

PRCT120231772

Project Comment Form
March 4, 2024

Construction Review Services

Project Information:

CRS# 61488821
Multicare Good Samaritan Hospital
Chapter 246-320 WAC Hospital

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

Project Title: ED Fast Track

Project Location: 401 15th Ave SE
Puyallup, WA 98372

Electronic Submittal. Plans will be delivered to:

Name: Scot Jahn
Email: scotjahn@ckarch.com
Phone #: 503-522-6492

Local Permit #:

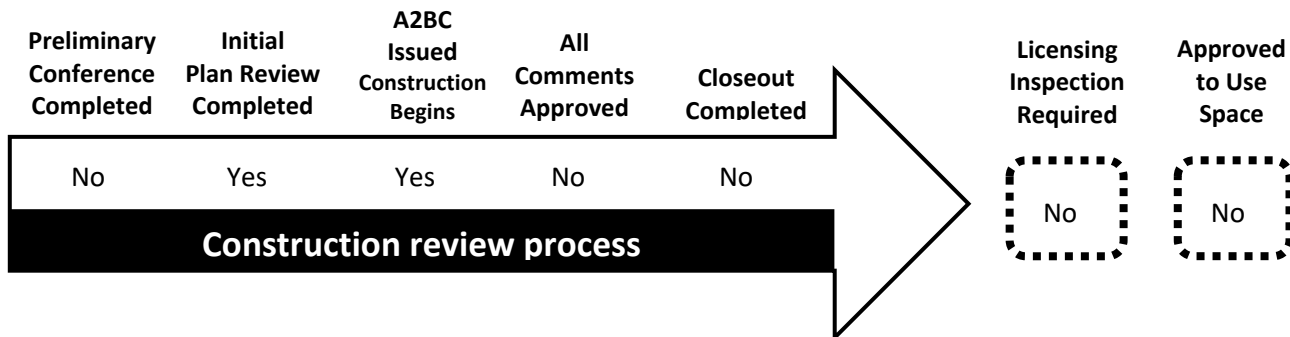
Key Contacts:	Company	Name	Phone	Email
DOH Reviewer		John Williams	(360) 236-2950	john.williams@doh.wa.gov
Facility Contact:	Multicare	Brianna LaRoy	253-281-0012	brianna.leroy@multicare.org
Facility Admin.:	Multicare	Aaron Piche	253-697-2309	aaron.piche@multicare.org
Arch./Eng.:	KJOS Architects	Scot Jahn	503-522-6492	scotjahn@ckarch.com
Other:	Multicare	Brianna Leroy		brianna.leroy@multicare.org
Other:	Multicare	Lynn Nguyen	5009-979-8977	lynn.nguyen@multicare.org
Other:				
Other:				
Local AHJ:				

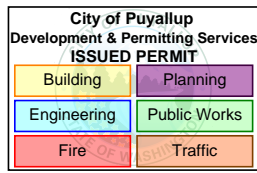
Add'l Copies To: L&I Electrical Section L&I Factory Assembled Structures Local Electrical AHJ

Project Status:

-Authorized to Begin Construction-
Comments are NOT APPROVED

The Construction Documents have been reviewed and found acceptable. All plan review comments have not been approved. Construction can begin, subject to construction permitting from the local building official. See page two for important next steps.

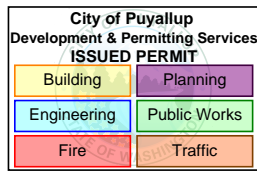




To avoid delays it is important you follow these Next Steps:

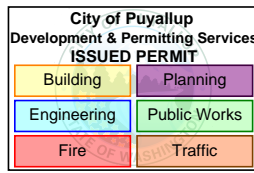
Respond to Comments:
<ul style="list-style-type: none">• Revise project documents to be compliant with applicable rules and the review comments attached to this form.• Respond, in writing, to the comments attached to this form.• Submit revised plans and responses to comments to the Construction Review Services.
During Construction
<ul style="list-style-type: none">• Maintain a copy of the A2BC drawing set on the project site.• Submit any changes to the A2BC set to CRS for review and approval prior to executing the work.

If you have any questions, please contact Construction Review Services (360) 236-2944. You can monitor project status and history at www.doh.wa.gov/crs.



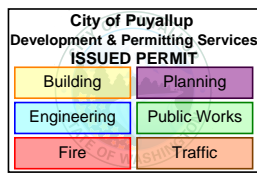
Project Details (for internal use only)

Occupancy Type IBC: I-2 IBC: IBC: NFPA 101: Healthcare		Construction Type IBC: IBC: IBC: NFPA 101: NFPA 101:			Fed Code: 2012 NFPA 101 Building Code: 2018 IBC Licensing Code: FGI 2014	
Number of Beds Added: na Removed:			CON Required? <input type="checkbox"/> Yes <input type="checkbox"/> No CON Approved <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Req'd	Provided	Type/category	Are Hospital inpatients seen at this location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Automatic Fire Sprinkler System:	Yes			Are planned residents/patients incapable of self preservation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Automatic Fire Alarm System:	Yes			If yes, how many?		
Emergency Power System:	Yes			Is sedation provided? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Medical Gas System:	No			If yes, max. planned level?		
Smoke Compartmentation:	Yes			Is space Medicare certified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Building Department contacted?			Estimated construction completion:			
REVIEW NOTES	Low acuity space and behavioral health secure rooms per 2022 FGI.					
DSHS	For Assisted Living Facilities Only			Total Sleeping rooms		
	Minimum required area of day rooms/areas			Total Approved beds		
	Total area provided in day rooms/areas			Total Contract beds		
NOTES TO SURVEY						



Plan Review Comments:

Comment ID#	Approved	Not Approved	
1		<input checked="" type="checkbox"/>	<p>A pdf version of the plans and specifications for the fire alarm system installation or modification shall be submitted for review and approval prior to system installation. The department reserves the right to defer plan review and inspections to the local authority having jurisdiction (AHJ). Plans and specifications shall include, but not be limited to, a floor plan; location of all alarm-initiating and alarm-signaling devices; alarm-control and trouble-signaling equipment; annunciation; power connection; battery calculations; conductor type and sizes; voltage drop calculations; name, address, and phone number of the agency receiving off-premises transmission of alarm; and the manufacturer, model numbers, and listing information for all equipment, devices, and materials. <u>Incomplete plans and specifications will be returned without review.</u></p> <p>Plans and specifications may be submitted separately from the construction documents during the construction of the project. For small renovation projects in which devices are only to be relocated or very few devices are to be added, provide two plans that shows the relocation of devices which may be submitted for review in lieu of the above requirements. This information can be included on the electrical or architectural plans. Verify with the Department staff to determine if the scope of your project meets this criteria. Section 907.1, International Fire Code</p>
2		<input checked="" type="checkbox"/>	<p>A pdf version of the sprinkler system working plans shall be submitted for review and approval before any equipment is installed or remodeled. The department reserves the right to defer plan review and inspections to the local authority having jurisdiction (AHJ). Deviation from approved plans will require permission. <u>Plans and specifications, including hydraulic calculations, that are incomplete or are not stamped by a Washington State Licensed Fire Sprinkler Contractor, will be returned without review.</u></p> <p>Plans and specifications may be submitted separately from construction documents during the construction of the project. For small renovation projects in which heads are only to be relocated, a plan that shows the relocation of devices can be submitted for review in lieu of the above requirements. Section 903.1, International Fire Code</p>
3		<input checked="" type="checkbox"/>	<p>The wall between rooms Finan. Couns 1 and Social Work Crisis is shown as demolished on Sheet D3.11. This is an existing fire barrier wall -provide details to ensure jog in existing fire barrier are maintained.</p>
4	<input checked="" type="checkbox"/>		<p>Review is contingent on no sedation taking place at the Phase 1 area.</p>
5	<input checked="" type="checkbox"/>		<p>The facility requested this project to be reviewed to the 2022 version of the FGI guidelines, in total. This request is approved.</p>



6	<input checked="" type="checkbox"/>	The design team states that the Phase 1 area was designed to the Low acuity patient treatment area. Verify in the functional program that all patients will be post triage and will be limited ESF 4 and 5 level acuity.
7	<input checked="" type="checkbox"/>	Provide an exam light in each low acuity bay. FGI 2.1-3.2.3.2 and 2.2-3.1.3.6(6)(b)(iii)
8	<input checked="" type="checkbox"/>	What provisions are made to protect speech privacy. Provide acoustical assessment showing compliance with Table 1.2-7 based on an open plan and the level defined by the facility. FGI 2.1-2.1.2 and 2.2-3.1.3.6(6)(d)
9	<input checked="" type="checkbox"/>	Relocate cubicle curtains to make handwash sink accessible without entering an individual patients area.
10	<input checked="" type="checkbox"/>	Revise plans to ensure continuity of the one hour walls between Enhanced Safety M180b and c. IBC Incidental use table Chapter 5.
11	<input checked="" type="checkbox"/>	Revise plans to show that windows W1 and W2 are 45-minute rated. NFPA 8.3.4
12	<input checked="" type="checkbox"/>	Provide door hardware schedule showing door M180.7C and M1807b have closers as required for rating and ligature resistant fittings on the patient room side.
13	<input checked="" type="checkbox"/>	Remove intercom from Enhanced safety room – or address need in functional program and provide manufacturers data showing tamper resistant and ligature resistant design. FGI 2.2-3.1.4.3(2)(b)
14	<input checked="" type="checkbox"/>	Please update mechanical and electrical to identify newly added wall and doors, and adjust any devices necessary. WAC 246-320-505(2)
15	<input checked="" type="checkbox"/>	Identify the location of portable oxygen and suction available for this space. FGI Table 2.1-3
16	<input checked="" type="checkbox"/>	Note exterior tent location of care described in functional program is not been approved for post pandemic use. All construction review and licensing waivers for this type of space have expired.

Compliance with the comments above provided by the Department of Health, Construction Review Services, are necessary for this facility to meet the cited requirements of the applicable licensing regulations found in the Washington State Administrative Code and associated references. These comments, authorization to begin construction or final project approval do not relieve the facility from the responsibility to meet the requirements of any applicable federal, state or local regulations. In the event of conflicts between other jurisdictions and these written comments, the most stringent shall apply. The building owner or operator is ultimately responsible for safety and insuring the building is in compliance with all applicable laws.