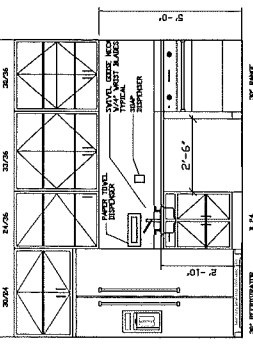
TYPICAL TWO BEDROOM ELEVATION
 1/2" = 1'-0"



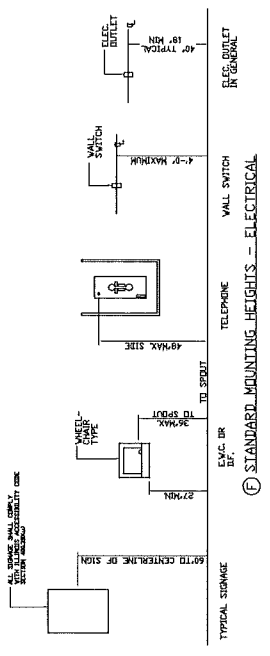
TYPICAL ONE BEDROOM ELEVATION
 BED WALL ELEVATION
 1/2" = 1'-0"



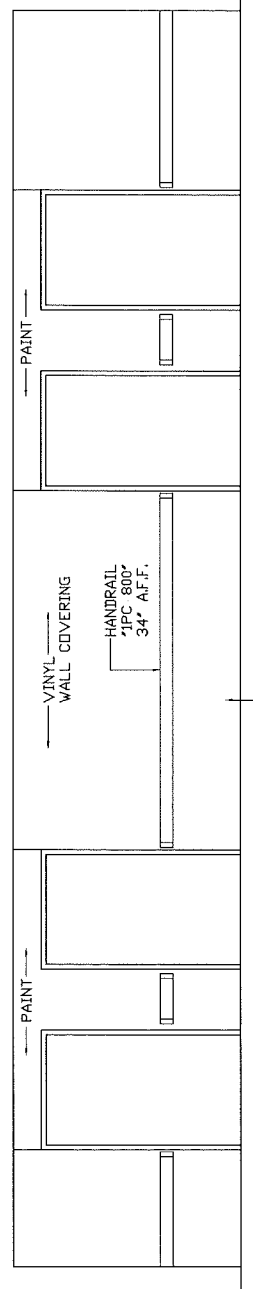
TYPICAL TWO BEDROOM ELEVATION
 BED WALL ELEVATION
 1/2" = 1'-0"



TYPICAL CORRIDOR ELEVATION
 1/4" = 1'-0"



STANDARD MOUNTING HEIGHTS - ELECTRICAL



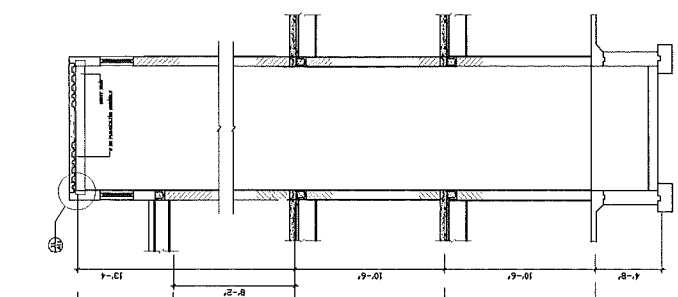
TYPICAL CORRIDOR ELEVATION
 1/4" = 1'-0"

PROJECT NO.	
DRAWN BY	
CHECKED BY	
DATE	
SCALE	
REVISIONS	
NO.	
DATE	
BY	

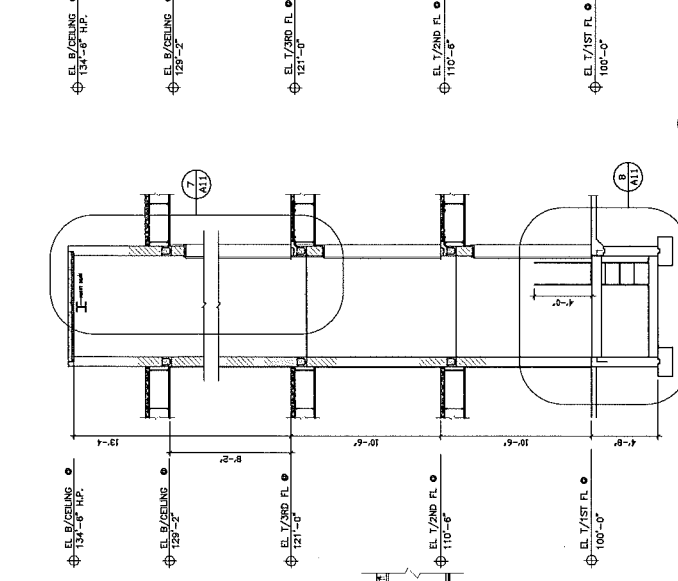
ELEVATOR SECTIONS PLANS AND DETAILS

A11

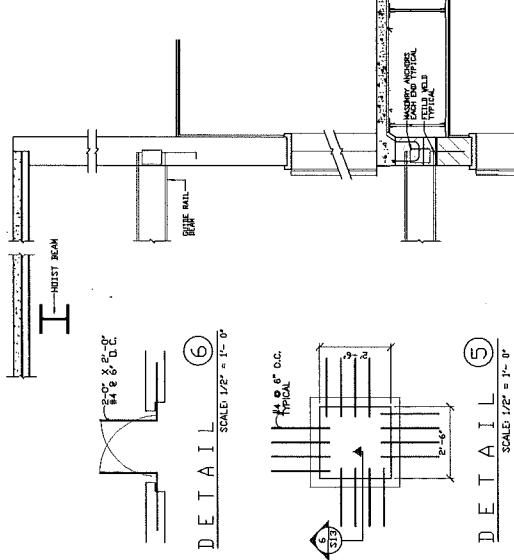
PROJECT NO. NH-2062 MB, JB



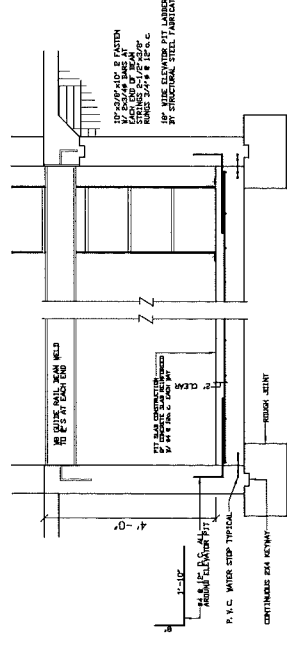
SECTION 11 SCALE 1/4" = 1'-0"



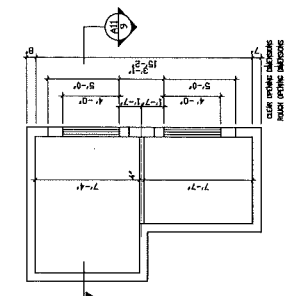
SECTION 9 SCALE 1/4" = 1'-0"



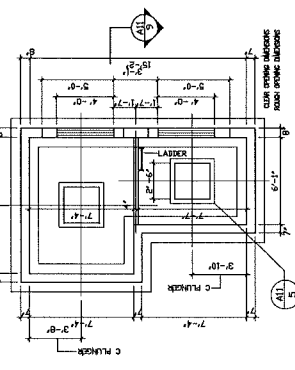
DETAIL 6 SCALE 1/2" = 1'-0"



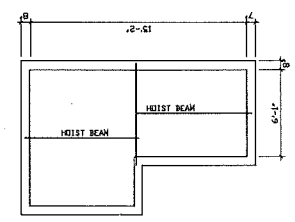
SECTION 7 SCALE 1/2" = 1'-0"



FLOOR PLAN SCALE 1/4" = 1'-0"



FOUNDATION PLAN SCALE 1/4" = 1'-0"



ATTIC PLAN SCALE 1/4" = 1'-0"

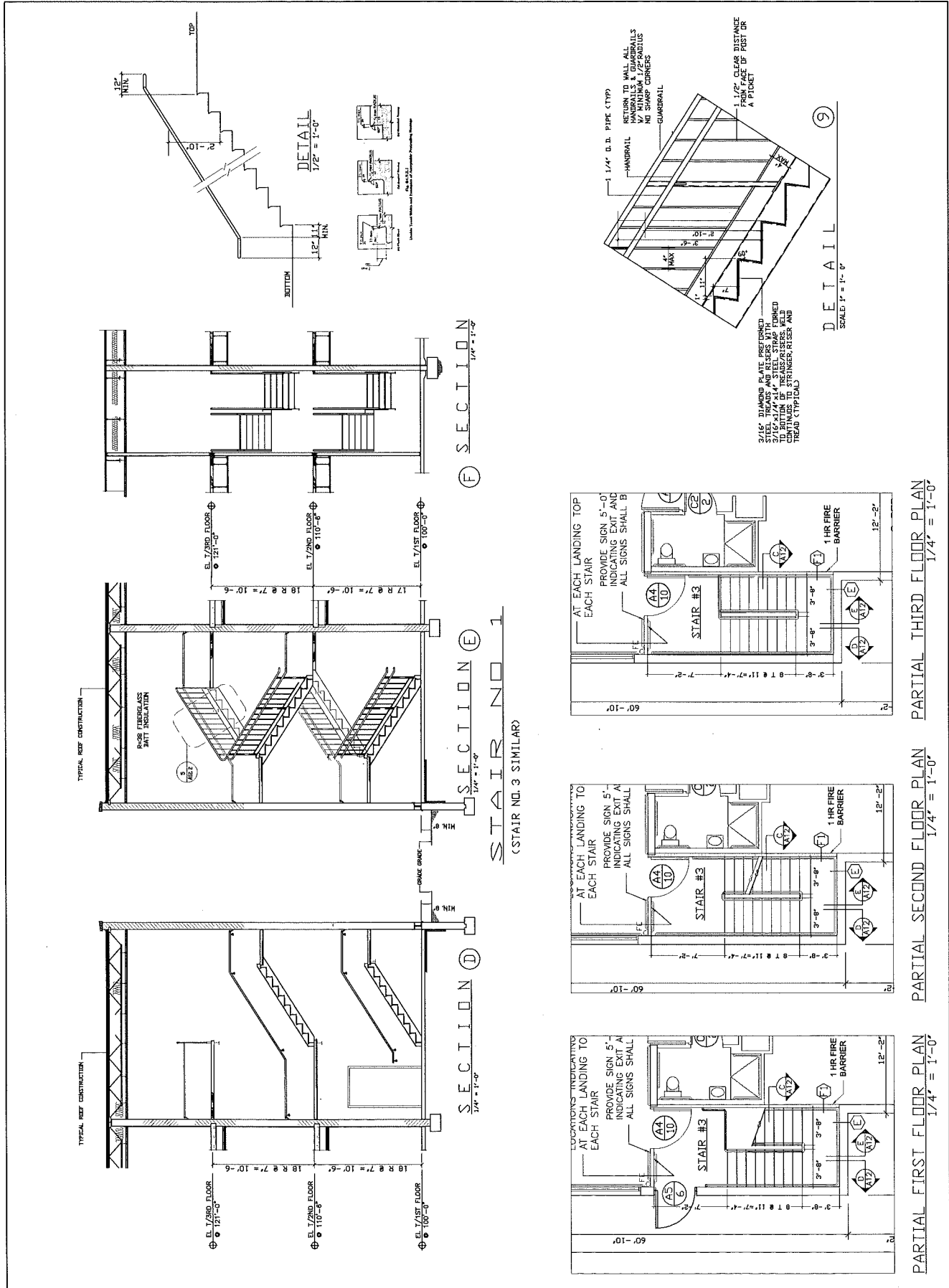
RALPH F. SCHWARTZ ARCHITECT C/O F.E.I. ARCHITECTS, INC. 1000 W. HARRISBURG, 3RD FLOOR HARRISBURG, PA 17104 (717) 653-4328 (FAX) rfschwartz@comcast.net

RIDGEWOOD LIVING & REHAB CENTER-NEW 3 STORY BUILDING 1624 Highland Boulevard, Washington, NC 27889

PROJECT NO.	
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CHECKED BY	
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SCALE	

DATE: 11/11/11
 STAIRS NO. 3 SECTIONS, DETAILS
 SHEET NO. 11

A12
 PROJECT NO. NH-2062 MB, JB



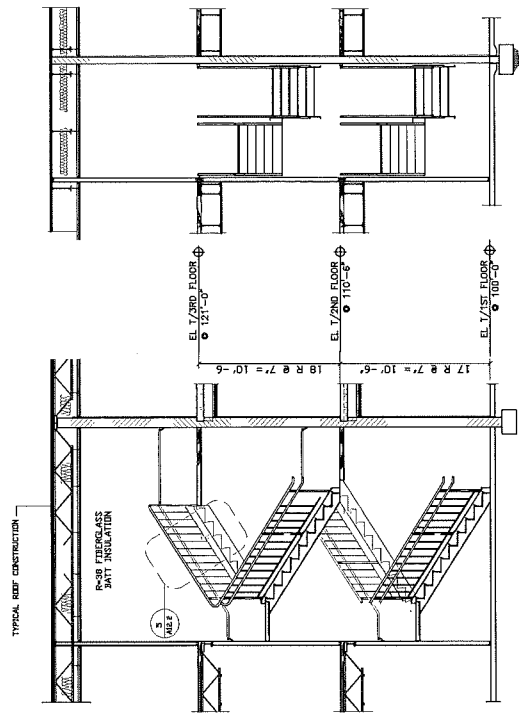
RALPH F. SCHWARTZ ARCHITECT C/O FEI ARCHITECTS, INC. 1624 HIGHLAND BOULEVARD, WASHINGTON, NC 27889

RIDGEWOOD LIVING & REHAB CENTER-NEW 3 STORY BUILDING 1624 Highland Boulevard, Washington, NC 27889

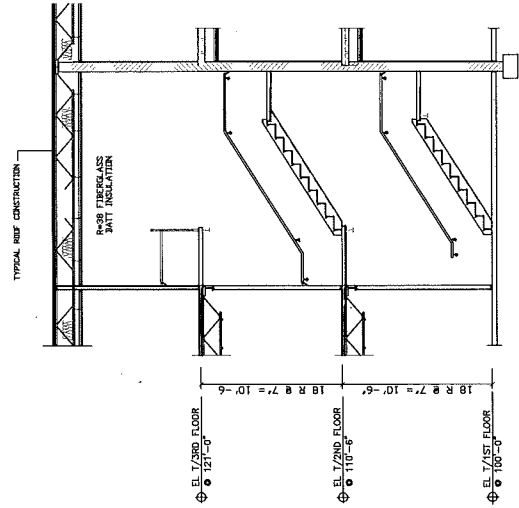
PROJECT NO.	
SHEET NO.	
DATE	03-07-13
DRAWN BY	DW
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SCALE	

STAIRS NO 3 SECTIONS, DETAILS

A13 PROJECT NO. NHF-2062 REV. JB



SECTION B 1/4" = 1'-0"

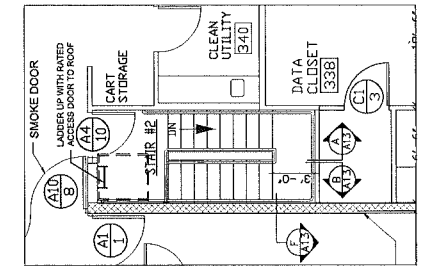


SECTION A 1/4" = 1'-0"

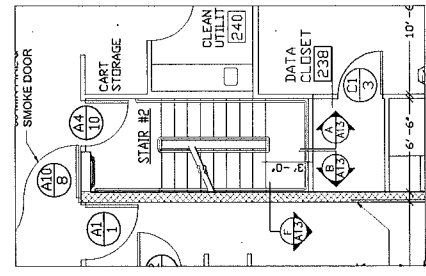


SECTION F 1/4" = 1'-0"

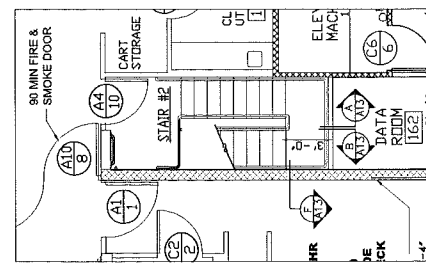
STAIR NO 2



PARTIAL THIRD FLOOR PLAN 1/4" = 1'-0"



PARTIAL SECOND FLOOR PLAN 1/4" = 1'-0"



PARTIAL FIRST FLOOR PLAN 1/4" = 1'-0"

