



To: Larry Carbonneau
Sr. Healthcare Financial Analyst, Healthcare Oversight
Division of Licensing and Regulatory Services

From: Michael Connolly
Director of Facilities
Mercy Hospital

Subject: Mercy Occupational Health (Employee Health) Project

Date: 06/16/14

Larry,

This letter is being sent to your attention as directed by the attached letter from Department of Health and Human Services (DHHS) dated 6/14/14. Mercy needs the Certificate of Need Unit to determine the applicability of the Maine Certificate of Need Act-2002 in reference to this project.

Mercy Hospital is converting 2,200 square feet of existing administrative medical office building space to an Occupational / Employee Health space. The total project budget is less than \$200,000.

Attached: Department of Health and Human Services Letter dated 5/14/14
Project Budget
Project Architectural Plans

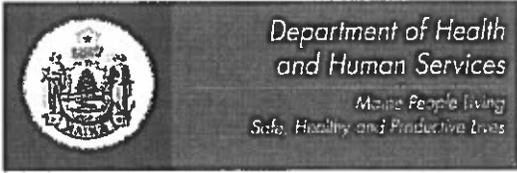
If additional information is needed, please contact me at 207-879-3574.

Sincerely,



Michael Connolly
Director of Facilities
Mercy Hospital





Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
Licensing and Regulatory Services
41 Anthony Avenue
11 State House Station
Augusta, Maine 04333-0011
Tel. (207) 287-9300; Fax (207) 287-9307
Toll Free (800) 791-4080; TTY (800) 606-0215

May 14, 2014

Kristen Damuth, AIA, CSI
SMRT
PO Box 618
Portland, ME. 04104

RE: Mercy Fore River Express Care and Occupational Health

Dear Ms. Damuth:

This letter is to inform you that this Department has approved your plans, based on the Plan review.

Approval of these plans was granted after examination under the current AIA Construction Guidelines, without regards to adequacy of design or workmanship. This approval does not in any way supersede applicable Federal, State and Local Codes. **You are required to contact the Certificate of Need Unit at (207) 287-9216 to determine the applicability of the Maine Certificate of Need Act-2002 referencing your project.**

If you have any questions, please feel free to call me through Jason at (207) 287-9301 or by email at jason.fuller@maine.gov.

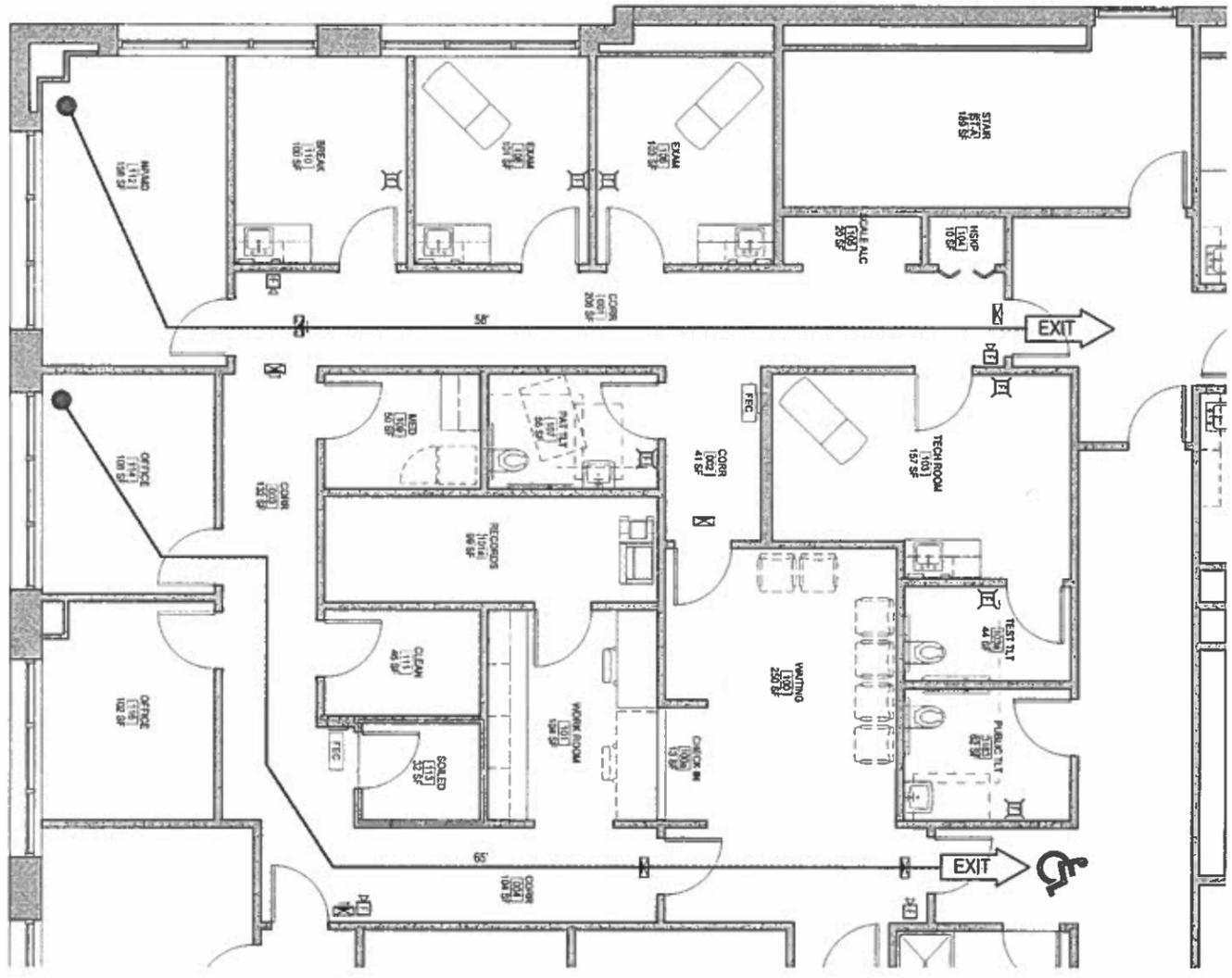
Sincerely,

Alelia Hilt-Lash, RN, BSN, CHPN, MBA
Health Services Supervisor, Acute Care Team
Division of Licensing & Regulatory Services

AHL/jjf

FORE RIVER MOB SUITE 300 - 320	Costs
Move current Occupants	\$2,000.00
Renovations (\$50/sq ft)	\$95,000.00
Signage	\$1,000.00
Keys/Locks	\$500.00
IT Costs (computers, phones, printers, copier and data)	\$15,000.00
Medical Equipment	\$30,000.00
Furniture	\$20,000.00
Contingency/Miscellaneous	\$27,500.00
TOTAL	\$191,000.00

MERCY HOSPITAL OCCUPATIONAL HEALTH SUITE FORE RIVER M.O.B. PERMIT SET



1 LIFE SAFETY PLAN
SCALE: 1/8" = 1'-0"

LIFE SAFETY LEGEND

- H2 — 2 HOUR RATED HORIZONTAL EXIT & SMOKE BARRIER
 - O2 — 2 HOUR RATED OCCUPANCY SEPARATION & SMOKE BARRIER
 - F2 — 2 HOUR RATED FIRE BARRIER
 - F1 — 1 HOUR RATED FIRE BARRIER
 - S2 — 2 HOUR RATED SMOKE BARRIER
 - S1 — 1 HOUR RATED SMOKE BARRIER
 - S0 — SMOKE PARTITION
 - EXIT DISCHARGE
 - SMOKE CONTAINMENT BARRIER
 - TRAVEL DISTANCE
 - FEQ FIRE EXTINGUISHER CABINET
 - FE FIRE EXTINGUISHER WALL MOUNT
 - EXIT DOOR
 - FE FIRE ALARM VISIBLE ONLY
 - FE FIRE ALARM AUDIBLE/VISIBLE NOTIFICATION
 - FE AP/SMOKE (GENERAL EVACUATION) EXIT SIGN
 - ♿ ACCESSIBLE ENTRY/EGRESS
- NOTE:
1. RESEE EXISTING EXIT SIGNS AND DEVICES
2. MEET REQUIREMENTS FOR FOOTCANDLE LEVEL FOR EMERGENCY LIGHTING
3. MEET EXISTING FIRE EXTINGUISHER CABINETS

CODE AND STANDARDS APPLICABLE TO ROOMS OF PROFESSIONAL SERVICES ASSOCIATED
LIFE SAFETY CODE:
NFPA, INCLUDING 101 LIFE SAFETY CODE 2012 EDITION
AUTOMATIC FIRE DETECTION SYSTEMS
FIRE MARSHAL'S OFFICE
43 COMMERCE DRIVE, SUITE 1
ALBANY, NE 05810
207-426-5344

BUILDING CODE:
INTERNATIONAL BUILDING CODE (IBC) 2009
AUTHORITY HAVING JURISDICTION:
PLANNING & ZONING DEVELOPMENT DEPARTMENT
380 CONGRESS STREET
PORTLAND, ME 04101

HANDICAPPED ACCESSIBILITY STANDARDS:
AMERICANS WITH DISABILITIES ACT ACCESSIBILITY GUIDELINES
AUTHORITY HAVING JURISDICTION:
FIRE MARSHAL'S OFFICE
43 COMMERCE DRIVE, SUITE 1
ALBANY, NE 05810
207-426-5344

BASE LIFE SAFETY AND BUILDING CODE CRITERIA
DESCRIPTION OF BUILDING FUNCTION:
EXISTING FOUR STORY COMMERCIAL OFFICE BUILDING (DOCTORS OFFICE)

OCCUPANCY CLASSIFICATION:
BIC - EXISTING BUSINESS (CHAPTER 3M)
USE GROUP CLASSIFICATION:
BIC - BUSINESS

SPECIFIC OCCUPANCY AREA (BOCA TABLE 202.1.1)
LABORATORY
LABORATORY COLLECTION LINEN ROOM
STORAGE ROOMS * 50 SF AND *100 SF
STORAGE ROOMS GREATER THAN 100 SF
ACCESSORY USE AREA (BOCA 202.1.2)
NONE IDENTIFIED

SPECIAL USE AND OCCUPANCY:
NONE IDENTIFIED

TYPE OF CONSTRUCTION:
NFPA - TYPE II (1) PROTECTED NON-COMBUSTIBLE
ICC - TYPE 2B

BUILDING IS PROTECTED THROUGHOUT BY AUTOMATIC FIRE SPRINKLER SYSTEM IN COMPLIANCE WITH NFPA 13
TENANT AREA:
AREA 1200 SF
MEANS OF EGRESS:
BUSINESS * 100 SF/OCCUPANT
2100 SF / 100 SF * 22 OCCUPANTS

MINIMUM NUMBER OF EXITS:
22 * 600 OCCUPANTS = 2 EXITS
EXIT ACCESS DIMENSIONS:
CORRIDORS 44 INCHES (60" PER FC) GUIDELINES FOR HEALTHCARE
DOORS, MINIMUM CLEAR WIDTH 40 FT
DEAD END CORRIDORS 100 FT
COMMON PART OF TRAVEL MAXIMUM 300 FT
TRAVEL DISTANCE MAXIMUM 300 FT

ILLUMINATION OF MEANS OF EGRESS:
EGRESS WILL BE ILLUMINATED BY BATTERY TYPE LIGHT FIXTURES
PROTECTION FROM HAZARD:
VENTILATED AUTOMATIC FIRE PROTECTION SYSTEM COMPLYING WITH NFPA 13, TYPICAL THROUGHOUT
THE BUILDING UNLESS NOTED OTHERWISE. SPECIFIC OCCUPANCY AREAS WILL BE FIRE OR SMOKE
SEPARATED AS DETERMINED ABOVE

EXTINGUISHERS:
PORTABLE FIRE EXTINGUISHERS IN ACCORDANCE WITH NFPA 101, SECTION 9.7.4.1
DETECTION, ALARM AND COMMUNICATION SYSTEMS:
FIRE ALARM SYSTEM REQUIRED IN ACCORDANCE WITH NFPA 101, SECTION 9.09
FURNISHINGS:
NO REQUIREMENTS

NOTES:
1. EACH TRADE TO PROVIDE SMOKE OR FIRE SEALANT AT PENETRATIONS AS REQUIRED FOR WALL TYPE. ALL
FIRE SEALANT FIRE STOPPING ASSEMBLIES SHALL BE U.L. RATED.

164 Fore Street P.O. Box 618
Portland, Maine 04104
Tel: (207) 772-3846
Fax: (207) 772-1070
www.spruce.com

SMRT
LICENSED ARCHITECT
MICHAEL A. RICHMOND
NO. 2393
STATE OF MAINE
DIVISION OF PLANNING

ARCHITECTURE
ENGINEERING
PLANNING
INTERIOR DESIGN
COMMISSIONING

03/17/14
PROJECT
NORTH

OCCUPATIONAL HEALTH SUITE
PORTLAND, ME
PERMIT SET
03/17/14

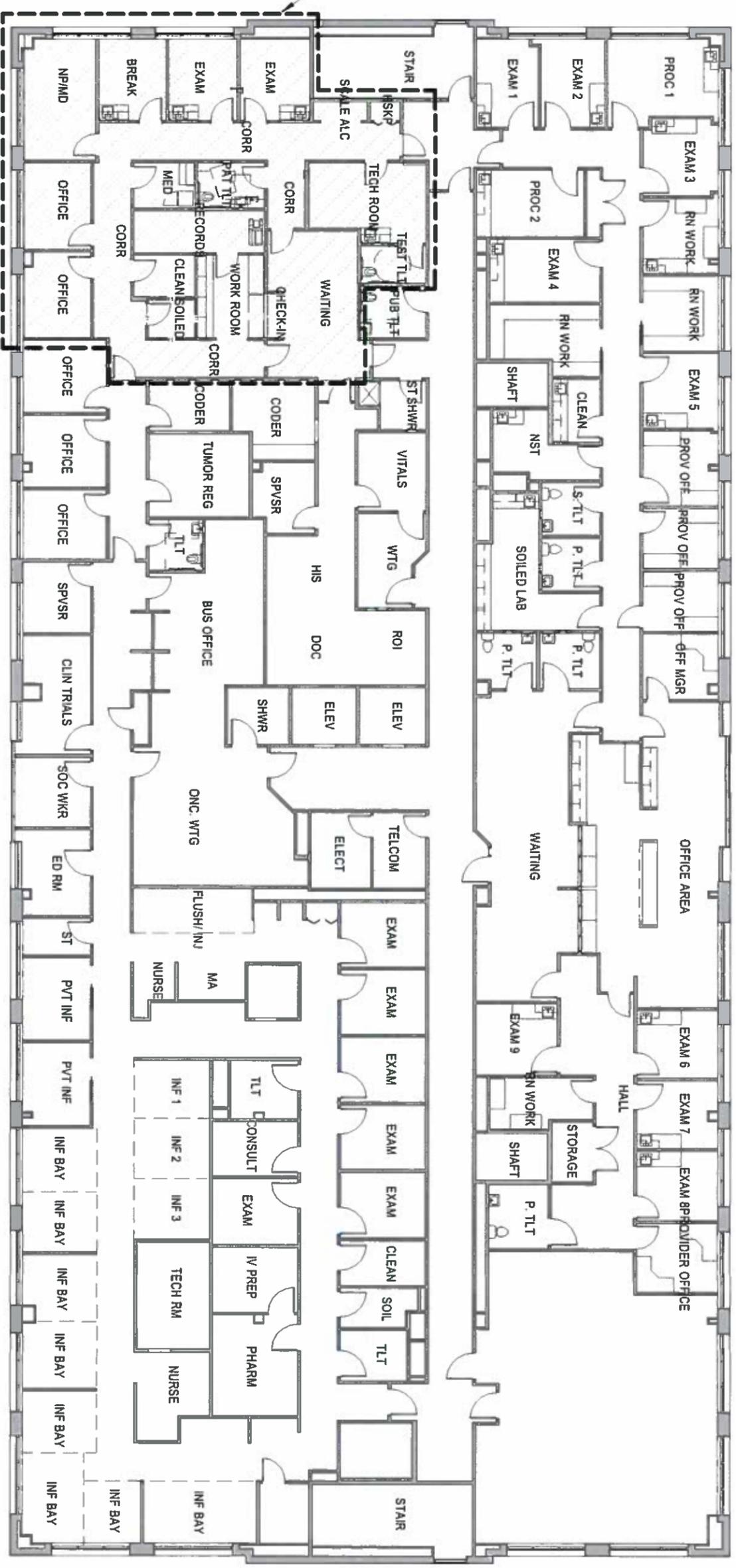
DATE
REVISIONS
SCALE
TITLE
PROJECT NUMBER
JOB NUMBER
ARCHITECT
PROJECT NO.
DATE
SHEET NO.

PROJECT INFO & LIFE SAFETY

AE-100



AREA OF WORK



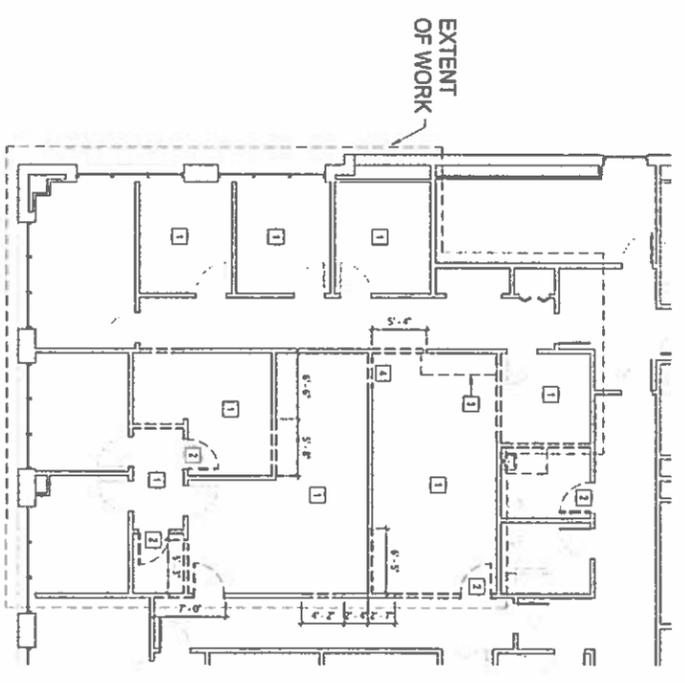
MERCY FORE RIVER MOB OCCUPATIONAL HEALTH SUITE

LEVEL 3 FLOOR PLAN

1/16" = 1'-0"

13162

02/28/14



5 DEMOLITION PLAN
1/8" = 1'-0"

DEMOLITION NOTES:

- COORDINATE EXTENT OF DEMOLITION WITH LOCATIONS OF PARTITIONS DESCRIBED ON PLANS AND WITH LOCATIONS OF FINISHES NOTED AS ANY NEW PARTITION OR SURFACE DESCRIBED BECAUSE OF NEWWORK OR DEMOLITION SHALL BE PATCHED AND FINISHED CONTIGUOUSLY TO THE ADJACENT CONSTRUCTION FINISHES, CONTINUITY AND FINE FINISHING PROJECT ALL FINISH MATERIALS AND EQUIPMENT NOTED AS EXISTING TO REMAIN CONTRACTOR SHALL BE RESPONSIBLE TO REPLACE ALL DIMENSIONS INDICATED +/- ARE EXISTING COMMON DIMENSIONS TO BE CLEARLY IDENTIFY AND TAG MECHANICAL, PLUMBING AND ELECTRICAL FINISHES OR EQUIPMENT THAT ARE STILL IN USE PRIOR TO DEMOLITION TO AVOID ACCIDENTAL REMOVAL.
- WALLS INDICATED WITH A DASHED LINE ARE TO BE REMOVED EITHER COMPLETELY OR TO THE POINT OF DEMOLITION PRIOR TO REMOVAL OF DOOR AND/OR WINDOW FRAME.

DEMOLITION KEY NOTES:

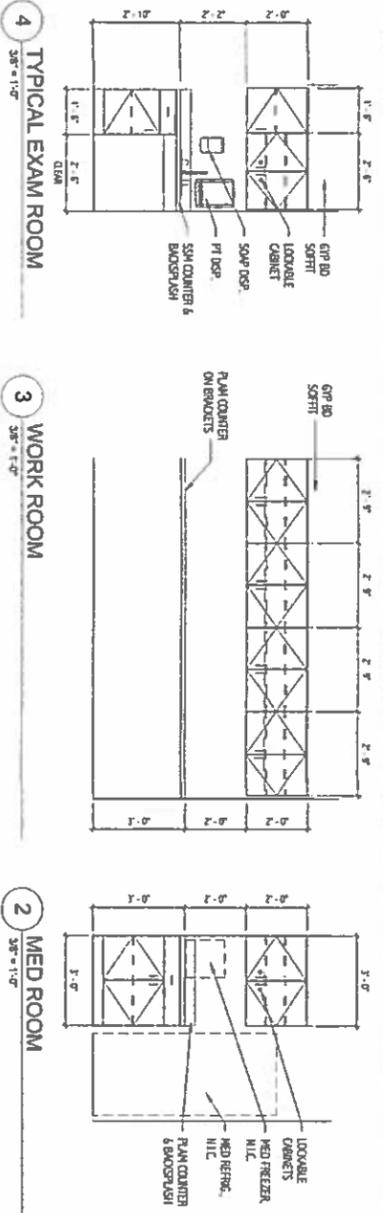
- REMOVE FINISH FLOORING MATERIAL AND BASE FINISH SURFACE FOR NEW FLOOR FINISH PER MANUFACTURER'S RECOMMENDATIONS
- REMOVE DOOR FRAME AND HINGERS COMPLETELY COORDINATE WITH BUILDING OWNER FOR POSSIBLE REUSE
- REMOVE WALLWORK, COORDINATE WITH BUILDING OWNER FOR POSSIBLE REUSE
- DEMO WALL FOR NEW DOOR OPENING

PLAN NOTES:

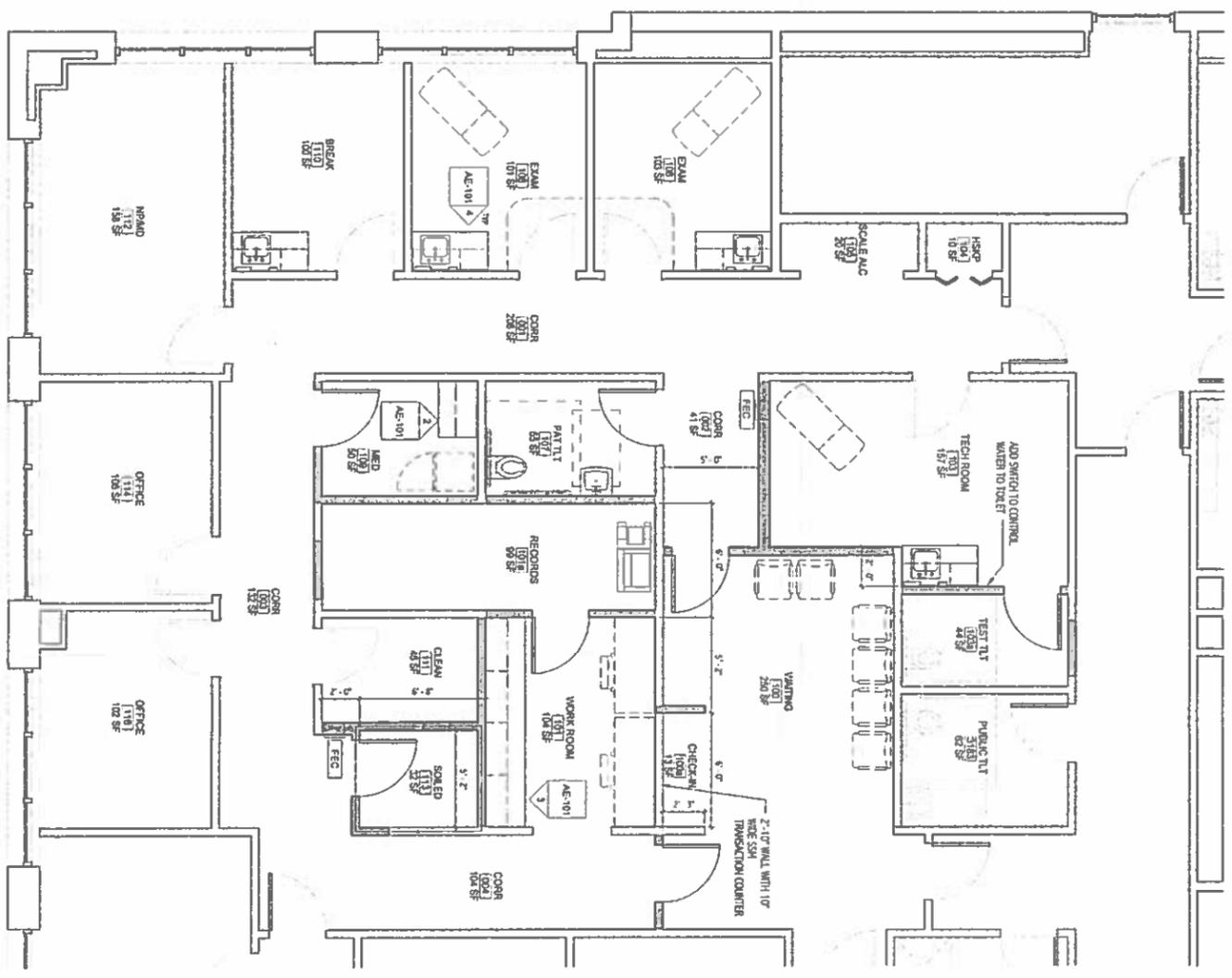
- CONTRACTOR IS RESPONSIBLE FOR REVIEWING CODE COMPLIANCE PLANS AND NOTING THE ANNOTATED OR CONFLICTS BETWEEN WHAT IS IN THE FIELD AND ON THE CODE DOCUMENTS. FACE OF MASONRY AND FACE OF DIMENSIONS ARE FACE OF CONCRETE, FACE OF MASONRY AND FACE OF DIMENSIONS ARE FACE OF CONCRETE. FACE OF MASONRY AND FACE OF DIMENSIONS ARE FACE OF CONCRETE. FACE OF MASONRY AND FACE OF DIMENSIONS ARE FACE OF CONCRETE.
- DOOR JAMB RANGE SIZES SHALL BE FROM CENTER IN STUD PARTITIONS AND FROM CORNER IN MASONRY PARTITIONS UNLESS NOTED OTHERWISE.
- REFER TO SETS FOR ADDITIONAL DIMENSIONING INFORMATION.
- REFER TO SETS FOR ADDITIONAL DIMENSIONING INFORMATION.
- REFER TO SETS FOR ADDITIONAL DIMENSIONING INFORMATION.
- CONTRACTOR IS RESPONSIBLE FOR THE COORDINATION OF OWNER PROVIDED EQUIPMENT INCLUDING BUT NOT LIMITED TO DIMENSIONAL INFORMATION, AND MECHANICAL, ELECTRICAL, AND PLUMBING INFORMATION.
- ALL NEW ROOMS, ROOMS WITH USE CHANGES, AND ROOMS NOT CURRENTLY SCHEDULED REQUIRE ADA APPROVED STORAGE. CONTRACTOR TO PROVIDE.
- PROVIDE FINISH AND/OR CEILING TO BE MATCHED BY CONTRACTOR.
- PROVIDE FINISH AND/OR CEILING TO BE MATCHED BY CONTRACTOR.
- PROVIDE FINISH AND/OR CEILING TO BE MATCHED BY CONTRACTOR.

OCCUPATIONAL HEALTH SCHEDULE OF WORK

Name	#	FLOOR NOTES	CEILING NOTES	ELECTRICAL NOTES	PREVIOUS USE	GENERAL NOTES
COOR	001	CPT. PATCH AS NEEDED IN RUMD	REPLACE WHERE NECESSARY	NO WORK	SCALE	
COOR	002	CPT TO MATCH EXISTING	REPLACE WHERE NECESSARY	NEW LIGHTING AND ELECTRICAL AS NEEDED	N/A	
COOR	003	CPT TO MATCH EXISTING	REPLACE WHERE NECESSARY	NEW LIGHTING AND ELECTRICAL AS NEEDED	N/A	
COOR	004	CPT TO MATCH EXISTING	REPLACE WHERE NECESSARY	NEW LIGHTING AND ELECTRICAL AS NEEDED	N/A	
WAITING	100	CPT	ACT	OWNER REUSE/LOCATE EXISTING LIGHTS	N/A	NEW PRACTICE STORAGE NEEDED AT CORRIDOR.
CHECKOUT	101	CPT	ACT	OWNER REUSE/LOCATE EXISTING LIGHTS	N/A	
WORK ROOM	102	CPT	ACT	PROVIDE POWER & DATA FROM WORK STATION LOCATIONS	N/A	
RECORDS	103	CPT	ACT	PROVIDE POWER & DATA FROM WORK STATION LOCATIONS	N/A	
TECH ROOM	104	CPT	ACT	PROVIDE POWER & DATA FROM WORK STATION LOCATIONS	N/A	
TEST TV	105	CPT	ACT	PROVIDE POWER & DATA FROM WORK STATION LOCATIONS	N/A	
SCALE ALC	106	CPT	ACT	NO WORK	SCALE	PROVIDE SWITCH FOR PLUMBING AT TECH ROOM
SCALE ALC	107	CPT	ACT	NO WORK	SCALE	REMOVE DOOR
EXAM	108	CPT	ACT	NO WORK	SCALE	
EXAM	109	CPT	ACT	NO WORK	SCALE	
EXAM	110	CPT	ACT	NO WORK	SCALE	
EXAM	111	CPT	ACT	NO WORK	SCALE	
EXAM	112	CPT	ACT	NO WORK	SCALE	
EXAM	113	CPT	ACT	NO WORK	SCALE	
EXAM	114	CPT	ACT	NO WORK	SCALE	
EXAM	115	CPT	ACT	NO WORK	SCALE	
EXAM	116	CPT	ACT	NO WORK	SCALE	



1 FLOOR PLAN
1/8" = 1'-0"



144 Fox Street, Suite 616
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www.smrt.com



OCCUPATIONAL HEALTH SUITE

PERMIT SET
03/17/14

PROJECT NUMBER: 031714

DATE: 03/17/14

REV	DESCRIPTION	DATE	ISSUE STATUS

SCALE

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