

Limited Review Application

State of New York Department of Health
Office of Primary Care and Health Systems Management

LRA Cover Sheet

Project to be Proposed/Applicant Information

This application is for those projects subject to a limited review pursuant to 10 NYCRR 710.1(c)(5)-(7). Please check the appropriate box(es) reflective of the project being proposed by your facility (**NOTE** – Some projects may involve requisite “Construction”. If so, and **total** project costs are below designated thresholds, then **both boxes** must be checked and necessary LRA Schedules submitted). **Please read the LRA Instructions to ensure submission of an appropriate and complete application:**

- Minor Construction** – Minor construction project with total project costs of up to \$15,000,000 for general hospitals and up to \$6,000,000 for all other facilities, if not relating to clinical space – check “Non-Clinical” box below).

Necessary LRA Schedules: Cover Sheet, 2, 3, 4, 5, and 6.

- Equipment** – Project related to the acquisition, relocation, installation or modification of certain medical equipment, with total project costs of up to \$15,000,000 for general hospitals and up to \$6,000,000 for all other facilities. (**NOT** necessary for “1-for-1” replacement of existing equipment without construction, pursuant to Chapter 174 of the Laws of 2011 amending Article 28 of the Public Health law to eliminate limited review and CON review for one for one equipment replacement)

Necessary LRA Schedules: Cover Sheet, 2, 3, 4, and 5.

- Service Delivery** – Project to decertify a facility's beds/services; add services which involve a total project cost up to \$15,000,000 for general hospitals and up to \$6,000,000 for all other facilities; or convert beds within approved categories. (If construction associated, also check “Construction” above.)

Necessary LRA Schedules: Cover Sheet, 2, 6, 7, 8, 10, and 12. *If proposing to decertify beds within a nursing home, provide a description of the proposed alternative use of the space including a detailed sketch (unless the decertification is being accomplished by eliminating beds in multiple-bedded rooms). If proposing to convert beds within approved categories, an LRA Schedule 6 and all supporting documentation are required to confirm appropriate space for the new use.

- Cardiac Services** – Project by an appropriately certified facility to add electrophysiology (EP) services; or add, upgrade or replace a cardiac catheterization laboratory or equipment. (If construction associated, also check “Construction” above.)

Necessary LRA Schedules: Cover Sheet, 2, 7, 8, 10, and 12.

- Relocation of Extension Clinic** – Project to relocate an extension clinic within the same service area which involve a total project cost up to \$15,000,000 for general hospitals and up to \$6,000,000 for all other facilities. (If construction associated, also check “Construction” above.)

Necessary LRA Schedules: Cover Sheet, 2, 3, 4, 5, 6 and 7. Also include a Closure Plan for vacating extension clinic.

- Part-Time Clinic** – Project to operate, change services offered, change hours of operation or relocate a part-time clinic site – for applicants already certified for “part-time clinic”. (If construction associated, also check “Construction” above.)

Necessary LRA Schedules: Cover Sheet, 2, 8, 10, 11, and 12.

OPERATING CERTIFICATE NO. 3201002H	CERTIFIED OPERATOR Rome Memorial Hospital, Inc., d/b/a Rome Health	TYPE OF FACILITY Article 28 Hospital
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OPERATOR ADDRESS – STREET & NUMBER 1500 N. James St.		PFI 0589	NAME AND TITLE OF CONTACT PERSON Cassie Winter, VP Communications Marketing		
CITY Rome	COUNTY Oneida	ZIP 13440	STREET AND NUMBER 1500 N. James St.		
PROJECT SITE ADDRESS – STREET & NUMBER 1500 N. James St.		PFI 0589	CITY Rome	STATE NY	ZIP 13440
CITY Rome	COUNTY Oneida	ZIP 13440	TELEPHONE NUMBER 315.338.7533	FAX NUMBER 315.338.7695	
TOTAL PROJECT COST: \$ 4,867,265			CONTACT E-MAIL: cwinter@romehealth.org		

(Rev 09/2019)

August 15, 2023

Board of Trustees Attestation of Support Certificate of Need for New Intensive Care Unit

The Board of Trustees of Rome Memorial Hospital, Inc., (d.b.a. Rome Health) supports the hospital administration in its Certificate of Need Application to construct a new 9-bed Intensive Care Unit to replace the existing 11-bed unit.

The modern ICU will reflect the lessons learned from the COVID-19 pandemic. It will be designed to enhance the experience for patients and their families while supporting the care team in delivering advanced life-saving care.

The new ICU will be located in new shell space that was planned as part of the Surgical Services addition to advance this strategic project cost effectively. The City of Rome's commitment of American Rescue Plan Act funds enabled Rome Health to accelerate the timeline for this project.

Whether it's the aging of the population, a natural disaster or another emerging disease, we'll be ready to respond in state-of-the-art facilities that reflect the compassion of our dedicated care team.

By this attestation, the Board formally authorizes the hospital's administration to submit the Certificate of Need application to make these capital investments to meet the community's needs.



Ankur Desai, M.D., President
On behalf of the Rome Memorial Hospital
Board of Trustees

10.10.2023

Rome Memorial Hospital Project Narrative

Replace Aging Intensive Care Unit

Rome Memorial Hospital, Inc., a 130-bed not-for-profit hospital at 1500 North James Street, Rome, New York (Oneida County), requests approval to replace its 55-year-old Intensive Care Unit by constructing a new ICU in the shell space above the new Surgical Services addition (CON # 231254), that is expected to break ground in late 2023.

The hospital plans to reduce the number of licensed ICU beds from 11 to 9 to reflect utilization data. There will be no changes to services or staffing as a result of this project.

This project is needed to provide a modern facility that reflects the lessons learned from the COVID-19 pandemic and is prepared to respond to the special needs of the growing aging population.

The total project cost of \$4,867,265 will be met with a \$3 million allocation of federal American Rescue Plan Act funds from the City of Rome and fundraising of \$1,867,265.

Over the last three years, the hospital, d/b/a Rome Health, has been redefining community-based healthcare to provide accessible, high-quality care locally for the convenience of our patients. Replacing the aging ICU is the next capital investment needed to provide our community with state-of-the-art facilities that reflect the compassion of our dedicated staff and our demonstrated experience in delivering the highest standards of quality and patient safety.

Rome Health's current ICU is 55 years old and the rooms are undersized for today's technology and the delivery of patient-centered care. None of the current rooms have private restrooms.

The new modern Intensive Care Unit (ICU) will be designed to enhance the experience for patients and their families while supporting the care team in delivering advanced life-saving care.

The new ICU will be constructed with an advanced ventilation system for infection control to protect fragile patients from airborne contaminants. It will feature private rooms large enough to accommodate the critical care team and all the modern technology that they need to care for their patients, as well as space for seating and a sleeper sofa for families. Each room will have a private handicapped accessible restroom.

The current ICU space on the hospital's second floor is expected to be repurposed to address an unmet community health need. Additional study is required to assess the best functional use based upon size of the existing space and renovation costs.

Need Analysis - Utilization Data

The hospital plans to reduce the number of licensed beds from 11 to 9 to reflect utilization data. Between 2018 and July 2023, the average daily census has ranged from a low of 3.98 to a high of 6.14 during the COVID pandemic. Utilization in 2023 has stabilized at pre-pandemic levels. A 9-bed unit will provide the needed capacity to meet the needs of the aging population.

Below is the historical utilization of the ICU. In addition to average daily census, the chart below shows the number of days each year that the ICU census was equal to 6 or more patients. During peak surges, there was only one day in each of 2020 and 2021 that the census exceeded the proposed 9 beds.

Average Daily Census						
	Jan-July 2023	2022	2021	2020	2019	2018
Average Daily Census	4.4	5.15	6.14	4.54	3.98	4.39
# of days Census = 6	27	69	70	44	30	34
# of days Census = 7	6	56	69	37	9	34
# of days Census = 8	3	16	67	13	0	19
# of days Census = 9	0	2	26	3	0	5
# of days Census = 10	0	0	1	1	0	0
# of days Census = 11	0	0	0	0	0	1

The ICU serves vulnerable populations as demonstrated by the payor mix below. For the last three years, 64 percent of ICU patient days were covered by Medicare/Medicare HMO and 17% by Medicaid/Medicaid MCO.

ICU Discharges & Patient Days by Payor Class						
Payor	2022		2021		2020	
	Discharges	Pt. Days	Discharges	Pt. Days	Discharges	Pt. Days
BLUE CROSS UTICA WAT	24	139	29	183	22	117
COMMERCIAL INS	10	91	14	59	4	27
COMPUTER SCIENCE CO	3	21	7	51	5	21
HMO	-	1	3	17	4	26
HMO MEDICAID	51	296	64	303	45	278
MEDICARE	65	668	78	714	89	764
MEDICARE HMO GENERIC	46	469	74	730	34	334
OTHER GOV. PROGRAM	11	127	6	152	9	84
PERSONAL PAY	6	65	10	30	4	9
NO FAULT					-	-
WORKMANS COMP			1	2	-	2
Grand Total	216	1,877	286	2,241	216	1,662
Source: Cost Report						

Demographics of Service Area

Rome Health's Primary Service Area encompasses the City of Rome and the surrounding rural towns in northern Oneida County. Rome Health is centrally located in Oneida County with a population of more than 232,000. The health system's service area extends north into rural Lewis County with a population of nearly 27,000 people.

80 percent of Rome Health's ICU discharges come from these ZIP Codes: 13440, 13316, 13363, 13471, 13309, 13308, 13501, and 13421.

The population of Oneida County is expected to increase to 228,293, and Lewis County is expected to slightly decrease to 26,302 by 2028 based on Cornell Program of Applied Demographics estimates. Demographics for the two-county region are noted below, including a comparison with New York State.

Demographics	Oneida County	Lewis County	NYS
Total Population – 2021 Estimate	232,034	26,681	20,114,745
Hispanic or Latino (of any race)	6.20%	1.70%	19.20%
White (non-Hispanic)	81.10%	94.60%	54.70%
Black or African American (non-Hispanic)	5.70%	0.90%	13.90%
Asian (non-Hispanic)	4.00%	0.40%	8.60%
Other (non-Hispanic)	2.90%	2.40%	3.60%
Source: 2021 US Census Population Estimates from the American Community Survey			

With the aging of the Baby Boomers, the senior population is projected to increase significantly. This age cohort is a heavy utilizer of healthcare services because most live with one or more chronic illness.

Population Projections 65+		
Age 65+	Oneida County	Lewis County
2020	46,173	5187
2025	51,264	5985
2030	54,858	6601
2035	56,151	6713

According to Data USA, in 2020, the populations of Oneida and Lewis Counties had health coverage as follows.

	Oneida County	Lewis County
Insured Population	92.60%	95.40%
Employer Plans	46.70%	42.80%
Medicaid	22.40%	19.60%
Medicare	14.10%	15.50%
Non-Group Plans	11.60%	15.50%
Military or VA	1.35%	1.87%

Community Support

In April 2023, the mayor of Rome proposed allocating \$3 million in ARPA funds to construct a new ICU at Rome Health to reflect the lessons learned during the COVID-19 pandemic. On August 9, 2023, Rome Common Council approved the allocation in support of the 9-bed ICU following an outpouring of support from community and business leaders, medical staff, and hospital staff. The public had an opportunity to speak about the proposed allocation at the public council meetings.

On May 30, 2023, the joint Boards of Rome Health and the Rome Health Foundation, which represent a cross-section of community and business leaders and medical staff members approved funding the balance of the project by increasing the goal of its current capital campaign for surgical services. The decision was based upon conversations with major donors who had the propensity to increase the size of their existing commitments because replacing the ICU constructed in 1969 was equally compelling.

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Schedule LRA 2

Total Project Cost

ITEM	ESTIMATED PROJECT COST	
1.1 Land Acquisition <i>(attach documentation)</i>	\$	0.00
1.2 Building Acquisition	\$	\$0
	1.1-1.2 Subtotal: 0.00	
2.1 New Construction	\$	3,285,203.00
2.2 Renovation and Demolition	\$	0.00
2.3 Site Development	\$	0.00
2.4 Temporary Power	\$	0.00
	2.1-2.4 Subtotal: 3,285,203.00	
3.1 Design Contingency	\$	306,668.00
3.2 Construction Contingency	\$	186,703.00
	3.1-3.2 Subtotal: 493,371.00	
4.1 Fixed Equipment (NIC)	\$	95,000.00
4.2 Planning Consultant Fees	\$	0.00
4.3 Architect/Engineering Fees (incl. computer installation, design, etc.)	\$	466,375.00
4.4 Construction Manager Fees	\$	142,196.00
4.5 Capitalized Licensing Fees	\$	0.00
4.6 Health Information Technology Costs	\$	49,120.00
4.6.1 Computer Installation, Design, etc.	\$	
4.6.2 Consultant, Construction Manager Fees, etc.	\$	
4.6.3 Software Licensing, Support Fees	\$	
4.6.4 Computer Hardware/Software Fees	\$	
4.7 Other Project Fees (Consultant, etc.)	\$	8,400.00
	4.1-4.7 Subtotal: 761,091.00	
5.1 Movable Equipment	\$	326,600.00
6.1 Total Basic Cost of Construction	\$	4,866,265.00
7.1 Financing Cost (points, fees, etc.)	\$	
7.2 Interim Interest Expense - Total Interest on Construction Loan: Amount \$ @ % for months		0.00
7.3 Application Fee	\$	1,000.00
8.1 Estimated Total Project Cost (Total 6.1 – 7.3)	\$	4,867,265.00

If this project involves construction enter the following anticipated construction dates on which your cost estimates are based.

Construction Start Date 1/1/2025

Construction Completion Date 12/1/2025

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Schedule LRA 3

Proposed Plan for Project Financing

A. LEASE

If any portion of the cost for land, building or Equipment is to be financed through a lease, rental agreement or lease/purchase agreement, complete the chart at the right.

A complete copy of each proposed lease must be submitted.

Attachment # _____

ITEM	COST AS IF PURCHASED
	\$
	\$
	\$
	\$
	\$

B. CASH

If cash is to be used, complete the chart at the right.

Attach a copy of the latest certified financial Statement and interim monthly or quarterly financial reports to cover the balance of time to date.

Attachment # 1-Financials

Accumulated Funds	\$
Sale of Existing Assets*	\$
Other – (i.e. gifts, grants, **etc.)	\$ 4,867,265.00
TOTAL CASH	\$ 0.00

*Attach a full and complete description of the assets to be sold.

Attachment # _____

** If grants, attach a description of the source of financial support

Attachment # 2-Grants & Gifts

C. DEBT FINANCING

If the project is to be financed by debt of any type, complete the chart at the right.

Attach a copy of the proposed letter of interest From the intended source of permanent financing.

This letter must include an estimate of the Principal, term, interest rate and pay-out period presently being considered.

Attachment # _____

Principal	\$
Interest Rate	%
Term	Yrs
Pay-out Period	Yrs
Type *	

* Commercial, Dormitory Authority Bonds, Dormitory Authority, TELP Lease, Industrial Development Agency Bonds, Other (identify).

RESOLUTION NO. 106

**AUTHORIZING THE MAYOR OF THE CITY OF ROME TO ALLOCATE
AMERICAN RESCUE PLAN ACT (ARPA) STATE AND LOCAL FISCAL RECOVERY
FUNDS (SLFRF) TO CERTAIN APPROVED PROJECTS.**

By Councilor Anderson:

WHEREAS, Mayor Jacqueline M. Izzo has recommended that the Common Council of the City of Rome allocate American Rescue Plan Act (ARPA) State and Local Fiscal Recovery Funds (SLFRF) to various programs and projects within the City of Rome; and

WHEREAS, the Common Council has been reviewing the Mayor's proposals as well as other possible uses of funding within the City of Rome; and

WHEREAS, while the Common Council continues to perform its due diligence relative to the above-mentioned funding, the Common Council has determined that projects are in the best interests of the City and its residents, and that allocations should be authorized at this time; now, therefore,

BE IT RESOLVED, by the Common Council of the City of Rome, New York, that the following uses of ARPA funding are hereby authorized:

Rome Health - \$3,000,000

Rome Art and Community Center - \$950,000

Potter Road Water/Sewer Expansion – City's 75% portion of the project in the amount of \$369,000

Rome Train Station – Tunnel Repair and Engineering Study to determine work required up to \$500,000

; and

BE IT FURTHER RESOLVED, City Treasurer David C. Nolan be and is hereby authorized to establish accounts for the above referenced project for the purpose of expending said funding.

Seconded by Councilor Sparace.

AYES: Sparace, Mortise, Rogers, Anderson, Dursi, Tracy

NAYS: Smith

ADOPTED: August 9, 2023

October 10, 2023

Rome Health Foundation contracted with Community Counseling Service (CCS) for the fundraising campaign to raise \$12.5 million towards Rome Health’s Surgical Services Project. On May 30, 2023, the Rome Health Foundation Board of Directors and Rome Health’s Board of Trustees jointly approved increasing the goal to \$16.5 million to also fund a new Intensive Care Unit.

As of October 10, 2023, the campaign has raised **\$12,118,067** through direct solicitations with individuals and businesses. Payments are pledged over 1 to 5 years. The Foundation has **\$2,827,300** in pending gift requests awaiting decision. We anticipate achieving the goal by April 2024 as the Foundation continues its outreach to major donors and launches its community/public phase of the campaign in November 2023.

Below is the up-to-date fundraising totals, as of October 10, 2023, along with our path to meet the \$16.5M goal for the combined campaign for Surgical Services and ICU.

Gift Level	Total Gifts Needed			Inventory and Activity	Number & Value of Pending	Total Raised
	Total Gifts Needed	Total Amount Needed	# of Gifts Remaining			
\$5,000,000+	1	\$5,000,000	0	●	\$0 (0)	\$5,000,000 (1)
\$2,000,000+	1	\$2,000,000	0	●	\$0 (0)	\$2,000,000 (1)
\$1,000,000+	1	\$1,000,000	0	●	\$0 (0)	\$1,000,000 (1)
Subtotal	3	\$8,000,000	0		\$0(0)	\$8,000,000 (3)
\$500,000+	5	\$2,500,000	3	●●●●●	\$1,000,000 (2)	\$1,100,000 (2)
\$250,000+	8	\$2,000,000	7	●●●●●●●	\$500,000 (2)	\$400,000 (1)
\$100,000+	20	\$2,000,000	7	●●●●●●●●●●●●●●●●●●●●●●	\$800,000 (7)	\$1,827,000 (13)
\$50,000+	20	\$1,000,000	14	●●●●●●●●●●●●●●●●●●	\$375,000 (6)	\$310,000 (6)
Subtotal	53	\$7,500,000	33		\$2,675,000 (17)	\$3,637,000 (22)
≤\$50,000	122	\$1,000,000	18	(104 gifts) (26 pending) (150+ prospects)	\$152,300 (26)	481,067 (104)
Total	178	\$16,500,000	51		\$2,827,300 (43)	\$12,118,067 (129)

Key:

- Documented Gift
- Pending Gift
- Prospect Identified

Best regards,



Chester W. DiBari III
Executive Director

Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 5

Space & Construction Cost Distribution

New

Alteration

LOCATION			Code and Functional Category Description	Functional Gross SF	Construction Cost per SF	Total Construction Cost	(ALT) Scope of Work
Bldg. No.	Floor No.	Sect. No.					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	2		107 - Intensive Care	6,631	\$650.00	\$4,310,150.0	
	2		943 - Maitenance/Housekeeping	48	\$300.00	\$1,440,(\$0.0	
	2		946 - Staff Lockers	250	\$350.00	\$87,500.00	
	2		980 - Other Functions	400	\$988.00	\$395,200.00	
	2		968 - Vertical Circulation	171	\$350.00	\$59,850.00	
			Total Construction	7,500		4867265	

1. If new construction is involved, is it "freestanding"? Yes No

2. (Check where applicable) The facilities to be affected by this project are located in a:
 Dense Urban Area Other Metropolitan or Suburban Area Rural Area

3. This submission consists of: New Construction Report Number of pages _____
 Alteration Construction Report Number of pages _____

Do not use the master copy. Photocopy master and then complete copy if this schedule is required.

Schedule 6 Architectural/Engineering Submission

Contents:

- Schedule 6 – Architectural/Engineering Submission

Architectural Submission Requirements for Contingent Approval and Contingency Satisfaction

Schedule applies to all projects with construction, including Articles 28 & 40, i.e., Hospitals, Diagnostic and Treatment Centers, Residential Health Care Facilities, and Hospices.

Instructions

- Provide Architectural/Engineering Narrative using the format below.
- Provide Architect/Engineer Certification form:
 - [Architect's Letter of Certification for Proposed Construction or Renovation for Projects That Will Be Self-Certified. Self-Certification Is Not an Option for Projects over \\$15 Million, or Projects Requiring a Waiver](#) (PDF)
 - [Architect's Letter of Certification for Proposed Construction or Renovation Projects to Be Reviewed by DOH or DASNY](#). (PDF) (Not to Be Submitted with Self-Certification Projects)
 - [Architect's Letter of Certification for Completed Projects](#) (PDF)
 - [Architect's or Engineer's Letter of Certification for Inspecting Existing Buildings](#) (PDF)
- Provide FEMA BFE Certificate. Applies only to Hospitals and Nursing Homes.
 - [FEMA Elevation Certificate and Instructions.pdf](#)
- Provide Functional Space Program: A list that enumerates project spaces by floor indicating size by gross floor area and clear floor area for the patient and resident spaces.
- For projects with imaging services, provide Physicist's Letter of Certification and Physicist's Report including drawings, details and supporting information at the design development phase.
 - [Physicist's Letter of Certification](#) (PDF)
- Provide Architecture/Engineering Drawings in PDF format created from the original electronic files; scans from printed drawings will not be accepted. Drawing files less than 100 MB, and of the same trade, may be uploaded as one file.
 - [NYSDOH and DASNY Electronic Drawing Submission Guidance for CON Reviews](#)
 - [DSG-1.0 Schematic Design & Design Development Submission Requirements](#)
- Refer to the Required Attachment Table below for the Schematic Design Submission requirements for Contingent Approval and the Design Development Submission requirements for Contingency Satisfaction.
 - Attachments must be labeled accordingly when uploading in NYSE-CON.
 - Do not combine the Narrative, Architectural/Engineering Certification form and FEMA BFE Certificate into one document.
 - If submitted documents require revisions, provide an updated Schedule 6 with the revised information and date within the narrative.

Architecture/Engineering Narrative

Narrative shall include but not limited to the following information. Please address all items in the narrative including items located in the response column. **Incomplete responses will not be accepted.**

Project Description	
Schedule 6 submission date: 9/22/2023	Revised Schedule 6 submission date: Click to enter a date.
Does this project amend or supersede prior CON approvals or a pending application? No If so, what is the original CON number? Click here to enter text.	
Intent/Purpose: To modernize and expand the physical footprint of Rome Health's Intensive Care Unit (ICU) by fitting out the second floor of their new Surgical Services Addition.	
Site Location: 1500 N James Street, Rome, NY 13440	

New York State Department of Health Certificate of Need Application

Schedule 6

Brief description of current facility, including facility type: Existing rural Hospital	
Brief description of proposed facility: Fit-out of the second floor of Rome Health's new Surgical Services Addition for a 9-Bed Intensive Care Unit (ICU) and support spaces. See Narrative for added description.	
Location of proposed project space(s) within the building. Note occupancy type for each occupied space. Second floor of Rome Health Hospital. The Occupancy is I-2.	
Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies: No mixed Occupancies.	
If this is an existing facility, is it currently a licensed Article 28 facility?	Yes
Is the project space being converted from a non-Article 28 space to an Article 28 space?	No
Relationship of spaces conforming with Article 28 space and non-Article 28 space: Not Applicable	
List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3. 2018 FGI Guidelines as reference standard	
Does the project involve heating, ventilating, air conditioning, plumbing, electrical, water supply, and fire protection systems that involve modification or alteration of clinical space, services or equipment such as operating rooms, treatment, procedure rooms, and intensive care, cardiac care , other special care units (such as airborne infection isolation rooms and protective environment rooms), laboratories and special procedure rooms, patient or resident rooms and or other spaces used by residents of residential health care facilities on a daily basis? If so, please describe below. See attached detailed narrative for description	Yes
Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc. See attached detailed narrative for description	
Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc. See attached detailed narrative for description	
Describe existing and or new work for fire detection, alarm, and communication systems: See attached detailed narrative for description	
If a hospital or nursing home located in a flood zone, provide a FEMA BFE Certificate from www.fema.gov , and describe the work to mitigate damage and maintain operations during a flood event. No	
Does the project contain imaging equipment used for diagnostic or treatment purposes? If yes, describe the equipment to be provided and or replaced. Ensure physicist's letter of certification and report are submitted. No	
Does the project comply with ADA? If no, list all areas of noncompliance. Yes	
Other pertinent information: Click here to enter text.	
Project Work Area	Response
Type of Work	Addition
Square footages of existing areas, existing floor and or existing building.	255,430 SF
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	7,500 SF
Does the work area exceed more than 50% of the smoke compartment, floor or building?	Less than 50% of the building
Sprinkler protection per NFPA 101 Life Safety Code	Will be sprinklered as part of the work.
Construction Type per NFPA 101 Life Safety Code and NFPA 220	Type II (222)

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Schedule 6

Building Height	39'-0" from grade
Building Number of Stories	3
Which edition of FGI is being used for this project?	2018 Edition of FGI
Is the proposed work area located in a basement or underground building?	Not Applicable
Is the proposed work area within a windowless space or building?	No
Is the building a high-rise?	No
If a high-rise, does the building have a generator?	Not Applicable
What is the Occupancy Classification per NFPA 101 Life Safety Code?	Chapter 18 New Health Care Occupancy
Are there other occupancy classifications that are adjacent to or within this facility? If yes, what are the occupancies and identify these on the plans. No	Not Applicable
Will the project construction be phased? If yes, how many phases and what is the duration for each phase? The ICU Fit-Out will be complete in 1 phase.	No
Does the project contain shell space? If yes, describe proposed shell space and identify Article 28 and non-Article 28 shell space on the plans.	No
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be? Click here to enter text.	No
Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply. Click here to enter text.	Not Applicable
Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. The ICU Fit-Out will be constructed in the shell space above the Surgical Services addition (CON # 231254 contingently approved 9.7.23), which is expected to break ground in late 2023	Yes
Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? Click here to enter text.	No
Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. Bed capacity will be reduced from an 11-Bed Unit to 9-Bed Unit to reflect Rome Health's utilization and census data.	Yes
Changes in the number of occupants? If yes, what is the new number of occupants? Click here to enter text.	No
Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? The Hospital has an existing type 1 EES System	Yes
If an existing EES Type 1, does it meet NFPA 99 -2012 standards?	Yes
Does the existing EES system have the capacity for the additional electrical loads? A new generator is being added as part of the Surgical Services Expansion to accommodate added loads and will be able to accommodate added loads.	No
Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description. Click here to enter text.	No
Does the project involve Bulk Oxygen Systems? If yes, provide brief description. Click here to enter text.	Yes
If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems?	Yes
Does the project involve a pool?	No

REQUIRED ATTACHMENT TABLE

**New York State Department of Health
Certificate of Need Application**

Schedule 6

<p>SCHEMATIC DESIGN SUBMISSION for CONTINGENT APPROVAL</p>	<p>DESIGN DEVELOPMENT SUBMISSION (State Hospital Code Submission) for CONTINGENCY SATISFACTION</p>	<p>Title of Attachment</p>	<p>File Name in PDF format</p>
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**New York State Department of Health
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Schedule 6

•		Architectural/Engineering Narrative	A/E Narrative.PDF
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**New York State Department of Health
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Schedule 6

•		Functional Space Program	FSP.PDF
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Schedule 6

•		Architect/Engineer Certification Form	A/E Cert Form. PDF
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Schedule 6

•		FEMA BFE Certificate	FEMA BFE Cert.PDF
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Schedule 6

•		Article 28 Space/Non-Article 28 Space Plans	CON100.PDF
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Schedule 6

•	•	Site Plans	SP100.PDF
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Schedule 6

•	•	Life Safety Plans including level of exit discharge, and NFPA 101-2012 Code Analysis	LSC100.PDF
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Schedule 6

•	•	Architectural Floor Plans, Roof Plans and Details. Illustrate FGI compliance on plans.	A100.PDF
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Schedule 6

•	•	Exterior Elevations and Building Sections	A200.PDF
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Schedule 6

•	•	Vertical Circulation	A300.PDF
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Schedule 6

•	•	Reflected Ceiling Plans	A400.PDF
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Schedule 6

optional	•	Wall Sections and Partition Types	A500.PDF
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optional	•	Interior Elevations, Enlarged Plans and Details	A600.PDF
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	•	Fire Protection	FP100.PDF
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Schedule 6

	•	Mechanical Systems	M100.PDF
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	•	Electrical Systems	E100.PDF
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	•	Plumbing Systems	P100.PDF
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	•	Physicist's Letter of Certification and Report	X100.PDF
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GENERAL OVERVIEW OF THE PROJECT

This project includes the renovation of approximately 300 sf on Level 2 of Rome Health's Hospital, as well as a Fit-Out renovation of approximately 7,500 sf within the Hospital's new Surgical Addition for relocation of their existing Intensive Care Unit (ICU).

The new (relocated) ICU includes 9 Patient Rooms with ADA-compliant Toilet Rooms, as well as required Staff and Family support spaces. Within the 9-Bed Unit, there will be a Central Nurse Station and Decentralized Charting Stations for improved visibility and observation of patients, as well as (2) dedicated AII Patient Rooms and (2) Patient Rooms to be designated as Behavioral Health rooms. These Behavioral Health Patient Rooms will include required anti-ligature fixtures and finishes to meet Office of Mental Health (OMH) Design Standards.

II. SPACE PROGRAM

See attached Space Program.

III. ARCHITECTURAL NARRATIVE

A. Codes and Standards

1. General Construction work shall comply with the following:

- a. The State of New York Codes, Rules and Regulations; Title 10 Health; Part 712
- b. 2012 NFPA Life Safety Code-101
- c. 2018 Guidelines for Design and Construction of Health Care Facilities (Hospitals)
- d. 2010 ADA Standards for Accessible Design
- e. 2020 NYS -Building Code (Group I2 - Institutional)

IV. M/E/P/FP NARRATIVE

CODES, REGULATIONS AND STANDARDS

- The 2020 edition of the Building Code of New York State.
- The 2020 edition of the Mechanical Code of New York State.
- The 2020 edition of the Energy Conservation Code of New York State.
- The 2020 edition of the Plumbing Code of New York State.
- The 2020 edition of the Fire Code of New York State.
- The 2010 edition of NFPA 13 Standard for the Installation of Sprinkler Systems.
- The 2011 edition of NFPA 70 National Electric Code.
- The 2010 edition of NFPA 72 National Fire Alarm Code.
- The 2012 edition of NFPA 90A Standard for the Installation of Air-Conditioning and Ventilating Systems.
- The 2012 edition of NFPA 99 Health Care Facilities Code.
- The 2012 edition of NFPA 101 Life Safety Code.
- The 2010 edition of NFPA 110 Standards for Emergency and Standby Power Systems.
- The 2018 edition of "Guidelines for Design and Construction of Hospitals" (Facility Guidelines Institute).

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- ANSI/ASHRAE/ASHE Standard 170: Ventilation of Health Care Facilities, 2017 edition, as adopted by the 2018 FGI Guidelines.
- ANSI/ASHRAE Standard 188, Legionellosis: Risk Management for Building Water Systems.
- ANSI Z358.1: Emergency Eyewash and Shower Equipment.

HVAC SYSTEMS

1. General:

A. The HVAC systems for the ICU Fit-Out within the new addition will consist of a CAV/VAV system, a new air handling unit, return/relief fan, a general exhaust fans and isolation room exhaust systems. Steam, heating hot water and chilled water shall be extended from the basement mechanical room to the new air handling unit, humidifier and the associated heating coils.

B. Design Criteria:

- | | |
|-----------------------------|---------------------------|
| 1) Indoor Conditions: | |
| a. Heating: | 70 deg F DB |
| b. Cooling (General) | 75 deg F DB / 45% RH |
| c. Cooling (Intensive Care) | 72 deg F DB / 50% RH |
| 2) Outdoor Conditions: | |
| a. Summer: | 88 deg F DB / 72 deg F WB |
| b. Winter: | -6 deg F DB |
| c. Climate Zone: | 6A |

2. Air Handling Systems:

- A. A new central station air-handling unit shall be dedicated to the ICU suite. The unit shall be configured as a semi-custom unit with double-wall construction, motor slide rails, adequate access panels and fan arrays that offer 80% redundancy for the ICU Suite.
- B. The ICU air handling unit shall be configured with a mixing box section, MERV-8 and MERV-11 pre-filters, hot-water heating coil section, chilled-water cooling coil section with UV lighting, glycol cooling coil section with UV lighting, steam humidifier, fan section, MERV-14 final filter section, and a discharge section. A dewpoint-based economizer control shall be provided to offer free-cooling during favorable conditions without impacting the humidity levels within the ICU Suite. The unit shall be located in the basement mechanical room.
- C. Variable frequency drives shall be provided for the supply and return fans, modulating the fan speeds to maintain static pressure setpoints and building pressurization.
- D. The outside air intake for the air handling unit shall be via a wall louver, configured to meet or exceed the requirements of ASHRAE 170 with a minimum of 25'-0" separation from cooling towers, exhaust discharges, vents, or any other contaminated sources. There will be no outside air intakes on the roof.

3. Heating Source and Distribution:

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- A. The air handling unit pre-heat coil shall be served from a 40% PG solution, connected to a steam-water heat exchanger located within the basement mechanical room.
 - B. Reheat hot water shall be extended from a second heat exchanger in the basement mechanical room and extended up to the ICU Suite on the second floor, providing reheat water to serve the new reheat coils throughout the ICU Suite.
4. Cooling Source and Distribution:
- A. New insulated chilled water piping shall be provided from the mains within the basement mechanical room to the new ICU air handling unit, which shall deliver 55 deg. F supply air to the air terminal units throughout ICU Suite, allowing each space to maintain space temperature setpoints.
5. Air Distribution:
- A. New variable-air-volume (VAV) air terminals with hot-water reheat coils shall be provided to serve the various spaces throughout the ICU Suite. The air terminals will function as constant-air-volume (CAV) devices but allow the system to reduce airflow down to 50 percent of the design airflow during unoccupied modes. During occupied modes, the airterminal units will provide the airflow to each zone to satisfy the space temperature requirements as well as the code-required air-change rates and dilution requirements. The DDC control valves serving the integral hot water reheat coils will modulate heating, as required to meet the space temperature set points without overcooling. Reducing airflows during unoccupied modes offers energy conservation.
 - B. The return air systems shall be fully ducted.
 - C. Low-pressure-drop air valves shall be provided on the supply and exhaust ducts serving airborne infection isolation rooms, (AII) within the ICU Suite. The supply and exhaust air valves shall modulate to control the negative pressurization requirements of the isolation rooms. A duct-mounted reheat coil shall be provided downstream of each supply air valve, with a modulating DDC control to meet the space temperature set points without overcooling.
6. Exhaust Air/Ventilation:
- A. New roof-mounted, centrifugal, exhaust fans shall be provided to meet the general exhaust requirements of the ICU Suite, serving spaces such as Toilet Rooms, Soiled Utility Rooms and Janitor Closets.
 - B. Packaged isolation room exhaust fan systems shall be provided to serve the AII Isolation Rooms in the ICU Suite, configured with bag-in/bag-out HEPA filters, isolation dampers, centrifugal fan, and a discharge stack, extending six feet above the roof. The fans shall be located on the roof.
7. Humidification:

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- A. A steam-distribution assembly shall be located within the new air-handling unit. The humidifier shall be connected to the house-steam system within the basement mechanical room.
- B. Humidity levels shall be monitored in the ICU Suite and in the main return air ductwork for the air handling unit; all sensor locations shall be used to control the humidifier. The controls shall include shutting off the function of the humidifier when the seasonal conditions allow.

8. Controls and Energy Management:

- A. The temperature control system will be an extension of the existing Hospital's PASCO direct-digital control (DDC) system, designed for temperature control and energy management. Temperature zones will be established to meet the hospital's criteria for thermal comfort.
- B. The system will be capable of integrating multiple building functions including equipment supervision and control, alarm management, energy management, and data collection and archiving. All HVAC systems will be monitored and controlled by the DDC system.
- C. A dewpoint-based economizer control and associated sensors shall be provided for the air handling unit to offer free-cooling during favorable conditions without impacting the humidity levels within the ICU Suite.
- D. Airflow-measuring stations will be provided on the supply air, return air, and outside air of the air-handling unit to ensure the proper amount of outside air is being provided during reduced load conditions.
- E. Room-pressure monitors shall be provided in the Clean Supply, Soiled Utility and the AII (isolation) rooms, modulating the supply and return/exhaust air flows to maintain room pressurization during all times.
- F. Occupied and Unoccupied mode shall be established by the DDC system. Occupancy sensors shall be installed in the Operating and Procedure Rooms.

9. Testing and Balancing:

- A. The supply, return and outside air at the air handling unit shall be balanced to design conditions, and the static pressure set points established. The design air flow rates shall meet the requirements of ASHRAE 170-2017.
- B. The air-terminal units serving the ICU Suite shall be balanced to the design airflow values.
- C. The supply air, return-air, and exhaust-air diffusers and registers shall be balanced to the design air flow rates, including maintaining the design room pressurization requirements.

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- D. The exhaust fans shall be balanced to meet the design air flow rates.
 - E. The hydronic heating systems shall be balanced to the design flow rates, including the chillers, pumps, and the terminal equipment.
10. Commissioning:
- A. All systems will be commissioned to satisfy current code requirements.

PLUMBING SYSTEMS

1. General:
- A. Plumbing systems shall be provided, including sanitary drainage and vents, domestic cold-water, hot-water and hot-water recirculation.
 - B. Domestic water systems shall be extended from the existing mains within the basement mechanical room, up to the second floor to various devices located throughout the ICU Suite.
 - C. Medical gas systems include oxygen, medical vacuum, and medical compressed air shall be extended to the outlets throughout the ICU Suite, including zone valve boxes and associated controls and alarms. The alarms shall be connected to the existing Medical Alarm Panels located within the Emergency Department and the Assistant Director office.
2. Domestic Water:
- A. The domestic cold-water, hot-water and recirculation piping systems serving the ICU Suite shall be extended from basement mechanical room.
 - B. At present, the existing water services appears to be large enough to serve the ICU Suite and the new HVAC equipment.
 - C. At present, the domestic-water heating system appears adequate to supply the proposed ICU Suite, complying with the minimum temperatures and amounts required by the FGI Guidelines.
3. Sanitary and Vent Systems:
- A. The ICU Suite shall be provided with separate sanitary and storm water drainage systems.
 - B. The sanitary serving the fixtures within the ICU Suite shall be extended to the basement level; the existing sanitary system shall be modified to receive waste from new fixtures.

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- C. The vents serving the ICU fixtures shall extend up through the roof; the vents shall be located as required to meet the 25'-0" separation from any outside air intakes.
4. Storm System:
 - A. The existing storm system is separate from the sanitary system. The existing storm piping in the proposed ICU Suite area shall be modified and re-routed into the interior walls as required to accommodate the new layout of the ICU Suite.
5. Plumbing Fixtures:
 - A. All fixture components to be certified lead-free meeting the requirements of current codes. Plumbing fixtures and trim shall meet and/or exceed the requirements of the 2020 Energy Conservation Code of New York State and shall be ADA compliant, located where called for on the architectural plans.
 - B. Lavatory and sink faucets shall be supplied with 4" blade handles and gooseneck spout. All fixture components to be certified lead-free.
 - C. Clinic service sinks located in Soiled Work Rooms will have manual flush valves and faucet with 6" wrist blades.
 - D. Water closets shall be floor mounted with water closet flush valves having manual.
 - E. Water closets, and lavatories shall be white vitreous china.
 - F. Handwash sinks shall be approximately 19" x 18" x 7-5/8" deep, 18-gauge stainless steel and mounted in the countertop.
 - G. Floor drains will be provided in all staff toilet rooms.
 - H. Drinking fountains shall be wall mounted bi-level with integral bottle filler.
6. Safety Equipment:
 - A. Face and eyewash devices shall be provided in the Soiled Utility and as where required by OSHA 29 CFR 1910 (Occupational Safety and Health Standards) and ANSI/ISEA Z358.1 (Emergency Eyewash and Shower Equipment). A quick-drench emergency deluge shower shall be provided, if it is determined it is needed by the hospital.
7. Medical Gases:
 - A. New medical-gas piping will be installed for the ICU Suite. These services will be piped from various mains located within the Surgical Addition of the hospital.
 - B. The medical-air service will be connected to the existing air compressor system. The medical-vacuum service will be connected to the existing vacuum pump system. At

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present, both systems appear to have adequate capacity for the devices to be provided for the ICU Suite.

- C. New zone valve boxes, controls and an alarm panel shall be provided for the ICU Suite. A new alarm panel shall be provided to a new medical gas alarm panel located at the Nurse/Staff Station. The serves shall be tied into the medical gas mains; the piping distribution sized for the new connection points.
 - D. The new medical gas outlets required for this project include the following:
 - 1) ICU/Critical Care: (3) Oxygen, (3) Vacuum and (1) Med Air
 - 2) AII (ICU): (3) Oxygen, (3) Vacuum and (1) Med Air
 - 3) Recovery: (1) Oxygen, (3) Vacuum and (1) Med Air
 - H. Medical Gas piping shall be Type "L" copper cleaned for medical use with brazed joints, all medical gas shall be labeled.
 - H. Provide upgrade to Medical Alarm Panels within the Emergency Department and in the Assistant Directors office.
8. Commissioning:
- A. All systems will be commissioned to satisfy current code requirements.

FIRE PROTECTION SYSTEMS

- 1. General
 - A. Currently, the Surgical Addition is fully sprinklered; the fire protection system for the ICU Suite shall be connected to the existing automatic wet sprinkler system that will protect all spaces within the ICU Suite.
- 2. Fire Protection System:
 - A. The entire area within the ICU Suite shall be provided with a fire protection sprinkler system. The wet sprinkler fire protection systems shall be designed and installed to meet the requirements of a Light Hazzard Occupancy Classification as defined by NFPA 13, as well as the 2020 Building and Fire Codes of New York State.
 - B. The sprinkler system shall include quick-response sprinkler heads, wet risers, tamper switches, flow switches, etc. Concealed sprinkler heads will be provided in finished ceiling areas and upright heads will be installed in areas that do not contain a ceiling.
 - C. All fire protection systems will be connected to the hospital's centrally supervised fire alarm system.

ELECTRICAL SYSTEMS

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1. General:

- A. A new electric room shall be provided on the second floor to serve the ICU Suite. Normal and essential power to the new electric room shall originate from the new electrical distribution installed as a part of the surgical addition project.
- B. All electrical systems serving the ICU Suite shall be new, extended from the new electric room located on the second floor.
- C. The new electrical systems include normal power systems, essential power systems, data/communications, general lighting, emergency lighting, exit lighting, fire alarm systems, nurse call, telephone, paging, and security that shall meet the code requirements and the hospital's standards.

2. Normal Power Distribution:

- A. Normal Power distribution to the ICU suite will originate from a distribution panelboard installed as a part of the surgical addition project, located in the ground-floor electrical room.
- B. The normal power loads of the ICU Suite shall be connected to a new 480/277V panelboard, and a new 120/208V panelboard (with associated step down transformer) to feed normal power loads. These loads include non-emergency lighting, mechanical equipment, owner equipment and receptacles. Panelboards shall have thermal magnetic bolt-on type breakers, copper bus bars and copper ground bars with a hinged door cover.
- C. Circuit breakers, disconnect switches, control devices and circuiting shall be provided for proposed non-emergency HVAC and plumbing equipment.

3. Emergency Power Distribution:

- A. An existing 900KW 480/277V diesel generator, and a new 1000KW 480/277V diesel generator (installed as part of the surgical addition project) supply generator power to the facility's essential electrical system.
- B. Four new transfer switches (installed as part of the surgical addition project) make up the essential electrical distribution; one for the life safety branch, one for the equipment branch, and two for the critical branch.
- C. The essential power loads of the ICU Suite shall be connected to new 480/277V panelboards, and a new 120/208V panelboards (with associated step down transformer) for each branch (life safety, equipment and both critical branches). Panelboards shall have thermal magnetic bolt-on type breakers, copper bus bars and copper ground bars with a hinged door cover.
- D. The connected systems include:
 - 1) Emergency lighting (e.g., egress illumination, exit signs in electrical/telephone rooms, mechanical spaces, and public toilets).

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- 2) Public area emergency egress lighting fixtures on floor to maintain lighting levels required by Code.
- 3) Corridors and Stairways.
- 4) Lighting and receptacles in patient care and other critical areas.
- 5) HVAC and Plumbing equipment loads, including all pumps, air handling systems, and HVAC fans.
- 6) Fire-alarm and detection systems.
- 7) Nurse Call Systems.
- 8) Security systems.
- 9) Telecommunication equipment.
- 10) Designated equipment for emergency operations.
- 11) Remote battery units, in addition to lighting connected to the generator system, will be provided to all critical rooms and public means of egress e.g., corridors and stairwells.

4. Power Outlets and Circuiting:

- A. All receptacles serving patient-care areas shall be duplex, Hospital Specification Grade, tamperproof, 20-Amp duplex type. Receptacles shall be labelled according to the branch circuit feeding them and shall be color coded for quick recognition of source. Receptacles will be located throughout the space for general convenience use and designated equipment.
- B. Ground fault circuit interrupter receptacles will be provided in accordance with NEC 210 requirements.
- C. In corridors, receptacles will be provided on maximum 50' centers, and within 25' of the corridors. Various receptacles throughout the work area will either be connected to normal power, critical branch power or equipment branch power depending on the desired function of the equipment that the receptacles serve.
- D. All branch circuiting will include a separate neutral and ground conductor.
- E. Branch circuiting will be extended to the receptacles to meet the National Electric Code and additional specific requirements as required to meet the equipment to be served.
- F. All branch circuit and system wiring concealed in walls or above ceilings will be installed in EMT conduit with set screw fittings.
- G. Flexible metallic conduit may be used for light fixture whips, maximum 6' lengths, and to fish receptacle circuiting in existing walls.
- H. All fire alarm equipment cables will be provided in accordance with individual systems manufacturer recommendations.

5. Equipment Connections:

- A. Electrical power connections and wiring will be provided for all mechanical, plumbing, and fire protection equipment, including furnishing all electrically associated devices e.g., disconnect switches, across-the-line and reduced-voltage starters, motor control centers, etc., which are not finished under the mechanical, plumbing, and fire protection sections.

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- B. Electrical power connections will be made to all electrically operated doors, drinking fountains, Owner-furnished equipment etc., including furnishing of all electrically associated devices such as disconnect switches, lock-out switches, etc.
 - C. Electrical power connections and wiring will be provided for all mechanical equipment, including furnishing all electrically associated devices e.g., disconnect switches, motor control centers, etc., which are not finished by the equipment manufacturer. D. All branch circuiting will include a separate neutral and ground conductor.
 - E. Safety switches and NEMA receptacles required for medical equipment will be provided.
6. Lighting and Controls:
- A. Lighting throughout the ICU Suite shall be LED, 4000K color temperature, minimum 80 CRI. All drivers will be energy-efficient electronic with less than 20% THD.
 - B. Lighting fixtures will be a mixture of suspended and/or recessed direct/indirect fixtures, lensed troffers, industrial enclosed, interior wall mounted fixtures, and LED recessed downlight fixtures. Light fixtures shall be controlled by local switches or dimmer switches and occupancy sensors.
 - C. Lighting shall be provided for all areas within the ICU Suite and controlled by local switches or dimmer switches. Occupancy sensors and Daylight system will be provided where required by the New York State Energy Code
 - D. Small toilet room lighting will be controlled by wall mounted, dual-technology occupancy sensor; and gang restroom lighting will be controlled by keyed light switch with ultrasonic ceiling occupancy sensor.
 - E. Recessed 2x2 lighting fixtures shall be provided for offices, toilet rooms, corridors, and circulation spaces. Office lighting fixtures shall be dimmable.
 - F. Recessed 2x4 lighting fixtures shall be provided in the general patient-care areas and procedure rooms Light fixtures in these areas shall be dimmable.
 - G. LED exit lighting fixtures will be installed to accommodate the floor plan and egress routing. The exit lighting/signs shall be provided with red and white lettering.
 - H. Emergency lighting will be supplied by the life safety branch circuit panelboards. Emergency fixtures shall be provided in designated egress corridors, open areas with defined escape routes, and at equipment deemed to be a potential hazard if not illuminated in a power outage.
 - I. Corridor and public space lighting will include night lighting connected to the life safety EM branch panels. The remaining fixtures will be controlled by local on/off switches and connected to the normal power distribution system.
 - J. Utility-type space lighting will be controlled by wall mounted occupancy sensor.
7. Fire Alarm System:

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- A. The initiation and notification devices will be located per NFPA 72.
 - B. The fire alarm system for the ICU Suite shall be an extension of the existing JCI-simplex analog addressable system. Fire-alarm system shall comply with New York State Building Code requirements, and as directed by the local Fire Department Officials. The fire detection and alarm system shall be individually addressable devices, zoned, and electrically supervised, Class A circuits, including, but not limited to, the following:
 - Manual pull stations, ceiling-mounted smoke and thermal detectors where required, duct-mounted smoke detectors, heat detectors, fire/smoke dampers control, and audio/visual signaling alarms.
 - Sprinkler system waterflow detection and valve position tamper switches.
 - Door-holding controls, including releasing of doors.
 - Provisions for fan shutdown relays and automatic control of air-handling systems under fire conditions (wiring to air-handling systems control under BMS).
 - C. Audio/visual notification appliances (horn/strobes) will be located to meet all ADA guidelines. All strobes will be synchronized.
8. Paging System:
- A. An extension of the existing hospital's paging system shall be provided in ICU Suite that includes ceiling-recessed speakers. Open cabling within ceiling spaces shall utilize cable tray or J-hooks. System modifications, devices and wiring shall be identified on the contract documents.
9. Data Network and Communications Systems:
- A. Workstation locations within the renovated areas and addition will be provided with boxes and raceways for voice/data conductors and outlets. Wall boxes will be two-gang type with 1-inch conduits extended to above accessible corridor ceilings.
 - B. Single, flush-mounted wall outlet at each workstation, with two jacks to serve both data and telephone systems, with 1" EMT extended to above accessible ceiling. Each jack will have a dedicated cable (Category 6) run to a new data/communication intermediate distribution frame/rack (IDF). From the IDF, fiber-optic cabling connection to a data network main distribution frame (MDF). Installation and testing of data cables will be included in the contract documents.
 - C. Voice/data outlets will include wired RJ45 jacks with Cat. 6 conductors extended back to the nearest intermediate distribution frame (IDF) complete with testing of the Cat. 6 conductors. All voice and data wiring, terminations, and testing will be provided in this project.
 - D. All new devices within the ICU Suite shall have a dedicated cable (Category 6) run to the IDF located on the second floor.
 - E. CATV drops will be provided in selected areas by the hospital.

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10. Nurse Call Systems:

A. The hospital's existing nurse-call system shall be extended to the ICU Suite with the associated types of devices required by code, including the following:

- 1) Nurse/Cntrl Station: (1) Nurse Master Station
- 2) Toilet Rooms: (1) Patient Toilet Station
- 3) Med Safety Zone: (1) Duty Station
- 4) Nourish Area/Rm: (1) Duty Station
- 5) Clean Workroom: (1) Duty Station
- 6) Soiled Workroom: (1) Duty Station
- 7) ICU/Critical Care: (1) Patient Station, (1) Staff Assist, (1) Em Call Station
- 8) Observation/AII: (1) Patient Station, (1) Staff Assist, (1) Em Call Station

B. Indicating lamps shall be provided for ICU/Critical Care and AII Rooms. Nurse call scope also includes cabling, software, programming, and on-site training with the installed devices.

C. Nurse-call devices shall be installed at each patient care station and AII. The devices shall be connected to the Master Station be located at the Nurses' station; all with lamp indicator notification device outside each space for quick identification of call location(s).

11. Security Systems:

A. The existing security platform will be modified and expanded to accommodate the ICU Suite.

B. Card access control and security surveillance cameras shall be provided at the entry doors into the ICU Suite, as well as other areas designated by the hospital an extension of the hospital's existing security systems/vendor.

12. Commissioning:

A. All systems will be commissioned to satisfy current code requirements.

End of narrative



Rome Health Surgical Services - ICU Fit-Out
Space Program

2.2-2.6	Critical Care Patient Areas			
	PROGRAM	QTY	SF.	Tot.
	Patient Rooms			
2.2-2.6.2.2	Patient Rooms	7	260	1,820
	Patient Toilet Room	9	45	405
2.2-2.6.4.2 (ref: 2.1-2.4.2)	AII Patient Room	1	260	260
	AII Patient Room	1	324	324
	Support Areas for the Critical Care Unit			
2.2-2.6.8.2	Central Nurse Station	1	171	171
	De-Centralized Nurse Charting Station	5	9	45
2.2-2.6.8.4	Nurse or Supervisor Office	1	56	56
2.2-2.6.8.5	Multi-Purpose Room	1	94	94
2.2-2.6.8.8	Meds Safety Zone	1	150	150
2.2-2.6.8.9	Nourishment Area	1	120	120
2.2-2.6.8.10	Ice-making Equipment	0	0	0
2.2-2.6.8.11	Clean Supply Room	1	340	340
2.2-2.6.8.12	Soiled Workroom	1	146	146
2.2-2.6.8.13	Equipment and Supply Storage (Room)	1	155	155
	Equipment and Supply Storage (Alcove)	1	25	25
2.2-2.6.8.14	Environmental Services Room	1	48	48
	Support Areas for Staff			
2.2-2.6.9.1	Staff Lounge + Locker Facilities	1	250	250
2.2-2.6.9.2	Staff Toilet Room	1	50	50
	Quiet Room	1	70	70
	Support Areas for Families and Visitors			
2.2-2.6.10	Family and Visitor Lounge	1	125	125
	Toilet Room	1	52	52
	Support Areas for Unit			
	Electrical Room	1	122	122
	Roof Access (Staff Only - Part of Surgical Serv 0		60	0
	Elevator Lobby (Part of Surgical Services)	0	300	0

SF. Total		4,828
Departmental Grossing Factor	0.56	2,704
Sub Total		7,532

DRAWING INDEX

COVERPAGE

GENERAL

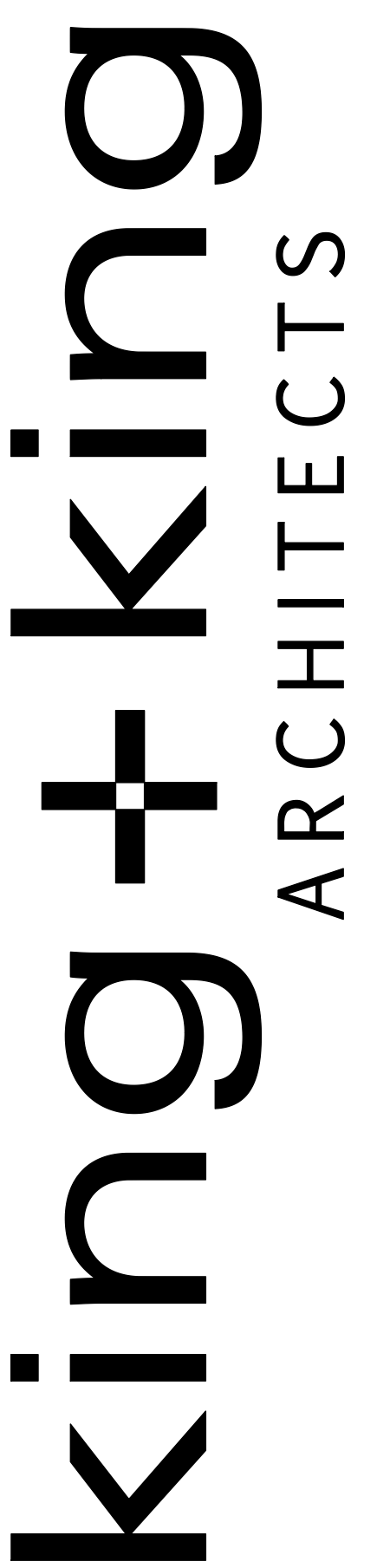
- G0.01 ICU CODE COMPLIANCE PLAN - SECOND FLOOR
- G0.02 ICU CIRCULATION PLAN - SECOND FLOOR

ARCHITECTURAL

- A0.00 LEGENDS, SYMBOLS AND DETAILS
- A1.20 ICU CONSTRUCTION PLAN - SECOND FLOOR
- A2.20 ICU REFLECTED CEILING PLAN - SECOND FLOOR
- A3.01 ICU EXTERIOR ELEVATIONS & BUILDING SECTION
- A5.01 ICU DOOR SCHEDULE & FINISH SCHEDULE
- A6.03 ICU FINISH PLAN - SECOND FLOOR

KING+KING PROJECT NUMBER: 22-22-7672

ROME HEALTH SURGICAL SERVICES
RENOVATION & ADDITION
INTENSIVE CARE UNIT FIT-OUT



LOCATION MAP



ARCHITECT'S CERTIFICATION
THE UNDERSIGNED CERTIFIES THAT TO THE BEST OF THEIR KNOWLEDGE, INFORMATION, AND BELIEF THE PLANS AND SPECIFICATIONS ARE IN ACCORDANCE WITH APPLICABLE REQUIREMENTS OF THE NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE, THE NEW YORK STATE ENERGY CONSERVATION CONSTRUCTION CODE, AND THE CONSTRUCTION STANDARDS OF THE EDUCATION DEPARTMENT.

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ROME, NY 13440

		<ul style="list-style-type: none"> ▪ STRUCTURAL ENGINEER: RYAN BIGGS CLARK DAVIS ENGINEERING 4592 JORDAN ROAD PO BOX 217 SKANEATELES, NY 13153 315.685.4732 	<ul style="list-style-type: none"> ▪ MEP ENGINEERS: IPD ENGINEERING 101 N SALINA STREET SUITE 100 SYRACUSE, NY 13202 315.423.0185
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EMERGENCY EGRESS LEGEND:

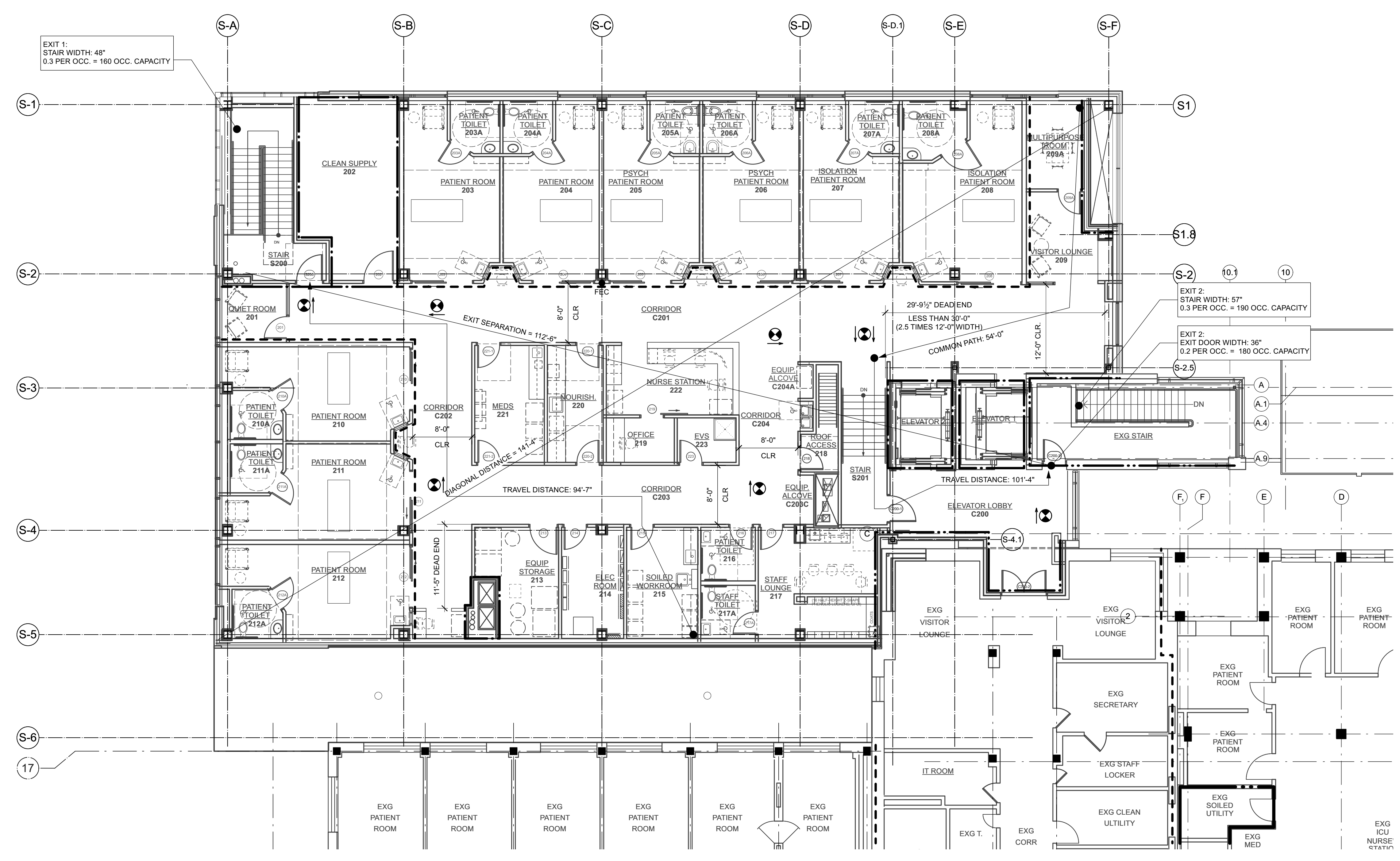
- F.E.C. : FIRE EXTINGUISHER CABINET
- F.E. : FIRE EXTINGUISHER
- EXIT SIGN : WALL MOUNTED
- EXIT SIGN : CEILING MOUNTED

RATED PARTITION LEGEND:

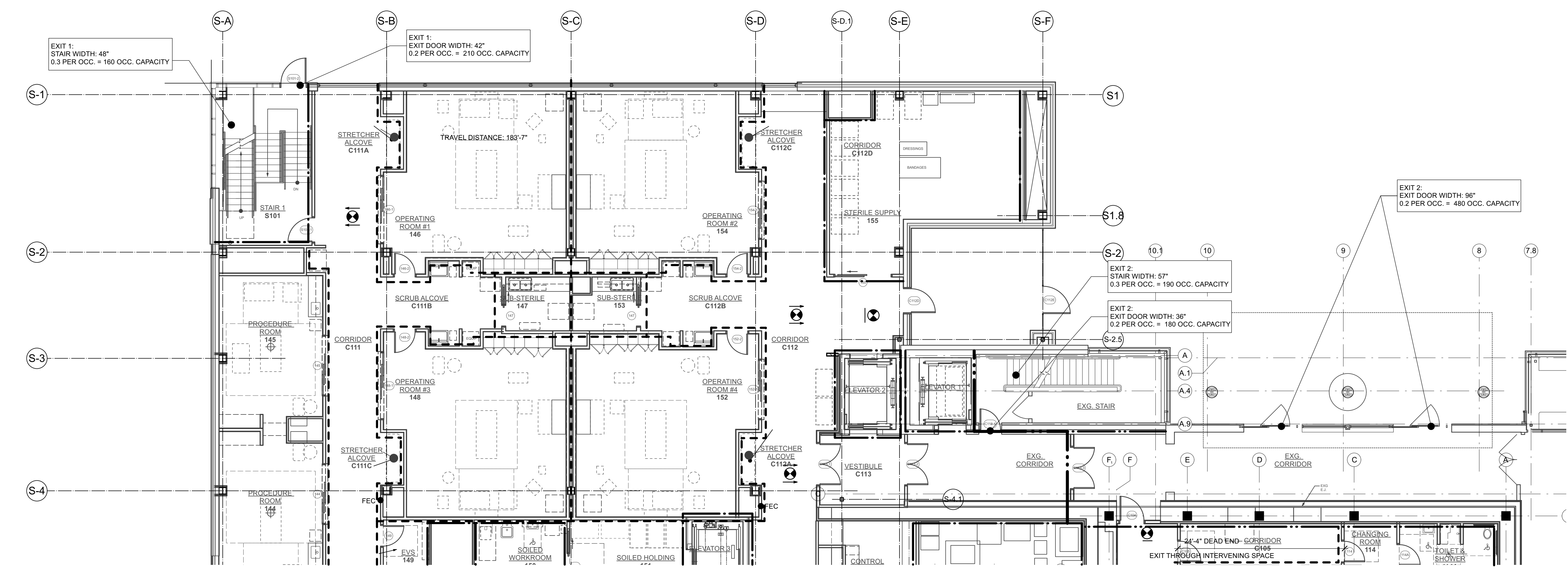
- - - - - SMOKE BARRIER
- 1 HR. FIRE RATED PARTITION
- 2 HR. FIRE RATED PARTITION
- 2 HR. FIRE RATED PARTITION / SMOKE BARRIER

CODES REFERENCED:

- 2020 NEW YORK STATE BUILDING CODE
- 2020 NEW YORK STATE ENERGY CONSERVATION CODE
- 2012 NFPA 101 LIFE SAFETY CODE
- 2018 FACILITY GUIDELINES INSTITUTE (FGI)
- 2010 ADA STANDARDS FOR ACCESSIBLE DESIGN



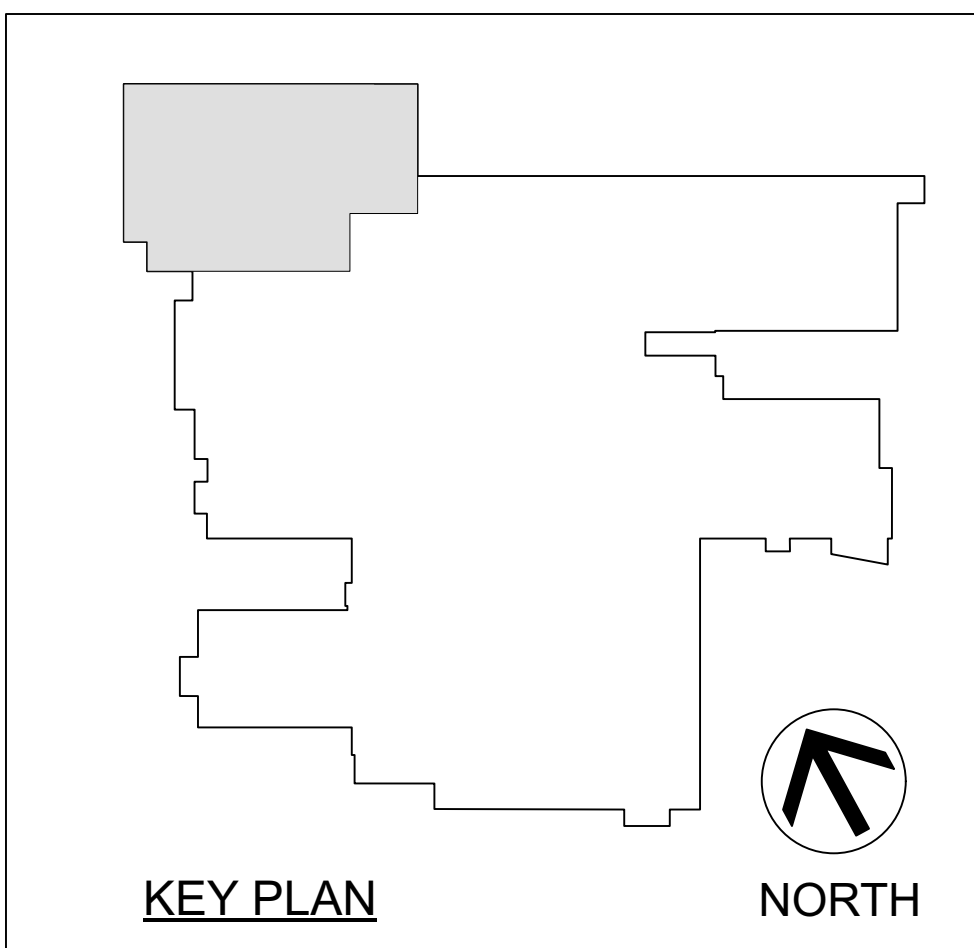
C2 CODE COMPLIANCE PLAN - SECOND FLOOR
Scale: 1/8" = 1'-0"



A2 CODE COMPLIANCE PLAN - FIRST FLOOR
Scale: 1/8" = 1'-0"

CODE COMPLIANCE TABLE - 2	2020 BUILDING CODE OF NYS	2012 NFPA 101
CODE REFERENCE	TABLE 308	CH. 6.1.5
OCCUPANCY CLASSIFICATION	I2 - INSTITUTIONAL HEALTH CARE	
CONSTRUCTION CLASSIFICATION	CHAPTER 6	TABLE 18.1.6.1
NEW CONSTRUCTION	TYPE I B	TYPE II (222)
FIRE PROTECTION - AUTOMATIC SPRINKLERS	AREA OF RENOVATION FULLY SPRINKLERED (EXISTING HOSPITAL PARTIALLY SPRINKLERED)	
	TABLE 601/602	TABLE A.8.2.1.2
EXTERIOR BEARING WALLS	2	2
INTERIOR BEARING WALLS	SEE SHEET A0.00 AND PLANS FOR WALL TYPES	
BEAMS, GIRDERS, TRUSSES	2	2
FLOOR-CEILING ASSEMBLIES	2	2
ROOF-CEILING ASSEMBLIES	1	1
INTERIOR NONBEARING WALLS	0	0
EXTERIOR NONBEARING WALLS	SEE SHEET A0.00 AND PLANS FOR WALL TYPES	
STAIRWAYS	1	1 (TABLE 8.3.4.2)
	SEE SHEET A0.00 AND PLANS FOR WALL TYPES	
BUILDING AREA (SF)	TABLE 506.2	
ALLOWABLE AREA	UNLIMITED	
ADDITION AREA - SECOND FLOOR	8,297 SF	
RENOVATION AREA - SECOND FLOOR	378 SF	
FULL SECOND FLOOR SF (NEW & EXISTING)	8,675 SF	
BUILDING HEIGHT (FEET - STORIES)	TABLE 504.3, 504.4	
ALLOWABLE	4 STORIES, 160 FEET	
ACTUAL (NEW/ADDITION)	3 STORIES, 36'-11" FROM GRADE	
TRAVEL DISTANCE (FEET)	TABLE 1017.2	18.2.6
ALLOWABLE	200 FT	200 FT
ACTUAL MAXIMUM	91'6"	
COMMON PATH OF TRAVEL (FEET)	TABLE 1006.2.1	18.2.5.3
ALLOWABLE	75 FT (12)	100 FT
ACTUAL MAXIMUM	54'0"	
DEAD END (FEET)	1020.4	18.2.5.2
ALLOWABLE	20'0"	30'0"
ACTUAL MAXIMUM	299.5' (SEE PLAN FOR COMPLIANCE)	
SMOKE COMPARTMENTS	407.5.1	
ALLOWABLE	22,500 SF	
ACTUAL SMOKE AREA	8,297 SF	
ACCESSIBLE BUILDING		CH. 7.5.4
NUMBER OF EXITS	TABLE 1006.3.2	18.2.4.7.4
REQUIRED	2	2
PROVIDED	2	
EXIT CONFIGURATION	1007.1.1	7.5.1.3.3
REMOTE DISTANCE BETWEEN EXITS	NO LESS THAN 1/2 OF MAX. OVERALL DIAGONAL DIMENSION	NO LESS THAN 1/2 OF MAX. OVERALL DIAGONAL DIMENSION
HISTORIC BUILDING		NO
FIRE PROTECTION SYSTEMS		FULL AREA ON FOURTH FLOOR
FIRE SUPPRESSION SYSTEM		CH.8 AUTOMATIC SPRINKLER
NOTIFICATION/ALARMS		SECTION 907: MANUAL REQ'D
INTERIOR FINISHES	TABLE 803.13	INTERIOR FINISHES
EXIT STAIRWAY AND PASSAGEWAY	CLASS 'B' FINISHES	
CORRIDORS	CLASS 'B' FINISHES	
ROOMS AND ENCLOSED SPACES	CLASS 'B' FINISHES	

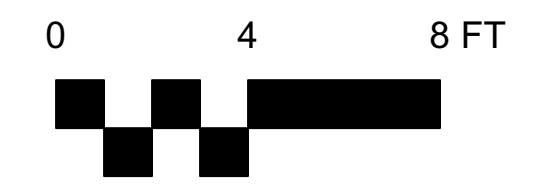
NOTE: THE MOST STRINGENT REQUIREMENT BETWEEN BUILDING CODE & NFPA IS FOLLOWED



KEY PLAN
NORTH



B1 CIRCULATION PLAN - SECOND FLOOR
Scale: 1/4" = 1'-0"



KEY:

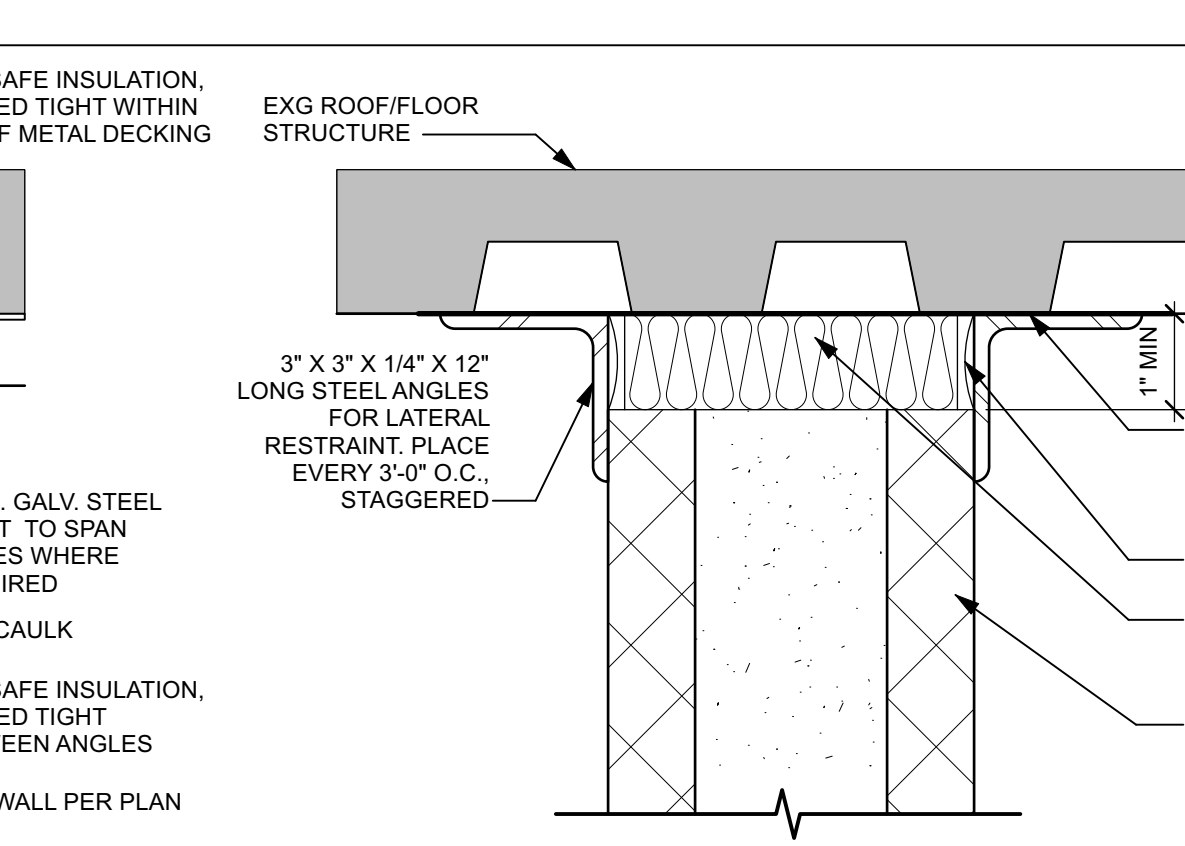
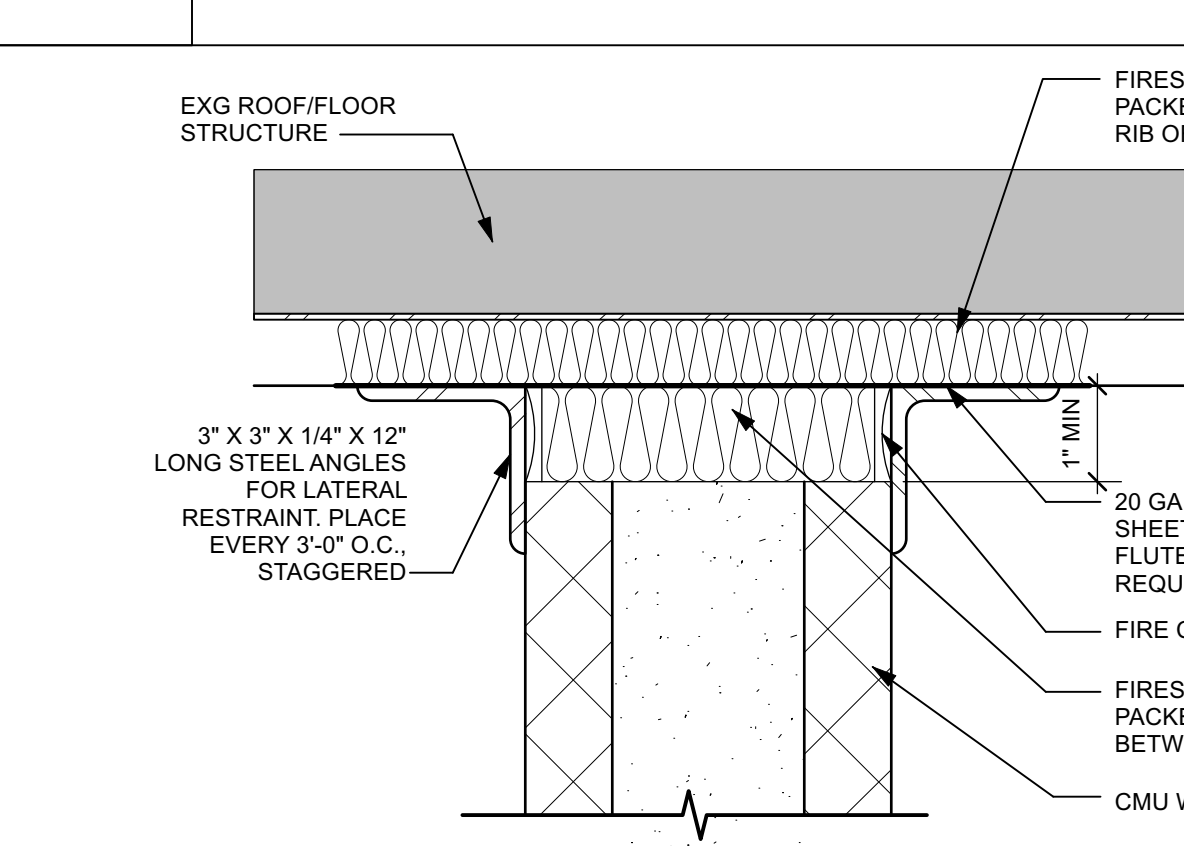
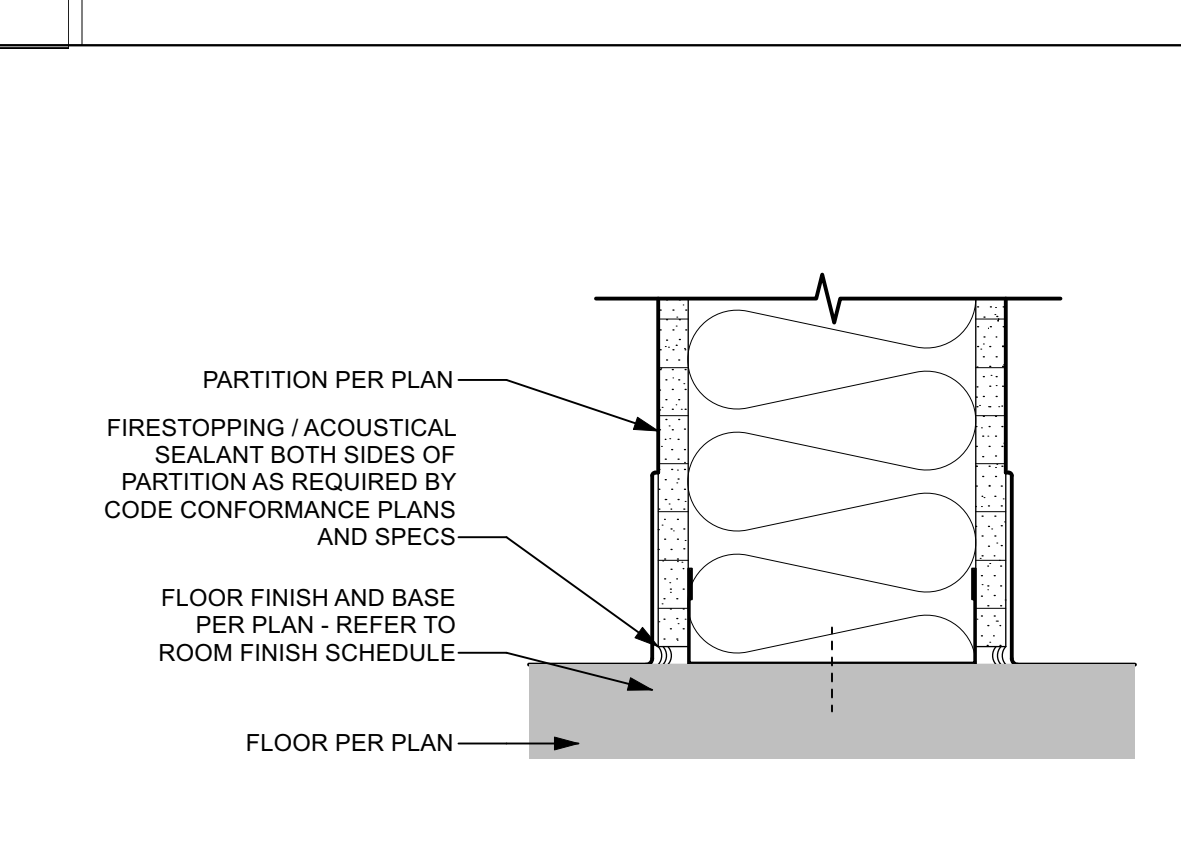
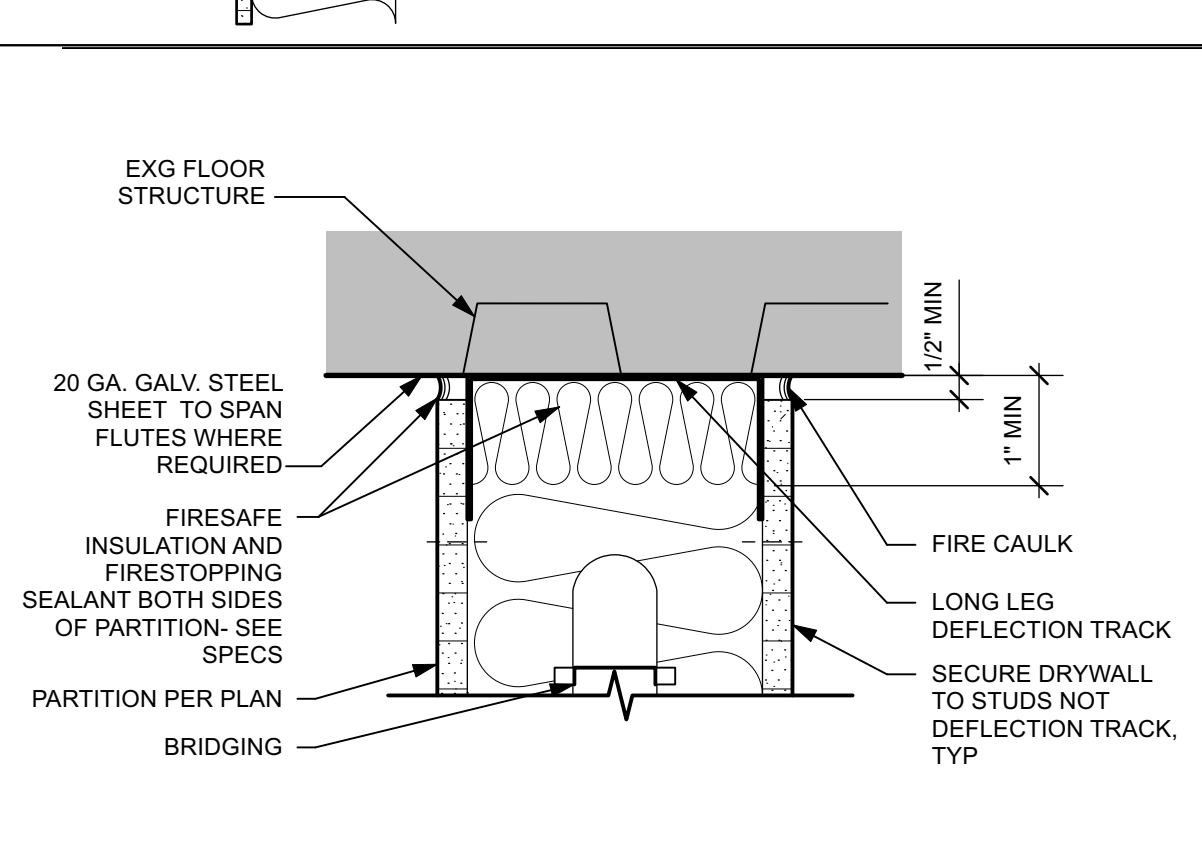
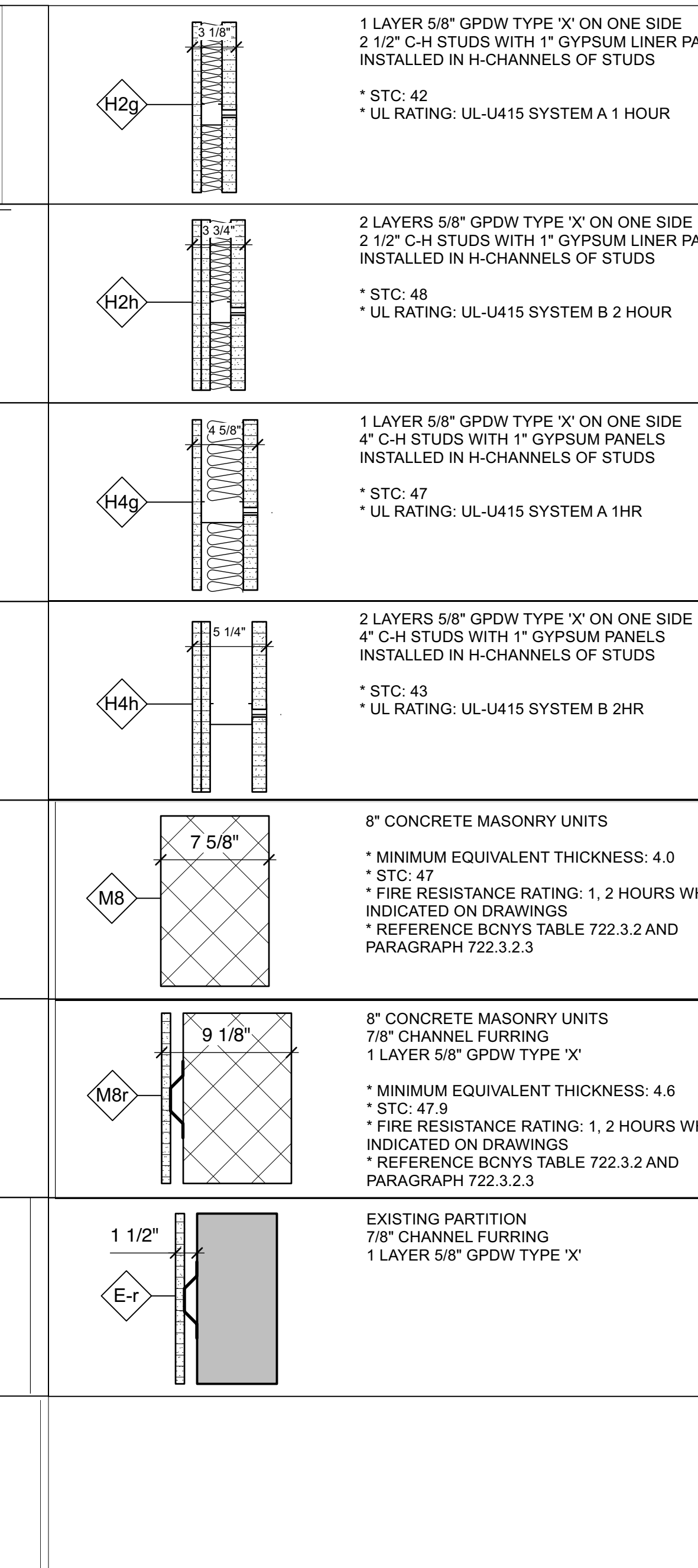
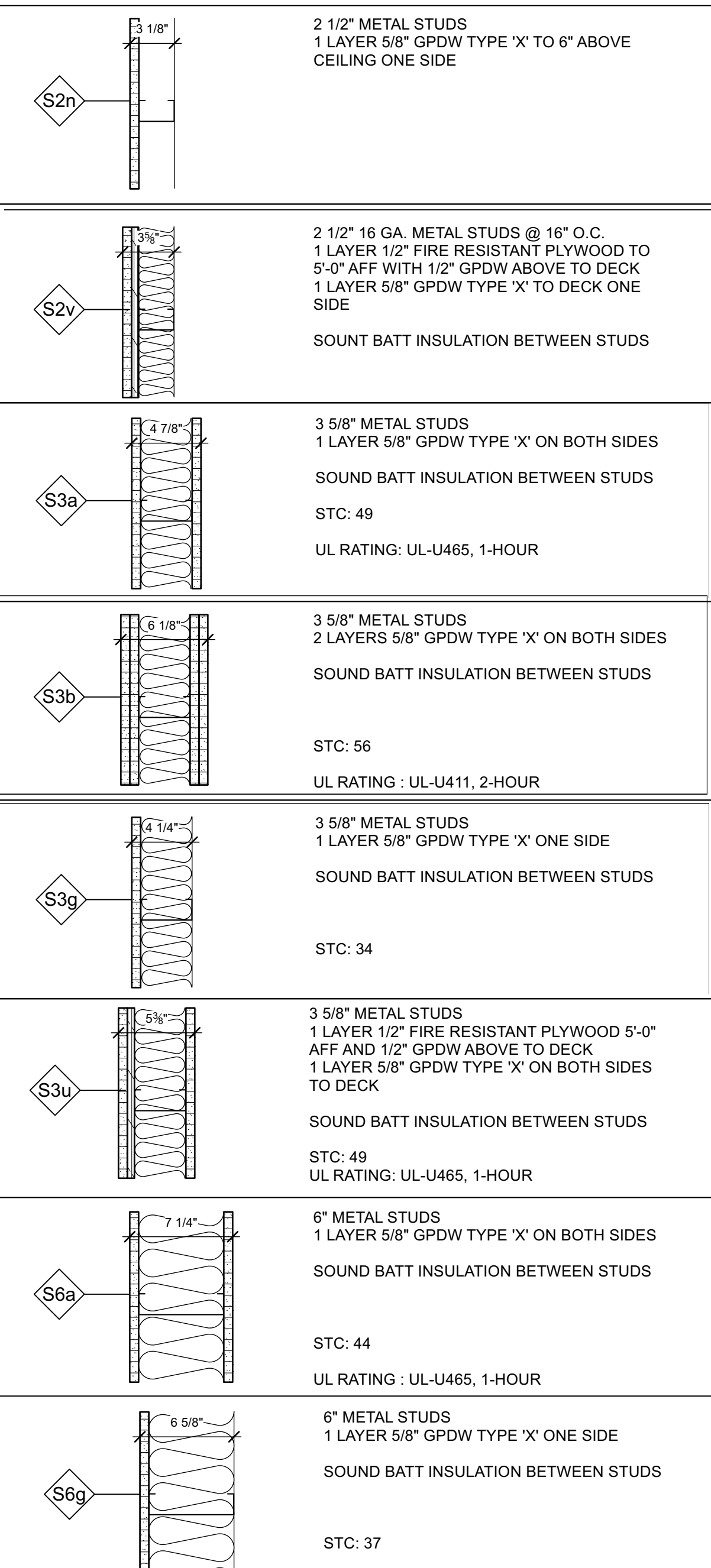
- VISITOR / PATIENT SUPPORT
- STAFF SUPPORT
- PATIENT TREATMENT AREA
- CLINICAL SUPPORT
- EXITS
- BUILDING SUPPORT
- PUBLIC
- PATIENTS/STAFF
- STAFF ONLY
- STAFF CONTROL POINT

PARTITION TYPES

GENERAL NOTES:

- ALL NEW PARTITIONS ARE DIMENSIONED FROM FACE OF STEEL STUD OR FACE OF BLOCK, UNLESS OTHERWISE NOTED.
- ALL STEEL STUDS SHALL HAVE 1 LAYER GPDW EACH SIDE, UNLESS NOTED OTHERWISE.
- EXTEND ALL PARTITIONS, STUDS, AND GPDW TO DECK ABOVE, UNLESS NOTED OTHERWISE.
- ALL DRYWALL TO BE 5/8" THICK TYPE 'X', UNLESS NOTED OTHERWISE.
- WHERE UNBALANCED DRYWALL SYSTEM IS USED, ADDITIONAL LAYER IS ON SYMBOL SIDE.
- SEE SPECIFICATIONS FOR THICKNESS OF ACOUSTIC INSULATION.
- SEE FINISH SCHEDULE FOR FINISHES INCLUDING PAINT, SPECIALTY COATINGS, TILE, VINYL WALL COVERINGS, ETC.
- REFER TO CODE COMPLIANCE DRAWINGS FOR LOCATION OF RATED WALLS.

- WHERE GPDW DOES NOT EXTEND FROM FLOOR TO DECK ON BOTH SIDES OF METAL STUD WALLS, PROVIDE STEEL CHANNEL AND CLIP ANGLE BRIDGING AS SPECIFIED AT 4'-0" MAXIMUM ON CENTER. FULL HEIGHT OF ASSEMBLY, WHERE STUD KNOCKOUTS DON'T ALIGN OR ARE BLOCKED BY OTHER CONSTRUCTION, PROVIDE METAL STRAPPING AS SPECIFIED ON BOTH FACED OF STUDS AT SAME SPACING.
- AT DEFLECTION TRACK LOCATIONS OF RATED WALLS, PROVIDE CHANNEL AND CLIP BRIDGING OR STRAPPING AT 1'-0" MAXIMUM BELOW STRUCTURE ABOVE.
- ALL METAL STUDS TO BE 20 GAUGE UNLESS NOTED OTHERWISE.
- CONTRACTOR TO VERIFY IN FIELD ALL EXISTING DIMENSIONS.



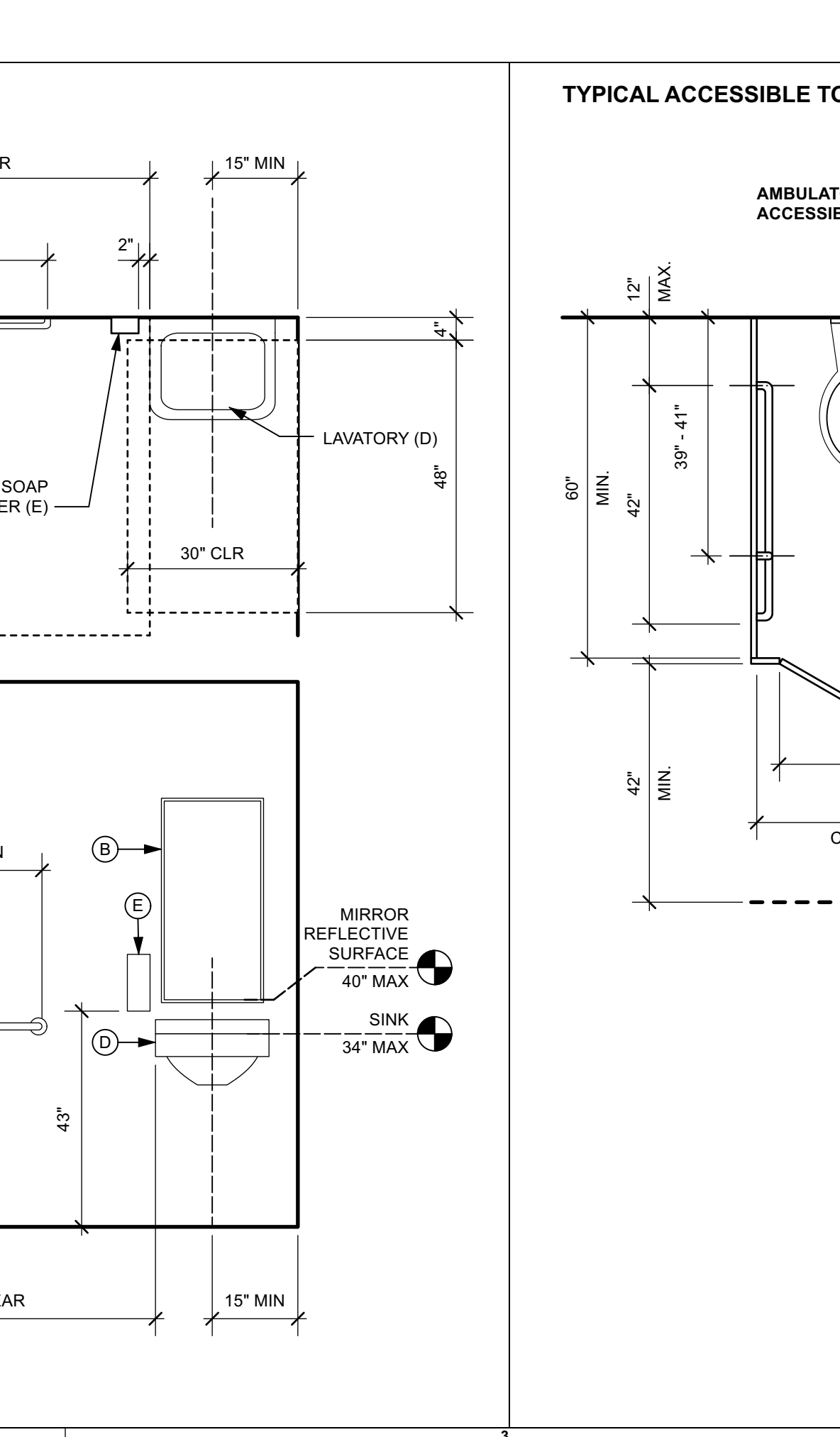
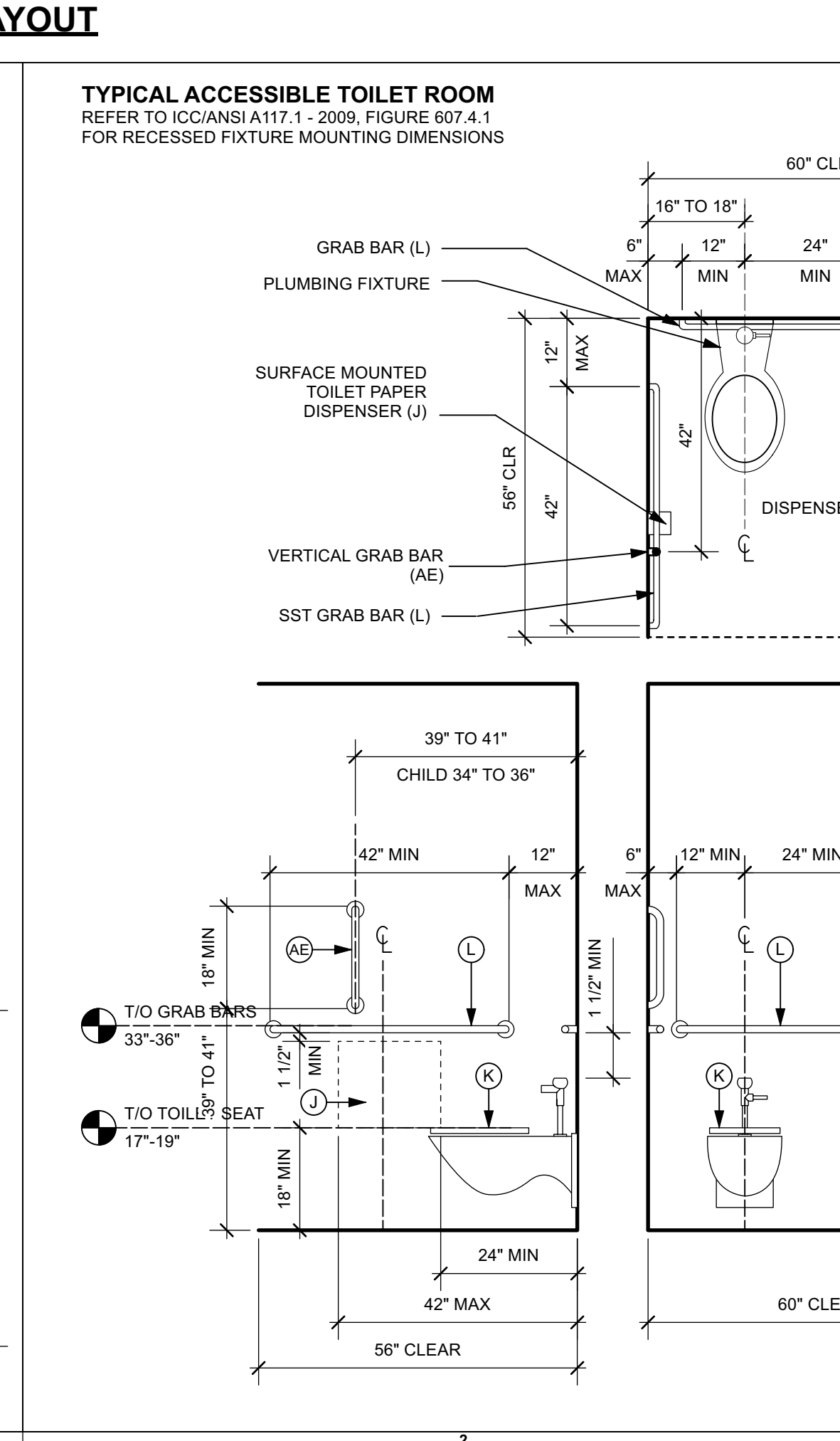
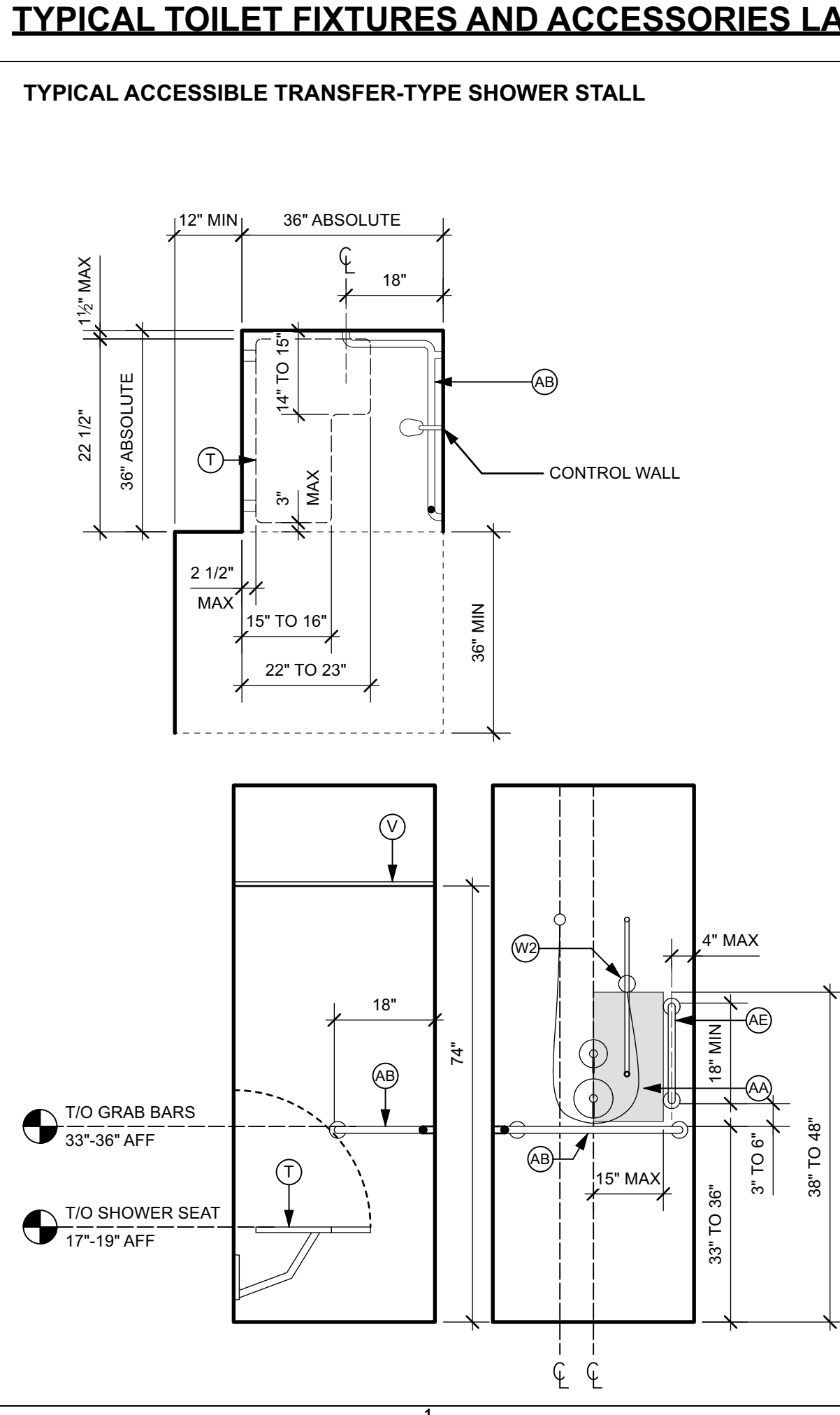
TOP OF RATED STUD PARTITION DETAIL
Scale: 3/8" = 1'-0"

BOTTOM OF RATED STUD PARTITION DETAIL
Scale: 3/8" = 1'-0"

TOP OF RATED CMU PARTITION DETAIL (RIBS OF DECK PERPENDICULAR)
Scale: 3/8" = 1'-0"

TOP OF RATED CMU PARTITION DETAIL (RIBS OF DECK PARALLEL)
Scale: 3/8" = 1'-0"

TYPICAL TOILET FIXTURES AND ACCESSORIES LAYOUT



TYPICAL ACCESSIBLE TRANSFER-TYPE SHOWER STALL

TYPICAL ACCESSIBLE TOILET ROOM
REFER TO ICCANSI A117.1 - 2009, FIGURE 607.4.1 FOR RECESSED FIXTURE MOUNTING DIMENSIONS

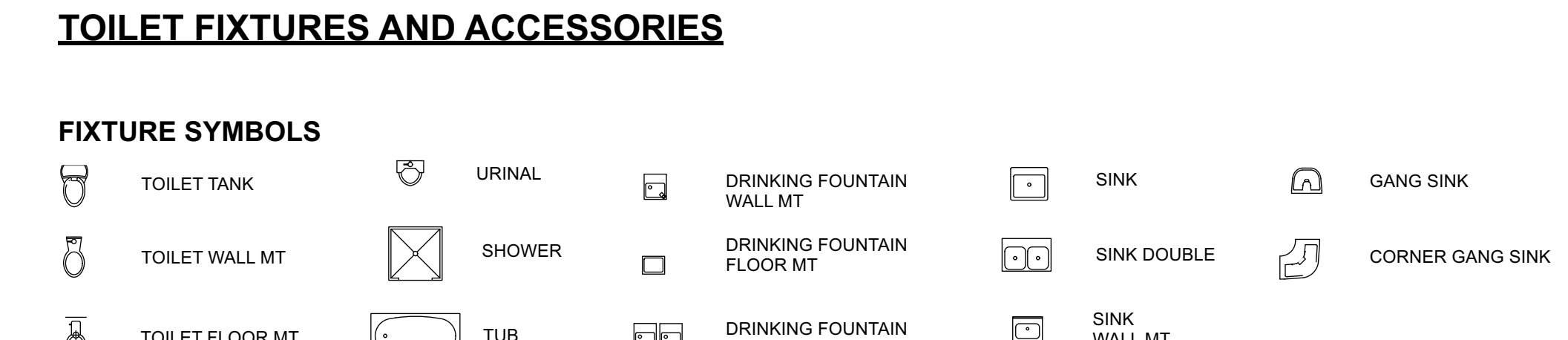
TYPICAL ACCESSIBLE TOILET STALL

TOILET FIXTURES AND ACCESSORIES MOUNTING HEIGHT SCHEDULE

ITEM	ADULT (1)	ADA ADULT (2)	CHILD (3)	NOTES
A DRINKING FOUNTAIN	38" - 43"	38" MAX	32" MAX (A)	
B MIRROR	40"	40"	34"	30" MAX WHEN NOT BEHIND LAV OR COUNTER
C SST SHLF	50"	40" - 48" (B)	34"	
D LAVATORY	34"	34" MAX	31"	
E SOAP DISPENSER	43"	(C)	34"	CHILDREN 6-12
F FACIAL TISSUE DISP.	48"	(C)	30"	
G PAPER TOWEL DISP.	48"	(C)	30"	
H HAND DRYER	36"	(C)	30"	
I URINAL	24"	17" MAX	17"	
J TOILET PAPER HOLDER	18" MIN	18" MIN (D)	18" MIN	
K T.O. TOILET SEAT	17"	17" - 19"	11" - 17"	
L GRAB BAR	N/A	33" - 36" (E)	18" - 27" (E)	HEIGHT TO TOP OF GRAB BAR
M T.O. PART PUSH PLATE	36"	34" - 48"	36"	
N SANITARY NAPKIN DISP.	40"	(C)	N/A	
O SAN. NAP. DISPOSAL	18"	18" MIN (D)	N/A	
P WASTE RECEPTACLE	34"	(C)	24"	
Q TOWEL BAR	48"	(C)	30"	
R HAIR DRYER	60"	4'-0" MAX	3'-0"	
S COAT HOOK	64"	(C)	3'-0"	
T SHOWER SEAT	N/A	17" - 19"	12"	HEIGHT TO TOP OF SEAT
U SOAP DISP. @ SHOWER	48"	38" - 48"	3'-0"	
V SHOWER CURTAIN ROD	74"	74"	74"	
W SHOWER HEAD/HAND SHOWER	74"	38" - 48"	48"	HAND SHOWER WITH MIN 59" HOSE
X GRAB BAR @ TUB	N/A	33" - 36"	20"	REFER TO ELEVATION
Y SOAP DISP. @ TUB	32"	27"	27"	
Z CONTROLS @ TUB	32"	32"	32"	REFER TO ELEVATION
AA CONTROLS @ SHOWER	40"	38" - 48"	36"	REFER TO ELEVATION
AB GRAB BAR @ SHOWER	N/A	33" - 36"	18" - 24"	HEIGHT TO TOP OF GRAB BAR
AC COUNTER HEIGHT	36" @ 2"	34" MAX	28" - 30" MAX	
AD BATHUB	N/A	18"	17"	
AE VERTICAL GRAB BAR	N/A	39" - 41"	21" - 30"	HEIGHT TO BOTTOM OF BAR AT TOILET STALL
AF BABY CHANGING STATION	27"	28" - 34" MAX (F)	N/A	

KEY NOTES:
 (A) 30" TO SPOUT ABOVE FINISH FLOOR IS PERMITTED IF PARALLEL APPROACH COMPLYING WITH SECTION 305 IS PROVIDED, AND CLEAR FLOOR SPACE IS CENTERED ON DRINKING FOUNTAIN.
 (B) 4" DEEP SHELF MAX FOR LOCATIONS IN A CLEAR FLOOR SPACE OR IN AN ACCESSIBLE PATH OF TRAVEL.
 (C) UNOBSTRUCTED HEIGHT: 1'0" - 48" ABOVE FINISH FLOOR, OBSTRUCTED HEIGHT: 48" MAX ABOVE FLOOR WHERE MAX REACH DEPTH IS 20"; 44" MAX ABOVE FLOOR WHERE REACH DEPTH IS 20" - 25"; DISTANCE ABOVE FLOOR IS MEASURED TO OPERATOR OR DISPENSER LOCATION. REFER TO TABLES 6 FOR MAX REACH AND DEPTH DIMENSIONS.
 (D) WHEN TOILET PAPER DISPENSER IS MOUNTED BELOW A GRAB BAR, PROVIDE MIN 1'-1/2" CLEAR BETWEEN TOP OF DISPENSER AND BOTTOM OF GRAB BAR.
 (E) MOUNTING HEIGHT FOR GRAB BAR TO BE COORDINATED WITH ACCESSORIES MOUNTED BELOW GRAB BAR, AND WITH WATER CLOSET TANK/FLUSH VALVE.
 (F) HEIGHT MEASURED TO TOP OF WORK SURFACE.

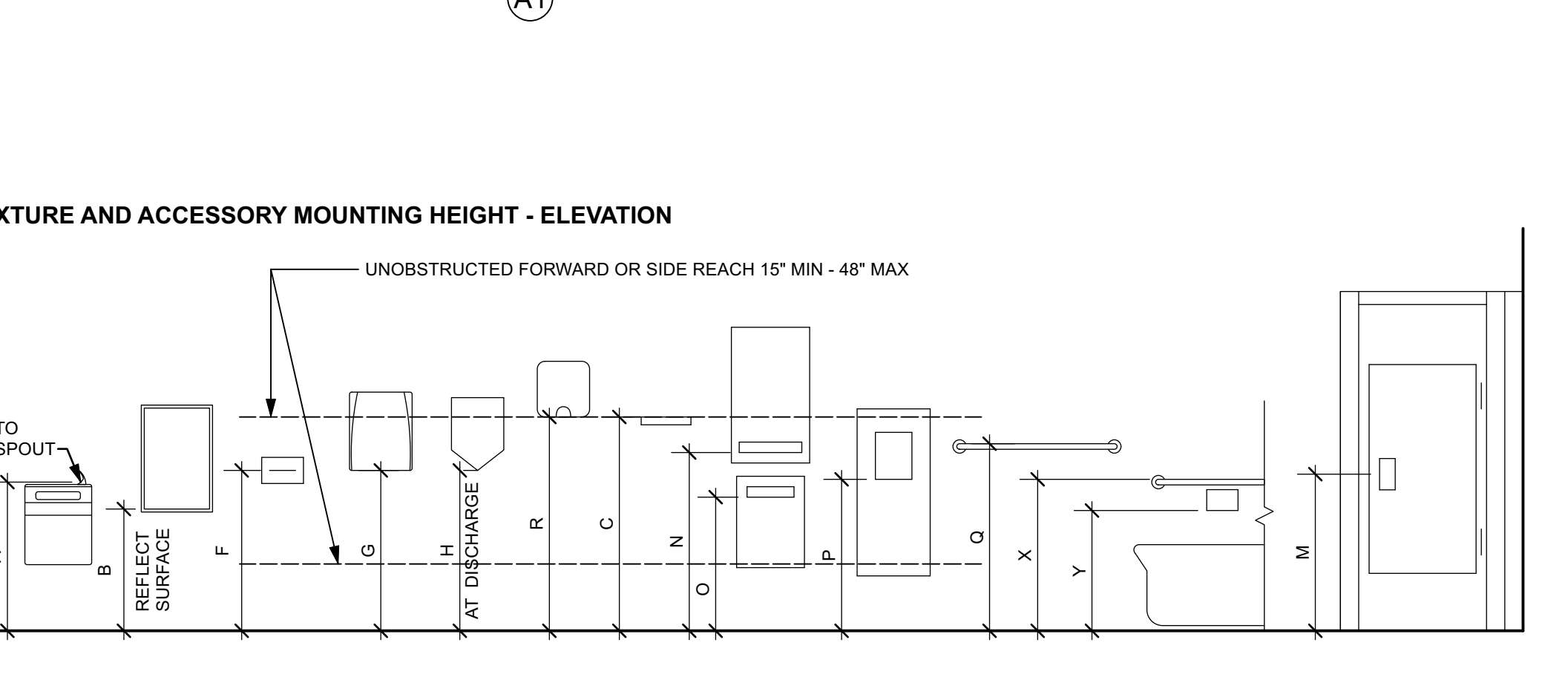
TOILET FIXTURES AND ACCESSORIES



TOILET FIXTURE AND ACCESSORY SYMBOL (KEYED ON ENLARGED PLANS)



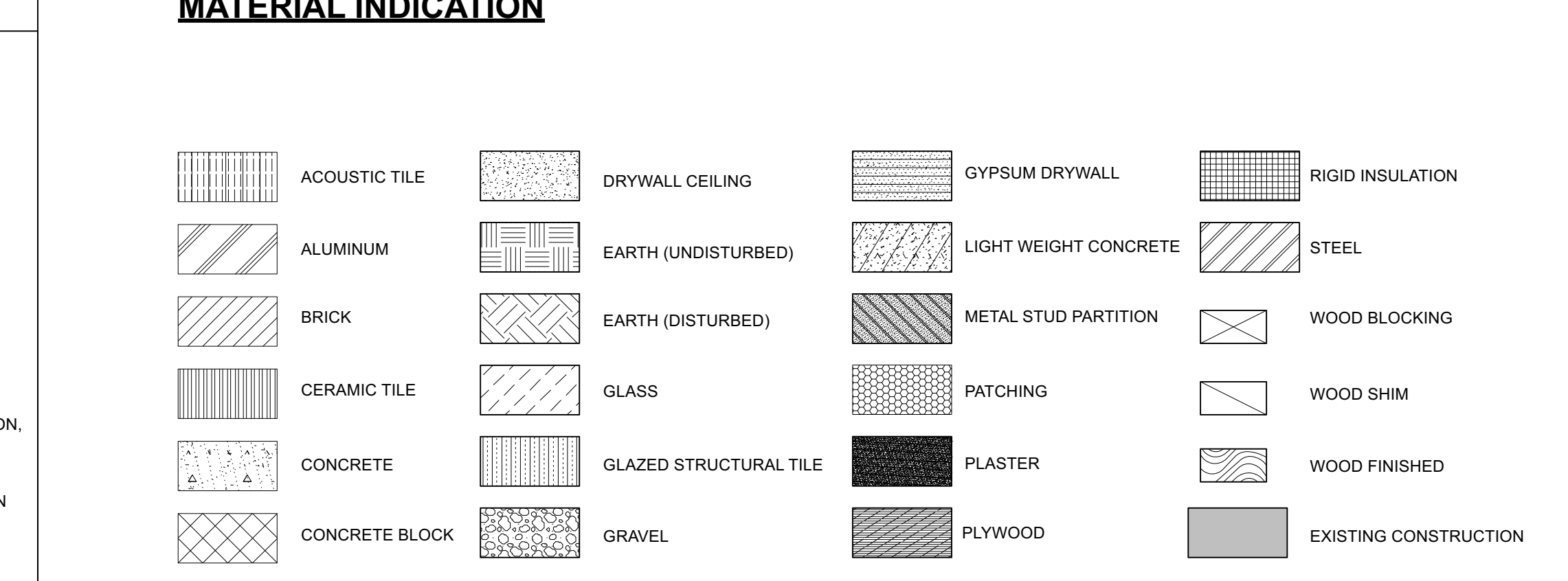
TOILET FIXTURE AND ACCESSORY MOUNTING HEIGHT - ELEVATION



ABBREVIATIONS

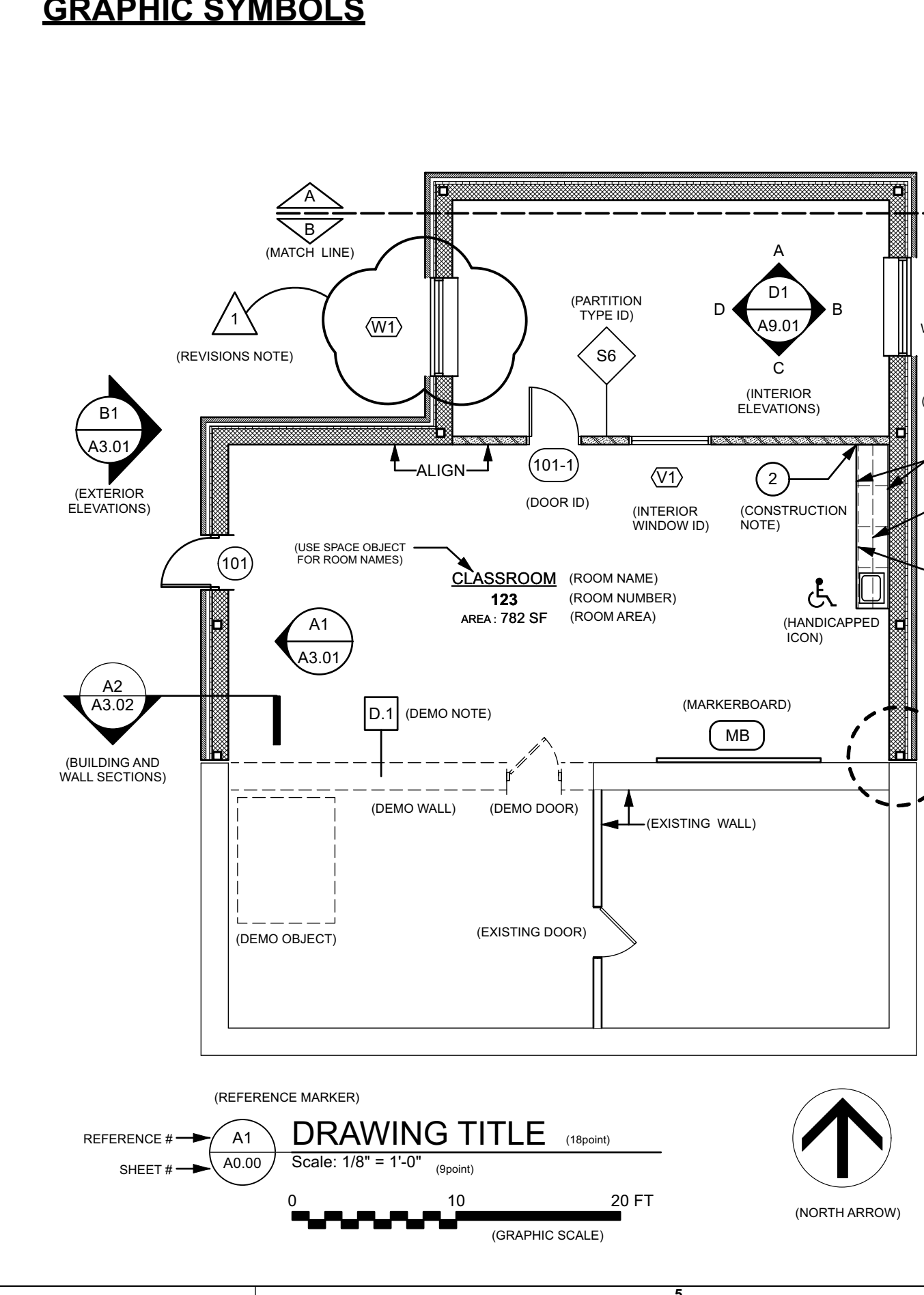
ACM asbestos containing material	ADJ adjustable	ADJ above finish floor	AL aluminum	ALT alternate	AP expansion panel	APPROX approximate	ARCH architectural	ASSY assembly	AVG average	AWP acoustic wall panel	BD board	BLOG building	BLDG building	BM benchmark	BOF bottom	BR bottom of	BR bumper rail	BS back/side/both sides	BSMT basement	BSR built-up roof	C courses	CL center line	CB chalkboard	CC cutical curtain	CFM cold form metal framing	CF cubic foot	CG corner guard	CJ control joint	CL ceiling	CLF clear	CMU concrete masonry unit	COL column	CONC concrete	CONST construction	CONT continue or continuous	CONV connector	COORD coordinate	CPT carpet	CSWK casework	CT ceramic tile	CTR counter	CW curtainwall	CWT ceramic wall tile	CL 123	CYD cubic yard	DF drinking fountain	DHW domestic hot water	DIA diameter	DIM dimension	DN down	DIV division	DPO deck plate clean out	DR door	AD access door	ADJ adjustable	DWG drawing	E east	EA each	EP expansion bolt	EGW exterior insulation finish system	EL or ELEV elevation	ELEC electric	ENGR engineer	INV Invert	INSUL insulation	INSV insulated temp. float glass	INFO information	INT interior	INTV Invert	IRP infrared	IRWB interactive white board	EQ equal	EQR EQUIP equipment	ETC etcetera	EWG electric water-cooler	EJ expansion joint	EXCA excavation	EXG existing	EXP expansion	EXT exterior	FAB fabric	FD floor drain	FE fire extinguisher	FQ fire extinguisher cabinet	FF finish floor	FIN finish	FIN FLR finished floor	FLR floor	FND foundation	FQ floor of	FR fireproof	FR fire rated	FRG fire rated glass	FRP floor reinforced panel	FSTN fastener	FTG footing	FUR furred	FURB fabric wall covering	GA gauge	GB grab bar	GL glazed ceramic tile	GR grade	GL glass	GLS glazed gypsum drywall	GV or GVS galvanized	GWT glazed wall tile	GYP gypsum	HD hollow metal	HT horizontal	HPC high performance coating	HRS hour	HT HST height	HVAC heating, ventilating & air conditioning	HW hardware	ID inside diameter	INSUL insulation	INSV insulated temp. float glass	INTV Invert	IRP infrared	IRWB interactive white board	IST just	JC JAN janitor's closet	JT joint	KC knockout	KLK knockout	LN linoleum	LNR locker	LOC location	LLV long leg horizontal	LLV long leg vertical	MAS masonry	MAX maximum	MB masterboard	MECH mechanical	MEMB membrane	MEJ masonry expansion joint	MET metal	MFR manufacturer(ies)	MIL 1/1000"	MIR mirror	MISC miscellaneous	MO masonry opening	MS machine screw	MT, MTD mount(ed)	MTG mounting	MTG mounting	FWC fabric wall covering	NO. # number	N natural	NAV natural	NIC not in contract	NSI nominal	NS not to scale	OC on center	OD outside diameter	OF/CI owner furnished/contractor installed	OH opposite hand	OHD overhead door	OPG opening	OPP opposite	PAR parallel	PCE piece	PCC precast concrete	PCT porcelain tile	PREF prefabricated	STRUCT structural	PLAM plastic laminate	PLAS plaster	PLMB plumbing(er)	PL plate	T&G tongue and groove	PT paint	PRE pair	PT pressure treated	PRF preformed	PSI pounds per square inch	PWD, PLYWD plywood	QT quarry tile	RAD radiu	RDR radiator	RB rubber base	RD roof drain	RE reinforced(w/ing)	REF reference	REFD required	REV (revision), revised	RFV rubber floor tile	RFG roofing	RM room	RO rough opening	RSF resilient sports flooring	RSI rubber stair landings	RSR rubber stair treads	VEST vestibule	VF verify in field	VWF vinyl wall fabric	VN vinyl	VWC vinyl wall covering	S south	SC stained concrete	SCN SCHED schedule	SECT section	SFCM split face cmu	SF, SDF square foot	SFT structural glazed facing tile	SHT sheet	SHV wood veneer finish	SHG sheathing	SIB similar	SN, SQN square inch	SK skel	SPEC specification	SQ square	SS solid surface	ST stainless steel	ST steel	STA station	STD standard	STF stiffener	STN Scan	STOR storage	STRUCT structural	SUSP suspended	SVF sheet vinyl flooring	SV, SQVD square yard	T to top of	T&B top and bottom	T&G tongue and groove	TEMP temperature	TER, TZ terrace	TH, THK thickness	THD threaded	TLT, TOL toilet	TO top of	TOC, T/C top of concrete	TOL, T/F top of footing	TOL top of post	TOM top of masonry	TOS top of	TOW top of wall	TP translucent panel	TPO thermoplastic polyolefin	TYP typical	UL Underwriters Laboratories, Inc.	UNO unisex robed otherwise	VAT vinyl asbestos tile	VV vapor barrier	VVC vapor barrier	VCT vinyl composition tile	VERT vertical	VEST vestibule	VF verify in field	VWF vinyl wall fabric	VN vinyl	VWC vinyl wall covering	W wide, with	W/W without	WCW wall covering	WD wood	WDV wood veneer finish	WI wrought iron	WB window	WS waterstop or	WST waterstripping	WP wall protection	WSTC waistcoat	WT weight	W/WV welded wire mesh
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MATERIAL INDICATION

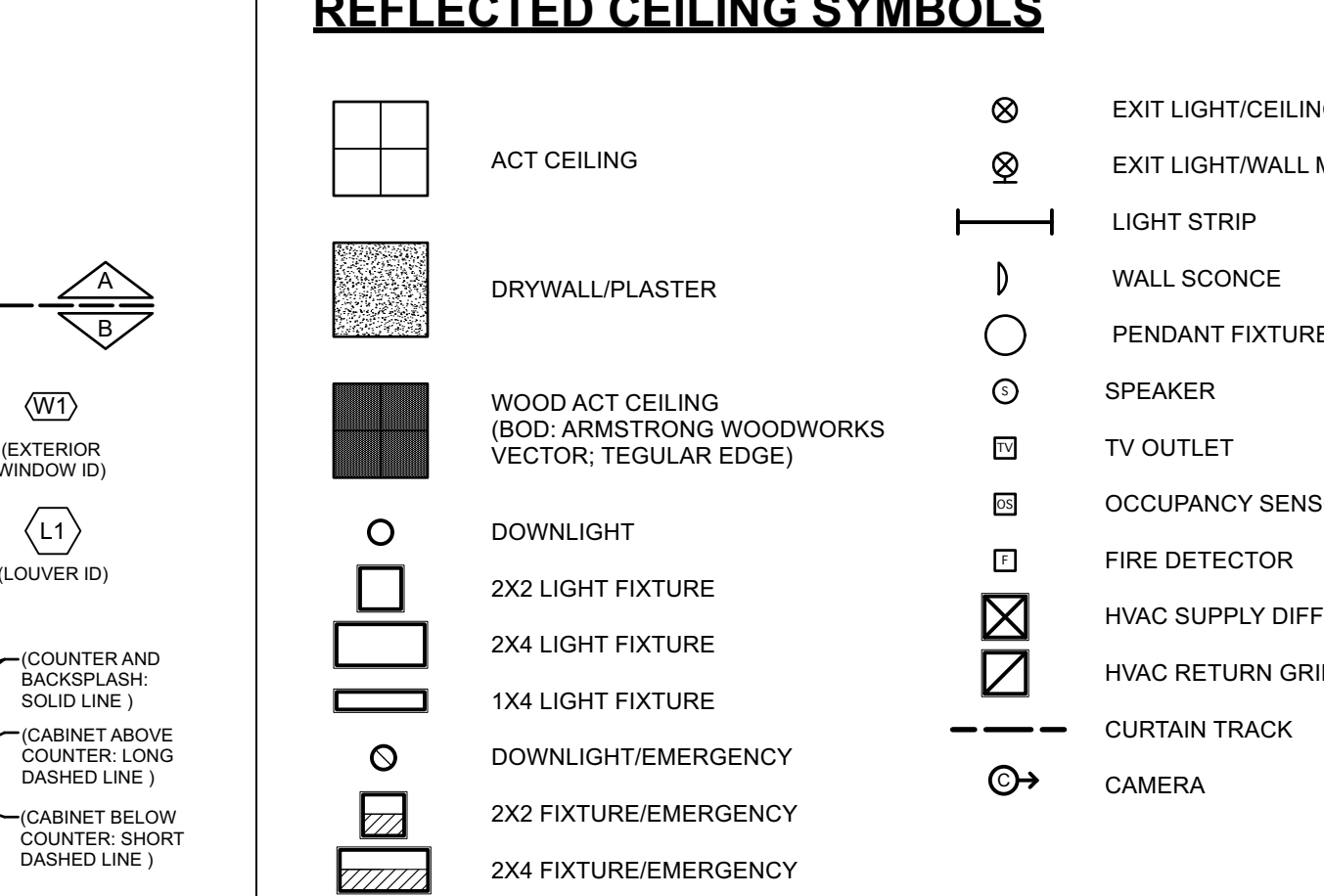


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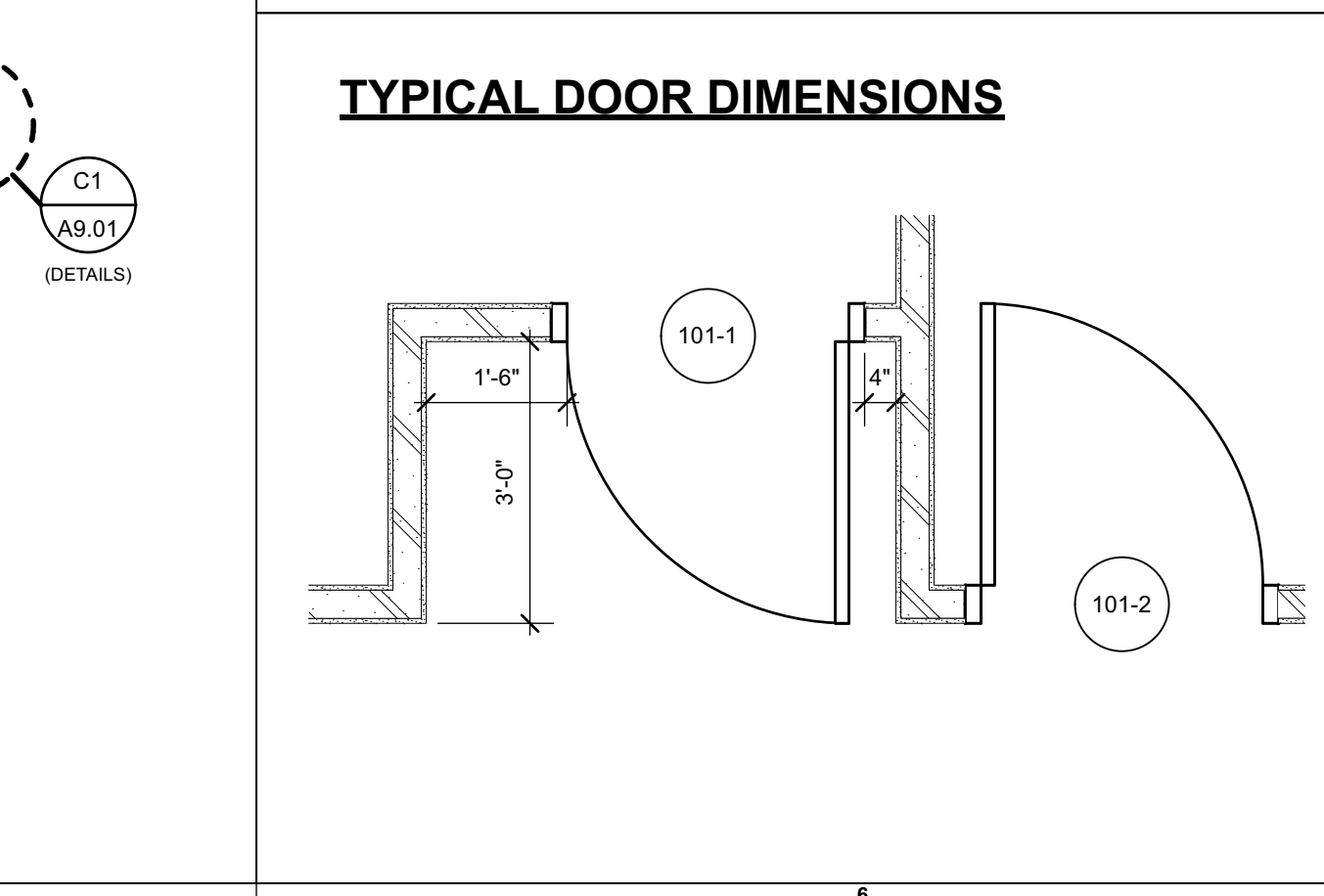
GRAPHIC SYMBOLS



REFLECTED CEILING SYMBOLS



TYPICAL DOOR DIMENSIONS



DRAWING TITLE
Scale: 1/8" = 1'-0" (GRAPHIC SCALE)

TYPICAL DOOR DIMENSIONS

king + king ARCHITECTS

ROME HEALTH SURGICAL SERVICES RENOVATION AND ADDITION

1500 N JAMES STREET
ROME, NY 13440

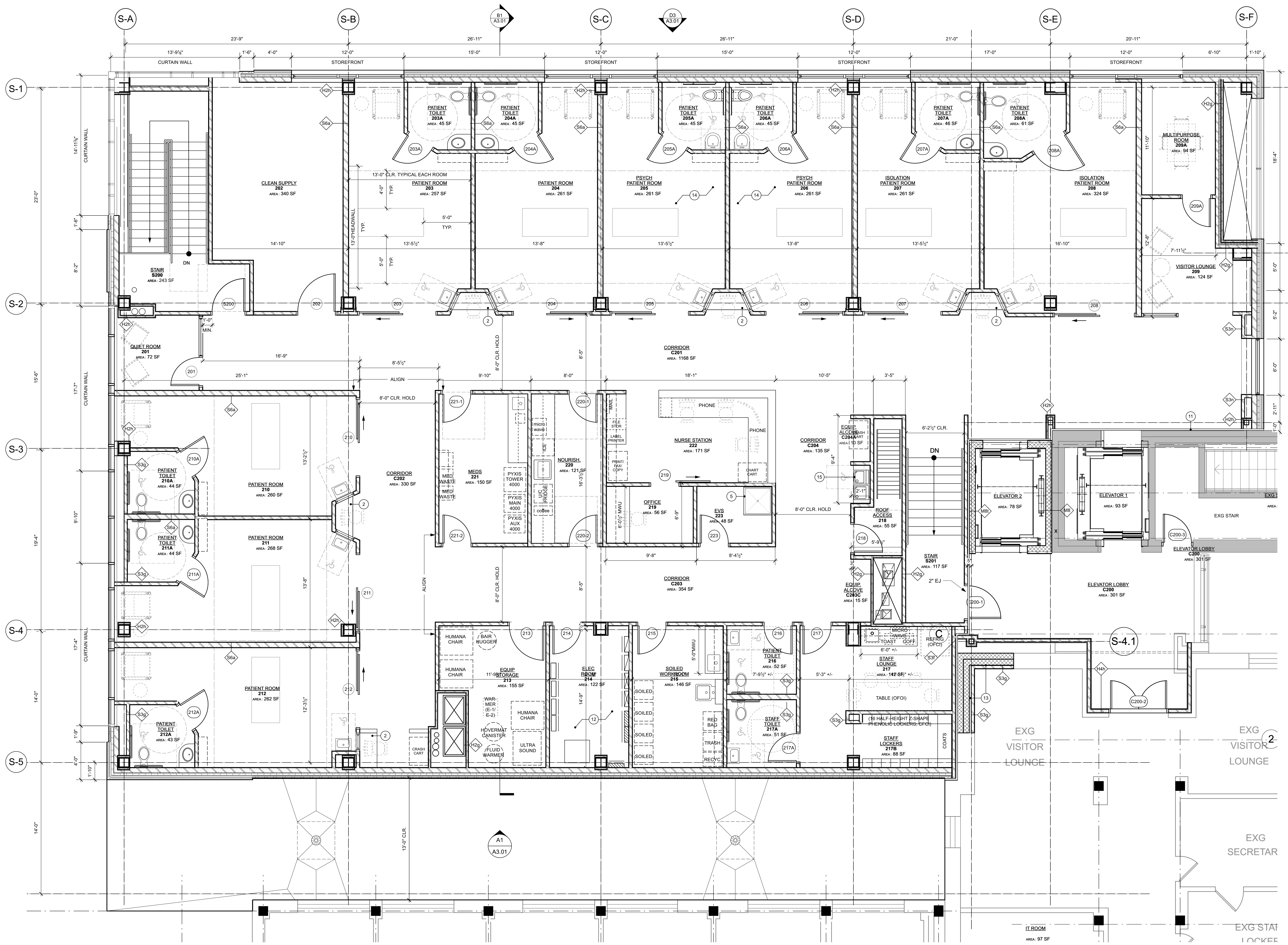
NOT FOR CONSTRUCTION

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MARK	DATE	DESCRIPTION
DOH DSG 1.0 CON SUBMISSION	09/29/2023	
DRAWN BY	JRK	
SCALE:	Sheet Scale	
DRAWING TITLE:		

LEGEND, SYMBOLS AND DETAILS

A0.00



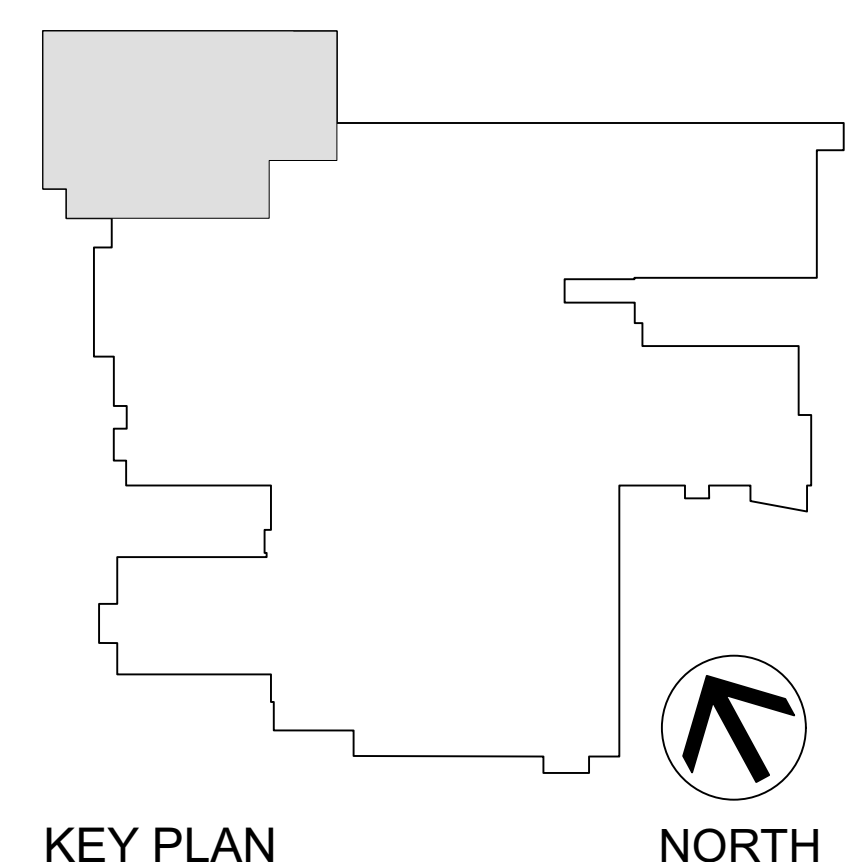
A1 CONSTRUCTION PLAN - SECOND FLOOR
Scale: 1/4" = 1'-0"

GENERAL CONSTRUCTION NOTES:

- CONTRACTOR TO FIELD VERIFY ALL DIMENSIONS PRIOR TO CONSTRUCTION.
- ALL DIMENSIONS ARE TAKEN FROM FACE OF STUD; U.N.O.
- BLOCK WALLS ARE DIMENSIONED FROM FACE OF MASONRY.
- REFER TO DRAWING A0.01 FOR TOILET ROOM ACCESSORY LEGEND, TYPICAL REQUIRED CLEARANCES AND REQUIRED MOUNTING HEIGHTS.
- STRUCTURAL COLUMN SURROUNDS TO BE PARTITION TYPE 'H41' AS SHOWN IN PLAN TO ACHIEVE 2-HR RATING REQUIRED, TYP.
- ALL PARTITION WALLS TO BE TYPE 'S3a' U.N.O.
- SEE CODE COMPLIANCE PLANS ON SHEETS G0.01 & G0.02 FOR LOCATIONS OF RATED WALLS, TYP.
- REFER TO DRAWINGS FOR EQUIPMENT LAYOUT. PROVIDE BLOCKING AS REQUIRED FOR ALL WALL MOUNTED EQUIPMENT. COORDINATE WITH MEP DRAWINGS FOR ALL ELECTRICAL AND PLUMBING REQUIREMENTS. COORDINATE SIZE AND LOCATION OF BLOCKING WITH OWNER.
- PROVIDE METAL STRAPPING FOR ALL WALL MOUNTED ITEMS.
- ROLLER WINDOW SHADES W/ RECESSED SHADE BOXES AT ALL EXTERIOR WINDOWS, TYP.
- ALL FURNITURE SHOWN DASHED IS NOT IN CONTRACT, TYPICAL.
- REFER TO DRAWING A0.00 FOR SCHEDULE OF ITEMS THAT ARE OFCI OR CFCL.
- PROVIDE GROMMET IN COUNTERTOP FOR EACH COMPUTER. COORDINATE LOCATION WITH OWNER.

PLAN KEYED NOTES

- COAT ROD AND SHELF MOUNTED AT 60" AFF. SEE DETAIL C1/A9.31
- PLAN COUNTERTOP WORK SURFACE 30" AFF
- FULL HEIGHT MILLWORK CABINET WITH ADJUSTABLE SHELVING. REFER TO DETAIL B4/A9.30; SEE PLAN FOR WIDTH
- ROOM TO BE NEGATIVE PRESSURE; REFER TO MECH DWGS.
- MOP SINK. REFER TO PLUMB. DWGS.
- BUILT-IN PLAM BENCH W/ UPHOLSTERED BENCH AND BACK (FAB-1)
- FLOOR RECESSED POWER AND DATA RECEPTACLE. REFER TO ELEC DWGS. COORDINATE WITH OWNER FOR FINAL LOCATION.
- TV/ MONITOR (OFCI); PROVIDE BLOCKING AND REFER TO ELEC DWGS.
- PROVIDE AIR CURTAIN IN CEILING ABOVE; REFER TO MECH DWGS.
- BARITRAC FIXTURES AND CLEARANCES REQUIRED; REFER TO ENLARGED PLANS AND PLUMB. DWGS.
- CUSTOM ACROVYN BY DESIGN MURAL (CFCL); SEE ELEVATIONS FOR DIMENSIONS.
- PROVIDE FULL-HEIGHT 1/2" PLYWOOD ON ALL WALLS, TYP.
- INFILL EXISTING OPENING WITH CMU BLOCK. SEE STRUCTURAL DRAWINGS.
- THIS ROOM WILL BE UTILIZED AS A BEHAVIORAL HEALTH ROOM AND IS TO BE OUTFITTED WITH ANTI-LIGATURE FIXTURES AND MATERIALS, SUCH AS WELDED SEAM FLOORING, GWB CEILING, ANTI-LIGATURE TOILET FIXTURES, GRAB BARS, SINK OUTLETS, HARDWARE, ETC. THESE ROOMS WILL ALSO INCLUDE ABUSE RESISTANT DRYWALL AND SAFETY GLAZING AT EXT WINDOWS. HIGH-LOW DRINKING FOUNTAIN W/ BOTTLE FILLER. SEE PLUMB DRAWINGS
- STACKED STONE ACCENT WALL WITH RECESSED ELECTRIC FIREPLACE (BASIS OF DESIGN SIDELINE 45 80025-45)
- PROVIDE 4'-0" TALL ACROVYN SHEET PROTECTION ON ALL WALLS IN CORRIDOR, TYP.
- FULL HEIGHT PHENOLIC LOCKERS WITH SLOPED TOP
- METAL FULL HEIGHT CABINETS (OFCI)
- ALL WALLS TO RECEIVE EPOXY PAINT
- BARITRAC BASIS OF DESIGN: OTIS GEN3 EDGE
- ELEVATOR BASIS OF DESIGN: OTIS HYDROFIT 3512R
- FRP FULL HEIGHT ALL WALLS, TYP.
- LOUVER; SEE MECH DWGS.
- STAINLESS STEEL COUNTER; SEE INT. ELEVATIONS
- 3/8" TEMPERED GLASS PANEL W/ CUSTOM ACRYLIC GRAPHIC
- SLOPE NEW SLAB TO DRAIN 1/8" MIN. DOWEL TO EXISTING SLAB TO SUPPORT. SEE STRUCTURAL DWGS.
- DUE TO AMOUNT OF DEMOLITION AND NEW ELECTRICAL, PLUMBING, AND FINISH WORK REQUIRED. PROVIDE (1) LAYER OF 5/8" TYPE GPDW ON ALL WALLS, TYP. PROVIDE 7/8" FURRING WHERE NEEDED OVER EXG WALLS.
- PROVIDE NEW 4" MIN. CONCRETE SLAB IN AREA SHADED.



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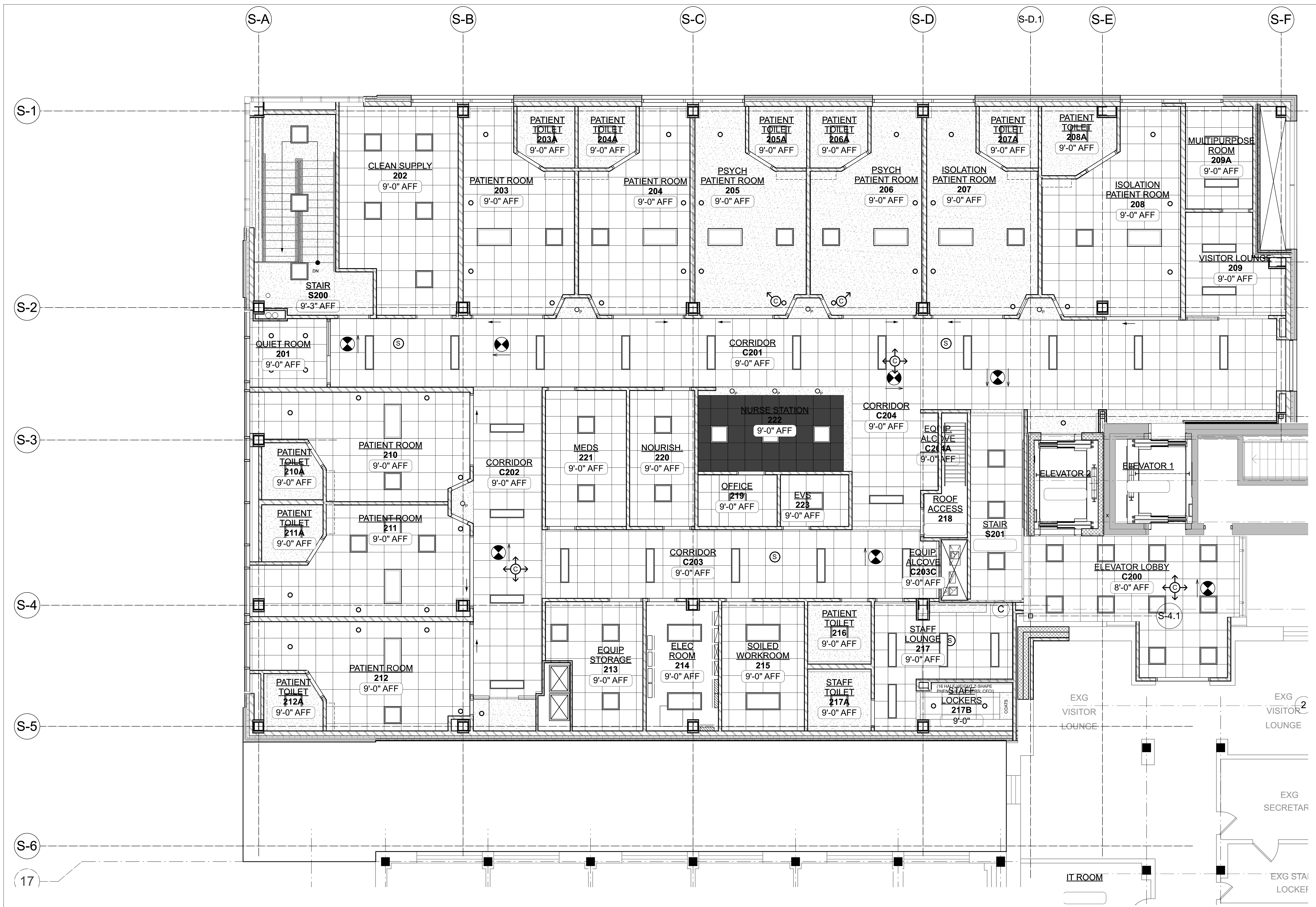
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MARK	DATE	DESCRIPTION
DOH DSG 1.0 CON SUBMISSION	09/29/2023	
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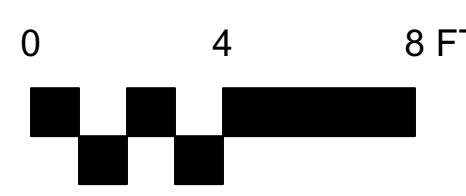
SCALE: Sheet Scale
DRAWING TITLE:

REFLECTED CEILING PLAN - SECOND FLOOR

A2.20 ICU



2 REFLECTED CEILING PLAN - SECOND FLOOR
Scale: 1/4" = 1'-0"

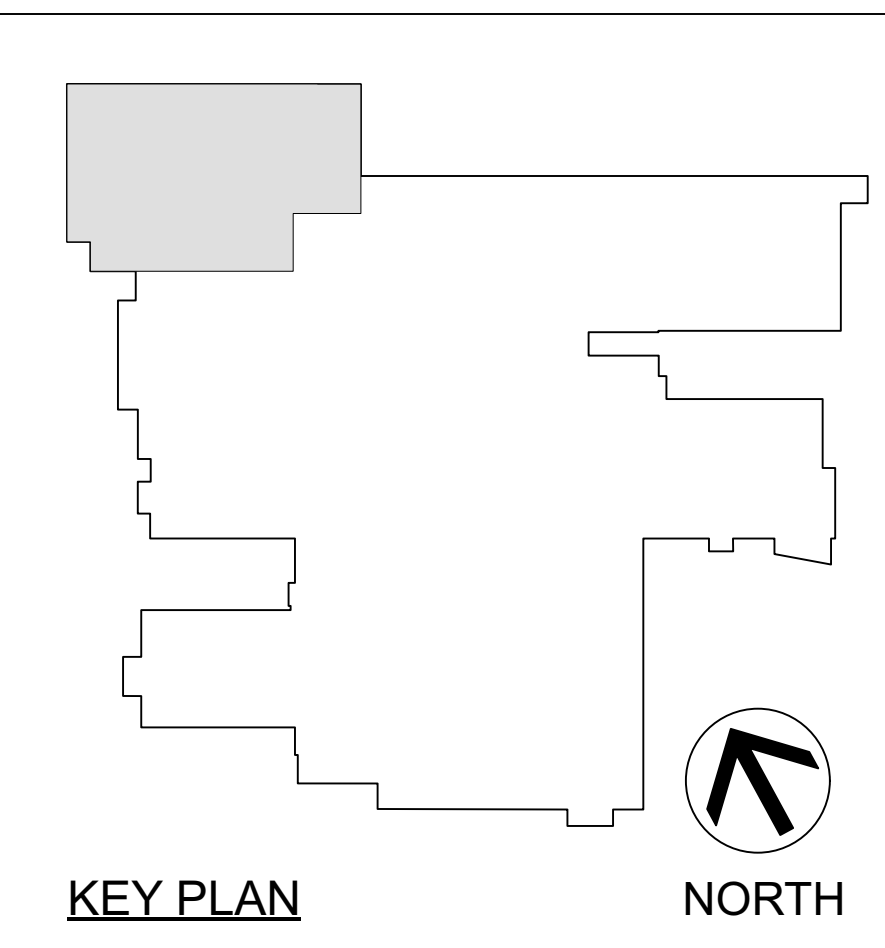


GENERAL RCP NOTES

- REFER TO SHEET A2.00 FOR REFLECTED CEILING PLAN SYMBOLS.
 - REFER TO FINISH LEGEND AND SPECIFICATIONS FOR CEILING FINISHES AND SYSTEMS.
 - INSTALL ALL CEILING MOUNTED EQUIPMENT IN THE CENTER OF CEILING TILE.
 - COORDINATE CEILING MOUNTED EQUIPMENT, FIXTURE SIZES AND LOCATION WITH HVAC/ELECTRICAL/FIRE PROTECTION/PLUMBING DRAWINGS.
 - NOTIFY ARCHITECT IMMEDIATELY OF ANY DISCREPANCIES BETWEEN REFLECTED CEILING PLAN AND HVAC/ELECTRICAL/FIRE PROTECTION/PLUMBING DRAWINGS.
 - CENTER GRID IN THE N, S, E & W DIRECTIONS OF ALL SPACES UNLESS OTHERWISE NOTED.
 - ALL CEILINGS TO BE 9'-0" UNLESS NOTED OTHERWISE.
- CLIP IN CEILING SYSTEM WITH CLEAN ROOM ACT TILES (MYLAR FACED)
 - GASKETING CLEAN CEILING SYSTEM, PROVIDED BY VENDOR
 - CEILINGS TO BE 10'-0" AFF
 - CEILINGS TO BE 11'-6" AFF

REFLECTED CEILING SYMBOLS

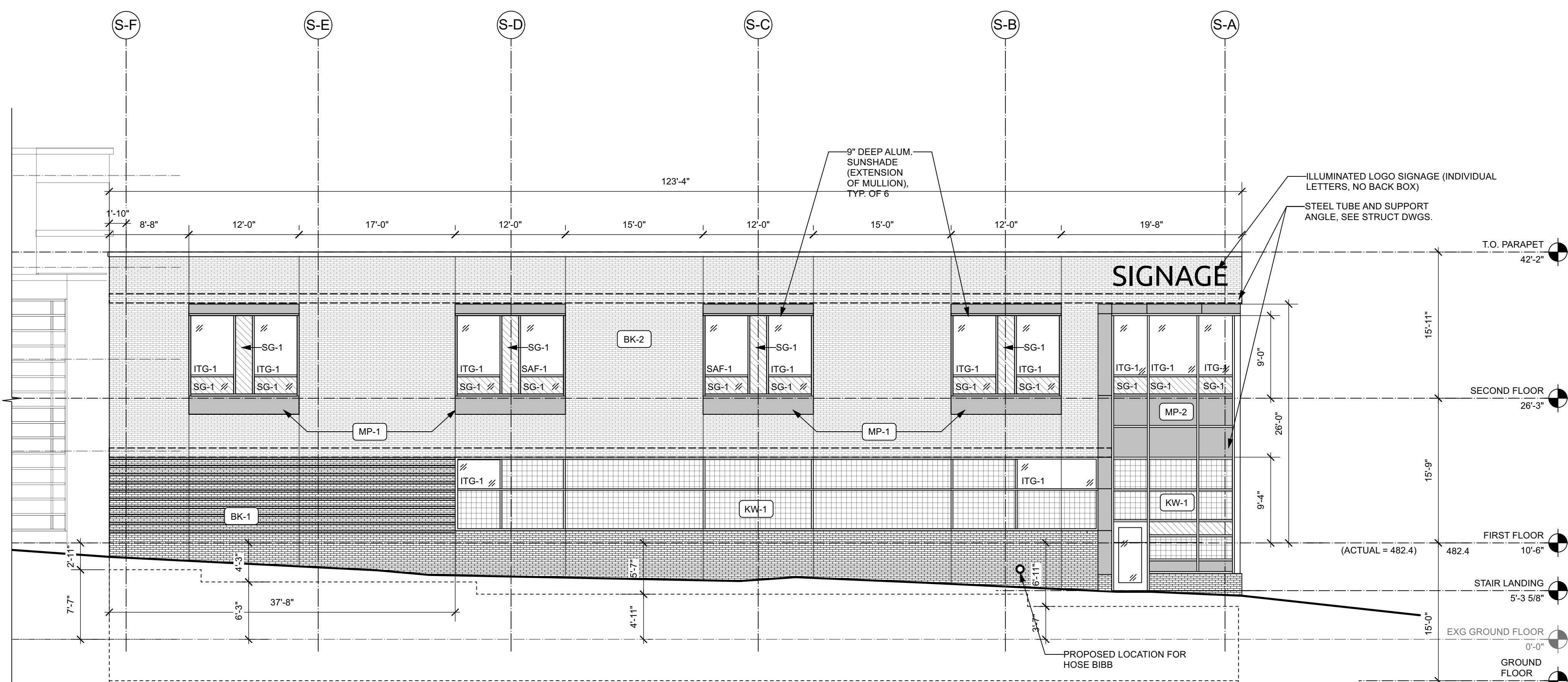
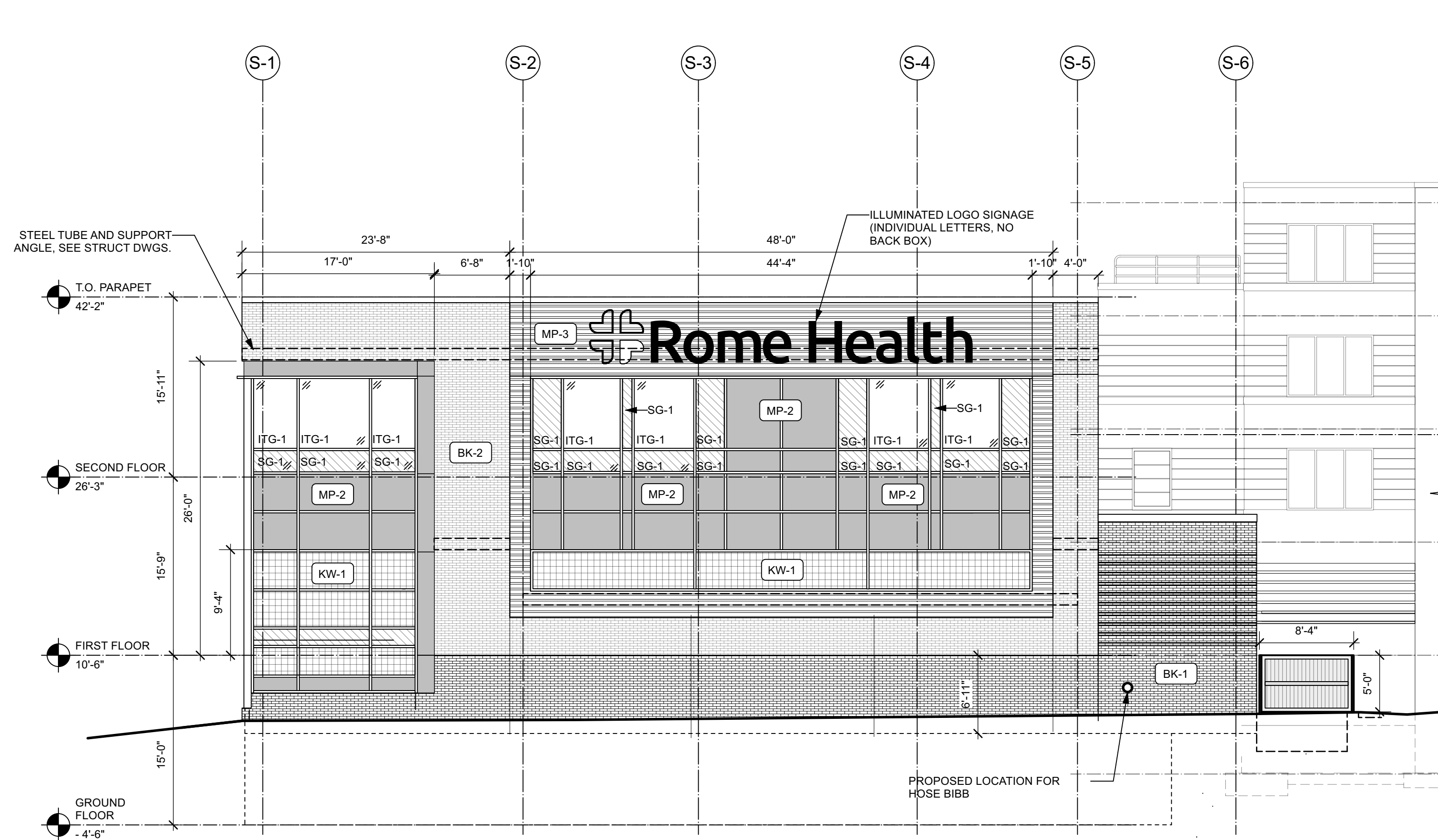
	ACT CEILING		EXIT LIGHT/CEILING MT.
	DRYWALL/PLASTER		EXIT LIGHT/WALL MT.
	WOOD ACT CEILING (BOO, ARMSTRONG WOODWORKS VECTOR, REGULAR EDGE)		LIGHT STRIP
	DOWNLIGHT		WALL SCONCE
	2X2 LIGHT FIXTURE		PENDANT FIXTURE
	2X4 LIGHT FIXTURE		SPEAKER
	1X4 LIGHT FIXTURE		TV OUTLET
	DOWNLIGHT/EMERGENCY		OCCUPANCY SENSOR
	2X2 FIXTURE/EMERGENCY		FIRE DETECTOR
	2X4 FIXTURE/EMERGENCY		HVAC SUPPLY DIFFUSER
			HVAC RETURN GRILLE
			CURTAIN TRACK
			CAMERA



KEY PLAN

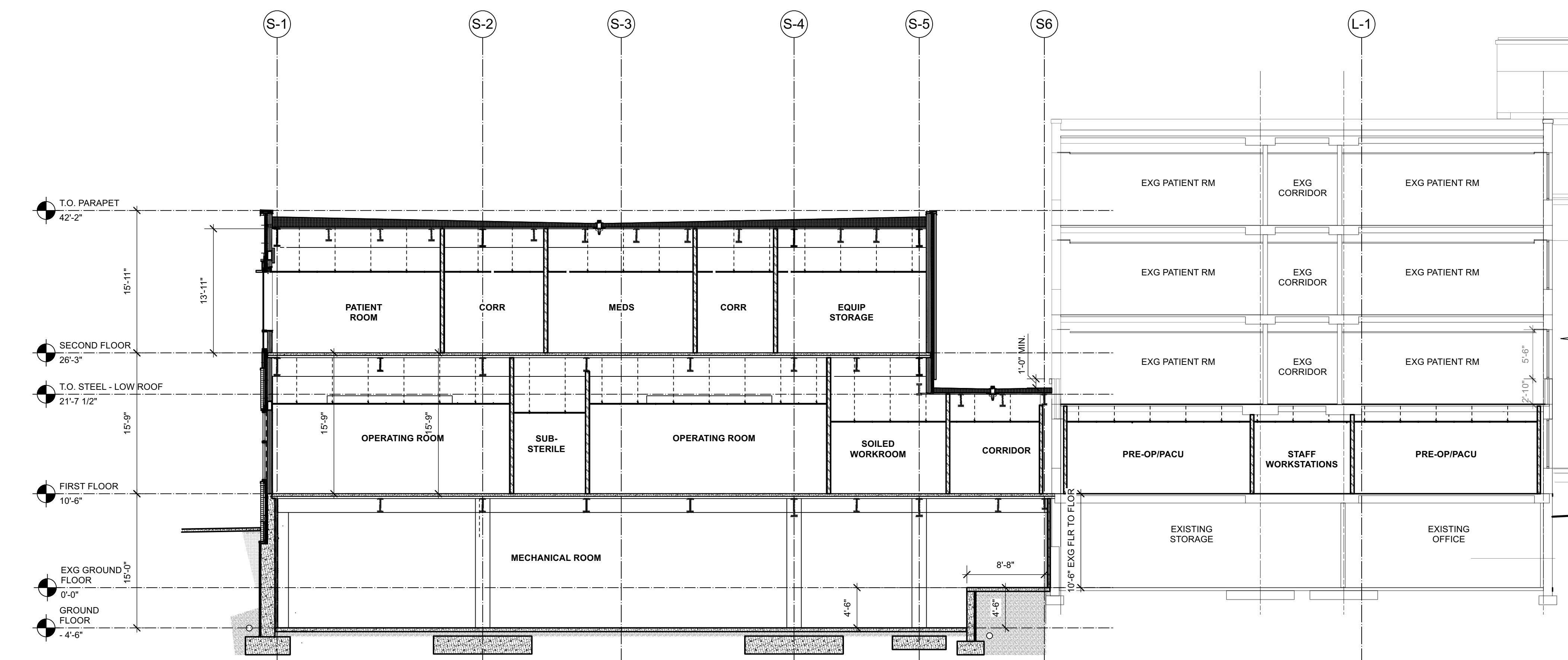
NORTH

ROME HEALTH
SURGICAL SERVICES RENOVATION AND ADDITION
INTENSIVE CARE UNIT FIT-OUT
1500 N JAMES STREET
ROME, NY 13440

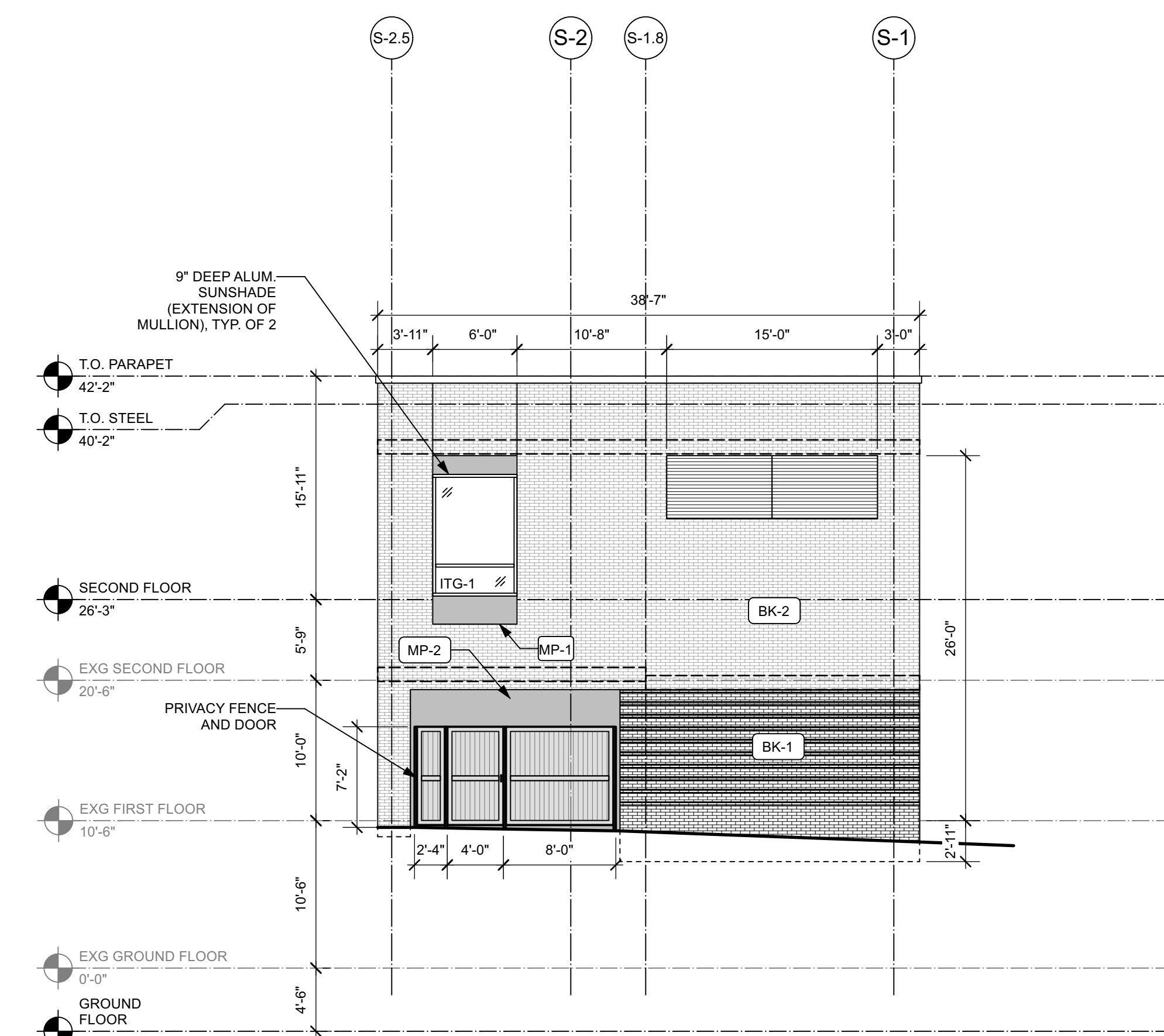


1 WEST ELEVATION
Scale: 1/8" = 1'-0"

3 NORTH ELEVATION
Scale: 1/8" = 1'-0"

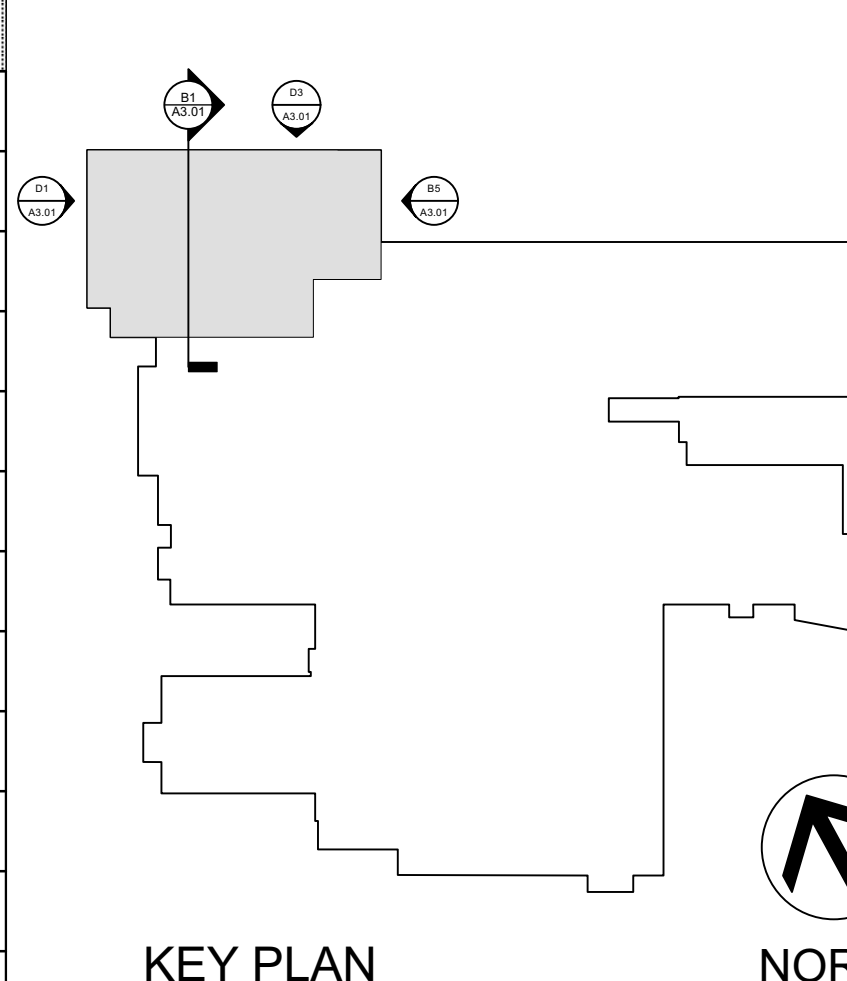


6 BUILDING SECTION
Scale: 1/8" = 1'-0"



85 EAST ELEVATION
Scale: 1/8" = 1'-0"

MATERIAL LEGEND			
MATERIAL	MANUFACTURER	COLOR	
BRK-1	BRICK MASONRY	BELDEN	TBD
BRK-2	BRICK MASONRY	ENDICOTT CLAY	GREY SANDS
MP-1	METAL PANEL	ALPOLIC FR	METALLIC BSX SILVER
MP-2	METAL PANEL	MAPES	MATCH METALLIC BSX SILVER
MP-3	METAL PANEL	KINGSPAN CONCEALED Z-12	BRIGHT SILVER METALLIC
MP-4	METAL PANEL	TBD	CUSTOM PRINTED COLOR MURAL
ITG-1	INSULATED TEMPERED GLAZING	VITRO ARCHITECTURAL SOLARBAN 72 LOW-IRON GLASS	STARPHIRE + STARPHIRE
SG-1	SPANDREL GLAZING	VITRO ARCHITECTURAL SOLARBAN 72 LOW-IRON GLASS	STARPHIRE + STARPHIRE W/ OPACICOAT COLORING ON 4TH SURFACE (COLOR TBD)
SG-2	SPANDREL GLAZING	VITRO ARCHITECTURAL SOLARBAN 72 LOW-IRON GLASS	STARPHIRE + STARPHIRE W/ OPACICOAT COLORING ON 4TH SURFACE (COLOR TBD)
KW-1	KALWALL THERMALLY BROKEN SYSTEM	KALWALL	WHITE
SAF-1	POLYCARBONATE SAFETY GLAZING	TBD	TBD



NOT FOR CONSTRUCTION

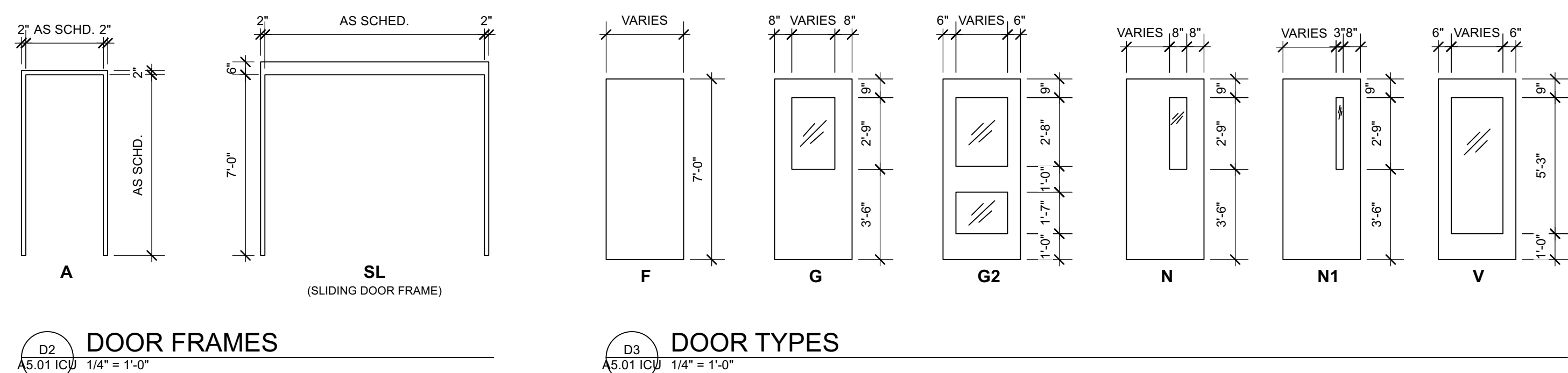
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MARK	DATE	DESCRIPTION

DOH DSG 1.0 CON SUBMISSION
DRAWING DATE: 09/29/2023
DRAWN BY: JRK

SCALE: Sheet Scale
DRAWING TITLE:
EXTERIOR ELEVATIONS & BUILDING SECTION

A3.01 ICU

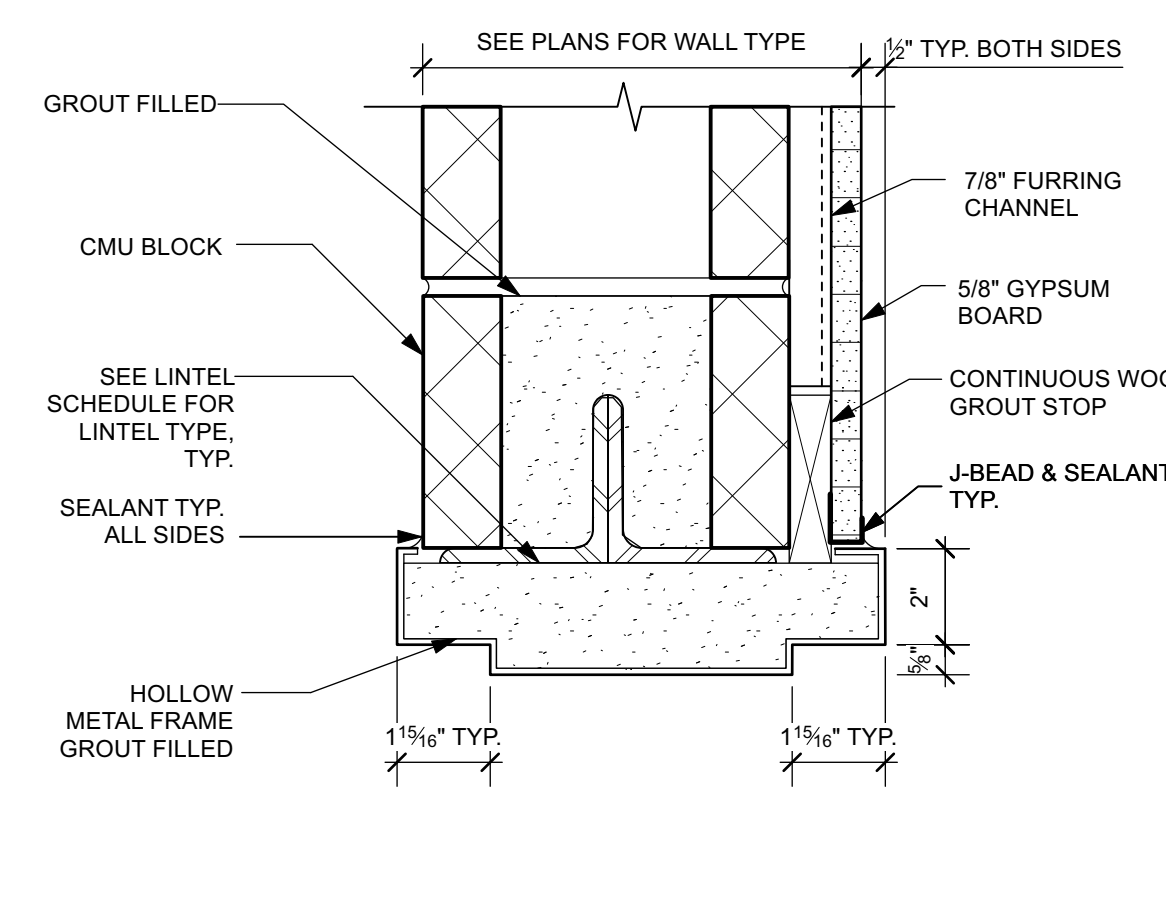


02 DOOR FRAMES 1/4" = 1'-0"
03 DOOR TYPES 1/4" = 1'-0"

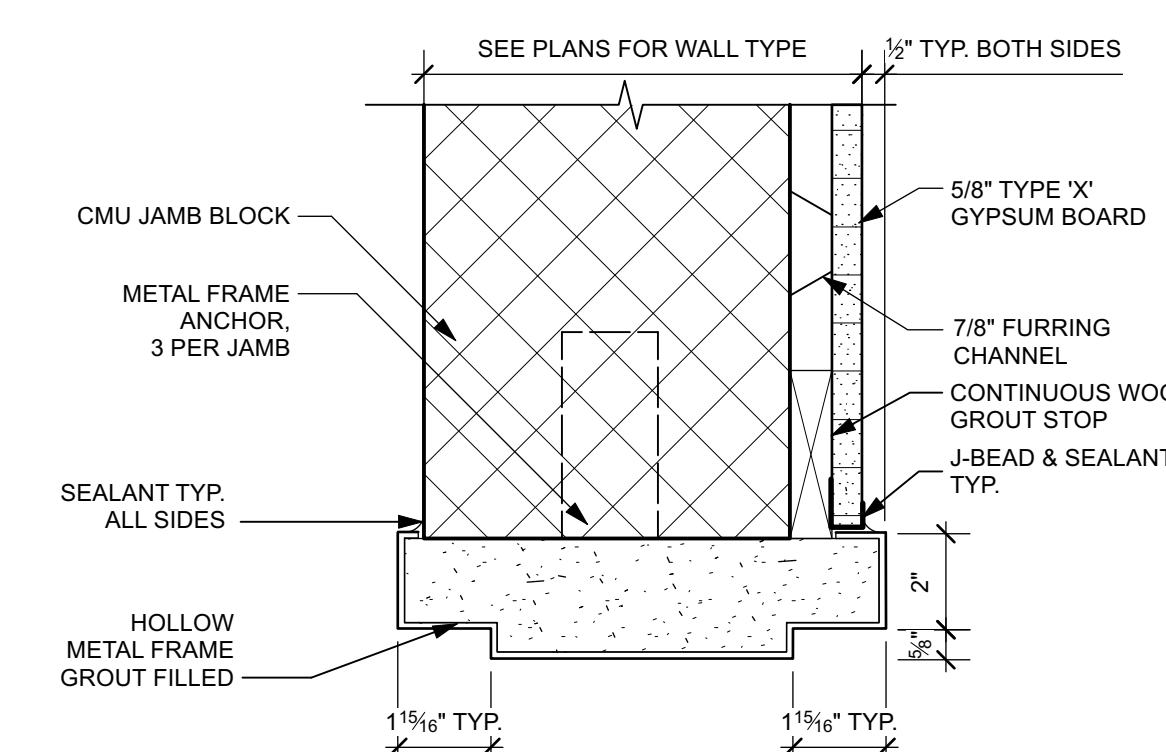
DOOR SCHEDULE												
DOOR		FRAME			ASSEMBLY		HWDR		SET #		NOTES	
DOOR NO.	TYPE	WIDTH	HEIGHT	THICK.	MTL	TYPE	HEAD DETAIL	JAMB DETAIL	WALL THICKNESS	MTL	LABEL	SET #
SECOND FLOOR (ICU FIT OUT - ALTERNATE)												
201	N	3'0"	8'6"	1 3/4"	HM	A	-	-	4 7/8"	HM	90 MIN	
202	N	4'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	45 MIN	
203	V	3'0"	8'6"	1 3/4"	ALUM	SL	-	-	4 7/8"	ALUM	SMOKE	3
203A	F	3'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	SMOKE	
204	V	3'0"	8'6"	1 3/4"	ALUM	SL	-	-	4 7/8"	ALUM	SMOKE	
204A	F	3'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	SMOKE	
205	V	3'0"	8'6"	1 3/4"	ALUM	SL	-	-	4 7/8"	ALUM	SMOKE	3
205A	F	3'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	SMOKE	
206	V	3'0"	8'6"	1 3/4"	ALUM	SL	-	-	4 7/8"	ALUM	SMOKE	3
206A	F	3'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	SMOKE	
207	V	3'0"	8'6"	1 3/4"	ALUM	SL	-	-	4 7/8"	ALUM	SMOKE	3
207A	F	3'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	SMOKE	
208	V	3'0"	8'6"	1 3/4"	ALUM	SL	-	-	4 7/8"	ALUM	SMOKE	3
208A	F	3'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	SMOKE	
209	N	3'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	SMOKE	
210	V	3'0"	8'6"	1 3/4"	ALUM	SL	-	-	4 7/8"	ALUM	SMOKE	3
210A	F	3'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	SMOKE	
211	V	3'0"	8'6"	1 3/4"	ALUM	SL	-	-	4 7/8"	ALUM	SMOKE	3
211A	F	3'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	SMOKE	
212	V	3'0"	8'6"	1 3/4"	ALUM	SL	-	-	4 7/8"	ALUM	SMOKE	3
212A	F	3'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	SMOKE	
213	N	3'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	45 MIN	
214	F	3'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	SMOKE	
215	N	3'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	45 MIN	
216	F	3'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	SMOKE	
217	N	3'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	SMOKE	
217A	F	3'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	SMOKE	
218	F	3'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	SMOKE	
219	V	3'0"	8'6"	1 3/4"	ALUM	A	-	-	4 7/8"	ALUM	SMOKE	
220-1	N	3'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	SMOKE	
220-2	N	3'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	SMOKE	
221-1	N	3'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	SMOKE	1
221-2	N	3'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	SMOKE	1
223	F	3'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	SMOKE	
C200-1	N	3'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	90 MIN	
C200-2	N	3'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	90 MIN	
C200-3	N	3'0"	8'6"	1 3/4"	WD	A	-	-	4 7/8"	HM	90 MIN	
S200	N	3'0"	8'6"	1 3/4"	HM	A	-	-	4 7/8"	HM	90 MIN	

NOTES
 1. DOOR TO RECEIVE CARD ACCESS CONTROL, COORD. WITH ELEC. DWGS.
 2. DOOR TO RECEIVE AUTOMATIC ACTUATOR
 3. DOOR TO BE ONE-WAY AUTOMATIC SLIDER, SEE SPECIFICATION
 4. DOOR TO RECEIVE RESCUE HARDWARE
 5. DOOR TO HAVE REMOTE ACCESS AUTOMATIC OPERATOR BUTTON FROM CHECK-IN 101A

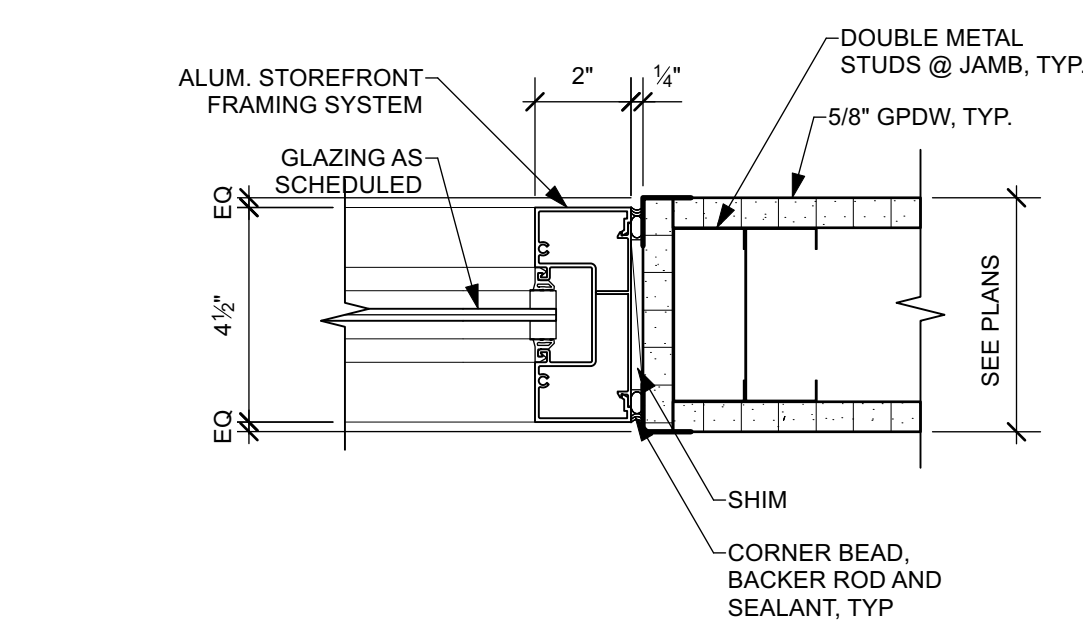
WOOD BASIS OF DESIGN: SELECT WHITE BIRCH, ROTARY CUT, SLIP AND CENTER BALANCED MATCH/RAVINE RA18
 FRP BASIS OF DESIGN: SPECIAL-LITE, INC. SLD (FRP) FLUSH DOOR WITH SANDSTONE TEXTURE. COLOR SAMPLES TO BE PROVIDED TO ARCHITECT FOR FINAL APPROVAL
 SLIDER DOOR BASIS OF DESIGN: BESAM ASSA ABLOY VERSAMAX 2.0 ICU/CCU SMOKE RATED TELESCOPIC SINGLE SLIDE DOOR WITH 1/4" TEMPERED ACID ETCHED GLASS



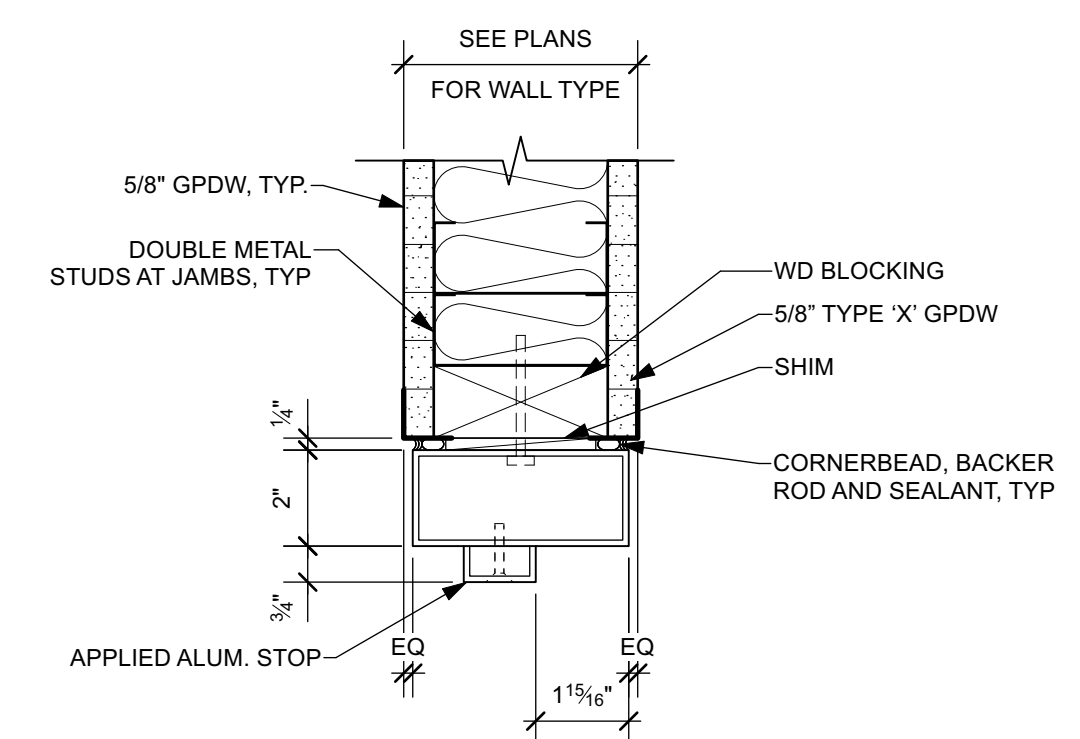
D4 A5.02 DOOR HEAD @ CMU Scale: 3" = 1'-0"



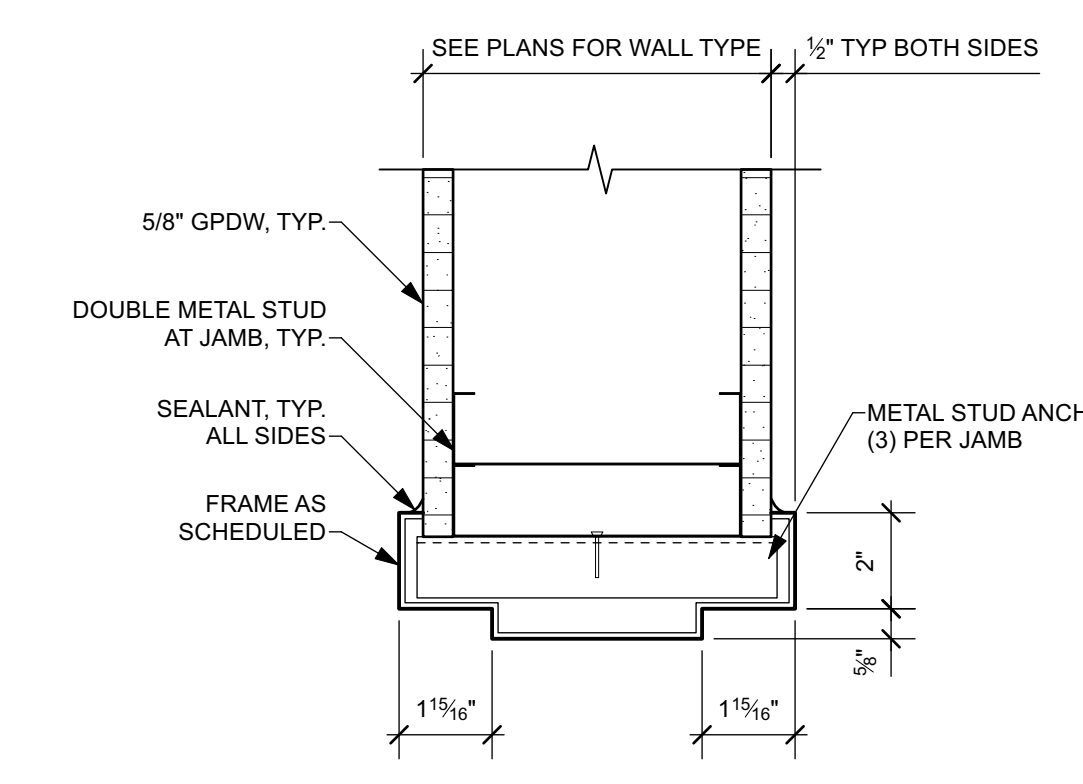
D5 A5.02 DOOR JAMB @ CMU Scale: 3" = 1'-0"



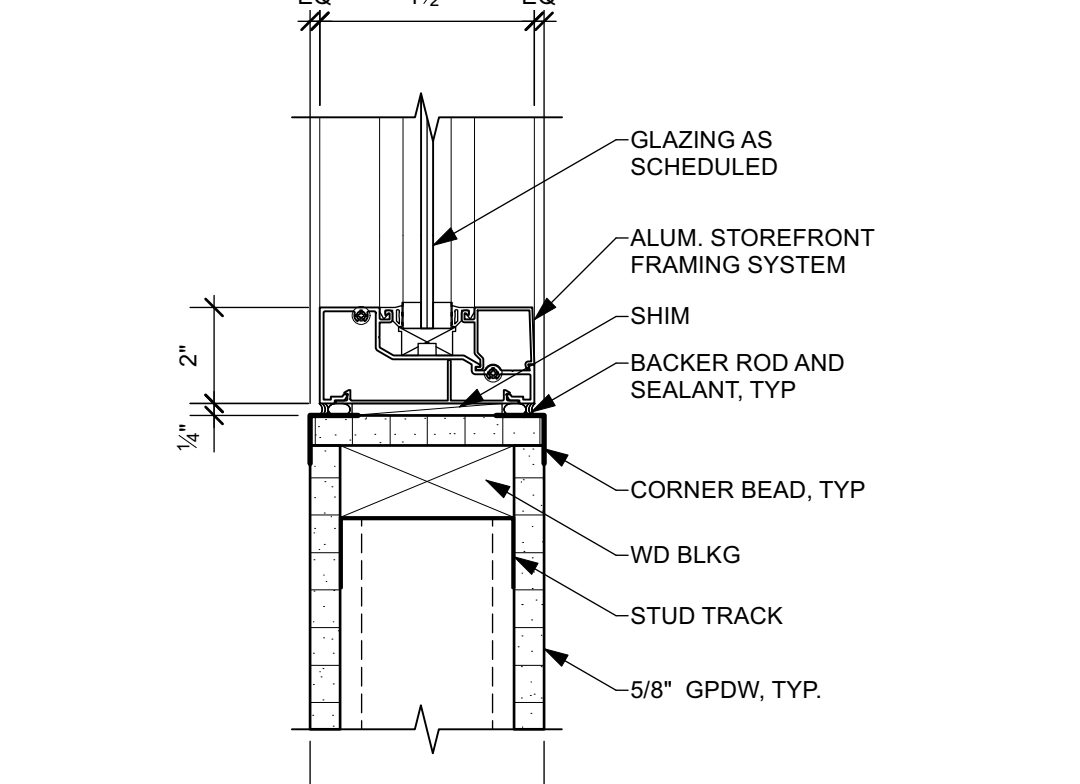
C4 A5.02 STOREFRONT JAMB @ MTL STUD Scale: 3" = 1'-0"



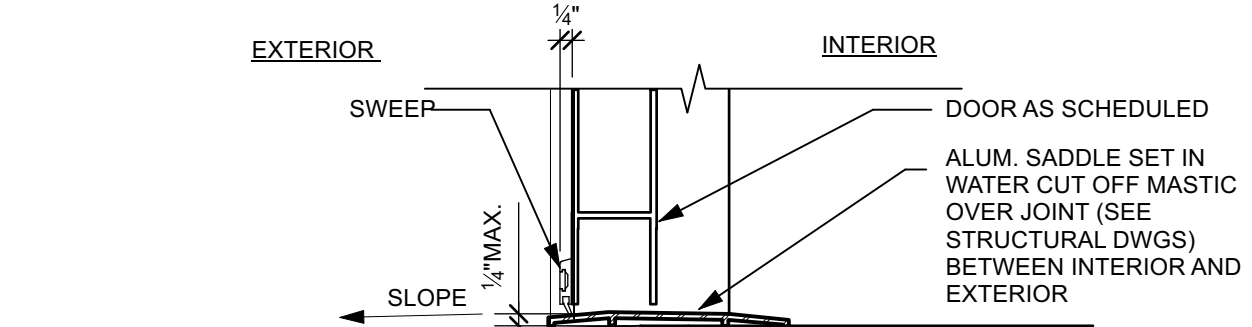
C5 A5.02 STOREFRONT HEAD @ MTL STUD Scale: 3" = 1'-0"



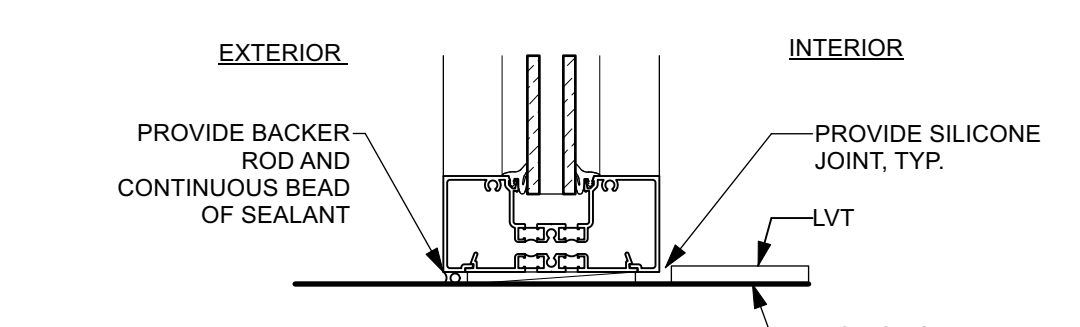
B4 A5.02 DOOR JAMB @ METAL STUD (HEAD SIM.) Scale: 3" = 1'-0"



B5 A5.02 STOREFRONT SILL (HEAD SIM.) Scale: 3" = 1'-0"



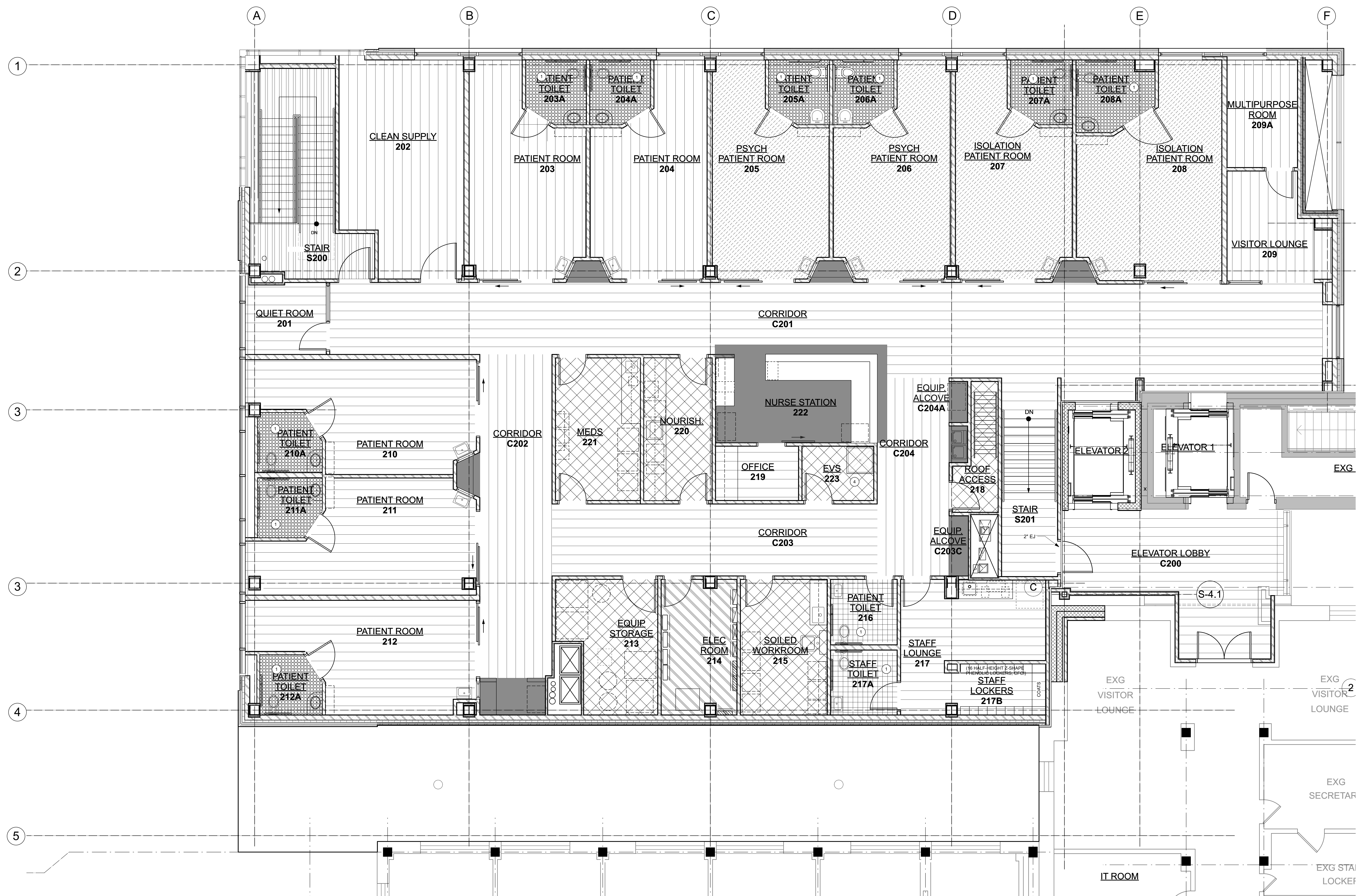
A4 A5.02 TYPICAL SILL DETAIL AT EXTERIOR Scale: 3" = 1'-0"



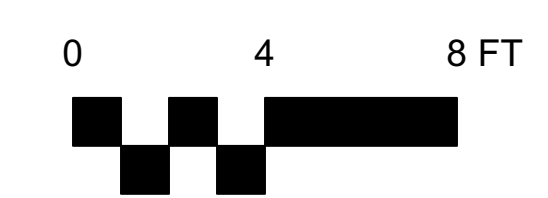
A5 A5.02 STOREFRONT SILL DETAIL Scale: 3" = 1'-0"

FINISH LEGEND			
FINISH	MANUFACTURER	STYLE	COLOR
ACOUSTICAL CEILING TILE			
ACT-1 (FIELD)	ARMSTRONG	2' X 2' OPTIMA	WHITE
ACT-2 (ACCENT - DARK BLUE)	ARMSTRONG	2' X 2' WOODWORKS VECTOR	NATURAL VARIATIONS WALNUT
ACT-3	ARMSTRONG	2' X 2' CLEANNABLE TILE	WHITE
CARPET			
CPT-1 (FIELD)	TARKETT	CORRELATE G0032	QUARTZITE 31305
CORNER GUARD			
CG-1	C/S GROUP ACROVYN	SM-20N	933 MISSION WHITE
CUBICLE CURTAIN			
CC-1 (EXAM ROOMS)	TBD	TBD	TBD
EPOXY FLOORING			
EPX-1	KEY RESIN	TBD	TBD
EPX-2	KEY RESIN	TBD	TBD
FRP SHEET			
FRP-1	KAL-LITE	SMOOTH	WHITE
HANDRAIL			
HR-1	C/S GROUP ACROVYN	P-OA	933 MISSION WHITE
LUXURY VINYL TILE			
LVT-1 (FIELD)	TARKETT	ID LATITUDE WOOD	LAUREL OAK
LVT-1 (ACCENT)	TARKETT	ID LATITUDE WOOD	CREME OAK
PAINT			
PT-1 (FIELD)	SHERWIN WILLIAMS	EGGSHELL	PACER WHITE SW9098
PT-2 (ACCENT - DARK BLUE)	SHERWIN WILLIAMS	EGGSHELL	GEORGIAN BAY SW9099
PT-3 (DOOR FRAME)	SHERWIN WILLIAMS	SEMI-GLOSS FLAT	BACKDROP SW7025
PT-4 (CEILING)	SHERWIN WILLIAMS	CEILING BRIGHT WHITE SW7007	SLATE GRAY
PT-4 (FIELD - QR AND PROC. RM)	TNEMEC	ENVIRO GLAZE	
PLASTIC LAMINATE			
PLM-1 (CABINETS)	WILSONART	STANDARD LAMINATE	BEIGEWOOD 7850-60
PLM-2 (COUNTERTOP)	WILSONART	STANDARD LAMINATE	WHITE CARRERA 4924
PORCELAIN TILE			
PCT-1 (FIELD & WALL)	DALTILE	SANTINO (12" X 24")	BIANCO PURO SM13
PCT-2 (BASE)	DALTILE	SANTINO (8" X 12")	BIANCO PURO SM13
PCT-3 (ACCENT)	DALTILE	EPITOMIZE (12" X 24")	PERCUSSION TAUPE EP21
ROLLER SHADES			
RS-1	MECHO SHADE SYSTEM (3% OPEN)	ECOVEL	SILVER BIRCH
RUBBER BASE			
RB-1	ROPPE	4" RUBBER BASE	DOLPHIN 129
SHEET VINYL FLOORING			
SVF-1	TARKETT	IQ GRANT	VINTAGE 0445
SVF-2	TARKETT	PERFORMA	GOLDEN GLAZE 55002
SOLID SURFACING			
SS-1	CORIAN	CORIAN	MODERN WHITE
SS-2	CORIAN	CORIAN	CIRRIUS WHITE
TACKBOARD SURFACE			
TB-1	KOROSEAL	WALLTALKERS TAC-WALL	SANDALWOOD 87
TRANSITION STRIPS			
TS-1	SCHLUTER	TBD	TBD
TRANSLUCENT PANEL			
TP-1	LUMICOR	LUMICLEAR	POLAR CRUSH
WALL COVERING			
WC-1	MAHARAM	TBD	TBD
WALK-OFF MAT			
WM-1	C/S GROUP	PEDIMAT (RECESSED TAPERED ANGLE W/ ALUM. INSERTS)	SLATE
---		NO FINISHES	EXISTING FINISH TO REMAIN
EXG		EXPOSED	

SECOND FLOOR FINISH SCHEDULE									
ROOM NO.	ROOM NAME	FLOOR FINISH	BASE FINISH	NORTH WALL FINISH	EAST WALL FINISH	SOUTH WALL FINISH	WEST WALL FINISH		REMARKS
SECOND FLOOR									
201	QUIET ROOM	SVF-2	SVF-2	PT-1	PT-1	PT-1	PT-1		
202	CLEAN SUPPLY	SVF-2	SVF-2	PT-1	PT-1	PT-1	PT-1		
203	PATIENT ROOM	LVT-1	RB-1	PT-1	PT-1	PT-1	PT-1		
203A	PATIENT TOILET	PCT-3	PCT-3	PT-1	PT-1	PT-1	PT-1		
204	PATIENT ROOM	LVT-1	RB-1	PT-1	PT-1	PT-1	PT-1		
204A	PATIENT TOILET	PCT-3	PCT-3	PT-1	PT-1	PT-1	PT-1		
205	PSYCHPATIENT ROOM	SVF-1	SVF-1	PT-1	PT-1	PT-1	PT-1		
205A	PATIENT TOILET	PCT-3	PCT-3	PT-1	PT-1	PT-1	PT-1		
206	PSYCHPATIENT ROOM	SVF-1	SVF-1	PT-1	PT-1	PT-1	PT-1		
206A	PATIENT TOILET	PCT-3	PCT-3	PT-1	PT-1	PT-1	PT-1		
207	ISOLATION/PATIENT ROOM	SVF-1	SVF-1	PT-1	PT-1	PT-1	PT-1		
207A	PATIENT TOILET	PCT-3	PCT-3	PT-1	PT-1	PT-1	PT-1		
208	ISOLATION/PATIENT ROOM	LVT-1	RB-1	PT-1	PT-1	PT-1	PT-1		
208A	PATIENT TOILET	PCT-3	PCT-3	PT-1	PT-1	PT-1	PT-1		
209	VISITOR LOUNGE	LVT-1	RB-1	PT-1	PT-1	PT-1	PT-1		
209A	MULTIPURPOSEROOM	LVT-1	RB-1	PT-1	PT-1	PT-1	PT-1		
210	PATIENT ROOM	LVT-1	RB-1	PT-1	PT-1	PT-1	PT-1		
210A	PATIENT TOILET	PCT-3	PCT-3	PT-1	PT-1	PT-1	PT-1		
211	PATIENT ROOM	LVT-1	RB-1	PT-1	PT-1	PT-1	PT-1		
211A	PATIENT TOILET	PCT-3	PCT-3	PT-1	PT-1	PT-1	PT-1		
212	PATIENT ROOM	LVT-2	RB-1	PT-1	PT-1	PT-1	PT-1		
212A	PATIENT TOILET	PCT-3	PCT-3	PT-1	PT-1	PT-1	PT-1		
213	EQUIP STORAGE	SVF-2	SVF-2	PT-1	PT-1	PT-1	PT-1		
214	ELECTROOM	---	---	PT-1	PT-1	PT-1	PT-1		
215	SOLEWORKROOM	SVF-2	SVF-2	PT-1	PT-1	PT-1	PT-1		
216	PATIENT TOILET	PCT-3	PCT-3	PT-1	PT-1	PT-1	PT-1		
217	STAFF LOUNGE	LVT-1	RB-1	PT-1	PT-1	PT-1	PT-1		
217A	STAFF TOILET	PCT-3	PCT-3	PT-1	PT-1	PT-1	PT-1		
217B	STAFF LOCKERS	LVT-1	RB-1	PT-1	PT-1	PT-1	PT-1		
218	ROOF ACCESS	SVF-2	SVF-2	PT-1	PT-1	PT-1	PT-1		
219	OFFICE	SVF-2	SVF-2	PT-1	PT-1	PT-1	PT-1		
220	NOURISH	SVF-2	SVF-2	PT-1	PT-1	PT-1	PT-1		
221	MEDS	SVF-2	SVF-2	PT-1	PT-1	PT-1	PT-1		
222	NURSE STATION	LVT-2	RB-1	PT-1	PT-1	PT-1	PT-1		
223	EVIS	LVT-1	RB-1	PT-1	PT-1	PT-1	PT-1		
C200	ELEVATOR LOBBY	LVT-1	RB-1	PT-1	PT-1	PT-1	PT-1		
C200	ELEVATOR LOBBY	LVT-1	RB-1	PT-1	PT-1	PT-1	PT-1		
C201	CORRIDOR	LVT-1	RB-1	PT-1	PT-1	PT-1	PT-1		
C202	CORRIDOR	LVT-1	RB-1	PT-1	PT-1	PT-1	PT-1		
C203	CORRIDOR	LVT-1	RB-1	PT-1	PT-1	PT-1	PT-1		
C203C	EQUIP COV	LVT-1	RB-1	PT-1	PT-1	PT-1	PT-1		



A1 FINISH PLAN - SECOND FLOOR
SCALE: 1/4" = 1'-0"

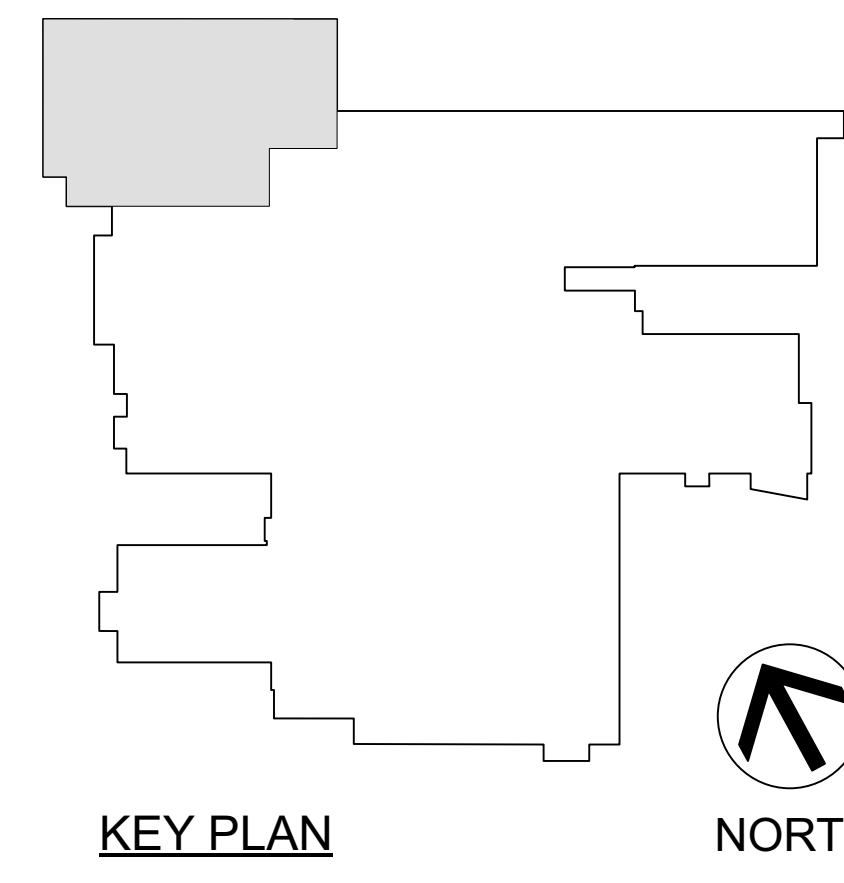


FINISH PLAN LEGEND

CPT-1	LVT-2	SVF-1
EPX-1	PCT-1	SVF-2
EPX-2	PCT-3	VCT-1 (MATCH EXG)
LVT-1	RBS-1	WM-1
CONCRETE/ NO FINISH		

① ALL WALLS TO RECEIVE LARGE FORMAT TILE (PCT-1) FLOOR TO CEILING
 ② LOCATION OF WALL COVERING
 ③ LOCATION OF ACROVYN CORNER GUARDS, PRODUCT NO. _____
 ④ FRP-1 TO 8' A.F.F.

GENERAL NOTES:
 1. FLOORING TRANSITION BETWEEN ROOMS SHALL BE ON CENTER LINE OF DOOR, TYP.
 2. SVF-1 AND SVF-2 HAVE 4" INTEGRAL COVE BASE.
 3. PAINTER TO REVIEW ALL ACCENT PAINT LOCATIONS W/ ARCHITECT PRIOR TO COMMENCEMENT OF THEIR WORK.
 4. SEE INTERIOR ELEVATIONS AND FLOOR PLANS FOR LOCATION OF ACROVYN BY DESIGN NUMERALS.
 5. SHEET PROTECTION TO 4'-0" A.F.F. WITH UPPER AND LOWER BUMPER RAILS IN CORRIDORS.



KEY PLAN

NORTH

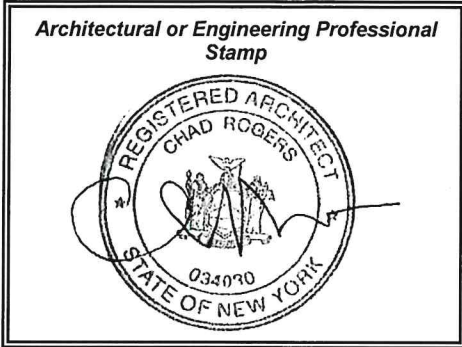
5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

This certification is being submitted to facilitate the CON review and subsequent to formal plan approval by your office. It is understood that an electronic copy of final Construction Documents on CD, meeting the requirements of DSG-05 must be submitted to PMU for all projects, including limited, administrative, full review, self-certification and reviews performed and completed by DASNY.

Project Name: Rome Health Surgical Services Renovation and Addition - ICU Fit-Out

Location: 1500 N James Street, Rome NY 13440

Description: Fit-out of approximately 7,500 sf on the Second Floor of Rome Health's new Surgical Addition to accommodate a 9-Bed Intensive Care Unit, with necessary support spaces (relocation of exg ICU).



Chad Rogers

Signature of Architect or Engineer

Chad T. Rogers

Name of Architect or Engineer (Print)

034030

Professional New York State License Number

358 West Jefferson Street, Syracuse NY 13202

Business Address

The undersigned applicant understands and agrees that, notwithstanding this architectural/engineering certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Division to comply with the above-mentioned codes and regulations, whether or not physical plant construction or alterations have been completed.

AnneMarie Czyz

Authorized Signature for Applicant

10/5/2023

Date

AnneMarie Czyz, President/CEO

Name (Print)

Title

Notary signing required for the applicant

STATE OF NEW YORK)

) SS:

County of Oneida)

On the 5 day of Oct 2023, before me personally appeared AnneMarie Czyz, to me known, who being by me duly sworn, did depose and say that he/she is the President/CEO of the Rome Memorial Hospital, d/b/a Rome Health, the facility described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the governing authority of said facility.

(Notary) *Dawn M. Allamon*

Dawn M. Allamon
Notary Public, State of New York
No. 01AL5017969
Qualified in Oneida County
Commission Expires Sept. 13, 2025


ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION

Limited Review Application

Schedule LRA 7

State of New York Department of Health
Office of Primary Care and Health Systems Management

Proposed Operating Budget

Budget	Current Year	First Year (Projected)	Third Year (Projected)
Revenues			
Service Revenue	6,251,924	6,251,924	\$6,251,924.00
Grants Funds			
Foundation			
Other			
Fees			
Other Income			
(1) Total Revenues	\$6,251,924	\$6,251,924	\$6,251,924
Expenses			
Salaries and Wage Expense	1,564,475	1,564,475	\$1,564,475.00
Employee Benefits	297,250	297,250	\$297,250.00
Professional Fees	1,800	1,800	\$1,800.00
Medical & Surgical Supplies	245,009	245,009	\$245,009.00
Non-Medical Equipment			
Purchased Services	1,032,444	1,032,444	\$1,032,444.00
Other Direct Expense	125,606	125,606	125,606
Utilities Expense	0		
Interest Expense	0		
Rent Expense	0		
Depreciation Expense			
Other Expenses			
(2) Total Expense	\$3,266,584	\$3,266,584	\$3,266,584
Net Total - (1-2) 	\$2,925,206	\$2,985,340	\$ 2,985,340

Limited Review Application

Schedule LRA 7A

State of New York Department of Health
Office of Primary Care and Health Systems Management

Various inpatient services may be reimbursed as discharges or days. Applicant should indicate which method applies to this table by choosing the appropriate checkbox.

Patient Days Patient discharges

Inpatient Services Source of Revenue		Total Current Year			First Year Incremental			Third Year Incremental		
		Patient Days or dis- charges	Net Revenue*		Patient Days or dis- charges	Net Revenue*		Patient Days or dis- charges	Net Revenue*	
			%	Dollars (\$)		% based on days or discharges	Dollars-\$		% based on days or discharges	Dollars-\$
Commercial	Fee for Service	24	17%	1,034,496	24	17%	1,034,496	24	17%	1,034,496
	Managed Care	10	5%	327,561	10	5%	327,561	10	5%	327,561
Medicare	Fee for Service	65	36%	2,255,796	65	36%	65	65	36%	2,255,796
	Managed Care	46	25%	1,592,577	46	25%	1,592,577	46	25%	1,592,577
Medicaid	Fee for Service	3	1%	40,191	3	1%	1%	3	1%	1%
	Managed Care	51	11%	702,427	51	11%	702,427	51	11%	702,427
Private Pay		6	1%	85,418	6	1%	85,418	6	1%	85,418
OASAS										
OMH										
Charity Care			1%	87,188		1%	87,188		1%	87,188
Bad Debt			-3%	(198,614)		-3%	(198,614)	-3%	1%	(198,614)
All Other		11	5%	324,655	11	7%	412,073	11	7%	412,073
Total		216	100%	6,251,924	216	100%	216	6,251,924	100%	6,251,924

Outpatient Services Source of Revenue		Total Current Year			First Year Incremental			Third Year Incremental		
		Visits	Net Revenue*		Visits	Net Revenue*		Visits	Net Revenue*	
			%	Dollars (\$)		%	Dollars (\$)		%	Dollars (\$)
Commercial	Fee for Service	0			0			0		
	Managed Care	0			0			0		
Medicare	Fee for Service	0			0			0		
	Managed Care	0			0			0		
Medicaid	Fee for Service	0			0			0		
	Managed Care	0			0			0		
Private Pay		0			0			0		
OASAS		0			0			0		
OMH		0			0			0		
Charity Care		0			0			0		
Bad Debt		0			0			0		
All Other		00			0			0		
Total		0	100%			100%			100%	

Total of Inpatient and Outpatient Services			6,251,924			6,251,924			6,251,924
--	--	--	-----------	--	--	-----------	--	--	-----------

	Title of Attachment	Filename of attachment
1. In an attachment, provide the basis and supporting calculations for all revenues by payor.	x	ICU Revenue by Payor Rome Health
2. In an attachment, provide the basis for charity care.	x	Charity Care

*Net of Deductions from Revenue

Rome Memorial Hospital, Inc. d/b/a Rome Health

Charity Care – ICU

The charity care amount for the base year is \$87,992. It is based upon charity care allowances and deductions and does not contribute to net revenue. The allowances cover the charges and there is 0 reportable net revenue.

Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 8

Staffing

Staffing Categories	Number of FTEs to the Nearest Tenth		
	Current Year*	First Year of implementation	Third Year of implementation
Health Providers**:			
Support Staff***:			
Allied Health	.7	.7	.7
Management	1.2	1.2	1.2
Nursing Support	2.6	2.6	2.6
Registered Nurses	14.6	14.6	14.6
Contract Staffing (Agency RNs)	2.5	2.5	2.5
Total Number of Employees	21.6	21.6	21.6

* Last complete year prior to submitting application
 ** "Health Providers" includes all providers serving patients at the site. A Health Provider is any staff who can provide a billable service – physician, dentist, dental hygienist, podiatrist, physician assistant, physical therapist, etc.
 *** All other staff.

Describe how the number and mix of staff were determined:

Staffing was based upon current staffing model for the 11-bed ICU. Between 2018 and July 2023, the average daily census has ranged from a low of 3.98 to a high of 6.14 during the COVID pandemic.

PLEASE COMPLETE THE FOLLOWING:

1. Are staff paid and on Payroll? Yes No
2. Provide copies of contracts for any independent contractor.
3. Please attach the Medical Doctors C.V.
4. Is this facility affiliated with any other facilities?
 (If yes, please describe affiliation and/or agreement.) Yes No

Rome Memorial Hospital is an independent hospital, with an affiliation agreement with St. Joseph's Health.
 (Rev. 7/7/2010)

Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 10

The Sites Tab in NYSE-CON has replaced Schedule LRA 10. Schedule LRA 10 is only to be used when submitting a Modification, in hardcopy, after approval or contingent approval. However, due to programming issues, you may still be required to upload a blank Schedule LRA 10 to submit a Service Delivery LRA application.

Impact of Limited Review Application on Operating Certificate (services specific to the site)

Instructions:
“Current” Column: Mark "x" in the box only if the service *currently* appears on the operating certificate (OpCert), prior to any requested changes
“Add” Column: Mark "x" in the box if this CON application seeks to add.
“Remove” Column: Mark "x" in the box if this CON application seeks to decertify.
“Proposed” Column: Mark "x" in the boxes corresponding to all the services that will ultimately appear on the OpCert if this CON application is approved.

Category/Authorized Service	Code	Current	Add	Remove	Proposed
Intensive Care - Decertify 2 beds from 11 to 9		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the applicant have any previously submitted Certificate of Need (CON) applications that have not been completed involving addition or decertification of beds?

No

Yes (Enter CON numbers to the right)



**CONSTRUCTION PROJECT CERTIFICATION LETTER FOR AER REVIEWS
ARCHITECTS & ENGINEERS**

(For projects not meeting the prerequisites for Self-Certification submission.)

Date: 09/22/23
CON Number:
Facility Name: Rome Health
Facility ID Number: 0589
Facility Address: 1500 North James Street, Rome, NY 13440

NYS Department of Health/Office of Health Systems Management
Center for Health Care Facility Planning, Licensure, and Finance
Bureau of Architectural and Engineering Review
ESP, Corning Tower, 18th Floor
Albany, New York 12237

To The New York State Department of Health:

I hereby certify that:

1. I have been retained by the aforementioned facility, to provide professional architectural/engineering services related to the design and preparation of construction documents, including drawings and specifications for the aforementioned project. During the course of construction, periodic site observation visits will be performed, and the necessary standard of care, noting progress, quality and ensuring conformance of the work with documents provided for all regulatory approvals associated with the aforementioned project.
2. I have ascertained that, to the best of my knowledge, information and belief, the completed structure will be designed and constructed, in accordance with the functional program for the referenced construction project and in accordance with any project definitions, waivers or revisions approved or required by the New York State Department of Health.
3. The above-referenced construction project will be designed and constructed in compliance with all applicable local codes, statutes, and regulations, and the applicable provisions of the State Hospital Code -- 10 NYCRR Part 711 (General Standards for Construction) and Parts (check all that apply):
 - a. 712 (Standards of Construction for General Hospital Facilities)
 - b. 713 (Standards of Construction for Nursing Home Facilities)
 - c. 714 (Standards of Construction for Adult Day Health Care Program Facilities)
 - d. 715 (Standards of Construction for Freestanding Ambulatory Care Facilities)
 - e. 716 (Standards of Construction for Rehabilitation Facilities)
 - f. 717 (Standards of Construction for New Hospice Facilities and Units)

PLEASE NOTE ANY EXCEPTIONS HERE:

Utilization of FGI Guidelines 2018 Edition

4. I understand that as the design of this project progresses, if a component of this project is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), I shall bring this to the attention of the Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health prior to or upon submitting final drawings for compliance resolution.

Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 12

Assurances

The undersigned, as a duly authorized representative of the applicant, hereby gives the following assurances:

- a) The applicant has or will have a fee simple or such other estate or interest in the site, including necessary easements and rights-of-way, sufficient to assure use and possession for the purpose of the construction and operation of the facility.
- b) The applicant will obtain the approval of the Commissioner of Health of all required submissions, which shall conform to the standards of construction and equipment in Subchapter C of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York (Title 10).
- c) The applicant will submit to the Commissioner of Health final working drawings and specifications, which shall conform to the standards of construction and equipment of Subchapter C of Title 10, prior to contracting for construction, unless otherwise provided for in Title 10.
- d) The applicant will cause the project to be completed in accordance with the application and approved plans and specifications.
- e) The applicant will provide and maintain competent and adequate architectural and/or engineering inspection at the construction site to insure that the completed work conforms to the approved plans and specifications.
- f) If the project is an addition to a facility already in existence, upon completion of construction all patients shall be removed from areas of the facility that are not in compliance with pertinent provisions of Title 10, unless a waiver is granted by the Commissioner of Health, under Title 10.
- g) The facility will be operated and maintained in accordance with the standards prescribed by law.
- h) The applicant will comply with the provisions of the Public Health Law and the applicable provisions of Title 10 with respect to the operation of all established, existing medical facilities in which the applicant has a controlling interest.
- i) The applicant understands and recognizes that any approval of this application is not to be construed as an approval of, nor does it provide assurance of, reimbursement for any costs identified in the application. Reimbursement for all cost shall be in accordance with and subject to the provisions of Part 86 of Title 10.

10/5/23

Date

Annemarie W. Czyl

Signature

Annemarie W. Czyl

Name (Please Type)

President + CEO

Title (Please Type)