

February 26, 2020

Margo Michaels, Director

Determination of Need Program

Department of Public Health

250 Washington Street

Boston, MA 02108

Dear Director Michaels:

Royal Nursing Center is providing written notification with regard to a proposed transfer of site for the operations of its skilled nursing facility. The Notification is submitted in accordance with 105 CMR: 100.745, which sets forth the process for obtaining approval for a transfer of site. This letter provides for detailed explanations for the sections of the Notification specified below, which do not fit within the space provided in the officially provided form.

The purpose of the project identified in the Notification is to transfer the site of Royal Nursing Center's current operations at 545 Main Street, Falmouth, MA to 359 Jones Road, Falmouth, MA. The new site is less than 1 mile from the existing site. The relocation is designed to enhance resident accommodations and access to outdoor space, provide for a safer more modernized site that meets current code requirements, improve visitor convenience by providing more parking, and reduce repair and maintenance costs. The new site is also somewhat closer to the regional hospital and the majority of physician offices in Falmouth. The new site will enhance the resident living environment and improve safety considerations for the residents.

No Substantial Change in Service or Substantial Capital Expenditure will result from the transfer of site. No change in scope of service will occur. Licensed bed capacity will be reduced from 121 to 120 beds.

Attachments to this letter include:

Comparison of the Current and Proposed Site including a comparison of the gross square feet associated with the services at each site, and the current and proposed Primary Service Area

Comparison and Description of the Current and Proposed Populations Served

Description of and comparison of patient access to existing and proposed sites and the change in location's impact on price, total medical expenditure, provider costs, and other recognized measures of health care spending.

Detailed attestation of all anticipated expenditures to be incurred as a result of the proposed transfer of site.

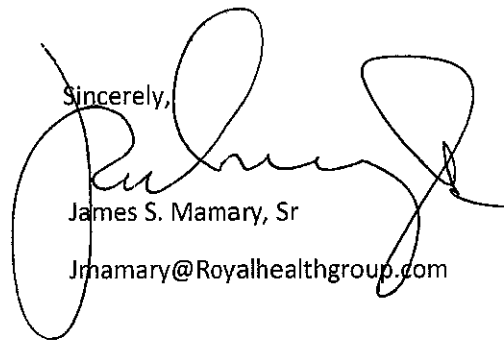
Documentation of Sufficient Interest and evidence that the site may be used for the proposed purpose.

Conclusion

The proposed transfer of the site for Royal Nursing Center will provide for an improved patient/resident experience, improve safety of residents and visitors, enhance the visitor experience and allow for better patient care, while reducing future costs of maintaining an aging physical plant. In addition, the transfer will not result in additional costs to the health care system.

If you require any additional information or have any questions about the submission, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'James S. Mamary, Sr.', written over the printed name and email address.

James S. Mamary, Sr

Jmamary@Royalhealthgroup.com

2. Comparison of the Current and Proposed Site including a comparison of the gross square feet associated with the services at each site, and the current and proposed Primary Service Area.

Please see the attached table for exact description of the two sites. In summary, the current site has 12 private rooms and the proposed site has 36 private rooms. The modern consumer has indicated a strong preference for private rooms. The current site has 12 four bedded rooms, the proposed site has none.

The current site has 50 parking spaces, and there is no on-street parking allowed. Overflow parking of approximately 10 cars per day are forced to park at the neighboring church parking lot. The proposed site has 70 parking spaces, which will easily accommodate the current and potential load.

The current site is 3 floors above grade, and one floor below grade. The floor that is below grade accommodates the kitchen, laundry, offices, mechanical systems and maintenance shop. Family members, residents, and visitors need to go to the basement to transact business in the office or to meet with Administration.

The proposed site has only 2 floors, and no floors below grade. Family members, residents and visitors will be able to transact business on the 1st floor.

In the event of an emergency, or the need for an evacuation of the facility, the proposed site having only 2 floors vs the 4 total floors of the current site is a significant safety enhancement.

The current site is located on 1.5 acres of land and the proposed site is on 4.67 acres of land. Outdoor common space on the current site is 8656 sq ft and the proposed site is 12,000 sq ft. There will also be additional outdoor seating and a walking path at the proposed site.

The proposed site has 1400 sq feet more of interior common space than the current site.

The sites are less than 1 mile apart, both will serve the same Primary Service Area, which is Falmouth, Bourne, and the Upper Cape. There is no impact on the service area.

	Jones	Main St
Site Size	4.67 acres	1.56
Parking Spaces	70	50
Gas service	Yes	Yes
Town Sewer	Yes	Yes
Flood plain	Outside	Outside
Zoning	Res- C	Biz-Redevelopment
GBA	46,372 sq feet	53,232
Year Built	1998	1965
Last renovation	2016	2008
Elevators	2	2
Dining Rooms	3	1
Stories	2	3
Nurse's Stations	3	3
Licensed Beds	120	121
Units	70	56
Private Beds	36	12
Double	48	65
Triple	36	0
Quadruple	0	44

(3)Comparison and Description of the Current and Proposed Populations Served

Both the current facility on Main Street and the proposed facility on Jones Road in Falmouth are comprised of three (3) distinct forty (40) bed nursing units.

One unit in the current facility is a certified special care unit serving memory impaired, dementia, or Alzheimer's residents.

The proposed facility will have one unit dedicated to this population; and will seek to be certified by the Department of Public Health.

The second unit in the current facility is a traditional long-term care unit, serving a patient population with chronic long-term care needs.

The proposed facility will have one unit dedicated to this population.

The third unit in the current facility services a patient population with primarily post-acute needs, such as physical, speech, occupational and respiratory therapies. Other needs served include post-surgical recovery, post CVA, wound management, IV management, diabetes management etc. This unit is dedicated to a patient with more complex needs.

The proposed facility will have one unit dedicated to this population.

In summary, the two facilities have the same capacity and will service the same populations.

5. Detailed attestation of all anticipated expenditures to be incurred as result of the proposed transfer of Site.

Attached please find spread sheets of all expenditures for Royal Nursing Center LLC license and operations to be transferred from 545 Main Street Falmouth, to 359 Jones Road Falmouth.

Royal Nursing Center, LLC will cancel its current lease and enter into a lease agreement for the real estate and all fixtures. The lease expense for the current lease and the proposed lease will be substantially the same.

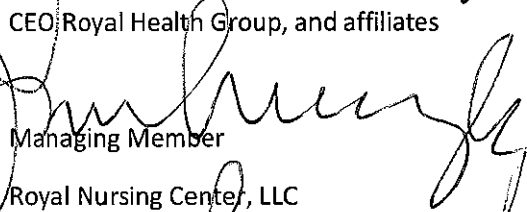
I hereby attest that the attached schedules fairly represent all expenditures incurred or anticipated to be incurred as a result of the transfer of sites.

Signed under the pains and penalties of perjury as of February 25, 2020.



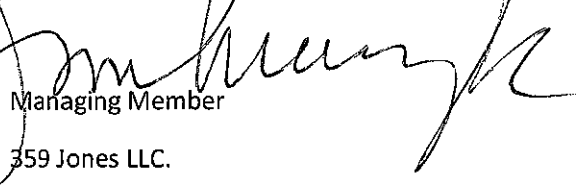
James S. Mamary, Sr.

CEO, Royal Health Group, and affiliates



Managing Member

Royal Nursing Center, LLC



Managing Member

359 Jones LLC.

6. Documentation of Sufficient Interest and evidence that the site may be used for the proposed purpose.

Attached are the following documents:

1. Lease of the facility by the entity owned by the Mamary family.
2. Proposed facility former building inspection certificate from the Commonwealth and the Town of Falmouth
3. Current Royal Nursing Center license
4. Plan review findings

LEASE

THIS LEASE is entered into as of March 1, 2019 between 359 Jones, LLC ("Landlord"), and Royal Nursing Center, LLC, a Massachusetts limited liability company ("Tenant"). The parties agree as follows:

ARTICLE 1

RECITALS

A. Landlord owns certain real property and improvements thereon in Falmouth, MA situated at 359 Jones Road, Falmouth, Massachusetts

B. Tenant is desirous of leasing the aforesaid property to operate thereon.

ARTICLE 2

DESCRIPTION

2.01. Subject to the terms and conditions contained herein, Landlord hereby leases to Tenant, and Tenant hereby leases from Landlord, the real property and improvements thereon, commonly known as located at 359 Jones Road ("the Premises") and certain personal property located on the Premises which relate to the operation of a nursing home thereon. The Premises and personal property are hereinafter collectively referred to as "the Nursing Home").

2.02. Tenant's rights granted hereunder are made expressly subject and subordinate to any and all rights of existing and future "lenders" (e.g., any beneficiary, mortgagee or secured party holding an encumbrance in the Premises or Nursing Home) and their respective assignees and successors, subject to section 20.01. Tenant covenants and agrees to execute any document requested by any lender to confirm such subordination.

2.03. Excepted from the Lease hereunder are all personal property of patients residing at the Nursing Home.

ARTICLE 3

TERM

3.01. The initial term of this Lease shall commence on the date of this lease and expire ten years after the date hereof.

ARTICLE 4

WARRANTIES

4.01. Landlord represents and warrants to Tenant as follows:

A. Anything to the contrary in this Lease notwithstanding, Landlord and Tenant expressly agree that it is the intention of the parties hereto that Tenant shall rely on its inspection of the Nursing Home to satisfy itself with respect to accuracy of all matters set forth in this Article. Tenant agrees that it leases the Premises and Nursing Home "as is, where is."

B. Landlord has all requisite power and authority to execute and to deliver this Lease and all related documents and to carry out the transactions contemplated herein.

4.02. Tenant hereby represents and warrants to Landlord as follows:

A. Tenant has all requisite power and authority to execute and to deliver this Lease and all related documents and to carry out the transactions contemplated herein. This Lease is a valid and binding obligation of Tenant. Neither the execution and delivery of this Lease nor the consummation of the transactions contemplated hereby nor compliance by Tenant with any of the provisions hereof will result in a breach of any provision of Tenant's Articles of Organization or Operating Agreement or, to Tenant's knowledge, violate any law, regulation or court order applicable to Tenant or result in a material default in any note, bond, mortgage, indenture, license, agreement or other instrument or obligation to which Tenant is a party or by which it or any of its properties may be bound.

B. Tenant agrees that, subject to the insurance provisions in Article 13, Landlord shall have no liability for, and Tenant shall have no recourse against Landlord for, any defect or deficiency of any kind whatsoever in the Premises, Nursing Home or other property to be leased hereunder, without regard to whether such defect or deficiency was discovered or discoverable by Tenant or Landlord.

C. Tenant possesses all governmental licenses, certifications and permits necessary to operate its Nursing Home business on the Premises. Tenant shall take all steps necessary to continue and maintain such licenses and permits, including, but not limited to, curing any deficiencies noted in any certification surveys or other governmental reviews. Tenant shall operate the Nursing Home continuously as a provider of Nursing Home services.

D. Tenant shall operate the Nursing Home in compliance with all laws, regulations and rules, federal, state and local, relating to the licensure of long-term care Nursing Homes, to the operation of long-term care Nursing Homes and to participation in the Medicaid and Medicare Programs. Tenant may contract with one of its affiliates to manage the Nursing Home business operated by the Tenant on the Premises.

E. Tenant shall file with the appropriate governmental agencies all tax returns relating to the operation of the Nursing Home business operated by the Tenant on the Premises during the term of this Lease and shall file with the Rhode Island Division of Health Care Finance and Policy all cost reports relating to the operation of said Nursing Home business during the term of this Lease required by that agency.

ARTICLE 5

RENT

5.01. Tenant shall pay to Landlord a monthly minimum rent in an amount equal to 105% of the monthly principal and interest payments for all debt held by the landlord secured by this property.

5.02. Rent is payable in advance on the first day of each month commencing on the first day of the month in which the term of this Lease commences. If the lease term commences on a day other than the first day of a month, monthly rent for such partial month shall be prorated on a per day basis.

5.03. All rent shall be paid to Landlord at the address set forth on the signature page of this Lease, or at such other address as may be designated by Landlord in writing to Tenant.

5.04. The monthly rent provided in this Lease shall be in addition to all other payments to be made by Tenant as provided herein. It is the intent of the parties that this lease be a triple net lease so-called whereby any and all expenses relating to the Nursing Home and the Nursing Home business operated by Tenant on the Premises be borne by Tenant, so that the monthly rent provided herein shall be absolutely net to Landlord; so that this Lease shall yield net to Landlord the monthly rent specified in this Lease in each month during the term hereof; and so that Landlord shall have no obligation or liability to pay any amount(s) in connection with the ownership, operation, maintenance and/or management of the Nursing Home or the Nursing Home business conducted by Tenant on the Premises or any part thereof, whether for real and personal property taxes, insurance premiums of any kind, maintenance of any kind including structural or exterior maintenance, or license fees. It shall be Tenant's obligation to pay real estate taxes, personal property taxes and building insurance costs related to the Nursing Home and the Nursing Home business operated by Tenant on the Premises and all other costs and expenses related thereto, including, without limitation, taxes, assessments, insurance premiums, maintenance, license fees and obligations of every kind and nature whatsoever relating to the use, and/or management by Tenant of the Nursing Home and the Nursing Home business operated by Tenant on the Premises, which may accrue or become due during, or out of, the term or any renewal thereof, shall be paid by Tenant and Landlord shall be indemnified and held harmless by Tenant from and against the same.

ARTICLE 6

TAXES AND ASSESSMENTS

6.01. Tenant shall pay all taxes, assessments, license fees and other charges ("personal property taxes") that are levied and assessed against the personal property, including leasehold improvements, furniture, fixtures and equipment installed, whether by Landlord or Tenant, or located in or about the Premises, which taxes accrue during the term, regardless of when the same may be payable.

6.02. Tenant shall pay all real property taxes, assessments and levies, both general and special ("real property taxes") which are or are hereafter levied, assessed, or are otherwise imposed, against the Premises during the term, regardless of when the same may be payable.

6.03. Landlord shall furnish Tenant with tax bills promptly following receipt thereof by Landlord.

6.04. If Landlord's lender requires Landlord to escrow ("impound") real property taxes on a periodic basis during the term, Tenant, on notice from Landlord indicating this requirement, shall pay a sum of money toward its liability under this Article to Landlord on a periodic basis, in accordance with the Lender's requirements.

6.05. Tenant shall have the right to contest or review, by legal proceeding or in such other manner as it may deem suitable (which, if instituted, Tenant shall conduct promptly at its own expense, free of any expense to Landlord and, if necessary, in the name of Landlord), any real property taxes but such right shall not relieve Tenant of paying any such real property taxes when due, regardless of whether a contest is pending. If there shall be any refund with respect to any contested item based on a payment by Tenant, Tenant shall be entitled to such refund to the extent of such payment, subject to the terms of Section 5.01.

6.06. Tenant shall, in addition to all other sums, pay all fees for inspection and examination of the Nursing Home during the term hereof arising out of Tenant's use, which are charged by any public authority having jurisdiction therein.

6.07. Tenant shall not be required to pay any municipal, county, state, or federal income or franchise taxes of Landlord, or any municipal, county, state, or federal estate, succession, inheritance, or transfer taxes of Landlord. If at any time during the term, the State of Rhode Island or any political subdivision of the state, including any county, city, public corporation, district or any other political entity or public corporation of the state, levies or assesses against Landlord a tax fee, or excise on: (1) rents, (2) the square footage of the Premises, (3) the act of entering into this Lease; or, (4) the occupancy of Tenant, or levies or assesses against Landlord any other tax, fee or excise, however described, including, without limitation, a so-called value-added tax, as a direct substitution in whole or in part for, or in addition to, any real property taxes, Tenant shall pay before delinquency that tax, fee, or excise.

ARTICLE 7

USE

7.01. Tenant shall use the Nursing Home for a licensed Nursing Home and for no other use without Landlord's prior written consent.

7.02. Tenant's use of the Nursing Home as provided in this Lease shall be in accordance with the following:

A. Tenant shall not do, bring, or keep anything in, on or about the Nursing Home that will cause a cancellation of any insurance covering the Nursing Home.

B. Tenant shall cause the licensed Nursing Home it operates on the Premises to be and remain licensed and certified by the applicable federal, state and/or local governmental agencies and third party payors as a licensed Nursing Home and shall maintain such license(s) and certifications during the term of this Lease. At Tenant's sole expense, Tenant shall cause the Nursing Home and the Nursing Home business it operates on the Premises to conform to the requirements and provisions of all applicable laws, rules, regulations and ordinances concerning the use of the Nursing Home as a licensed Nursing Home, including, without limitation, the obligation at Tenant's sole cost to alter, maintain, replace or restore the Nursing Home or any part thereof in compliance and conformity with all laws relating to the condition, use or occupancy of the Nursing Home as a licensed Nursing Home during the term. Tenant shall deliver to Landlord, upon request, copies of all inspection reports respecting the Nursing Home and the Nursing Home business it operates on the Premises, issued during the term hereof, by any and all governmental agencies which conduct inspections thereof.

C. Tenant shall not use the Nursing Home in any manner that will constitute waste or nuisance to the Nursing Home or cause unreasonable annoyance to owners or occupants of adjacent properties.

D. Tenant shall not do anything on or in the Nursing Home that will cause damage to the Nursing Home or any part thereof. The Nursing Home shall not be overloaded with furniture, equipment or machinery in such manner that damage is caused to the Nursing Home or any part thereof. No machinery, apparatus or other appliance shall be used or operated in, on or about the Nursing Home that will in any manner injure the Nursing Home or any part thereof.

ARTICLE 8

MAINTENANCE

8.01. Tenant shall, during the term of this Lease, at its sole cost and expense, maintain the Nursing Home in good, clean working order, condition and repair including, without limitations, the structural portions of the building and improvements thereon, the interior and exterior thereof, roof, plate glass, wiring, plumbing, heat and air conditioning units, the parking and service areas, the landscaping, the approaches thereto and appurtenances thereof, including all adjacent sidewalks and alleys. Landlord shall not have any responsibility to maintain the Nursing Home or any part thereof including, without limitation, any structural maintenance, repair or replacement. Tenant waives all rights under any laws which may provide for Tenant's right to make repairs and deduct the expenses of such repairs from rent.

8.02. Tenant shall, at its sole cost and expense, during the term of this Lease, keep and maintain all the personal property, including furniture, fixtures and equipment, in good working order, condition and repair. Tenant shall have the right to install in the Nursing Home any and all equipment and fixtures which Tenant desires to install thereon and which are necessary or convenient to Tenant's use of the Nursing Home as permitted herein, without the consent of Landlord. All such property so installed by Tenant shall remain Tenant's property (other than replacements for personal property as provided below) and, provided Tenant is not in default hereunder, may be removed by Tenant as provided in this Lease. Except as provided below, Tenant shall not remove any of the personal property and/or replacements thereof or any part thereof from the Nursing Home, without the prior written consent of Landlord, which consent shall not be unreasonably withheld. Tenant shall purchase and replace, with substitutes of equal or higher quality, any worn out or broken items of personal property required to be in or on the Nursing Home for continued licensing and/or certification, as the same may occur from time to time throughout the term of this Lease, at Tenant's sole cost and expense. Items being replaced by Tenant may be removed without Landlord's prior consent and shall become the property of Tenant, and items replacing same shall be and remain the property of Landlord subject to removal only with consent until in turn replaced. Tenant agrees, upon written request from Landlord, to execute any and all documents reasonable necessary to assist Landlord to fully evidence Landlord's ownership of the personal property.

8.03. Tenant shall, throughout the term of this Lease, make all repairs to the Nursing Home required by law and/or as necessary to obtain and maintain the licensing and certification of the Nursing Home it operates on the Premises.

ARTICLE 9 ALTERATIONS

9.01. Tenant shall not make or allow to be made any alterations, remodeling or additions to the Nursing Home, or any part thereof, in excess of \$10,000.00 during the term of this Lease, or any extension thereof, without Landlord's prior written consent, which consent shall not be unreasonably withheld. Any alterations, remodeling or additions made shall remain on, and be surrendered with, the Nursing Home on expiration or termination of the term. Failure of Landlord to respond within ten (10) days from Tenant's request shall be deemed consent.

9.02. If Tenant makes any alterations to the Nursing Home as provided in this Article, the alterations shall not be commenced until ten (10) days after Landlord has received notice from Tenant stating the date the installation of the alterations is to commence, to allow Landlord to post and record a notice of non-responsibility.

ARTICLE 10 MECHANIC'S LIENS

10.01. Tenant shall pay all costs for construction done by it or caused to be done by it on the Nursing Home, as permitted by this Lease. Tenant shall keep the Nursing Home free and clear of all mechanic's liens and other liens by reason of work, labor, services or materials supplied or claimed to have been supplied to Tenant, or anyone holding the Premises or any part thereof through or under Tenant.

10.02. Tenant shall have the right to contest the correctness or validity of any such lien if Tenant provides reasonable security for same. Tenant hereby indemnifies Landlord against any such lien or claim.

10.03. If Tenant shall fail to discharge any such lien within thirty (30) days of its being filed (or by such earlier date as may be required by Landlord's lender), or fails to furnish reasonable security therefor, as may be required by Landlord or Landlord's lender, then, in addition to any other right or remedy of Landlord resulting from Tenant's said default, Landlord may, but shall not be obligated to, discharge the same, either by paying the amount claimed to be due or by procuring the discharge of such lien by giving security or in such other manner as is, or may be, prescribed by Rhode Island law or practice. Tenant shall repay to Landlord, as additional rent, on demand, all sums disbursed or deposited by Landlord pursuant to the foregoing provisions of this section (plus interest thereon at the then maximum rate of interest permitted by law, or if no maximum rate then applies, at the rate of 12% per annum). Nothing contained herein shall imply any consent or agreement on the part of Landlord to subject Landlord's estate to liability under any mechanic's or other lien law.

ARTICLE 11

UTILITIES AND SERVICES

11.01. Tenant shall make all arrangements for, and prior to delinquency pay for, all utilities and services furnished to the Nursing Home or used by it, including, without limitation, gas, electricity, water, telephone service and trash collection and for all connection charges and deposits required by any of said utilities. Landlord shall not be liable for any interruption in the provision of any such utility services to the Nursing Home.

ARTICLE 12 INDEMNITY AND EXCULPATION

12.01. This Lease is made upon the express condition that Landlord, its members, officers, managers, employees, agents, heirs, personal representatives and successors (for purposes of this Article, the foregoing shall be referred to as "Landlord") are to be indemnified and held free and harmless by Tenant of and from each and every claim, demand, lien, loss, obligation, liability, cost (including reasonable attorneys' fees and costs of litigation) and damage whatsoever (collectively "claims") at any time made by reason of any injury or death to any person or persons, including Tenant, or damage or destruction to property of any kind whatsoever and to whosoever belonging including, without limitation, Tenant, from any cause or causes, while in, upon or in any way connected with the Premises or Nursing Home, the sidewalks adjacent to the Premises or Nursing Home, the other personal property located thereon and the Nursing Home business conducted by Tenant on the Premises, during the term of this Lease or any extension thereof. Tenant hereby agrees during the term of this Lease to defend, indemnify and hold Landlord and Nursing Home harmless from and against any and all claims and any and all costs and expenses incurred as a result thereof, including, without limitation, the reasonable costs and expenses of attorneys and litigation costs resulting or arising, directly or indirectly, out of Tenant's possession, occupancy and/or use of the Premises or Nursing Home or arising, directly or indirectly, out of the condition, use or misuse of the Premises or Nursing Home and the approaches and appurtenances thereto, including, without limitation, all adjacent sidewalks, alleys and the parking area. Excluded from Tenant's obligations set forth in this section are claims for damages which are the proximate result of Landlord's willful misconduct or omission or Landlord's material breach of this Lease.

12.02. Tenant hereby agrees that Landlord shall not be liable (except for Landlord's breach of this Lease or its willful misconduct or omission) for, and Tenant hereby agrees during the term of this Lease to defend, indemnify and save Landlord and the Nursing Home harmless from and against, any and all claims, demands, obligations, liabilities, damages, penalties, cause or causes of action and any and all costs and expenses, including reasonable attorneys' fees and costs of litigation which arise out of, or are incurred in connection with, injury to Tenant's business or any loss of income therefrom or for damages to the goods, wares, merchandise or other property of Tenant,

Tenant's employees, agents, invitees, patients, patients, occupants, or any other person in or about the Premises or Nursing Home, whether such damage or injury is caused by, or results from, fire, steam, electricity, gas, water or rain or from the breakage, leakage, obstruction or other defects of the pipes, sprinklers, wires, appliances, plumbing, air conditioning or lighting fixtures of the same, or from any other cause, whether the said damage or injury results from conditions arising at the Nursing Home or elsewhere and regardless of whether the cause of such damage or injury or the means of repairing the same is inaccessible to Tenant.

12.03. Tenant shall indemnify and hold Landlord harmless from:

(i) any and all actual damage, loss, cost or expense arising out of the conduct of the Nursing Home business conducted by Tenant on the Premises on and after the Commencement Date, including, without limitation, claims under the Medicare or Medicaid Programs, if any;

(ii) any and all actual damage, loss, cost or expense relating to contractual obligations or liabilities of the Nursing Home business conducted by Tenant on the Premises arising on or after the Commencement Date;

(iii) any and all liabilities and obligations of Tenant or claims against Landlord with respect to such liabilities and obligations and the Nursing Home business conducted by Tenant on the Premises, not expressly assumed by Landlord and from all liabilities and obligations or claims arising out of the conduct and operations of the Nursing Home business conducted by Tenant on the Premises on or after the Commencement Date, including claims under the Medicare or Medicaid Programs, if any; and

(iv) costs and expenses connected with the foregoing, including, without limitation, reasonable attorney's fees and expenses.

12.04. In the event that any claim, obligation, or liability arising from the operation of the Nursing Home business conducted by Tenant on the Premises on and after the Commencement Date is asserted against Landlord, Landlord shall notify Tenant in writing of that fact and Tenant shall be permitted, at its expense, to participate personally and by representatives, in any negotiations or actions with regard thereto and to contest the same. Landlord shall make available to Tenant, for use in connection with any such negotiation, action or contest, all pertinent books, records, documents and information.

12.05. The foregoing indemnities and any and all other indemnities set forth herein shall survive the expiration or termination (for any reason) of this Lease.

12.06. Before Landlord seeks indemnity from Tenant under this Article 12, Landlord first shall seek to recover its damages, loss, cost or expense from insurance maintained by it or under which it is a named or additional insured and, to the extent it is paid under said insurance, Landlord shall have no rights of indemnification against Tenant.

12.07. The parties agree to renegotiate the terms of this Article 12 in good faith, on commercially reasonable terms, in the event either party is unable to obtain any policy of insurance required by Article 13 at commercially reasonable rates, is unable to insure any promise of indemnity made under this Article 12 or is unable to obtain an insurer's agreement to waive subrogation rights under Section 3.11.

ARTICLE 13 INSURANCE

13.01. Tenant, at its cost, shall take out and keep in force, during the term of this Lease, at its sole expense, insurance including, without limitation, buildings and contents insurance with a replacement cost endorsement and with Landlord as a named insured, comprehensive public liability and property damage insurance with at least \$_____ coverage naming Landlord as an additional insured, professional liability insurance with at least \$_____ coverage naming Landlord as an additional insured and owned and non-owned automobile liability insurance, in amounts of coverage usual and customary for the permitted use hereunder, insuring against bodily injury and/or death to persons and damages to property of Tenant and its authorized representatives arising out of and in connection with Tenant's use or occupancy of the Premises and Nursing Home. Tenant shall increase said coverages as required by any insurer and may utilize so-called umbrella policies to maintain coverage required hereunder. All such insurance shall insure performance by Tenant of the indemnity provisions in Section 12.01 of this Lease and shall designate Landlord as a named or additional insured as provided herein. Nothing in this Section 13.01 shall require Tenant to insure any automobile or vehicle of Landlord.

13.02. Not more frequently than annually, if in the reasonable opinion of any lender of Landlord the amount of public liability and property damage insurance coverage at that time should be increased, Tenant shall increase the insurance coverage as required by any of the lenders.

13.03. The proceeds from any policy of Tenant providing coverage of direct physical loss shall be used by Tenant for the replacement of personal property or the restoration of Tenant's improvements or alterations, subject to the rights of any lender.

13.04. If any lender to Landlord requires a mortgagee endorsement as to any insurance policy required to be maintained by Tenant or Landlord hereunder, Tenant shall obtain such an endorsement at Landlord's expense.

13.05. All insurance policies required under this Lease shall:

A. Be insured by insurance companies authorized to do business in the state of Rhode Island; and

B. Contain an endorsement requiring twenty (20) days written notice from the insurance company to all parties, including, without limitation, Landlord and, if applicable, Landlord's lender(s), provided Landlord has notified Tenant of the identity and address of its lender(s), before cancellation or material change in the coverage, scope or amount of any policy.

13.06. Tenant shall provide Landlord, upon Landlord's request, with evidence that each policy required to be maintained by Tenant hereunder is in full force and effect.

13.07. The proceeds from any and all building hazard insurance policies shall be used solely for the purpose of repair, reconstruction, remodeling and replacement of the Nursing Home or any part thereof damaged or destroyed and any excess proceeds shall be assigned and delivered to Landlord.

13.08. In the event Tenant does not maintain any of the foregoing policies of insurance, Landlord may, but shall not be obligated to, pay the premiums therefor and such amounts, plus interest at the maximum rate permitted by law or, if no maximum rate applies, at the rate of 12% per annum, from the date Landlord paid until the date of reimbursement, shall be additional rent due hereunder and payable on the next payment date for monthly rent. Landlord's election to make said payments shall not be deemed a waiver of any other remedies or an election of remedies by Landlord or as liquidated damages.

13.09. Tenant, at its sole cost and expense, shall further obtain and maintain adequate workers' compensation insurance, in accordance with the laws of the state of Rhode Island covering all of its workers, employees, servants and others engaged in or upon the Nursing Home or Premises and entitled to such insurance coverage.

13.10. If Tenant is not able to secure Landlord as an additional named insured under any insurance policy required to be maintained by Tenant hereunder, Tenant shall notify Landlord of that fact and Landlord may obtain any such insurance, the cost of which shall be borne by Tenant.

13.11. The party obtaining an insurance policy under any section of this Article 13 shall use its best efforts to cause the insurer to waive rights of subrogation and shall notify the other party whether the insurer will or will not waive subrogation rights.

13.12. The parties agree to renegotiate the terms of this Article 13, in good faith, on commercially reasonable terms in the event either party is unable to obtain any policy of insurance required by this Article 13 at commercially reasonable rates, is unable to insure any promise of indemnity made under Article 12 or is unable to obtain an insurer's agreement to waive subrogation rights under Section 3.11.

13.13. Landlord may, in its sole discretion, purchase owner's or lessor's so-called risk coverage insurance and, if Landlord does so, Landlord will provide Tenant with evidence of same. Tenants shall reimburse Landlord for such insurance on a pro rata monthly basis.

ARTICLE 14 CONDEMNATION

14.01. Definitions:

A. "Condemnation" means the exercise of any governmental power, whether by legal proceedings or otherwise, by a condemnor.

B. "Date of taking" means the date the condemnor has the right to possession of the property being condemned.

C. "Award" means all compensation, sums or anything of value awarded, paid, or received on a total or partial condemnation.

D. "Condemnor" means any public or quasi-public authority, or private corporation or individual, having the power of condemnation.

14.02. If, during the term, there is any taking of all or any part of the Premises or any interest in this Lease by condemnation, the rights and obligations of the parties shall be determined pursuant to the provisions of this Article.

14.03. If the Premises are totally taken by condemnation, this Lease shall terminate on the date of taking.

14.04. If any portion of the Premises are taken by condemnation, this Lease shall remain in effect, except that Landlord or Tenant may elect to terminate this Lease if the remaining portion of the building or other improvements or the parking area that are a part of the Premises are rendered unsuitable for Tenant's continued use of the Premises. If Landlord or Tenant elects to terminate this Lease, Landlord or Tenant must exercise its right to terminate pursuant to this section, by giving notice to the other within (30) days after the nature and extent of the taking have been finally determined. If Landlord or Tenant elects to terminate this Lease as provided in this section, Landlord or Tenant also shall notify the other of the date of termination, which date shall not be earlier than thirty

(30) days or later than ninety (90) days after Landlord or Tenant, as applicable, has notified the other of its election to terminate. If Landlord or Tenant does not give notice of its intent to terminate this Lease within the thirty (30) day period, this Lease shall continue in full force and effect.

14.05. If any portion of the Premises is taken by condemnation and this Lease remains in full force and effect, the minimum monthly rent shall not be reduced.

14.06. If there is a partial taking of the Premises and this Lease remains in full force and effect, pursuant to section 14.05 above, Landlord, at its cost, shall accomplish all necessary restoration. All other obligations of Tenant under this Lease shall remain in full force and effect. If the award is not sufficient to pay for restoration, Landlord may elect to furnish the deficiency or Landlord may elect to terminate this Lease, on at least ninety (90) days' written notice to Tenant or, in any event, with sufficient notice to allow Tenant to relocate the patients at the Nursing Home, at Landlord's discretion.

14.07. If the Lease remains in full force and effect or if the Lease terminates, the award shall belong to, and be paid to, Landlord.

14.08. Tenant shall be responsible for relocating the Nursing Home's patients in the event there is a condemnation or termination of this Lease under this Article 14.

14.09. Any Award shall be the property of the Landlord except to the extent such Award is for property or relocation of Tenant.

ARTICLE 15 DESTRUCTION

15.01. If, during the term, the Premises are totally or partially destroyed from a risk covered by the insurance described in Article 13, rendering the Premises totally or partially inaccessible or unusable, Tenant shall assign all insurance proceeds to Landlord and Landlord shall restore the Premises to substantially the same condition as they were in immediately before destruction, provided Landlord's lender permits the use of the proceeds for restoration. Such destruction shall not terminate this Lease. If existing laws do not permit the restoration, either party may terminate this Lease immediately by giving notice to the other party.

15.02. Subject to the provisions set forth below in this section 15.02, if, during the term, the Premises are totally or partially destroyed from a risk not covered by the insurance described in Article 13, rendering the Premises totally or partially inaccessible or unusable, either party shall have the right to terminate this Lease on thirty (30) days' written notice to the other or such longer time as is necessary for Tenant to relocate the patients.

ARTICLE 16
ASSIGNMENT AND SUBLETTING

16.01. Tenant shall not voluntarily assign or encumber its interest in this Lease or in the Premises or personal property or sublease all or any part of the Premises or personal property or allow any other person or entity (except Tenant's agents, invitees and patients) to occupy or use all or any part of the Premises or Nursing Home, without first obtaining Landlord's written consent, provided that no assignment consented to in writing by Landlord shall release, relieve or discharge Tenant of and from any obligation or covenant hereunder. Any assignment, encumbrance, or sublease without Landlord's consent shall be voidable and, at Landlord's election, shall constitute a default. No consent to any assignment, encumbrance, or sublease shall constitute a further waiver of the provisions of this Article.

16.02. No interest of Tenant in this Lease shall be assignable by operation of law (including, without limitation, the transfer of this Lease by testacy or intestacy). Each of the following acts shall be considered an involuntary assignment:

A. If Tenant is or becomes bankrupt or insolvent, makes an assignment for the benefit of creditors, or institutes a proceeding under the Bankruptcy Code in which Tenant is the debtor;

B. If a writ of attachment or execution is levied on this Lease or the Premises or the Nursing Home and said writ or execution is not discharged or removed within ninety (90) days; and,

C. If, in any proceeding or action to which Tenant is a party, a receiver is appointed with authority to take possession of the Premises or Nursing Home.

16.03. An involuntary assignment shall constitute a default by Tenant and Landlord shall have the right to elect to terminate this Lease.

16.04. If this Lease is assigned to any person or entity pursuant to the provisions of the Bankruptcy Code, 11 U.S.C. Section 101, *et seq.*, (the "Bankruptcy Code"), any and all monies or other considerations payable or otherwise to be delivered in connection with such assignment shall be paid or delivered to Landlord, shall be and remain the exclusive property of Landlord and shall not constitute property of Tenant or of the estate of Tenant within the meaning of the Bankruptcy Code.

16.05. Any person or entity to which this Lease is assigned pursuant to the provisions of the Bankruptcy Code shall be deemed, without further act or deed, to have assumed all of the obligations arising under this Lease on or after the date of such assignment. Any such assignee shall, upon demand, execute and deliver to Landlord an instrument confirming such assumption.

16.06. Tenant immediately and irrevocably assigns to Landlord, as security for Tenant's obligations under this Lease, all rent from any subletting of all or part of the Premises as permitted by this Lease and Landlord, as assignee and as attorney-in-fact for Tenant, or a receiver for Tenant appointed on Landlord's application, may collect such rent and apply it toward Tenant's obligations under this Lease; except that, until the occurrence of an act of default by Tenant, Tenant shall have the right to collect such rent.

16.07. Landlord may assign its rights and obligations under this Lease, provided that assignee agrees to and is bound by the terms hereof. Landlord's assignment of its rights and obligations hereunder may be by sale of the Premises or Nursing Home.

ARTICLE 17 DEFAULTS; REMEDIES

17.01. The occurrence of any one or more of the following events shall constitute a default and breach of this Lease by Tenant:

- A. Failure to pay rent or taxes when due if the failure continues for ten (10) days after notice of such delinquency;
- B. Failure of Tenant, or any guarantor of Tenant's obligations hereunder, to pay its debts as they become due or if it admits in writing its inability to pay its debts or if it makes a general assignment for the benefit of creditors;
- C. Commencement by Tenant or any guarantor of Tenant's obligations hereunder of any case, proceeding or other action seeking reorganization, arrangement, adjustment, liquidation, dissolution or composition of it or its debts under any law relating to bankruptcy, insolvency, reorganization or relief of debtors or seeking appointment of a receiver, trustee, custodian or other similar official for it or for all or any substantial part of its property;
- D. Tenant or any guarantor of Tenant's obligations hereunder taking any corporate action to authorize any of the actions set forth above;
- E. Commencement of any case, proceeding or other action against Tenant or any guarantor of Tenant's obligations hereunder seeking to have an order for relief entered against it as debtor or seeking reorganization, arrangement, adjustment, liquidation, dissolution or composition of it or its debts under any law relating to bankruptcy, insolvency, reorganization or relief of debtors or seeking appointment of a receiver, trustee, custodian or other similar official for it or for all or any substantial part of its property, where such case, proceeding or other action remains undismissed for a period of forty-five (45) days;

F. Failure to perform any other provision of this Lease, if the failure to perform is not cured within thirty (30) days. Tenant shall not be in default if Tenant commences to cure the violation within the thirty (30) day period and diligently and in good faith continues to cure same.

17.02. Landlord shall have the following remedies without further notice to Tenant, if Tenant commits a default. These remedies are not exclusive and are in addition to any other remedies provided hereunder or allowed at law or equity:

A. Landlord may reenter and resume possession of the Nursing Home and remove Tenant and Tenant's property therefrom and, at its option, either terminate this Lease or, without terminating it, lease the Nursing Home for the account of the Tenant for the remainder of the term or for such term or terms as Landlord shall see fit. Should Landlord elect to lease the Nursing Home for the account of Tenant, Tenant shall pay Landlord each month of Tenant's unexpired term the monthly rental hereinbefore agreed to be paid, less such part, if any, thereof as Landlord shall have been able to collect from a new tenant or tenants (net of Landlord's expenses and costs). Should default be made by Tenant, as aforesaid, Landlord may, on the other hand, should it so desire, without re-entering or resuming possession of the Nursing Home and without terminating this Lease, enforce, by all proper and legal suits and other means, its rights hereunder, including the collection of rent. Should it be necessary for Landlord to take any legal action hereunder, Tenant shall pay Landlord all reasonable attorneys' fees and costs incurred by Landlord; and,

B. Landlord, at any time after Tenant commits a default, may cure the default at Tenant's cost. If Landlord, at any time, by reason of Tenant's default, pays any sum or does any act that requires the payment of any sum, the sum paid by Landlord shall be due immediately from Tenant to Landlord at the time the sum is to be paid and, if repaid at a later date, shall bear interest at the maximum rate permitted by law or if no maximum rate applies, then 12% per annum, from the date the sum is paid by Landlord until Landlord is reimbursed by Tenant.

ARTICLE 18

SIGNS

18.01. Subject to Landlord's prior written approval, which approval shall not be unreasonably withheld, Tenant, at its cost, shall have the right to place, construct and maintain at the Nursing Home one or more signs advertising its business at the Nursing Home. Any sign that Tenant has the right to place, construct and maintain shall comply with all laws, ordinances, regulations and covenants, conditions and restrictions affecting the Nursing Home and Tenant shall obtain any approval required thereby. Landlord makes no representation with respect to Tenant's ability to obtain such approval. Upon the expiration or sooner termination of this Lease, Tenant shall, at the option of Landlord,

remove any signs erected by Tenant and repair the Nursing Home to the same condition it was in prior to the installation or construction of the sign(s). As long as Tenant is not in default hereunder, Landlord consents to Tenant's use of said name and signs for the benefit of the Nursing Home.

ARTICLE 19 RIGHT OF ENTRY

19.01. Landlord and its authorized representatives shall have the right to enter the Premises at all reasonable times, after reasonable prior notice in order to:

- A. Determine whether the Premises and Nursing Home are in good condition and whether Tenant is complying with its obligations under this Lease;
- B. Do any necessary maintenance and make any restoration to the Premises and Nursing Home that Landlord has the right, or may have the obligation, to perform; provided, however, that nothing herein contained shall constitute an obligation on the part of Landlord or its designated representative to maintain or restore the Premises and Nursing Home or any part thereof;
- C. Serve, post or keep posted any notices required or allowed under the provisions of this Lease;
- D. Post "for rent" or "for lease" signs during any period in which Tenant is in default; and,
- E. Show the Premises to prospective brokers, agents, buyers, tenants, or persons interested in an exchange.

19.02. Landlord shall not be liable in any manner for any inconvenience, disturbance, loss of business, nuisance or other damage arising out of Landlord's entry to the Premises as provided in this Article, except damage resulting from the willful acts or omissions of Landlord or its authorized representatives.

19.03. Tenant shall not be entitled to an abatement or reduction of rent or any part thereof if Landlord exercises any rights reserved in this Article. Landlord shall conduct its activities in the Premises as allowed in this Article in a manner that will cause as little inconvenience, annoyance or disturbance to Tenant and its patients, as reasonably practicable.

ARTICLE 20 SUBORDINATION; ESTOPPEL

20.01. On Landlord's demand, Tenant shall subordinate its rights hereunder to the lien of any mortgages, ground lease(s) or any other method of financing or refinancing now or hereafter placed against all or any part of the Nursing Home, including all advances made or to be made thereunder and all renewals, replacements, consolidations and extensions thereof.

20.02. Tenant shall attorn to any purchaser at any foreclosure sale or to any grantee or transferee designated in any deed given in lieu of foreclosure. Tenant shall execute, upon demand, any and all documents required by lender(s) to accomplish the purpose of this Article.

20.03. Each party, within ten (10) days after written notice from the other party, shall execute and deliver to the other party, in recordable form, a certificate stating that this Lease is unmodified and in full force and effect, or in full force and effect as modified and stating the modifications. The certificate also shall state the amount of monthly rent then applicable, the dates to which the rent has been paid in advance and the amount of any security deposit or prepaid rent. Failure to deliver the certificate within the ten (10) days shall be conclusive upon the party requesting the certificate, that this Lease is in full force and effect and has not been modified except as may be represented by the party requesting the certificate. If a party fails to deliver the certificate within the ten (10) days, the party failing to deliver the certificate irrevocably constitutes and appoints the other party as its special attorney-in-fact to execute and deliver the certificate to any third party. This Lease shall not be recorded by Landlord or by Tenant.

ARTICLE 21

WAIVER

21.01. No delay of Landlord or Tenant upon any default by the other shall impair any right or remedy of the non-defaulting party or be construed as a waiver.

21.02. The receipt and acceptance by Landlord of delinquent monthly rent or any other amounts due hereunder shall not constitute a waiver of such default or any other default.

21.03. No act or conduct of Landlord including, without limitation, the acceptance of the keys to the Nursing Home, shall constitute an acceptance of the surrender of the Nursing Home by Tenant before the expiration of the term. Only a written notice from Landlord to Tenant shall constitute acceptance of the surrender of the Nursing Home and accomplish a termination of the Lease.

21.04. Either party's consent to, or approval of, any act by the other, requiring such party's consent or approval, shall not be deemed to waive or render unnecessary such party's consent to, or approval of, any subsequent act by the other.

21.05. Any waiver by Landlord or Tenant of any default must be in writing and shall not be a waiver of any other default concerning the same or any other provision of the Lease.

ARTICLE 22 SURRENDER OF PREMISES; HOLDING OVER

22.01. On the earlier to occur of the expiration of the term hereof or ten (10) days after sooner termination of the term, Tenant shall surrender to Landlord the personal property and the Premises and all Tenant's improvements and alterations thereto in good condition and fit for use by Landlord (except for ordinary wear and tear occurring after the last necessary maintenance made by Tenant and destruction to the Premises covered by Article 14), except for alterations that Tenant has the right to remove, or is obligated to remove, under the provisions of Article 8.

22.02. If Tenant fails to surrender the Premises and/or personal property to Landlord on expiration of the term or ten (10) days after sooner termination of the term, as required by this Article, Tenant shall hold Landlord harmless from all damages resulting from Tenant's failure to surrender the Premises and/or personal property, including, without limitation, claims made by a succeeding tenant resulting from Tenant's failure to surrender the Premises and/or personal property.

22.03. If Tenant, without Landlord's written consent, remains in possession of the Premises and/or personal property after expiration or termination of term, or after the date in any notice given by Landlord to Tenant terminating this Lease, such possession by Tenant shall be deemed to be a month-to-month tenancy terminable on thirty (30) days notice given at any time by either party. All provisions of this Lease, except those pertaining to term and rent, shall apply to the month-to-month tenancy. Tenant shall cooperate fully with Landlord in turning the Nursing Home over to Landlord.

ARTICLE 23 Renewal Term

23.01. Tenant may, at its option, continue this Lease for three (3) additional ten-year (10-year) terms, subject to all the terms and conditions hereof. The rent during said additional terms shall be as provided for herein. To continue this Lease for an additional five-year (10-year) term, Tenant shall provide Landlord written notice of its intent to do so ninety (90) days prior to the expiration of the current term hereof.

ARTICLE 24 MISCELLANEOUS

24.01. Time is of the essence of each provision of this Lease.

24.02. If Tenant is a limited liability company, that party shall deliver to Landlord, on execution of this Lease, a certified copy of a resolution of its members or manager authorizing the execution of this Lease and naming the officers that are authorized to execute this Lease on behalf of the company.

24.03. Each party represents that it has not had dealings with any real estate broker, finder or other person, with respect to this Lease in any manner. Each party shall hold harmless the other party from all damages resulting from any claims that may be asserted against the other party by any broker, finder or other person with whom the other party has or purportedly had dealt.

24.04. All exhibits or schedules referred to herein are incorporated by reference into this Lease.

24.05. This Lease contains all the agreements of the parties and cannot be amended or modified except by a written agreement.

24.06. Any notice, demand, request, consent, approval or communication that either party desires or is required to give to the other party or any other person shall be in writing and either served personally or sent by facsimile (provided confirmation of transmission is received) or sent by registered or certified United States mail or by courier mail. Any notice, demand, request, consent, approval or communication that either party desires or is required to give to the other party shall be addressed to the other party at the address appearing on the signature page of this Lease. Either party may change its address by notifying the other party of the change of address. Notice shall be deemed communicated within two (2) business days from the time of deposit in the United States mail, if mailed as provided in this section, or upon personal delivery, if personally delivered, or on date of confirmation of transmission if sent by facsimile.

24.07. If either party commences an action against the other party arising out of or in connection with this Lease, the prevailing party shall be entitled to have and recover from the losing party reasonable attorneys' fees and costs of suit.

24.08. This document shall, in all respects, be governed by the laws of the Commonwealth of Massachusetts. Nothing contained herein shall be construed so as to require the commission of any act contrary to law and wherever there is any conflict between any provision contained herein and any present or future statute, law, ordinance or regulations contrary to which the parties have no legal right to contract, the latter shall prevail but the provision of this document which is affected shall be curtailed and limited only to the extent necessary to bring it within the requirements of the law, without invalidating or affecting the remaining provisions of this agreement.

24.09. Each of the parties hereto shall execute and deliver any and all additional papers, documents and other assurances and shall do any and all acts and things

reasonably necessary in connection with the performance of its obligations hereunder and to carry out the intent of the parties hereto.

24.10. No amendment, change or modification of this document shall be valid unless in writing and signed by all of the parties hereto.

24.11. All of the terms and provisions contained herein shall inure to the benefit of, and shall be binding upon, the parties hereto and their respective heirs, personal representatives, successors and assigns, subject to compliance with Article 16.

24.12. This document may be executed in one or more separate counterparts, each of which, when so executed, shall be deemed to be an original. Such counterparts shall together constitute and be one and the same instrument.

24.13. The captions appearing at the commencement of the articles hereof are descriptive only and for convenience in reference. Should there be any conflict between any such caption and the article, the article and not such caption shall control and govern in the construction of this document.

24.14. As long as Tenant is not in default of any of the terms, covenants and conditions of this Lease, Landlord covenants that Tenant, during the term hereof, shall have the quiet use and enjoyment of the Nursing Home.

24.15. The preparation of this Lease has been the joint effort of the parties, and the resulting document shall not be construed more severely against one of the parties than the other.

24.16. No member, shareholder, manager, director, officer, employee or representative of any party hereto shall have any personal liability under this Lease whatsoever.

Landlord:

By:

James S. Mamary, Sr.

359 Jones, LLC

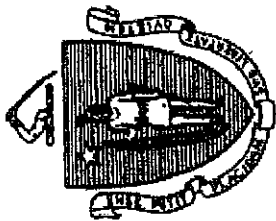
Tenant:

James S. Mamary, Sr.

Royal Nursing Center, LLC

By:

2031\0008\391567.1



The Commonwealth of Massachusetts

TOWN OF FALMOUTH

In accordance with the Massachusetts State Building Code, Section 108.15, this

CERTIFICATE OF INSPECTION

PAUL MAROIS, ADMINISTRATOR

is issued to

BUILDING

FALMOUTH CARE & REHABILITATION CENTER

I Certify that I have inspected the.....known as.....in the Town of Falmouth, County of Barnstable, located at.....

359 JONES ROAD

Commonwealth of Massachusetts. The means of egress are sufficient for the following number of persons:

BY STORY

Story	Capacity	Story	Capacity	Story	Capacity
1st Floor	40 Beds
2nd Floor	80 Beds

BY PLACE OF ASSEMBLY OR STRUCTURE

Place of Assembly or Structure	Capacity	Location	Place of Assembly or Structure	Capacity	Location
Dining Room	50 OCCUP	First Floor	Activities	50 OCCUP	First Floor
Dining Room	50 OCCUP	Second Floor	Activities	50 OCCUP	Second Floor
			Day Care	20 OCCUP	First Floor

13CI/81802

Certificate Number

Date Certificate Issued

03/01/2014

Date Certificate Expires

8.26.13

Building Official

The building official shall be notified within (10) days of any changes in the above information.

The Commonwealth of Massachusetts

DEPARTMENT OF



PUBLIC HEALTH

LICENSE TO MAINTAIN A CONVALESCENT OR NURSING HOME

In accordance with the provisions of the General Laws, Chapter 111, Section 71, and regulations established thereunder,
a license is hereby granted to

Royal Nursing Center, LLC

Name of Licensee

for the maintenance of

Royal Nursing Center, LLC

Name of Home

at

545 Main Street, Falmouth, MA 02540

Address

Quota not to exceed 121 Beds, as follows:

First Floor				Second Floor				Third Floor				Fourth Floor				Total
Level I:	Beds			Level I:	Beds			Level I:	Beds			Level I:	Beds			Beds
Level II:	Beds			Level II:	Beds	40		Level II:	Beds	41		Level II:	Beds			81
Level III:	Beds	40		Level III:	Beds			Level III:	Beds			Level III:	Beds			40
Level IV:	Beds			Level IV:	Beds			Level IV:	Beds			Level IV:	Beds			Beds

This license is valid until June 30, 2020, subject to revocation for cause.

MBW

LICENSE NO.

0697

POST CONSPICUOUSLY

Commissioner of Public Health

July 1, 2018

Date Issued

**CERTIFICATE OF ORGANIZATION
OF ROYAL NURSING CENTER, LLC**

FILED

OCT 27 1993

SECRETARY OF THE COMMONWEALTH
CORPORATIONS DIVISION

Pursuant to the provisions of the Massachusetts Limited Liability Company Act (the "Act"), the undersigned hereby certifies as follows:

1. Name of the Limited Liability Company. The name of the limited liability company formed hereby is ROYAL NURSING CENTER, LLC (the "LLC").

2. Address of Office of the LLC. The address of the office which the LLC is required to maintain in the Commonwealth of Massachusetts under Section 5 of the Act is 125 Liberty Street, Suite 405, Springfield, Massachusetts 01103.

3. Federal Employer Identification Number. The federal employer identification number of the LLC is not available.

4. Agent of LLC for Service of Process. The name and address of the resident agent of the LLC required under Section 5 of the Act for service of process is Richard M. Gaberman, 32 Hampden Street, Springfield, Massachusetts.

5. Date of Dissolution. The LLC has no specific date of dissolution.

6. Manager. At the time of formation of the LLC, its Manager is New England Health Care Management, Inc.


7. Execution of Documents. The Manager is authorized to execute documents to be filed with the Secretary of State of the Commonwealth of Massachusetts.

8. Business of the LLC. The general character of the business of the LLC is to acquire, own, operate, manage, and sell or otherwise deal with nursing homes and all other health care services and facilities, whether related or unrelated to nursing homes, and all forms of related real estate and personal property, tangible or intangible, to hold for investment and develop and operate the same in such manner as determined by the Manager, and to mortgage, sell, transfer, and exchange or otherwise deal with such properties from time to time in the discretion of the Manager, whether related or unrelated to nursing homes, and also carry on any other lawful business, trade, purpose or activity, all as determined by the Manager in its discretion.

9. Execution of Documents Relating to Real Property. The Manager is authorized to execute, acknowledge, deliver and record on behalf of the LLC a recordable instrument purporting to affect an interest in real property, whether to be recorded with a registry of deeds or with a district office of the Land Court.

The undersigned hereby affirms, under the pains and penalties of perjury, that the facts stated herein are true, this 28th day of October, 1998.

NEW ENGLAND HEALTH CARE MANAGEMENT, INC.

By: 

Steven P. Marcus, Its President
Duly Authorized

4592

COMMONWEALTH OF MASSACHUSETTS

LIMITED LIABILITY COMPANY
(General Laws, Chapter 156C)

634640

Filed this 29 day of October

19 98

FEE PAID

510-10
OCT 29 1998

CASHIERS
SECRETARY'S OFFICE

William Francis Galvin

WILLIAM FRANCIS GALVIN
SECRETARY OF THE COMMONWEALTH

SECRETARY OF THE
COMMONWEALTH
98 OCT 30 AM 12:42
CORPORATION DIVISION

RICHARD GREENMAN

413-781-5061



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Certificate of Organization

(General Laws, Chapter)

Identification Number: 001258765

1. The exact name of the limited liability company is: 359 JONES LLC

2a. Location of its principal office:

No. and Street: 42 WINTER STREET UNIT 1
 City or Town: PEMBROKE State: MA Zip: 02359 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 42 WINTER STREET UNIT 1
 City or Town: PEMBROKE State: MA Zip: 02359 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

THE GENERAL CHARACTER OF THE BUSINESS OF THE LLC IS TO ACQUIRE, OWN, OPERATE, MANAGE, AND SELL OR OTHERWISE DEAL WITH NURSING HOMES AND OTHER HEALTHCARE FACILITIES (WHETHER OR NOT RELATED TO NURSING HOMES), AND TO PROVIDE SERVICES IN CONNECTION THEREWITH, AND TO CARRY ON ANY LAWFUL BUSINESS, TRADE, PURPOSE OR ACTIVITY.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: JAMES S. MAMARY SR.
 No. and Street: 42 WINTER STREET UNIT 1
 City or Town: PEMBROKE State: MA Zip: 02359 Country: USA

I, JAMES S. MAMARY SR. resident agent of the above limited liability company, consent to my appointment as the resident agent of the above limited liability company pursuant to G. L. Chapter 156C Section 12.

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

RNC-20022614-TS

035

Title	Individual Name	Address (no PO Box)

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code
SOC SIGNATORY	JONATHAN W MAMARY	42 WINTER STREET UNIT 1 PEMBROKE, MA 02359 USA

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	JONATHAN W MAMARY	42 WINTER ST PEMBROKE, MA 02359 USA

9. Additional matters:

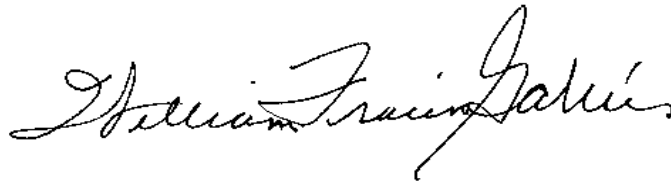
**SIGNED UNDER THE PENALTIES OF PERJURY, this 31 Day of January, 2017,
JONATHAN MAMARY**

(The certificate must be signed by the person forming the LLC.)

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

January 31, 2017 02:38 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive, flowing style with a large initial 'W' and 'G'.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth



January 15, 2016

Daniel Gent

Project Engineer

The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Division of Health Care Facility Licensure and Certification

99 Chauncey Street

Boston, MA 02111

Re: Morse Pond Care Facility - Plan review and revisions

359 Jones Road

Falmouth, MA 02540

Proposed Long-Term Care Facility

Dear Mr. Gent:

The documentation submitted on October 21, 2015 for plan approval under the Department's self-certification process for the above referenced project has been reviewed and revised based upon the letter from your office dated December 4, 2015.

A. Response Letter

This letter intends to address each comment and is formatted to match the plan review letter. This document has been clipped to the new disc containing the complete documentation for Self-Certification.

B. Compliance Checklists

The checklists are revised and completed, as stated below:

- Applicable requirement lines have been filled with an "X" (requirement is met) or a "W" (a completed waiver has been submitted), except in multiple choice cases or if the option is given to check a box for a service that is not included in the project.
- A waiver is completed for the light switches in the resident bedrooms because some are not located on the latch side of the door.
- A waiver is completed for the Soiled Utility Rooms in the Morse Pond and Vineyard Sound units because they measure 66 square feet and 70sf is required without the appropriate waiver.

C. Completeness

- C.1. Each page of the set of plans submitted as a multi-page PDF has been bookmarked with plan number and floor location.
- C.2. The floor plans submitted have been completed to assign a room number to each room, in addition to resident bedrooms.
- C.3. Plan AB2 has been revised to show the "Second Floor As-built Floor Plan" as originally intended.

D. As-Built/Renovation Plans

D.1. Architectural Plans:

- D.1.a. An examination/treatment room has been provided which exceeds the required minimum area of 125 square feet and a minimum dimension of 10'-0". The examination/treatment room does include a handwashing sink and is sized and dimensioned to accommodate a treatment table, instrument table, instrument sterilizer and locked storage cabinet.
- D.1.b. The general storage rooms that are directly accessible from a corridor have been revised and now the cumulative floor area is 1,312 square feet, which exceeds the required (10sf/bed x 120 beds) 1,200 square feet. Additional storage rooms were provided by modifying door placements throughout the plans so each general storage space is accessible from the main corridor.
- D.1.c. The freezer in the main kitchen indicates a capacity of 46.5 cubic feet because it is an existing appliance. A waiver must be completed, but we suggest purchasing a new freezer that does meet the required capacity of (0.5x120) 60 cubic feet.
- D.1.d. The drinking fountains on the First Floor and Second Floor no longer encroach on the required 8'-0" corridor width. As suggested, they have been recessed into alcoves so as to accommodate the required 8'-0" corridor width.
- D.1.e. The plans did indicate that the toilet room doors will be equipped with privacy lock sets. This specification has been modified to reflect "hospital privacy" lock sets which allows for the occupant to lock the door from the inside with a push-button, but also allows for keyed access from the outside.
- D.1.f. The central soiled linen storage room has been revised to show a new handwashing sink.
- D.1.g. As per Section 7.2.2.5.3 of NFPA 101 Life Safety Code, no doors may open into exit stairs. The existing storage rooms in the four stairwells have been modified to open directly into the corridors.
- D.1.h. The room labeled "Storage" adjoining the laundry room has been designated as the "Clean Linen Storage."

D.2. Mechanical Plans:

- D.2.a. An individual temperature control has been indicated for each resident bedroom.
- D.2.b. Each resident bedroom in the Southeast Wing on the First Floor (Morse Pond East) will be equipped with a window air conditioning unit.
- D.2.c. Ventilation airflows have been indicated for all interior rooms (without windows) and toilet rooms.
- D.2.d. The exhaust airflow for the central soiled linen room adjacent to the laundry room has been indicated.

D.3. Electrical Plans:

Lighting fixtures wired to the emergency power circuits have been identified in the day rooms, dining rooms, activity rooms, medicine rooms and corridors.

E. Architect's and Licensee's Affidavit

- E.1. The affidavit has been completed to include appropriate revision dates and updated waiver list for coordination with the revised plans and documentation.
- E.2. A complete list of plans for the project with issue dates and revision dates has been attached.

Please review the attached documentation and do not hesitate to contact us if more information is required.

Best Regards,

A handwritten signature in black ink, appearing to read "Fred Giampietro", with a stylized flourish at the end.

Fred Giampietro, Architect

CC: James Mamary
Sherman Jones



PLAN REVIEW APPLICATION FORM

Department of Public Health
Division of Health Care Facility Licensure
and Certification
99 Chauncy Street, 11th Floor
Boston, MA 02111

► LICENSURE INFORMATION:

EXISTING LICENSED FACILITY	PROPOSED NEW or RELOCATED FACILITY
NAME (PARENT)	NAME (PARENT) Royal Health Group - Morse Pond Care Center
HOSPITAL CAMPUS*	NEW HOSPITAL CAMPUS*
STREET & SUITE #	STREET & SUITE # 359 Jones Road, Falmouth, MA 02540
CITY/TOWN & ZIP CODE	CITY/TOWN & ZIP CODE
Existing Licensed Satellite*	Proposed New or Relocated Satellite*
EXISTING SATELLITE'S NAME	NEW SATELLITE'S NAME (IF APPLICABLE)
STREET & SUITE #	STREET & SUITE #
CITY/TOWN & ZIP CODE	CITY/TOWN & ZIP CODE

PROJECT TITLE: Morse Pond Care Center

BUILDING/FLOOR LOCATION: Existing Building (Two Floors)

Determination of Need Number*: - -

*If applicable (for DoN information please refer to <http://www.mass.gov/dph/don>)

► TYPE OF PLAN REVIEW REQUESTED: (see Plan Review Types summary on Page 3) ► CONSTRUCTION COST: \$184,000
(FORM 4, Item 7)

☒ Self-Certification

☐ Abbreviated

☐ Full Review

► CHECK FOR PLAN REVIEW FEE: \$1,500.00

- Plan Review Fee Formula is available on Page 3.
- Check must be payable to the "Commonwealth of Massachusetts".

► PROJECT CONTACTS:

Licensee/
Applicant's
Contact
Person James Mamary, Jr.
NAME
Executive Vice President
TITLE
Morse Pond Care Center
LICENSEE/APPLICANT
359 Jones Road
ADDRESS
Falmouth, MA 02540
CITY/TOWN & ZIP CODE
781-826-2393
TELEPHONE
jmamaryjr@royalhealthgroup.com
EMAIL

Architect's
Contact
Person Louis F. Giampietro
NAME
President/Owner
TITLE
Giampietro Architects, PC
FIRM
354 Gifford Street
ADDRESS
Falmouth, MA 02540
CITY/TOWN & ZIP CODE
508-540-7400
TELEPHONE
fred@giampietroarchitects.com
EMAIL

► PROJECT TYPE:

- | | |
|--|--|
| <input checked="" type="checkbox"/> New Licensed Facility | <input type="checkbox"/> Add Satellite to Hospital |
| <input type="checkbox"/> Building Addition to Existing Licensed Facility | <input type="checkbox"/> Add Satellite to Clinic |
| <input type="checkbox"/> Renovations to Existing Licensed Facility | <input type="checkbox"/> Change of Location of Satellite |
| <input type="checkbox"/> Change of Location of Parent Clinic | <input type="checkbox"/> Satellite Expansion |
| | <input type="checkbox"/> Other _____ |

► TYPE OF FACILITY & SERVICES INVOLVED IN THE PROPOSED PROJECT:

- | | |
|--|---|
| <input type="checkbox"/> Acute Care Hospital
<input type="checkbox"/> Medical/Surgical Unit
<input type="checkbox"/> Critical Care Unit
<input type="checkbox"/> Coronary Care Unit
<input type="checkbox"/> Pediatric Intensive Care Unit
<input type="checkbox"/> Rehabilitation Unit
<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Psychiatric Unit: <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked
<input type="checkbox"/> Pediatric Unit
<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Postpartum Unit
<input type="checkbox"/> Labor/Delivery: <input type="checkbox"/> LDR <input type="checkbox"/> LDRP
<input type="checkbox"/> Neonatal Intensive Care Unit(s)
<input type="checkbox"/> Nursery: <input type="checkbox"/> Well Baby <input type="checkbox"/> Special Care
<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Outpatient Department
<input type="checkbox"/> Surgery
<input type="checkbox"/> Ambulatory Surgery
<input type="checkbox"/> Recovery
<input type="checkbox"/> Emergency
<input type="checkbox"/> Radiology
<input type="checkbox"/> Mammography
<input type="checkbox"/> Laboratory: <input type="checkbox"/> Hospital Based <input type="checkbox"/> Independent
<input type="checkbox"/> Dialysis: <input type="checkbox"/> Chronic <input type="checkbox"/> Acute
<input type="checkbox"/> MRI: <input type="checkbox"/> Mobile <input type="checkbox"/> Fixed
<input type="checkbox"/> Cardiac Catheterization
<input type="checkbox"/> Radiation Therapy
<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Endoscopy
<input type="checkbox"/> Dietary
<input type="checkbox"/> Administration
<input type="checkbox"/> Central Services
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Clinic
(check clinic services below)
or
<input type="checkbox"/> Hospital Outpatient Satellite
(check satellite services below)
<input type="checkbox"/> Medical
<input type="checkbox"/> Dental
<input type="checkbox"/> Radiology
<input type="checkbox"/> Mental Health
<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Ambulatory Surgical
<input type="checkbox"/> Rehabilitation
<input type="checkbox"/> Laboratory
<input type="checkbox"/> MRI: <input type="checkbox"/> Mobile <input type="checkbox"/> Fixed
<input type="checkbox"/> Radiation Therapy
<input type="checkbox"/> Mammography
<input type="checkbox"/> Endoscopy
<input type="checkbox"/> Other _____
<input type="checkbox"/> Out-of-Hospital Dialysis Center
<input type="checkbox"/> Limited Services Clinic
<input type="checkbox"/> Rehabilitation Hospital
<input type="checkbox"/> Chronic Care Hospital
<input checked="" type="checkbox"/> Long Term Care Facility
<input checked="" type="checkbox"/> Free Standing
<input type="checkbox"/> Hospital Based
<input type="checkbox"/> With Continuing Care Retirement Community
<input type="checkbox"/> Outpatient Restorative Services
<input type="checkbox"/> Hospice Inpatient Facility
<input type="checkbox"/> Other Facility Type _____ |
|--|---|

► PROJECT TIMELINES:

Submission Date: 01/15/16 Estimated Construction Dates: Start 02/01/16 Completion: 03/15/16

Note: Licensure Regulations require that DPH plan approval be obtained prior to construction.

(Hospital Licensure Regulations 105 CMR 130.107; Clinic Licensure Regulations 105 CMR 140.103(E); Licensing of Long Term Care Facilities 105 CMR 150.017(A)(2); Licensure of Hospice Programs 105 CMR 141.102(F))

► DOCUMENTS ATTACHED:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Project Narrative (description of services & functional program, changes in bed complement or number of patient stations; scope of construction)
<input checked="" type="checkbox"/> Capital Cost Estimate Form* (Form 4)
<input checked="" type="checkbox"/> Check for Plan Review Fee
<input checked="" type="checkbox"/> Compliance Checklist(s)*
<input checked="" type="checkbox"/> Architect and Licensee's Affidavit*
<input checked="" type="checkbox"/> Waiver Request Forms* (if applicable)
<input type="checkbox"/> Written confirmation* that DoN Conditions are met (Determination of Need Projects)
<input checked="" type="checkbox"/> Square Footage Chart* (Determination of Need Projects) | <input checked="" type="checkbox"/> Plans of Existing Conditions* , identifying all spaces (for renovations to existing licensed facility)
<input type="checkbox"/> Preliminary Plans for Full Review (printed architectural plans with dimensions)
<input type="checkbox"/> Design Development Plans for Abbreviated Review* (architectural plans with dimensions & details, preliminary MEP plans, & construction phasing plans if applicable)
<input checked="" type="checkbox"/> Construction Plans for Self-Certification Review* (architectural, structural & MEP plans, & construction phasing plans if applicable) |
|--|---|

*PDF files copied to CD or DVD to be labeled with project name and enclosed in clear rigid case clipped to application packet. Please refer to specific instructions included on DPH website at www.mass.gov/dph/planreview.

► MAILING ADDRESS:

"Plan Review, Department of Public Health, Division of Health Care Quality, 99 Chauncy Street, 11th Floor, Boston, MA 02111" - NOTE: Do not include a reviewer name or cover letter in first project submission.

► PLAN REVIEW FEE FORMULA:**(1) New Licensed Facility or New Satellite Location:**

Fee = Construction cost (Form 4 - Item 7) divided by \$1,000 then multiplied by \$8.25 (with min. \$1,500 / max. \$45,000)

$$[\$184,000 \div \$1,000] \times \$8.25 = \$1,518.00$$

(2) Renovations, Expansion or Building Addition to Existing Licensed Facility:

(a) Construction cost (Form 4 - Item 7) < \$50,000: No fee required

(b) Construction cost (Form 4 - Item 7) \$50,000 or greater:

Fee = Construction cost (Form 4 - Item 7) divided by \$1,000 then multiplied by \$8.25 (with max. \$45,000)

$$[\$ \underline{\hspace{1cm}} \div \$1,000] \times \$8.25 = \$0.00$$

Note: The minimum fee of \$1,500 does not apply to renovations to existing licensed facilities.

► PLAN REVIEW TYPES: (see www.mass.gov/dph/planreview for additional information)

- ☒ **Self-Certification Review Process**
 (Construction cost is less than \$1,000,000 for hospital & clinics; applicable to selected projects for long-term care facilities)
 The self-certification review is intended to be a one-time plan submission.
- ☐ **Abbreviated Review Process**
 (Construction cost is equal to or greater than \$1,000,000 for hospital & clinics; applicable to all projects for long-term care facilities)
 The abbreviated review process is intended to be a two-part review. The licensee submits a Part I submission which includes detailed design development plans. The Department reviews the design development plans and sends review comments to the architect/licensee. The licensee/architect is expected to review and incorporate the Department's Part I plan review comments into the final plans and submit a Part II submission which consists of the construction plans. Both self-certification and Abbreviated Review Part II rely upon a licensee's and architect's affidavit that attests to all of the following items:
- Compliance with construction standards, and
 - Licensee's understanding and agreement that the Department maintains continuing authority to review the plans, inspect the work, withdraw its self-certification approval, and
 - Licensee's understanding of the continuing obligation to make any changes required by the Department to comply with the applicable codes and regulations whether or not physical plant construction alterations are complete.
- The Department does not conduct a detailed review of the construction plans.
- ☐ **Full Review Process**
 The full review process is a minimum two-part review process in which the licensee submits a set of preliminary plans for first plan submission. The Department performs a detailed review of the preliminary plans and sends review comments to the architect/licensee. The licensee/architect is expected to review and incorporate the Department's preliminary plan review comments into the plans and submit a set of construction plans. The Department conducts a detailed review of the construction plans before plan approval is issued.



ARCHITECT AND LICENSEE'S AFFIDAVIT

(Check Appropriate Facility Type)

- ☐ Hospital¹ ☐ Clinic² ☐ Dialysis Facility³
☐ Hospital Satellite¹ ☐ Clinic Satellite² ☒ Long Term Care Facility⁴

The undersigned **Architect** hereby certifies:

1. The Architect has created the architectural plans and specifications attached hereto as Attachment 1 (the "plans") regarding physical plant improvements at the facility named below:

Morse Pond Care Center **359 Jones Road** **Falmouth** **02540**

Facility's Licensed Name or Proposed Name Address City/Town Zip Code

Hospital or Clinic Satellite Name (If Applicable) Address City/Town Zip Code

Re-Opening Existing Healthcare Center

Brief Project Description

2. The Architect has reviewed all submitted plans which are identified in attached list against the regulations outlined in the applicable Massachusetts Department of Public Health Licensure Regulations 1105 CMR 130.000, 2105 CMR 140.000, 3105 CMR 145.000, 4105 CMR 150.000 & 151.000 and the applicable sections of the 1/23 2014 Edition of the FGI Guidelines for Design and Construction of Hospitals and Outpatient Facilities, as appropriate to the facility type.
3. To the undersigned's knowledge, information and belief, all submitted plans meet the requirements of the above referenced codes and regulations in all material aspects, except for the non-conforming items for which waivers are requested (please list regulation numbers below and verify that a completed waiver form has been submitted for each item):

LTC1 151.320	Electrical	Resident Bedrooms	Lighting
LTC1 151.390	Architectural	Soiled Utility Room	Min. 70 sf

Architectural Firm Name: **Giampietro**
PC

Architects,

Architect's Stamp

Architect's Signature:

Louis F. Giampietro

Name:

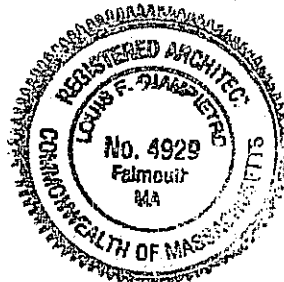
Louis F. Giampietro

Title:

Owner/President

Initial Date: **27 May 2015**
2016

Revision Dates: **19 Oct 2015 + 15 Jan**



4. The undersigned **Licensee/Proposed Licensee** understands and agrees that notwithstanding the plan approval based on the Self-Certification or Abbreviated Review process undertaken pursuant to this and the accompanying documents, the Division of Health Care Facility Licensure and Certification of the Department of Public Health (the "Division") 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.
5. The facility named below 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.

Facility Name: Morse Pond Care Center	Authorized Signature: <i>[Signature]</i>
Address: 359 Jones Road, Falmouth, MA 02540	Name: James Mamary, Jr.
	Title: Executive Vice President

Date: **15 Jan 2016**

Note: The Affidavit must be stamped and signed, then scanned and submitted as a PDF document.

List of Attached Plans

[illegible]

CAPITAL COST ESTIMATE Massachusetts Department of Public Health - Division of Health Care Facility Licensure & Certification **FORM 4** ^{04/15}
 99 Chauncy Street, 11th Floor, Boston, MA 02111, (617) 753-8000

Facility Name: MORSE POND CARE CENTER DoN Project No.: _____ Location: 359 JONES RD, FALMOUTH Zip Code: 02540

Gr. Sq. Ft.¹ _____ #Beds¹ _____ \$/Bed¹ _____ Sq.Ft./Bed¹ _____ (excluding DoN exempt beds and outpatient services)

Category of Expenditure

Land Costs:

	New Construction Approved Costs* (/)	Renovation Approved Costs* (/)	New Construction Present Estimates** (/)	Renovation Present Estimates** (/)
1. Land Acquisition	\$ _____	\$ _____	\$ _____	\$ 0
2. Site Survey and Soil Investigation	\$ _____	\$ _____	\$ _____	\$ 2,500.
3. Other Non-Depreciable Land Development ^a	\$ _____	\$ _____	\$ _____	\$ 0
4. Total Land Costs (Lines 1 through 3)	\$ _____	\$ _____	\$ _____	\$ 2,500.

Construction Costs:

5. Depreciable Land Development Cost ^b	\$ _____	\$ _____	\$ _____	\$ 0
6. Building Acquisition Cost	\$ _____	\$ _____	\$ _____	\$ 0
7. Construction Contract (including bonding cost) <u>PLAN REVIEW FEE</u>	\$ _____	\$ _____	\$ _____	\$ 1,500.
8. Fixed Equipment Not in Contract	\$ _____	\$ _____	\$ _____	\$ 0
9. Architectural Cost (includes fees, printing, supervision, etc.) and Engineering Cost	\$ _____	\$ _____	\$ _____	\$ 80,000.
10. Pre-filing Planning & Development Costs	\$ _____	\$ _____	\$ _____	\$ 0
11. Post-filing Planning & Development Costs	\$ _____	\$ _____	\$ _____	\$ 0
12. Other (specify): <u>75 AC WINDOW UNITS + 10 MINI SPLIT UNITS</u>	\$ _____	\$ _____	\$ _____	\$ 40,000.
13. Other (specify): <u>SIX RENOVATED TOILET ROOMS</u>	\$ _____	\$ _____	\$ _____	\$ 60,000.
14. Net Interest Expense During Construction ^d	\$ _____	\$ _____	\$ _____	\$ 0
15. Major Movable Equipment	\$ _____	\$ _____	\$ _____	\$ 0
16. Total Construction Costs (Lines 5 through 15)	\$ _____	\$ _____	\$ _____	\$ 181,500

Financing Costs:

17. Cost of Securing Financing (legal, administrative, feasibility studies, mortgage insurance, printing, etc.)	\$ _____	\$ _____	\$ _____	\$ 0
18. Bond Discount	\$ _____	\$ _____	\$ _____	\$ 0
19. Other (specify):	\$ _____	\$ _____	\$ _____	\$ 0
20. Total Financing Costs (Lines 17 through 19)	\$ _____	\$ _____	\$ _____	\$ 0
21. Estimates Total Capital Expenditure (Line 4 + Line 16 + Line 20)	\$ _____	\$ _____	\$ _____	\$ 184,000.

^a Examples Other Non-Depreciable Land Development Costs: commissions to agents for purchase of land, attorney fees related to land, demolition of old buildings, clearing and grading, streets, removal of ledge, off-site sewer and water lines, public utility charges necessary to service the land, zoning requirements, and toxic waste removal.

^b Examples of Depreciable Land Development Costs: construction of parking lots, walkways and walls; on-site septic systems; on-site water and sewer lines; and reasonable and necessary landscaping.

^c The plan review fee is calculated based on the construction cost.

^d Describe assumptions used in calculating interest rates and costs.

*Amount Approved by the Public Health Council

**Check as appropriate: ☐ Preliminary ☐ Updated ☐ Final ☐ Post-Final

Inflation Factor Used: _____ If Final-Date DPH Final Plan Approval: _____

Contact Person: JAMES MAMARY, JR

Date: 10-19-2015 Telephone #: 781-826-2393

COMPLIANCE CHECKLIST**► Long Term Care Facility - Nursing Unit**

The following checklist is for plan review of new long-term care facilities and new additions to existing long-term care facilities. This checklist also applies to renovations projects affecting long-term care facilities constructed under the regulations effective March 19, 1968, or under their subsequent revisions. This checklist is derived from long-term care licensure regulations 105 CMR 150.000 and 105 CMR 151.000, entitled "Licensing of Long Term Care Facilities", as well as relevant parts of Chapter 111 of Massachusetts General Laws (specific sections indicated below). Applicants must verify project compliance with all licensure requirements when filling out this checklist, and must include the DPH affidavit when submitting project documents for self-certification or abbreviated review.

A separate checklist must be completed for each nursing unit affected by the construction project. Compliance Checklist **LTC2** entitled "Long-Term Care Facility - Common Areas" must also be completed, whether or not the common areas are to be altered (spaces dependent on bed count must comply).

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code and applicable related standards contained in the appendices of the Code.
- 708 CMR, the State Building Code.
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Tuberculosis in Health-Care Settings.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board.
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (___) of this Checklist must be filled in with one of the following codes, unless otherwise directed. If an entire Checklist section is affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (___) next to the section title (e.g. E RESIDENTS BEDROOMS). If more than one space serves a given required function (e.g. patient room or exam room), two codes separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

X = Requirement is met.

☒ = Check this box under selected checklist section titles or individual requirements for services that are not included in the project.

E = Functional space or area is existing and not affected by the construction project; this category does not apply if the existing space or area will serve a new or relocated service or if the facility is currently not licensed & applying for licensure.

W = Waiver requested for Guidelines, Regulation or Policy requirement that is not met (for each waiver request, complete separate waiver form & list the requirement ref. # on the affidavit).

3. Requirements referred to as "Policies" are DPH interpretations of the Regulations.

Facility Name:

Morse Pond Care Center

DoN Project Number: (if applicable)

Facility Address:

359 Jones Road, Falmouth, MA 02540

Nursing Unit Bed Complements:

Current = **40**

Proposed = **40**

Building/Floor Location:

First Floor - Morse Pond Unit

Project Description:

Morse Pond Nursing Unit (M)

Submission Dates:

Initial Date: **19 October 2015**

Revision Date: **15 January 2016**

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**151.300 X NURSING UNITX Located on one floor onlyNumber of beds in nursing unit = 40

Level II

Levels III/IV

X Maximum 41 beds Maximum 60 beds151.320 X RESIDENTS BEDROOMS(E) X Floor level 6" above grade(A) X Single-bed room:X min. 125 sfX Multibed room:X min. 90 sf per bedX 4 beds or lessX 3 beds or less

// window on 1 side

X privacy curtains

Lighting:

X general lightingW switch adjacent to bedroom door on latch sideX reading light for each bedX wall or bolted to mounted nightstandX illumination level equivalent to 60 watts incandescentX switch usable by resident(D) X min. 3'-0" clear on each side of each bedX min. 4'-0" wide passagewayX at end of each bedX continuous to the bedroom door(I) X one closet per bedX min. 2'-0" x 2'-0"X 5'-0" vertical clearance under clothes rodX access does not interfere with patient privacy (multibed)X elec. connection separate from required receptaclesX night lightX bureauX min. 2'-0" wideX at least 1 drawer per resident

Power:

X 1 duplex receptacle per bed on headwallX on emergency powerX 1 duplex receptacle on another wall(J) X hospital-type bedsX min. mattress dim. 36" x 76"X nightstand for each bed150.017 X drawer & cabinetX towel rack

Nurses call system:

X 1 call station for each bed151.320 X 1 armchair for each bed(G) X bedroom opens into 8'-0" wide corridor(F) X outside window (also see Page 5)Policy X min. 20 feet outside clearance to any walls151.370 X toilet room(C) X directly accessible from bedroomPolicy X towel barPolicy X robe hookX Handwashing sinkX Vent. min. 10 air ch./hr (exhaust)X Night lightX Emergency nurses call stationor X private showerX access to central showerX min. 4'-0" x 4'-0" stallX no curbX sloped toward center drainX shower curtainX Shower controls outside stallX easily operable by nursing staffX Vent. min. 10 air ch./hr (exhaust)X Emergency nurses call stationX accessible from toilet & shower

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- 151.330 X SPECIAL CARE ROOM
(also see 151.320)
X Located in close proximity to nurses station
X Single-bed
X Min. 125 sf
X Private bathroom
X toilet
X shower **or** X tub
X min. 4'-0" x 4'-0" stall
X no curb
X sloped toward center floor drain
X shower curtain
- 151.340 X NURSES STATION
(A) X Centrally located
X Max. 100 ft n. station entrance to furthest bedroom door
X Min. 81 sf
(B) X Min. 6'-0" dimension
(D) X Counter
X max. 42" high
X Charting surface
(C) X Top & base storage cabinets
(E) X Nurses toilet room
- 151.350 X MEDICINE ROOM
(A) X Opens into nurses station
X Min. 30 sf
X Min. 5'-0" dimension
(B) X Sized to accommodate med. cart
(C) X Counter
X Top & base cabinets
(D) X Lockable compartment
X Refrigerator
- 151.360 X DAY ROOM
Policy X Centrally located
150.017 X Outside window
151.360 X Min. 9 sf per bed
- Policy NURSING UNIT DINING
☒ check if service not included in project
(if dining room outside unit meets space requirement)
 Centrally located
 Outside window
- 151.570 Min. 10 sf per nursing unit bed
 Separate room **or** Dining space & day room space contiguous
 min. 19 sf per bed
- 151.310 X DRINKING FOUNTAIN
X Centrally located

- X Handwashing sink
X Shower controls outside stall
X easily operable by nursing staff
X Vent. min. 10 air ch./hr (exhaust)
X Emergency nurses call station
X accessible from toilet & shower (or tub)
- X Vent. min. 10 air ch./hr
X Emergency lighting
X Emergency power
X Nurses call master station
X bedroom numbers displayed
X room functions displayed
X individual identification of each call
- X Handwashing sink
X Vent. min. 10 air ch./hr
X Lighting on emergency power
X Refrigerator on emergency power

- X Emergency lighting
X Nurses call station

- Emergency lighting
 Nurses call staff station

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- 151.370 X **BATHING**
 Policy X Centrally located
 Policy X Solid partition enclosure for each tub or shower
 (A) X At least one central free-standing tub
 ☐ check if function not included (only for Level IV unit)
 X min. 3'-0" clear on each side
 X min. 3'-0" clear on one end
 (B) X Shower rooms:
 X min. 4'-0" x 4'-0" stall
 X no curb
 X sloped toward center drain
 Policy X shower curtain
 Policy X dressing area
 X door or privacy curtain

- X Vent. min. 10 air ch./hr
X negative pressure (Policy)
X air exhausted to outdoors
X Emerg. nurses call
X Vent. min. 10 air ch./hr
X negative pressure (Policy)
X air exhausted to outdoors
X Shower controls outside stall
X easily operable by attendant
X Emerg. nurses call within reach of patient in shower room

Type of Bathing Fixture	Required Ratio (1:N)	Number of Fixtures With Corridor Access (B)	Number of Beds Served (B x N)
Free-Standing Tub	1:15	1	15
Automated Bather	1:30		
Corridor Accessible Shower	1:15	2	30
TOTAL			45

Number of beds without direct access to bathing = 28

- X **CENTRAL TOILET ROOMS**
 (C) X At least 2 central toilet rooms
 Policy X off main corridor
 Policy X convenient to day room and bathing
 (C) X wheelchair accessible
 X designated for each gender
 151.390 (B) X **CLEAN UTILITY ROOM**
☐ check if function not included (only for Level IV unit)
X Direct access from corridor
X Min. 70 sf
X Min. 6'-0" dimension
X Counter
X Top & base cabinets

- X Handwashing sink
X Vent. min. 10 air ch./hr (exhaust)
X Emergency nurses call station

- 151.390 (C) X **SOILED UTILITY ROOM**
☐ check if function not included (only for Level IV unit)
X Direct access from corridor
W Min. 70 sf
X Min. 6'-0" dimension
X Counter
X min. 24" w x 48" l x 36" h

- X Sink w/ goose-neck faucet
X Vent. min. 10 air ch./hr

- X Handwashing sink
X Service sink w/ goose-neck faucet
X Clinical or Bedpan
 flushing-rim washer/
 sink sanitizer
X Vent. min. 10 air ch./hr
X negative pressure (Policy)
X air exhausted to outdoors

- 151.380 (A) X **LINEN CLOSET**
X Min. 20 sf
X Non-combustible shelving
X max. 6'-0" high

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- 151.380 (B) X JANITOR'S CLOSET
 Policy X Serving nursing unit exclusively
X Min. 25 sf
X Min. 5'-0" dimension
X Shelving
- 151.380 (C) X UNIT STORAGE CLOSET
X Min. 50 sf
- 151.580 X NOURISHMENT KITCHEN
X Min. 1 per floor
X Refrigerator
X Storage cabinets
 Policy Surface cooking unit **or** X Microwave oven

- X Service sink
X Vent. min. 10 air ch./hr (exhaust)
- X Sink
X Vent. min. 10 air ch./hr (exhaust)
X Emergency lighting

GENERAL STANDARDSArchitectural Details

Corridors (151.600):

resident corridors

- X min. 8'-0" wide
X handrails on both sides
X max. projection 3½"
X min. 30" AFF
X returns meet wall at each end

service corridors

- X min. 5'-0" wide

Ramps (151.610):

- ☒ check if service not included in project

 max. slope 1:12

Doors (151.630):

- X min. 44" wide at bedrooms, day room, din. rooms,
 act. rooms, stairs
X min. 36" at bathing rooms (Policy)
X min. 32" at toilet rooms
X no locks or privacy sets in resident areas
X outswinging/double-acting doors for toilet rms

Windows (151.640):

- X sill or guard min. 30" AFF
X window glass area min. 10% of BR floor area
X operable windows
 (min. opening 4% of BR floor area)
X insect screens

- X Grab bars in all resident toilet & bathing facilities

X 250 lb. capacity

- X Min. 8'-0" ceiling height in resident areas

- X Washable wall finishes in toilet, bathing, food prep.,
 utility rooms (151.660(B))

- X Impervious floor finish in toilet, bathing, food prep.,
 utility rooms (151.660 (C)&(D))

Mechanical

Heating (151.700):

- X heating capacity min. 75 °F

Air Conditioning (151.700(D)):

- X cooling capacity max. 75 °F in areas listed below:

- | | |
|--|--|
| ▷ New Construction
& Major Renovations | ▷ Minor Renovations |
| ▷ Original facility plan approval
on or after 4/14/00 | <u>X</u> original facility plan
approval prior to
04/14/00 |
| <u>X</u> AC in all resident areas | <u>X</u> AC in dining rooms,
activity rooms, day
rooms, etc. |

- X Temperature controls in each bedroom

Ventilation (151.710):

- X corridors not used as plenums for supply/return

Plumbing

- X min. water pressure 15 psi (151.720)

Electrical

Lighting (151.800):

- X uniform distribution of light in bedrooms
 night lights
X min. illumination level equivalent to 15 watts
 incandescent
X switch at nurses station or at BR door
X min. height 12" AFF

Emergency power (151.830):

- X generator
X all corridor receptacles on EP

- X electric components **or** 2 electric utility
 of heating system sources
 on EP in bedrooms

Nurses call system (151.850):

- X all calls register at nurses station
X origins of calls displayed simultaneously
 on annunciator panel (Policy)
X light signal in corridor at origin of call
X call stations have 1 indicator light per call button

Telephones (151.860):

- X at least 1 telephone per floor

Fire-Resistance Ratings of Structural Elements

(Type 1B construction per M.G.L. Chapter 111 §71 and 780 CMR Table 601)

Complete table below with fire-resistance ratings and U.L. numbers for structural elements constituting the proposed structure.

FIRE RESISTANCE (HOURS)	RATING REQUIRED		RATING PROVIDED		U.L. NUMBER	
	Supporting Floor	Supporting Roof Only	Supporting Floor	Supporting Roof Only	Supporting Floor	Supporting Roof Only
STRUCTURAL ELEMENTS						
EXTERIOR BEARING WALLS	2	2	3	3	U904	U904
INTERIOR BEARING WALLS	2	1	3	3	U904	U904
COLUMNS	2	1	2	1	X527	X629
BEAMS	2	1	2	2	N735	N735
FLOOR STRUCTURE	2		3		J920	
ROOF STRUCTURE		1		1.5		J926

COMPLIANCE CHECKLIST**► Long Term Care Facility - Nursing Unit**

The following checklist is for plan review of new long-term care facilities and new additions to existing long-term care facilities. This checklist also applies to renovations projects affecting long-term care facilities constructed under the regulations effective March 19, 1968, or under their subsequent revisions. This checklist is derived from long-term care licensure regulations 105 CMR 150.000 and 105 CMR 151.000, entitled "Licensing of Long Term Care Facilities", as well as relevant parts of Chapter 111 of Massachusetts General Laws (specific sections indicated below). Applicants must verify project compliance with all licensure requirements when filling out this checklist, and must include the DPH affidavit when submitting project documents for self-certification or abbreviated review.

A separate checklist must be completed for each nursing unit affected by the construction project. Compliance Checklist **LTC2** entitled "Long-Term Care Facility - Common Areas" must also be completed, whether or not the common areas are to be altered (spaces dependent on bed count must comply).

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code and applicable related standards contained in the appendices of the Code.
- 708 CMR, the State Building Code.
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Tuberculosis in Health-Care Settings.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board.
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (___) of this Checklist must be filled in with one of the following codes, unless otherwise directed. If an entire Checklist section is affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (___) next to the section title (e.g. E RESIDENTS BEDROOMS). If more than one space serves a given required function (e.g. patient room or exam room), two codes separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

X = Requirement is met.

☒ = Check this box under selected checklist section titles or individual requirements for services that are not included in the project.

E = Functional space or area is existing and not affected by the construction project; this category does not apply if the existing space or area will serve a new or relocated service or if the facility is currently not licensed & applying for licensure.

W = Waiver requested for Guidelines, Regulation or Policy requirement that is not met (for each waiver request, complete separate waiver form & list the requirement ref. # on the affidavit).

3. Requirements referred to as "Policies" are DPH interpretations of the Regulations.

Facility Name:

Morse Pond Care Center

DoN Project Number: (if applicable)

Facility Address:

359 Jones Road, Falmouth, MA 02540

Nursing Unit Bed Complements:

Current = **40**

Proposed = **40**

Building/Floor Location:

Second Floor - Nantucket Unit

Project Description:

Nantucket Nursing Unit (N)

Submission Dates:

Initial Date: **19 October 2015**

Revision Date: **15 January 2016**

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**151.300 X NURSING UNITX Located on one floor onlyNumber of beds in nursing unit = 40

Level II

Levels III/IV

X Maximum 41 beds Maximum 60 beds151.320 X RESIDENTS BEDROOMS(E) X Floor level 6" above grade(A) X Single-bed room:X min. 125 sfX Multibed room:X min. 90 sf per bedX 4 beds or lessX 3 beds or less

// window on 1 side

X privacy curtains

Lighting:

X general lightingW switch adjacent to bedroom door on latch sideX reading light for each bedX wall or bolted to mounted nightstandX illumination level equivalent to 60 watts incandescentX switch usable by resident(D) X min. 3'-0" clear on each side of each bedX min. 4'-0" wide passagewayX at end of each bedX continuous to the bedroom door(I) X one closet per bedX min. 2'-0" x 2'-0"X 5'-0" vertical clearance under clothes rodX access does not interfere with patient privacy (multibed)X elec. connection separate from required receptaclesX night light

Power:

X 1 duplex receptacle per bed on headwallX on emergency powerX 1 duplex receptacle on another wall(J) X hospital-type bedsX min. mattress dim. 36" x 76"X nightstand for each bed150.017 X drawer & cabinetX towel rack

Nurses call system:

X 1 call station for each bed151.320 X 1 armchair for each bed(G) X bedroom opens into 8'-0" wide corridor(F) X outside window (also see Page 5)Policy X min. 20 feet outside clearance to any walls151.370 X toilet room(C) X directly accessible from bedroomPolicy X towel barPolicy X robe hookX Handwashing sinkX Vent. min. 10 air ch./hr (exhaust)X Night lightX Emergency nurses call stationor X private showerX access to central showerX min. 4'-0" x 4'-0" stallX no curbX sloped toward center drainX shower curtainX Shower controls outside stallX easily operable by nursing staffX Vent. min. 10 air ch./hr (exhaust)X Emergency nurses call stationX accessible from toilet & shower

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- 151.330 X SPECIAL CARE ROOM
(also see 151.320)
X Located in close proximity to nurses station
X Single-bed
X Min. 125 sf
X Private bathroom
X toilet
X shower **or** X tub
X min. 4'-0" x 4'-0" stall
X no curb
X sloped toward center floor drain
X shower curtain
- 151.340 X NURSES STATION
(A) X Centrally located
X Max. 100 ft n. station entrance to furthest bedroom door
X Min. 81 sf
(B) X Min. 6'-0" dimension
(D) X Counter
X max. 42" high
X Charting surface
(C) X Top & base storage cabinets
(E) X Nurses toilet room
- 151.350 X MEDICINE ROOM
(A) X Opens into nurses station
X Min. 30 sf
X Min. 5'-0" dimension
(B) X Sized to accommodate med. cart
(C) X Counter
X Top & base cabinets
(D) X Lockable compartment
X Refrigerator
- 151.360 X DAY ROOM
Policy X Centrally located
150.017 X Outside window
151.360 X Min. 9 sf per bed
- Policy NURSING UNIT DINING
☒ check if service not included in project
(if dining room outside unit meets space requirement)
 Centrally located
 Outside window
- 151.570 Min. 10 sf per nursing unit bed
 Separate room **or** Dining space & day room space contiguous
 min. 19 sf per bed
- 151.310 X DRINKING FOUNTAIN
X Centrally located

- X Handwashing sink
X Shower controls outside stall
X easily operable by nursing staff
X Vent. min. 10 air ch./hr (exhaust)
X Emergency nurses call station
X accessible from toilet & shower (or tub)
- X Vent. min. 10 air ch./hr
X Emergency lighting
X Emergency power
X Nurses call master station
X bedroom numbers displayed
X room functions displayed
X individual identification of each call
- X Handwashing sink
X Vent. min. 10 air ch./hr
X Lighting on emergency power
X Refrigerator on emergency power

- X Emergency lighting
X Nurses call station

- Emergency lighting
 Nurses call staff station

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- 151.370 X **BATHING**
 Policy X Centrally located
 Policy X Solid partition enclosure for each tub or shower
 (A) X At least one central free-standing tub
 ☐ check if function not included (only for Level IV unit)
 X min. 3'-0" clear on each side
 X min. 3'-0" clear on one end
 (B) X Shower rooms:
 X min. 4'-0" x 4'-0" stall
 X no curb
 X sloped toward center drain
 Policy X shower curtain
 Policy X dressing area
 X door or privacy curtain

- X Vent. min. 10 air ch./hr
X negative pressure (Policy)
X air exhausted to outdoors
X Emerg. nurses call
X Vent. min. 10 air ch./hr
X negative pressure (Policy)
X air exhausted to outdoors
X Shower controls outside stall
X easily operable by attendant
X Emerg. nurses call within reach of patient in shower room

Type of Bathing Fixture	Required Ratio (1:N)	Number of Fixtures With Corridor Access (B)	Number of Beds Served (B x N)
Free-Standing Tub	1:15	1	15
Automated Bather	1:30		
Corridor Accessible Shower	1:15	2	30
TOTAL			45

Number of beds without direct access to bathing = 28

- X **CENTRAL TOILET ROOMS**
 (C) X At least 2 central toilet rooms
 Policy X off main corridor
 Policy X convenient to day room and bathing
 (C) X wheelchair accessible
 X designated for each gender
 151.390 (B) X **CLEAN UTILITY ROOM**
☐ check if function not included (only for Level IV unit)
X Direct access from corridor
X Min. 70 sf
X Min. 6'-0" dimension
X Counter
X Top & base cabinets

- X Handwashing sink
X Vent. min. 10 air ch./hr (exhaust)
X Emergency nurses call station

- 151.390 (C) X **SOILED UTILITY ROOM**
☐ check if function not included (only for Level IV unit)
X Direct access from corridor
X Min. 70 sf
X Min. 6'-0" dimension
X Counter
X min. 24" w x 48" l x 36" h

- X Sink w/ goose-neck faucet
X Vent. min. 10 air ch./hr

- X Handwashing sink
X Service sink w/ goose-neck faucet
X Clinical or Bedpan
 flushing-rim washer/
 sink sanitizer
X Vent. min. 10 air ch./hr
X negative pressure (Policy)
X air exhausted to outdoors

- 151.380 (A) X **LINEN CLOSET**
X Min. 20 sf
X Non-combustible shelving
X max. 6'-0" high

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- 151.380 (B) X JANITOR'S CLOSET
 Policy X Serving nursing unit exclusively
X Min. 25 sf
X Min. 5'-0" dimension
X Shelving
- 151.380 (C) X UNIT STORAGE CLOSET
X Min. 50 sf
- 151.580 X NOURISHMENT KITCHEN
X Min. 1 per floor
X Refrigerator
X Storage cabinets
 Policy Surface cooking unit **or** X Microwave oven

- X Service sink
X Vent. min. 10 air ch./hr (exhaust)
- X Sink
X Vent. min. 10 air ch./hr (exhaust)
X Emergency lighting

GENERAL STANDARDSArchitectural Details

Corridors (151.600):

resident corridors

- X min. 8'-0" wide
X handrails on both sides
X max. projection 3½"
X min. 30" AFF
X returns meet wall at each end

service corridors

- X min. 5'-0" wide

Ramps (151.610):

- ☒ check if service not included in project

 max. slope 1:12

Doors (151.630):

- X min. 44" wide at bedrooms, day room, din. rooms,
 act. rooms, stairs
X min. 36" at bathing rooms (Policy)
X min. 32" at toilet rooms
X no locks or privacy sets in resident areas
X outswinging/double-acting doors for toilet rms

Windows (151.640):

- X sill or guard min. 30" AFF
X window glass area min. 10% of BR floor area
X operable windows
 (min. opening 4% of BR floor area)
X insect screens

- X Grab bars in all resident toilet & bathing facilities

X 250 lb. capacity

- X Min. 8'-0" ceiling height in resident areas

- X Washable wall finishes in toilet, bathing, food prep.,
 utility rooms (151.660(B))

- X Impervious floor finish in toilet, bathing, food prep.,
 utility rooms (151.660 (C)&(D))

Mechanical

Heating (151.700):

- X heating capacity min. 75 °F

Air Conditioning (151.700(D)):

- X cooling capacity max. 75 °F in areas listed below:

- | | |
|--|--|
| ▷ New Construction
& Major Renovations | ▷ Minor Renovations |
| ▷ Original facility plan approval
on or after 4/14/00 | <u>X</u> original facility plan
approval prior to
04/14/00 |
| <u>X</u> AC in all resident areas | <u>X</u> AC in dining rooms,
activity rooms, day
rooms, etc. |

- X Temperature controls in each bedroom

Ventilation (151.710):

- X corridors not used as plenums for supply/return

Plumbing

- X min. water pressure 15 psi (151.720)

Electrical

Lighting (151.800):

- X uniform distribution of light in bedrooms
 night lights
X min. illumination level equivalent to 15 watts
 incandescent
X switch at nurses station or at BR door
X min. height 12" AFF

Emergency power (151.830):

- X generator
X all corridor receptacles on EP

- X electric components **or** 2 electric utility
 of heating system sources
 on EP in bedrooms

Nurses call system (151.850):

- X all calls register at nurses station
X origins of calls displayed simultaneously
 on annunciator panel (Policy)
X light signal in corridor at origin of call
X call stations have 1 indicator light per call button

Telephones (151.860):

- X at least 1 telephone per floor

Fire-Resistance Ratings of Structural Elements

(Type 1B construction per M.G.L. Chapter 111 §71 and 780 CMR Table 601)

Complete table below with fire-resistance ratings and U.L. numbers for structural elements constituting the proposed structure.

FIRE RESISTANCE (HOURS)	RATING REQUIRED		RATING PROVIDED		U.L. NUMBER	
STRUCTURAL ELEMENTS	Supporting Floor	Supporting Roof Only	Supporting Floor	Supporting Roof Only	Supporting Floor	Supporting Roof Only
EXTERIOR BEARING WALLS	2	2	3	3	U904	U904
INTERIOR BEARING WALLS	2	1	3	3	U904	U904
COLUMNS	2	1	2	1	X527	X629
BEAMS	2	1	2	2	N735	N735
FLOOR STRUCTURE	2		3		J920	
ROOF STRUCTURE		1		1.5		J926

COMPLIANCE CHECKLIST**► Long Term Care Facility - Nursing Unit**

The following checklist is for plan review of new long-term care facilities and new additions to existing long-term care facilities. This checklist also applies to renovations projects affecting long-term care facilities constructed under the regulations effective March 19, 1968, or under their subsequent revisions. This checklist is derived from long-term care licensure regulations 105 CMR 150.000 and 105 CMR 151.000, entitled "Licensing of Long Term Care Facilities", as well as relevant parts of Chapter 111 of Massachusetts General Laws (specific sections indicated below). Applicants must verify project compliance with all licensure requirements when filling out this checklist, and must include the DPH affidavit when submitting project documents for self-certification or abbreviated review.

A separate checklist must be completed for each nursing unit affected by the construction project. Compliance Checklist **LTC2** entitled "Long-Term Care Facility - Common Areas" must also be completed, whether or not the common areas are to be altered (spaces dependent on bed count must comply).

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code and applicable related standards contained in the appendices of the Code.
- 708 CMR, the State Building Code.
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Tuberculosis in Health-Care Settings.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board.
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (___) of this Checklist must be filled in with one of the following codes, unless otherwise directed. If an entire Checklist section is affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (___) next to the section title (e.g. E RESIDENTS BEDROOMS). If more than one space serves a given required function (e.g. patient room or exam room), two codes separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

X = Requirement is met.

☒ = Check this box under selected checklist section titles or individual requirements for services that are not included in the project.

E = Functional space or area is existing and not affected by the construction project; this category does not apply if the existing space or area will serve a new or relocated service or if the facility is currently not licensed & applying for licensure.

W = Waiver requested for Guidelines, Regulation or Policy requirement that is not met (for each waiver request, complete separate waiver form & list the requirement ref. # on the affidavit).

3. Requirements referred to as "Policies" are DPH interpretations of the Regulations.

Facility Name:

Morse Pond Care Center

DoN Project Number: (if applicable)

Facility Address:

359 Jones Road, Falmouth, MA 02540

Nursing Unit Bed Complements:

Current = **40**

Proposed = **40**

Building/Floor Location:

Second Floor - Vineyard Sound Unit

Project Description:

Vineyard Sound Nursing Unit (V)

Submission Dates:

Initial Date: **19 October 2015**

Revision Date: **15 January 2016**

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**151.300 X NURSING UNITX Located on one floor onlyNumber of beds in nursing unit = 40

Level II

Levels III/IV

X Maximum 41 beds Maximum 60 beds151.320 X RESIDENTS BEDROOMS(E) X Floor level 6" above grade(A) X Single-bed room:X min. 125 sfX Multibed room:X min. 90 sf per bedX 4 beds or lessX 3 beds or less

// window on 1 side

X privacy curtains

Lighting:

X general lightingW switch adjacent to bedroom door on latch sideX reading light for each bedX wall or bolted to mounted nightstandX illumination level equivalent to 60 watts incandescentX switch usable by resident(D) X min. 3'-0" clear on each side of each bedX min. 4'-0" wide passagewayX at end of each bedX continuous to the bedroom door(I) X one closet per bedX min. 2'-0" x 2'-0"X 5'-0" vertical clearance under clothes rodX access does not interfere with patient privacy (multibed)X elec. connection separate from required receptaclesX night lightX bureauX min. 2'-0" wideX at least 1 drawer per resident

Power:

X 1 duplex receptacle per bed on headwallX on emergency powerX 1 duplex receptacle on another wall(J) X hospital-type bedsX min. mattress dim. 36" x 76"X nightstand for each bed150.017 X drawer & cabinetX towel rack

Nurses call system:

X 1 call station for each bed151.320 X 1 armchair for each bed(G) X bedroom opens into 8'-0" wide corridor(F) X outside window (also see Page 5)Policy X min. 20 feet outside clearance to any walls151.370 X toilet room(C) X directly accessible from bedroomPolicy X towel barPolicy X robe hookX Handwashing sinkX Vent. min. 10 air ch./hr (exhaust)X Night lightX Emergency nurses call stationor X private showerX access to central showerX min. 4'-0" x 4'-0" stallX no curbX sloped toward center drainX shower curtainX Shower controls outside stallX easily operable by nursing staffX Vent. min. 10 air ch./hr (exhaust)X Emergency nurses call stationX accessible from toilet & shower

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**151.330 X SPECIAL CARE ROOM

(also see 151.320)

X Located in close proximity to nurses stationX Single-bedX Min. 125 sfX Private bathroomX toiletX shower **or** X tubX min. 4'-0" x 4'-0" stallX no curbX sloped toward center
floor drainX shower curtainX Handwashing sinkX Shower controls outside stallX easily operable by nursing
staffX Vent. min. 10 air ch./hr (exhaust)X Emergency nurses call stationX accessible from toilet &
shower (or tub)151.340 X NURSES STATION(A) X Centrally locatedX Max. 100 ft n. station entrance to furthest bedroom doorX Min. 81 sf(B) X Min. 6'-0" dimension(D) X CounterX max. 42" highX Charting surface(C) X Top & base storage cabinets(E) X Nurses toilet roomX Vent. min. 10 air ch./hrX Emergency lightingX Emergency powerX Nurses call master stationX bedroom numbers displayedX room functions displayedX individual identification of
each call151.350 X MEDICINE ROOM(A) X Opens into nurses stationX Min. 30 sfX Min. 5'-0" dimension(B) X Sized to accommodate med. cart(C) X CounterX Top & base cabinets(D) X Lockable compartmentX RefrigeratorX Handwashing sinkX Vent. min. 10 air ch./hrX Lighting on emergency powerX Refrigerator on emergency power151.360 X DAY ROOMPolicy X Centrally located150.017 X Outside window151.360 X Min. 9 sf per bedX Emergency lightingX Nurses call stationPolicy NURSING UNIT DINING☒ check if service not included in project

(if dining room outside unit meets space requirement)

 Centrally located Outside window151.570 Min. 10 sf per nursing unit bed Separate room **or** Dining space & day room
space contiguous
 min. 19 sf per bed Emergency lighting Nurses call staff station151.310 X DRINKING FOUNTAINX Centrally located

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- 151.370 X **BATHING**
 Policy X Centrally located
 Policy X Solid partition enclosure for each tub or shower
 (A) X At least one central free-standing tub
 ☐ check if function not included (only for Level IV unit)
 X min. 3'-0" clear on each side
 X min. 3'-0" clear on one end
 (B) X Shower rooms:
 X min. 4'-0" x 4'-0" stall
 X no curb
 X sloped toward center drain
 Policy X shower curtain
 Policy X dressing area
 X door or privacy curtain

- X Vent. min. 10 air ch./hr
X negative pressure (Policy)
X air exhausted to outdoors
X Emerg. nurses call
X Vent. min. 10 air ch./hr
X negative pressure (Policy)
X air exhausted to outdoors
X Shower controls outside stall
X easily operable by attendant
X Emerg. nurses call within reach of patient in shower room

Type of Bathing Fixture	Required Ratio (1:N)	Number of Fixtures With Corridor Access (B)	Number of Beds Served (B x N)
Free-Standing Tub	1:15	1	15
Automated Bather	1:30		
Corridor Accessible Shower	1:15	2	30
TOTAL			45

Number of beds without direct access to bathing = 28

- X **CENTRAL TOILET ROOMS**
 (C) X At least 2 central toilet rooms
 Policy X off main corridor
 Policy X convenient to day room and bathing
 (C) X wheelchair accessible
 X designated for each gender
 151.390 (B) X **CLEAN UTILITY ROOM**
☐ check if function not included (only for Level IV unit)
X Direct access from corridor
X Min. 70 sf
X Min. 6'-0" dimension
X Counter
X Top & base cabinets

- X Handwashing sink
X Vent. min. 10 air ch./hr (exhaust)
X Emergency nurses call station

- 151.390 (C) X **SOILED UTILITY ROOM**
☐ check if function not included (only for Level IV unit)
X Direct access from corridor
W Min. 70 sf
X Min. 6'-0" dimension
X Counter
X min. 24" w x 48" l x 36" h

- X Sink w/ goose-neck faucet
X Vent. min. 10 air ch./hr

- X Handwashing sink
X Service sink w/ goose-neck faucet
X Clinical or Bedpan
 flushing-rim washer/
 sink sanitizer
X Vent. min. 10 air ch./hr
X negative pressure (Policy)
X air exhausted to outdoors

- 151.380 (A) X **LINEN CLOSET**
X Min. 20 sf
X Non-combustible shelving
X max. 6'-0" high

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**151.380 (B) X JANITOR'S CLOSET

- Policy X Serving nursing unit exclusively
X Min. 25 sf
X Min. 5'-0" dimension
X Shelving

- X Service sink
X Vent. min. 10 air ch./hr (exhaust)

151.380 (C) X UNIT STORAGE CLOSET

- X Min. 50 sf

151.580 X NOURISHMENT KITCHEN

- X Min. 1 per floor
X Refrigerator
X Storage cabinets
Policy Surface cooking unit **or** X Microwave oven

- X Sink
X Vent. min. 10 air ch./hr (exhaust)
X Emergency lighting

GENERAL STANDARDSArchitectural Details

Corridors (151.600):

resident corridors

- X min. 8'-0" wide
X handrails on both sides
X max. projection 3½"
X min. 30" AFF
X returns meet wall at each end

service corridors

- X min. 5'-0" wide

Ramps (151.610):

- ☒ check if service not included in project

 max. slope 1:12

Doors (151.630):

- X min. 44" wide at bedrooms, day room, din. rooms,
act. rooms, stairs
X min. 36" at bathing rooms (Policy)
X min. 32" at toilet rooms
X no locks or privacy sets in resident areas
X outswinging/double-acting doors for toilet rms

Windows (151.640):

- X sill or guard min. 30" AFF
X window glass area min. 10% of BR floor area
X operable windows
(min. opening 4% of BR floor area)
X insect screens

- X Grab bars in all resident toilet & bathing facilities

- X 250 lb. capacity

- X Min. 8'-0" ceiling height in resident areas

- X Washable wall finishes in toilet, bathing, food prep.,
utility rooms (151.660(B))

- X Impervious floor finish in toilet, bathing, food prep.,
utility rooms (151.660 (C)&(D))

Mechanical

Heating (151.700):

- X heating capacity min. 75 °F

Air Conditioning (151.700(D)):

- X cooling capacity max. 75 °F in areas listed below:

- | | |
|--|--|
| ▷ New Construction
& Major Renovations | ▷ Minor Renovations |
| ▷ Original facility plan approval
on or after 4/14/00 | <u>X</u> original facility plan
approval prior to
04/14/00 |
| <u>X</u> AC in all resident areas | <u>X</u> AC in dining rooms,
activity rooms, day
rooms, etc. |

- X Temperature controls in each bedroom

Ventilation (151.710):

- X corridors not used as plenums for supply/return

Plumbing

- X min. water pressure 15 psi (151.720)

Electrical

Lighting (151.800):

- X uniform distribution of light in bedrooms
night lights
X min. illumination level equivalent to 15 watts
incandescent
X switch at nurses station or at BR door
X min. height 12" AFF

Emergency power (151.830):

- X generator
X all corridor receptacles on EP

- X electric components **or** 2 electric utility
of heating system sources
on EP in bedrooms

Nurses call system (151.850):

- X all calls register at nurses station
X origins of calls displayed simultaneously
on annunciator panel (Policy)
X light signal in corridor at origin of call
X call stations have 1 indicator light per call button

Telephones (151.860):

- X at least 1 telephone per floor

Fire-Resistance Ratings of Structural Elements

(Type 1B construction per M.G.L. Chapter 111 §71 and 780 CMR Table 601)

Complete table below with fire-resistance ratings and U.L. numbers for structural elements constituting the proposed structure.

FIRE RESISTANCE (HOURS)	RATING REQUIRED		RATING PROVIDED		U.L. NUMBER	
STRUCTURAL ELEMENTS	Supporting Floor	Supporting Roof Only	Supporting Floor	Supporting Roof Only	Supporting Floor	Supporting Roof Only
EXTERIOR BEARING WALLS	2	2	3	3	U904	U904
INTERIOR BEARING WALLS	2	1	3	3	U904	U904
COLUMNS	2	1	2	1	X527	X629
BEAMS	2	1	2	2	N735	N735
FLOOR STRUCTURE	2		3		J920	
ROOF STRUCTURE		1		1.5		J926

COMPLIANCE CHECKLIST**► Long-Term Care Facility - Common Areas**

The following checklist is for plan review of new long-term care facilities and new additions to existing long-term care facilities. This checklist also applies to renovations projects affecting long-term care facilities constructed under the regulations effective March 19, 1968, or under their subsequent revisions. This checklist is derived from long-term care licensure regulations 105 CMR 150.000 and 105 CMR 151.000, entitled "Licensing of Long Term Care Facilities", as well as relevant parts of Chapter 111 of Massachusetts General Laws (specific sections indicated below). Applicants must verify project compliance with all licensure requirements when filling out this checklist, and must include the DPH affidavit when submitting project documents for self-certification or abbreviated review.

Only one copy of this checklist needs to be submitted for each facility. In the case of a bed increase not associated with alterations of the common areas, only the requirements marked with an asterisk (*) and the Square Footage Summary on Page 6 need to be completed.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code and applicable related standards contained in the appendices of the Code.
- 708 CMR, the State Building Code.
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Tuberculosis in Health-Care Settings.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board.
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (____) of this Checklist must be filled in with one of the following codes, unless otherwise directed. If an entire Checklist section is affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (____) next to the section title (e.g. E RESIDENTS BEDROOMS). If more than one space serves a given required function (e.g. patient room or exam room), two codes separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

X = Requirement is met.

☒ = Check this box under selected checklist section titles or individual requirements for services that are not included in the project.

E = Functional space or area is existing and not affected by the construction project; this category does not apply if the existing space or area will serve a new or relocated service or if the facility is currently not licensed & applying for licensure.

W = Waiver requested for Guidelines, Regulation or Policy requirement that is not met (for each waiver request, complete separate waiver form & list the requirement ref. # on the affidavit).

3. Requirements referred to as "Policies" are DPH interpretations of the Regulations.

Facility Name:

Morse Pond Care Center

DoN Project Number: (if applicable)

Facility Address:

359 Jones Road, Falmouth, MA 02540

Building/Floor Location:

Morse Pond Care Center

Project Description:

Common Areas

Submission Dates:

Initial Date: **19 Oct 2015**

Revision Date: **15 Jan 2016**

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- X SITE DEVELOPMENT
- 151.210 X Roads & walkways to:
X main entrance
X ambulance entrance
X kitchen entrance
X delivery/receiving area
X Walkways from parking areas to main entrance:
X min. 4'-0" wide
X max. slope 1:12
- 151.220 X Off street parking:
X at least 1 parking space for each 4 beds
- 151.230 X plus at least 2 handicapped parking spaces
X near main entrance
X min. 12'-0" wide
- 151.240 X Outdoor recreation area
X separate from parking areas
X min. 25 sf per bed
- Policy X wheelchair accessible

Lighting in following areas:

- X walkways
X parking lots
X building entrances

- 151.510 X GENERAL ACTIVITY ROOM(S)
 150.017 X Outside windows
X min. 8 sf per bed total resident area*
X Storage closet

- X Emergency lighting
X Nurses call station

- 151.510 X BEAUTY PARLOR & BARBER SHOP
☐ check if service not included in project
X min. 120 sf
X counter & cabinets

- X Shampoo basin
X Nurses call station

- 151.520 X EXAMINATION/TREATMENT ROOM
☐ check if service not included in project
 (only if facility is Level IV)
X Min. 125 sf
X Min. dimension 10'-0"
X Storage cabinet

- X Handwashing sink
X Nurses call station

- 151.530 X OFFICE SPACE
 (A) X Administrative offices
X administrator's office
X min. 80 sf
X director of nurses office
☐ check if service not included in project
 (only if facility is Level IV)
X min. 80 sf
- (B) X storage of medical records
X Consultants office(s)
X min. 100 sf

- 151.550 X STAFF & PUBLIC TOILETS
X Visitors toilet rooms
X one for each gender
X handicapped accessible
X Staff toilet rooms
X convenient to kitchen

- X Handwashing sink
X Vent. min. 10 air ch./hr (exhaust)
- X Handwashing sink
X Vent. min. 10 air ch./hr (exhaust)

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

151.860	<u>X</u>	<u>PUBLIC TELEPHONE</u>	
150.015		<u>X</u> Located in separate room or alcove	
(C)(10)		<u>X</u> Provides for privacy	
		<u>X</u> Wheelchair accessible	
		<u>X</u> Sound volume control	
151.560	<u>X</u>	<u>CENTRAL KITCHEN</u>	
(I)		<u>X</u> Located to avoid through-traffic	
		<u>X</u> Food receiving area	
(A)		<u>X</u> Food preparation area min. 5 sf per bed*	
(H)		<u>X</u> Min. aisle width 42" for fixed equipt.	
		<u>X</u> Min. aisle width 60" for mobile equipt.	
		<input type="checkbox"/> check if mobile equipt. <u>not</u> included in project	
		<u>X</u> Equipment sealed or _____ min. 8" clear between to wall equipt. & wall	
		<u>X</u> Filler strip between or _____ min. 8" clear between pieces of equipt. pieces of equipt.	
(L)		<u>X</u> Storage cabinets for dishes & silverware	
(F)		<u>X</u> Dishwashing area	
		<u>X</u> separate from food prep. area	
		<u>X</u> direct entrance from corridor	
		<u>X</u> access of soiled dishware is not through food preparation area	
(J)		<u>X</u> Food cart washing/ can washing	
		<u>X</u> separate defined area	
(K)		<u>X</u> Dietician office	
		<u>X</u> min. 100 sf	
(M)		<u>X</u> Janitor's closet	
		<u>X</u> at least one per floor	
		<u>X</u> min. 25 sf	
		<u>X</u> min. 5'-0" dimension	
		<u>X</u> shelving	
151.750		<u>X</u> Refrigerator	
		<u>X</u> min. 1.5 cubic feet per bed*	
		<u>X</u> Freezer	
		<u>X</u> min. 0.5 cubic feet per bed*	
151.570	<u>X</u>	<u>CENTRAL DINING</u>	
Policy		<u>X</u> Located for outside exposure	
(A)		<u>X</u> Min. 10 sf per bed*	
151.370	<u>X</u>	<u>CENTRAL RESIDENT TOILET ROOMS</u>	
(C)		<u>X</u> At least 2 central toilet rooms	
Policy		<u>X</u> off main corridor	
Policy		<u>X</u> convenient to dining & activity rooms	
(C)		<u>X</u> wheelchair accessible	
		<u>X</u> designated for each gender	
		<u>X</u> Handwashing sink	
		<u>X</u> Double-comp. vegetable sink	
		<u>X</u> 30" drain board	
		<u>X</u> backsplash	
		<u>X</u> Triple-comp. pot washing sink	
		<u>X</u> one 30" drain board on each side	
		<u>X</u> backsplash	
		<u>X</u> Floor drain	
		<u>X</u> Vent. min. 10 air ch./hr	
		<u>X</u> negative pressure (Policy)	
		<u>X</u> air exhausted to outdoors	
		<u>X</u> Exhaust hoods at cooking areas	
		<u>X</u> Emergency lighting	
		<u>X</u> Vent. min. 10 air ch./hr	
		<u>X</u> negative pressure (Policy)	
		<u>X</u> air exhausted to outdoors	
		<u>X</u> Service sink	
		<u>X</u> Vent. min. 10 air ch./hr (exhaust)	
		<u>X</u> Emergency lighting	
		<u>X</u> Nurses call staff station	
		<u>X</u> Handwashing sink	
		<u>X</u> Vent. min. 10 air ch./hr (exhaust)	
		<u>X</u> Emergency nurses call station	

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

151.570 (B)	<u>X</u>	<u>STAFF DINING</u> <u>X</u> Separate staff dining room	
151.590	<u>X</u>	<u>CENTRAL LAUNDRY</u> <u>X</u> Laundry facilities equipped for total laundry service <u>X</u> Double-comp. tub	<u>or</u> <u>X</u> Outside laundry service <u>X</u> Laundry room <u>X</u> min. 70 sf <u>X</u> washer & dryer <u>X</u> double-comp. tub
151.500 (A) Policy	<u>X</u>	<u>STORAGE AREAS</u> <u>X</u> General storage <u>X</u> direct access from corridor <u>X</u> min. 10 sf per bed*	
(B)	<u>X</u>	<u>Linen storage</u>	<u>X</u> Mechanical ventilation
(B) (1)	<u>X</u>	<u>central clean linen storage</u> <u>X</u> min. 6'-0" x 9'-0" <u>X</u> shelving min. 18" deep	<u>X</u> Vent. min. 10 air ch./hr <u>X</u> positive pressure (Policy)
(B) (2)	<u>X</u>	<u>central soiled linen holding</u> <u>X</u> min. 6'-0" x 9'-0"	<u>X</u> Handwashing sink <u>X</u> Vent. min. 10 air ch./hr <u>X</u> negative pressure (Policy) <u>X</u> air exhausted to outdoors
(C)	<u>X</u>	<u>Central food storage</u> <u>X</u> min. 150 sf <u>X</u> shelving <u>X</u> max. 18" deep <u>X</u> max. 72" high	<u>X</u> Vent. min. 10 air ch./hr <u>X</u> positive pressure (Policy)
150.016 (E)(3)	<u>X</u>	<u>JANITOR'S CLOSET</u> <u>X</u> Min. one per floor <u>X</u> Min. one per service wing or administrative wing <u>X</u> Min. 25 sf <u>X</u> Min. 5'-0" dimension <u>X</u> Shelving	<u>X</u> Service sink <u>X</u> Vent. min. 10 air ch./hr (exhaust)

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- 151.540 X RESTORATIVE SERVICE
- (B) X Physical therapy room
☐ check if service not included in project
X min. 200 sf therapy area
X min. dimension 10'-0"
X storage closet
- (C) X Occupational therapy room
☐ check if service not included in project
X min. 300 sf therapy area
X min. dimension 10'-0"
X storage closet

- X Handwashing sink
- X Mechanical or natural ventilation
X Nurses call station
- X Service sink
X Nurses call station

(A)(3) OUTPATIENT RESTORATIVE SERVICE*☒ check if service not included in project

*A separate letter of intent must be filed with the Department
prior to plan approval

- (a) Direct handicapped access
 from the outside **or** from the main lobby
- (b) Convenient parking
- (c) Resident toilet rooms
 separate from nursing unit toilets
- Staff toilet rooms
- (d) Waiting/reception area
- (e) Record storage
- (f) Office space
- (B)(3) Physical therapy room
(shared with LTCF residents restorative program)
 min. 200 sf therapy area
 min. dimension 10'-0"
 storage closet
 Provisions for patient privacy
 Dressing facilities
 Lockers

- Handwashing sink
 Vent. min. 10 air ch./hr (exhaust)
 Emergency nurses call station
- Handwashing sink
 Vent. min. 10 air ch./hr (exhaust)
- Handwashing sink
 Mechanical or natural ventilation
 Nurses call station

GENERAL STANDARDSArchitectural Details

Corridors (151.600):

resident corridors

- X min. 8'-0" wide
X handrails on both sides
X max. projection 3½"
X min. 30" AFF
X returns meet wall at each end

service corridors

- X min. 5'-0" wide

Ramps (151.610):

- ☐ check if service not included in project

- X max. slope 1:12

Stairs (151.620):

- X non-slip treads & landings
X handrails on both sides
X max. projection 3½"
X min. 30" AFF
X max. riser height 7"

- X tapered risers

Doors (151.630):

- X min. 44" wide at din. rooms, act. rooms, PT/OT rooms, stairs
X min. 32" at toilet rooms
X no locks or privacy sets in resident areas
X outswinging/double-acting doors for toilet rms
X kitchen doors min. 42" wide

Windows (151.640):

- X sill or guard min. 30" AFF
X operable windows
X insect screens

- X Grab bars in all resident toilet rooms

- X 250 lb. capacity

- X Min. 8'-0" ceiling height in resident areas

- X Washable wall finishes in toilet rooms & kitchen (151.660(B))

- X Impervious floor finish in toilet rooms & kitchen (151.660 (C)&(D))

Elevators (151.740)

- ☐ check if service not included in project

(only if entire facility on one floor)

- | | |
|--|--|
| up to 82 beds on
floors other than
entrance floor: | more than 82 beds on
floors other than
entrance floor: |
| <u>X</u> at least 1 elevator | <u>X</u> at least 2 elevators |

- X hospital type

- X interior cab min. 5'-0" x 7'-6"

- X door opening min. 44"

Mechanical

Heating (151.700):

- X heating capacity min. 75 °F

Air Conditioning (151.700(D)):

- X cooling capacity max. 75 °F in areas listed below:

- | | |
|--|--|
| ▷ New Construction
& Major Renovations | ▷ Minor Renovations |
| ▷ Original facility plan approval
on or after 4/14/00 | <u>X</u> original facility plan
approval prior to
04/14/00 |
| <u>X</u> AC in all resident areas | <u>X</u> AC in dining rooms,
activity rooms, day
rooms, etc. |

Refrigeration (151.750):

- X max. cooler temperature 45 °F

- X max. freezer temperature -10 °F

Ventilation (151.710):

- X corridors not used as plenums for supply/return

Plumbing

- X min. water pressure 15 psi (151.720)

Electrical

Emergency power (151.830):

- X generator

- X dedicated to emerg. elec. system

- X adequate capacity

- X automatic transfer switches

- X all corridor receptacles on EP

- X 1 elevator on EP

Nurses call system (151.850):

- X all calls register at nurses station

- X light signal activated in corr. at origin of call

Telephones (151.860):

- X at least 1 telephone per floor

Space Dependent on Bed Count: Square Footage Summary☐ check if not applicable

(only if the project will not result in a bed increase or will not affect areas identified in 1st column)

Complete box and table below:

Total number of beds in facility N =

120

FUNCTIONAL AREA	S = SF PER BED REQUIREMENT	TOTAL SF REQUIRED = S x N	TOTAL SF PROVIDED
DAY ROOMS	9	1080	1331
DINING ROOM(S)	10	1200	1430
GENERAL ACTIVITY ROOMS	8	960	1317
KITCHEN FOOD PREP. AREA	5	600	600
GENERAL STORAGE ROOM(S)*	10	1200	1203

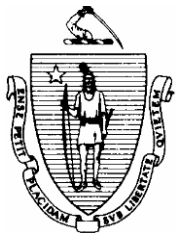
*Excluding specific storage rooms serving nursing units, activity rooms, PT/OT rooms or kitchen.

Fire-Resistance Ratings of Structural Elements

(Type 1B construction per M.G.L. Chapter 111 §71 and 780 CMR Table 601)

Complete table below with fire-resistance ratings and U.L. numbers for structural elements constituting the proposed structure.

FIRE RESISTANCE (HOURS)	RATING REQUIRED		RATING PROVIDED		U.L. NUMBER	
STRUCTURAL ELEMENTS	Supporting Floor	Supporting Roof Only	Supporting Floor	Supporting Roof Only	Supporting Floor	Supporting Roof Only
EXTERIOR BEARING WALLS	2	2	3	3	U904	U904
INTERIOR BEARING WALLS	2	1	3	3	U904	U904
COLUMNS	2	1	2	1	X527	X527
BEAMS	2	1	2	2	N735	N735
FLOOR STRUCTURE	2		3		J920	
ROOF STRUCTURE		1		1.5		J926



WAIVER REQUEST FORM

DPH – BHCSQ - DHCFLC, 99 Chauncy Street, 11th Floor, Boston, MA 02111

Note: (1) A separate waiver request form must be submitted for each regulation or FGI Guidelines requirement for which a waiver is requested; and (2) all information pertaining to this waiver request must be contained in this form to allow the waiver determination to be made without the need to refer to other plan review documentation.

Morse Pond Care Center

359 Jones Road, Falmouth, MA 02540

Facility's Licensed Name or Proposed Name

Address, including zip code

If Hospital/Clinic Satellite, Name

Address, including zip code

Hospital/Clinic Department

Building/Floor Location

I HEREBY REQUEST THE DEPARTMENT WAIVE COMPLIANCE WITH THE REGULATION OR REQUIREMENT:

1.A: REGULATION/FGI GUIDELINES NUMBER: LTC1 - 151.320: Lighting-General Lighting

1.B: RELEVANT TEXT OF REGULATION/FGI GUIDELINES REQUIREMENT:

LTC1 - Mechanical/Plumbing/Electrical Requirements
Lighting: General Lighting - Switch adjacent to bedroom door on latch side

2.A: DESCRIBE WHAT IS PROPOSED IN LIEU OF COMPLIANCE WITH THE REQUIREMENT:

**2.B: HOSPITAL, LONG TERM CARE FACILITY & ADULT DAY HEALTH PROGRAM – DESCRIBE COMPENSATING FEATURES;
CLINIC & HOSPICE – DESCRIBE HOW THE PROVIDER WILL REMAIN IN SUBSTANTIAL COMPLIANCE:**

The existing building accommodates a light switch at the entrance to each room and none are blocked by open doors. Those that may have been blocked by an open door in the past were retrofitted several years ago and moved beyond the swing of the door.

Morse Pond Care Center

359 Jones Road, Falmouth, MA 02540

Facility's Licensed Name or Proposed Name

Address, including zip code

Regulation/Requirement Citation:

LTC1 - 151.320: Lighting-General Lighting

3. PROVIDER'S DETAILED EXPLANATION OF HOW MEETING THE REQUIREMENT WOULD CAUSE UNDUE HARDSHIP:

(Indicate excessive cost implications associated with compliance or potential patient care improvements associated with waiver)

The cost implications of relocating those light switches that are not in compliance would unnecessarily delay construction and increase costs. Each room does provide a light switch at the entrance, but are otherwise inconsistent in location from room to room. While some are adjacent to the door on the latch side, others are on the wall to which the door swings and have already been relocated beyond the door swing and are no longer blocked.

4. PROVIDER'S DETAILED EXPLANATION OF HOW APPROVAL OF THE WAIVER: (A) WILL NOT LIMIT THE CAPACITY TO PROVIDE ADEQUATE CARE; AND, (B) DOES NOT JEOPARDIZE/AFFECT PATIENT OR RESIDENT HEALTH AND SAFETY:

Every light switch is accessible when the door is fully open and resting against the wall, therefore, approval of this waiver will not limit the capacity of the facility to provide more than adequate care to the residents. The current light switch locations are accessible and do not jeopardize or affect patient or resident health and safety.

5. A FLOOR PLAN OR PLAN DETAIL IN 8½ X 11 FORMAT IS ATTACHED TO THIS FORM TO SHOW WHAT IS PROPOSED IN LIEU OF COMPLIANCE WITH THE REQUIREMENT.

FACILITY AUTHORIZED REPRESENTATIVE:

Name: James Mamary
Title: Executive Vice President
Organization: Royal Health Group - Morse Pond Care Center
Mailing Address: 359 Jones Road
Falmouth, MA 02540
Email: jmamaryjr@royalhealthgroup.com

FACILITY CLINICAL REPRESENTATIVE:

Name: _____
Title: _____
Telephone: _____
Email: _____

Signature/Date: [Signature] 1/13/16

Signature/Date: _____

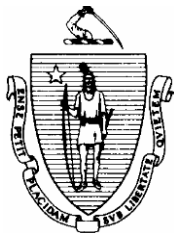
For DPH Use Only: The waiver identified above is approved, approved with conditions or denied as indicated below.

Evaluated by: _____ / ____ / ____ ☐ Approved ☐ Approved w/Conditions ☐ Denied

Reviewed by: _____ / ____ / ____ ☐ Approved ☐ Approved w/Conditions ☐ Denied

WAIVER APPROVAL CONDITIONS OR REASONS FOR DENIAL:

Note: This waiver may be evaluated during on-site visits by Department staff at the facility. The Department reserves the right to revoke the waiver approvals if deficiencies are cited that indicate that the waivers adversely affect patient or resident health and safety.



WAIVER REQUEST FORM

DPH – BHCSQ - DHCFLC, 99 Chauncy Street, 11th Floor, Boston, MA 02111

Note: (1) A separate waiver request form must be submitted for each regulation or FGI Guidelines requirement for which a waiver is requested; and (2) all information pertaining to this waiver request must be contained in this form to allow the waiver determination to be made without the need to refer to other plan review documentation.

Morse Pond Care Center

359 Jones Road, Falmouth, MA 02540

Facility's Licensed Name or Proposed Name

Address, including zip code

If Hospital/Clinic Satellite, Name

Address, including zip code

Hospital/Clinic Department

Building/Floor Location

I HEREBY REQUEST THE DEPARTMENT WAIVE COMPLIANCE WITH THE REGULATION OR REQUIREMENT:

1.A: REGULATION/FGI GUIDELINES NUMBER: LTC1 - 151.390: Soiled Utility Room - Minimum 70SF

1.B: RELEVANT TEXT OF REGULATION/FGI GUIDELINES REQUIREMENT:

LTC1 - Architectural Requirements
151.390 - Soiled Utility Room: Minimum 70 square feet

2.A: DESCRIBE WHAT IS PROPOSED IN LIEU OF COMPLIANCE WITH THE REQUIREMENT:

**2.B: HOSPITAL, LONG TERM CARE FACILITY & ADULT DAY HEALTH PROGRAM – DESCRIBE COMPENSATING FEATURES;
CLINIC & HOSPICE – DESCRIBE HOW THE PROVIDER WILL REMAIN IN SUBSTANTIAL COMPLIANCE:**

Each nursing wing accommodates a Soiled Utility Room. The Nantucket wing overaccommodates with a soiled utility room measuring over 100sf, however, the Morse Pond and Vineyard Sound wings have existing Soiled Utility rooms that measure 66sf and 64sf respectively.

Morse Pond Care Center

359 Jones Road, Falmouth, MA 02540

Facility's Licensed Name or Proposed Name

Address, including zip code

Regulation/Requirement Citation:

LTC1 - 151.390: Soiled Utility Room - Minimum 70SF

3. PROVIDER'S DETAILED EXPLANATION OF HOW MEETING THE REQUIREMENT WOULD CAUSE UNDUE HARDSHIP:

(Indicate excessive cost implications associated with compliance or potential patient care improvements associated with waiver)

The cost implications of adding four to six square feet of space to each of the Soiled Utility Rooms mentioned on the previous page would be superfluous and only cause delay to the overall construction timeline without adding any benefit to the patients and residents seeking health care.

4. PROVIDER'S DETAILED EXPLANATION OF HOW APPROVAL OF THE WAIVER: (A) WILL NOT LIMIT THE CAPACITY TO PROVIDE ADEQUATE CARE; AND, (B) DOES NOT JEOPARDIZE/AFFECT PATIENT OR RESIDENT HEALTH AND SAFETY:

The difference of four to six square feet will not limit the capacity of the facility to provide more than adequate care to the residents. The current sizes of the Soiled Utility Rooms are adequate and do not jeopardize or affect patient or resident health and safety.

5. A FLOOR PLAN OR PLAN DETAIL IN 8½ X 11 FORMAT IS ATTACHED TO THIS FORM TO SHOW WHAT IS PROPOSED IN LIEU OF COMPLIANCE WITH THE REQUIREMENT.

FACILITY AUTHORIZED REPRESENTATIVE:

Name: James Mamary
Title: Executive Vice President
Organization: Royal Health Group - Morse Pond Care Center
Mailing Address: 359 Jones Road
Falmouth, MA 02540
Email: jmamaryjr@royalhealthgroup.com

FACILITY CLINICAL REPRESENTATIVE:

Name: _____
Title: _____
Telephone: _____
Email: _____

Signature/Date: [Signature] 1/19/16

Signature/Date: _____

For DPH Use Only: The waiver identified above is approved, approved with conditions or denied as indicated below.

Evaluated by: _____ / ____ / ____ ☐ Approved ☐ Approved w/Conditions ☐ Denied

Reviewed by: _____ / ____ / ____ ☐ Approved ☐ Approved w/Conditions ☐ Denied

WAIVER APPROVAL CONDITIONS OR REASONS FOR DENIAL:

Note: This waiver may be evaluated during on-site visits by Department staff at the facility. The Department reserves the right to revoke the waiver approvals if deficiencies are cited that indicate that the waivers adversely affect patient or resident health and safety.

ARCHITECT:

GIAMPIETRO ARCHITECTS

354 Gifford Street
Falmouth, MA 02540

TEL 508 540 7400
FAX 508 540 0220

SITE ENGINEER:

BSS DESIGN

164 Katherine Lee Bates Road
Falmouth, MA 02540

TEL 508 540 8805
FAX 508 548 8313

MECHANICAL ENGINEER:

A.R.H. ENGINEERING, INC.

47 Durfee Drive
East Falmouth, MA 02536

TEL 508 471-4360
FAX 508 457-0092

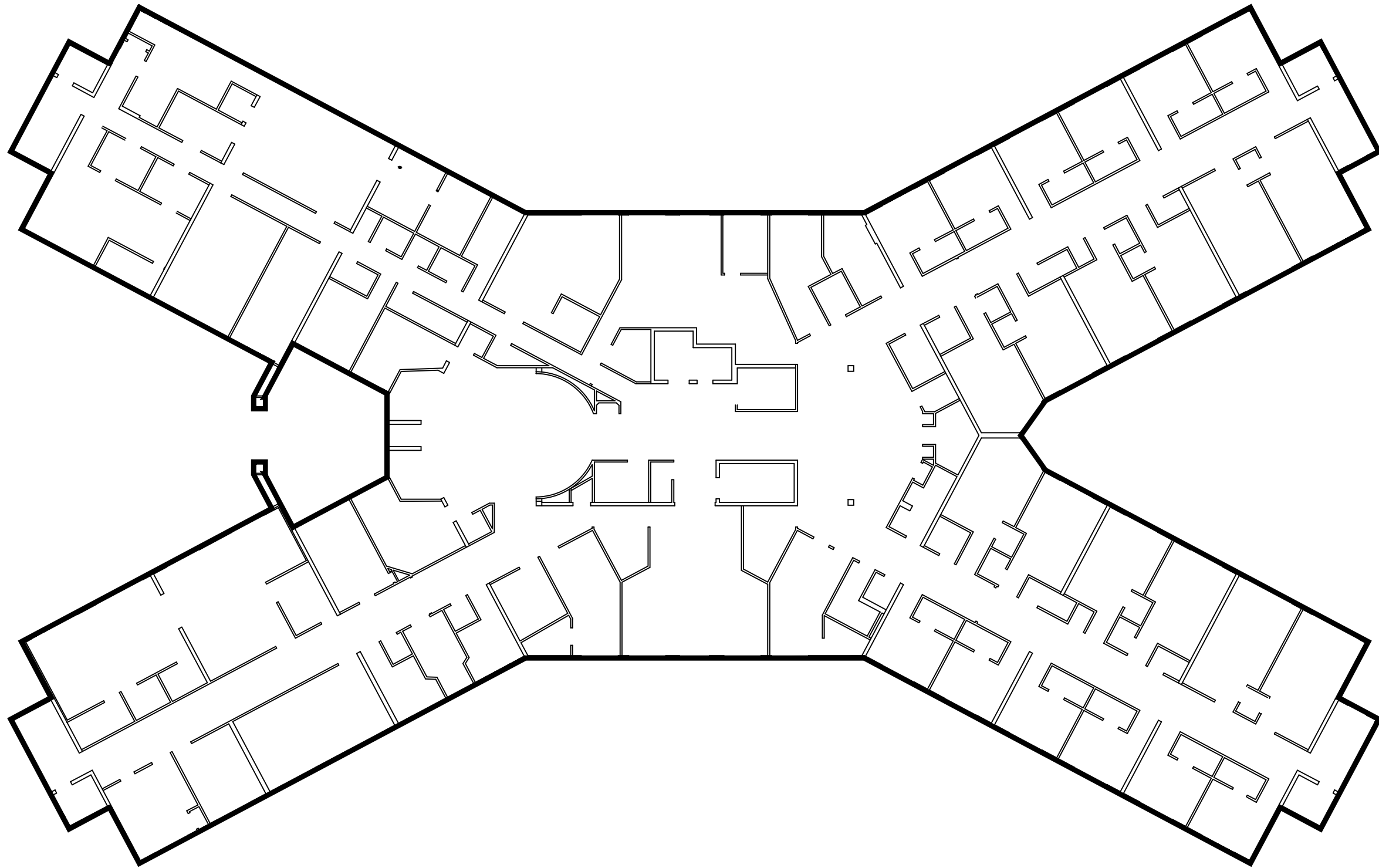
ELECTRICAL ENGINEER:

R. P. JARVIS ENGINEERING

14 Brook Drive
Fairhaven, MA 02719

TEL 508 993 8819

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LOUIS F. GIAMPIETRO



ALTERATIONS TO:
MORSE POND CARE CENTER
359 JONES ROAD
FALMOUTH, MA

SCHEDULE OF DRAWINGS

- T1 TITLE SHEET (THIS SHEET)
- AB1 FIRST FLOOR AS-BUILT PLAN
- AB2 SECOND FLOOR AS-BUILT PLAN
- AB3 TYP. SINGLE BEDROOM AS-BUILT PLAN
- AB4 TYP. DOUBLE & TRIPLE BEDRM. AS-BUILT PLAN
- AB5 EXISTING KITCHEN AREA AS-BUILT PLAN
- A1 FIRST FLOOR RENOVATION PLAN
- A2 SECOND FLOOR RENOVATION PLAN
- A3 MORSE POND TOILET RMS RENOVATION PLAN
- A4 NANTUCKET SOUND TOILET RMS RENOVATION PLAN
- A5 VINEYARD SOUND TOILET RMS RENOVATION PLAN
- M1 FIRST FLOOR RENOVATION MECHANICAL PLAN
- M2 SECOND FLOOR RENOVATION MECHANICAL PLAN
- M3 SCHEDULES AND REFERENCE NOTES
- M4 PLUMBING & HVAC SPECS

- ABE1 EXISTING FIRST FLOOR ELECTRICAL PLAN
- ABE2 EXISTING SECOND FLOOR ELECTRICAL PLAN
- ABE3 EXISTING ELECTRICAL PANEL SCHEDULES
- ABE4 EXISTING ELECTRICAL LEGEND & POWER RISER
- E1 FIRST FLOOR RENOVATION ELECTRICAL PLAN
- E2 SECOND FLOOR RENOVATION ELECTRICAL PLAN

DO NOT
SCALE FROM
DRAWINGS

DO NOT SCALE FROM DRAWINGS

ABBREVIATIONS

AB.	ANCHOR BOLT	DET.	DETAIL	FT.	FOOT	MAT.	MATERIAL	PART.	PARTITION	T.O.F.	TOP OF FOUNDATION
AF.F.	ABOVE FINISH FLOOR	DIA	DIAMETER	FTG.	FOOTING	MAX.	MAXIMUM	PL.	PLATE	T.O.W.	TOP OF WALL
ACT	ACOUSTICAL TILE	DM.	DIMENSION	FND.	FOUNDATION	MECH.	MECHANICAL	PLAS.	PLASTER	T	TREAD
ALUM	ALUMINUM	DR	DOOR	FURR	FURRED(ING)	INSUL	INSULATION	P.LAM.	PLASTIC LAMINATE	TYP.	TYPICAL
AND	AND/ED	DE	DOUBLEHUNG	G	GAS	INT.	INTERIOR	PLBS.	PLYBUSHING	UNFIN.	UNFINISHED
@	AT	DRWR	DRAWER	GALV.	GALVANIZED	JT	JOINT	PLYWD	PLYWOOD	V.I.F.	VERIFY IN FIELD
BSMT	BASEMENT	DWG(S)	DRAWING(S)	GC	GENERAL CONTRACTOR	LAM.	LAMINATE	P.T.	PRESSURE TREATED	VIN	VINYL
BIT	BITUMINOUS	DP	DRINKING FOUNTAIN	GL	GLASS/GLAZING	LAV.	LAVATORY	Q.T.	QUARRY TILE	YCT	VINYL COMPOSITION TILE
BLK	BLOCK	DW	DISHWASHER	GR	GRADING	L	LENGTH	REQ'D	REQUIRED	W/C	VINYL WALL COVERING
BLKG	BLOCKING	ELEC.	ELECTRICAL	GYP.BD.	GYPSPUM BOARD	MFR	MANUFACTURER	REV.	REFRIGERATOR	WC	WATER CLOSET
BOTT	BOTTOM	EL	ELEVATION	HDDB	HARDBOARD	M.O.	MASONRY OPENING	R	REVISIONS	WDW.	WINDOW
B.O.W.	BOTTOM OF WALL	ELEV.	ELEVATOR	HDWD	HARDWOOD	MAT.	MATERIAL	R.D.	ROOF DRAIN	W	WIDE/WIDTH
BM	BEAM	EMER	EMERGENCY	HVAC	HEATING, VENTILATING, & AIR CONDITIONING	MAX.	MAXIMUM	R.O.	ROUGH OPENING	W/	WITH
BLDG	BUILDING	EQ	EQUAL	HDWR	HARDWARE	MECH.	MECHANICAL	SECT.	SECTION	W/O	WITHOUT
CPT	CARPET	EXST.	EXISTING	HGT	HEIGHT	MIN.	MINIMUM	SCHD.	SCHEDULE	W.W.M.	WELDED WIRE MESH
CMT	CASEMENT	of EXG.	EXPANSION JOINT	H.M.	HOLLOW METAL	MTD.	MOUNTED	SPEC.	SPECIFICATIONS	WD	WOOD
CK	CALL(ING)	EJ	EXPANSION JOINT	INSUL	INSULATION	NO	NUMBER	STD.	STANDARD		
CLG	CEILING	EXP	EXPANDED	INT.	INTERIOR	NOM.	NOMINAL	S&P	SHELF&POLE		
CLOS	CLOSET	EXT.	EXTERIOR	JT	JOINT	N.I.C.	NOT IN CONTRACT	STL	STEEL		
COL	COLUMN	FIN	FINISHED	LAM.	LAMINATE	N.T.S.	NOT TO SCALE	SUSP.	SUSPENDED		
CONC.	CONCRETE	FA	FIRE ALARM	LAV.	LAVATORY	O.C.	ON CENTER	THK	THICK		
CMU	CONCRETE MASONRY UNIT	F.B.O.	FURNISHED BY OWNER	L	LENGTH	OPNG.	OPENING	T&B	TOP&BOTTOM		
CONST.	CONSTRUCTION	FE	FIRE EXTINGUISHER	MFR	MANUFACTURER	PNL.	PANEL	T&G	TONGUE&GROOVE		
CONT.	CONTINUOUS	FLUOR	FLUORESCENT	M.O.	MASONRY OPENING						
CU	CONTROL/CONSTR. JOINT										

SYMBOLS

	NORTH ARROW		SECTION INDICATOR - LETTER IN TOP HALF OF CIRCLE INDICATES THE SPECIFIC SECTION. THE NUMBER AND LETTER IN THE BOTTOM HALF INDICATES THE DWG. ON WHICH THE SECTION APPEARS		INTERIOR ELEVATION NUMBERS INDICATE ELEVATION NUMBER & LETTER INDICATES THE DRAWING WHERE THE ELEVATIONS ARE LOCATED		WELDED WIRE MESH
	NEW SPOT ELEVATION		CONCRETE - PLAN OR SECTION		BRICK - PLANS OR SECTIONS		PROPERTY LINE
	EXISTING SPOT ELEVATION		CONCRETE BLOCK PLANS OR SECTIONS		PLYWOOD, LARGE SCALE		CENTER LINE
	NEW CONTOURS		STEEL, LARGE SCALE		ROUGH LUMBER		
	EXISTING CONTOUR		FINISH LUMBER		INSULATION - RIGID		
	ELEVATION MARK		INSULATION - BATT		EARTH		
	COLUMN COORDINATES & REFERENCE GRID LINES		COMPACT GRAVEL				
	ROOM NUMBER						
	DOOR NUMBER						
	WINDOW TYPE						
	WALL TYPE						

GENERAL NOTES

ARCHITECT

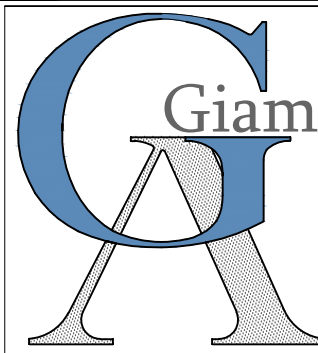


SIGNATURE

CONSULTANT

SIGNATURE

EXISTING HEALTH CARE FACILITY
MORSE POND CARE CENTER
359 JONES ROAD
FALMOUTH, MA



Giampietro Architects

354 Gifford Street
Falmouth, MA 02540

Tel: 508-540-7400
Fax: 508-540-0220

DRAWING TITLE:

TITLE
SHEET

DRAWN BY:

J.M.

CHECKED BY:

L.F.G.

DATE:

10/19/15

REVISIONS:

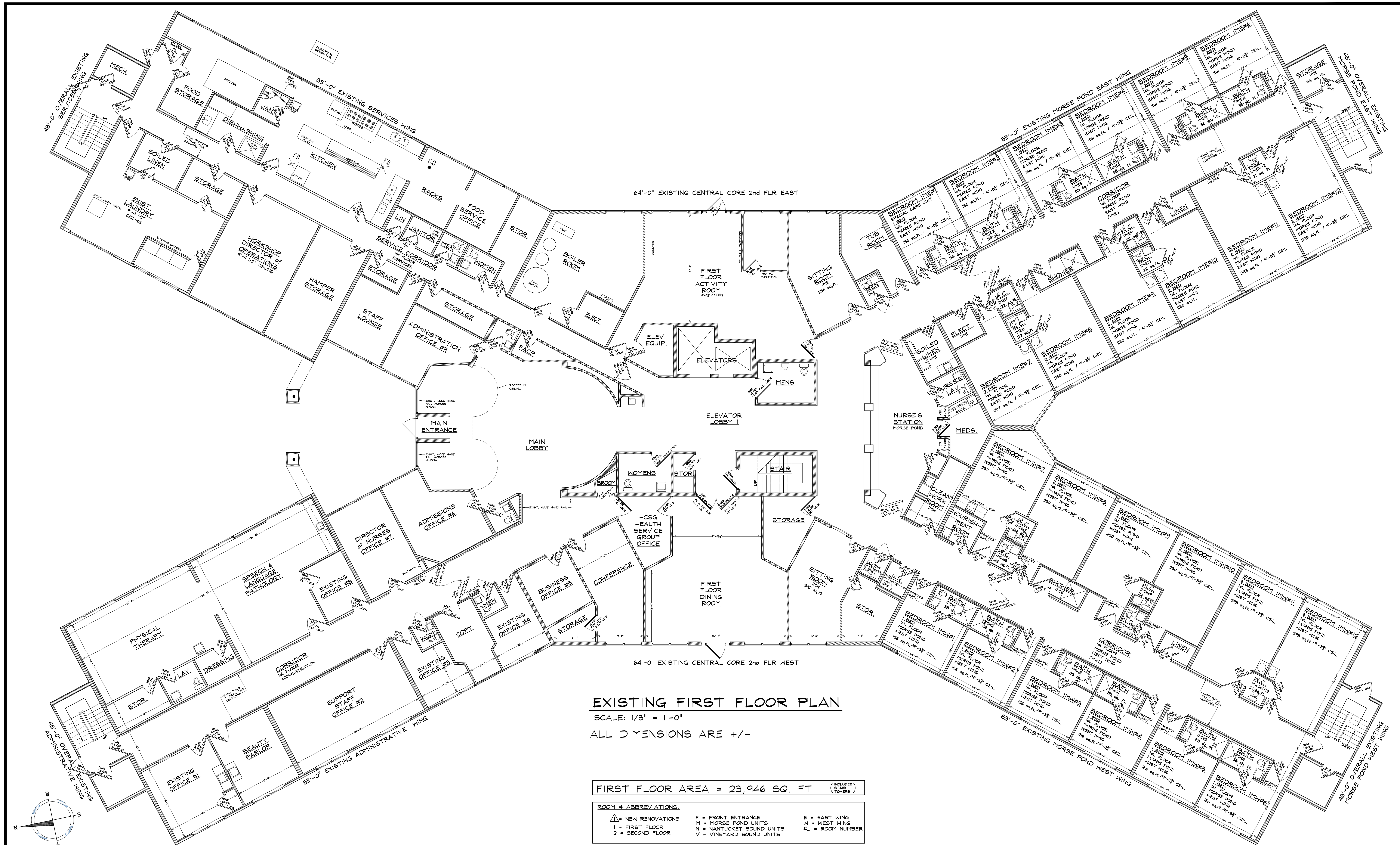
PROJECT No.

1424

SHEET No.

T1

TITLE



ARCHITECT  SIGNATURE	CONSULTANT SIGNATURE
---	-----------------------------

EXISTING HEALTH CARE FACILITY
 MORSE POND CARE CENTER
 359 JONES ROAD
 FALMOUTH, MA

G Giampietro Architects
 354 Gifford Street
 Falmouth, MA 02540
 Tel: 508-540-7400
 Fax: 508-540-0220

DRAWING TITLE:
FIRST FLOOR AS-BUILT FLOOR PLAN

DRAWN BY: *gjt*

CHECKED BY: *lsg*

DATE: 05/27/15

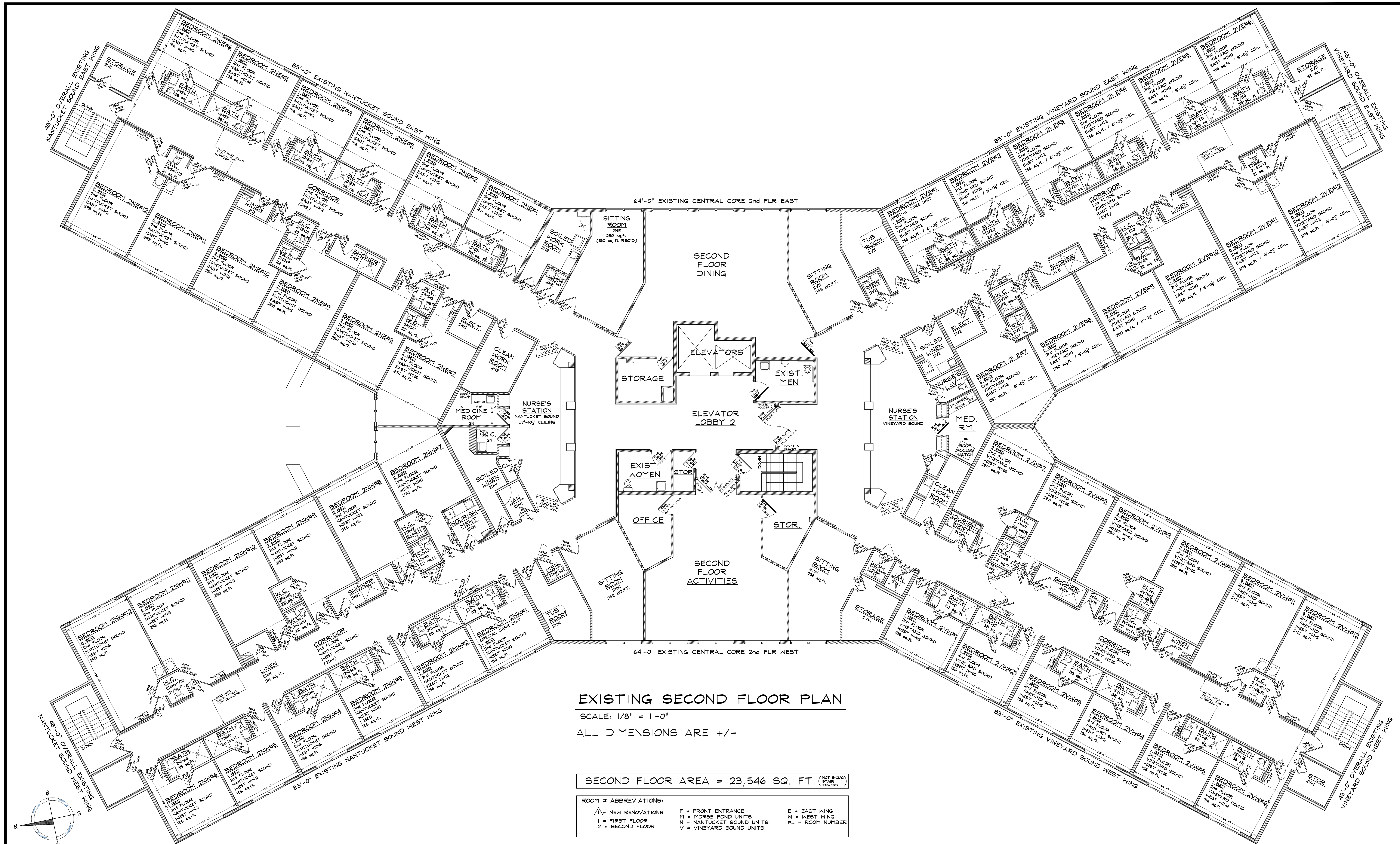
REVISIONS:

PROJECT No. 1424

SHEET No.

AB1

AS-BUILT



EXISTING SECOND FLOOR PLAN

SCALE: 1/8" = 1'-0"

ALL DIMENSIONS ARE +/-

SECOND FLOOR AREA = 23,546 SQ. FT. (NOT INCL'G STAIR TOWERS)

ROOM # ABBREVIATIONS:

△ = NEW RENOVATIONS
1 = FIRST FLOOR
2 = SECOND FLOOR
F = FRONT ENTRANCE
M = MORSE POND UNITS
N = NANTUCKET SOUND UNITS
V = VINEYARD SOUND UNITS
E = EAST WING
W = WEST WING
= ROOM NUMBER

ARCHITECT



SIGNATURE

CONSULTANT

SIGNATURE

EXISTING HEALTH CARE FACILITY
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DRAWING TITLE:
SECOND FLOOR
AS-BUILT
FLOOR PLAN

DRAWN BY: JF

CHECKED BY: LJB

DATE: 05/27/15

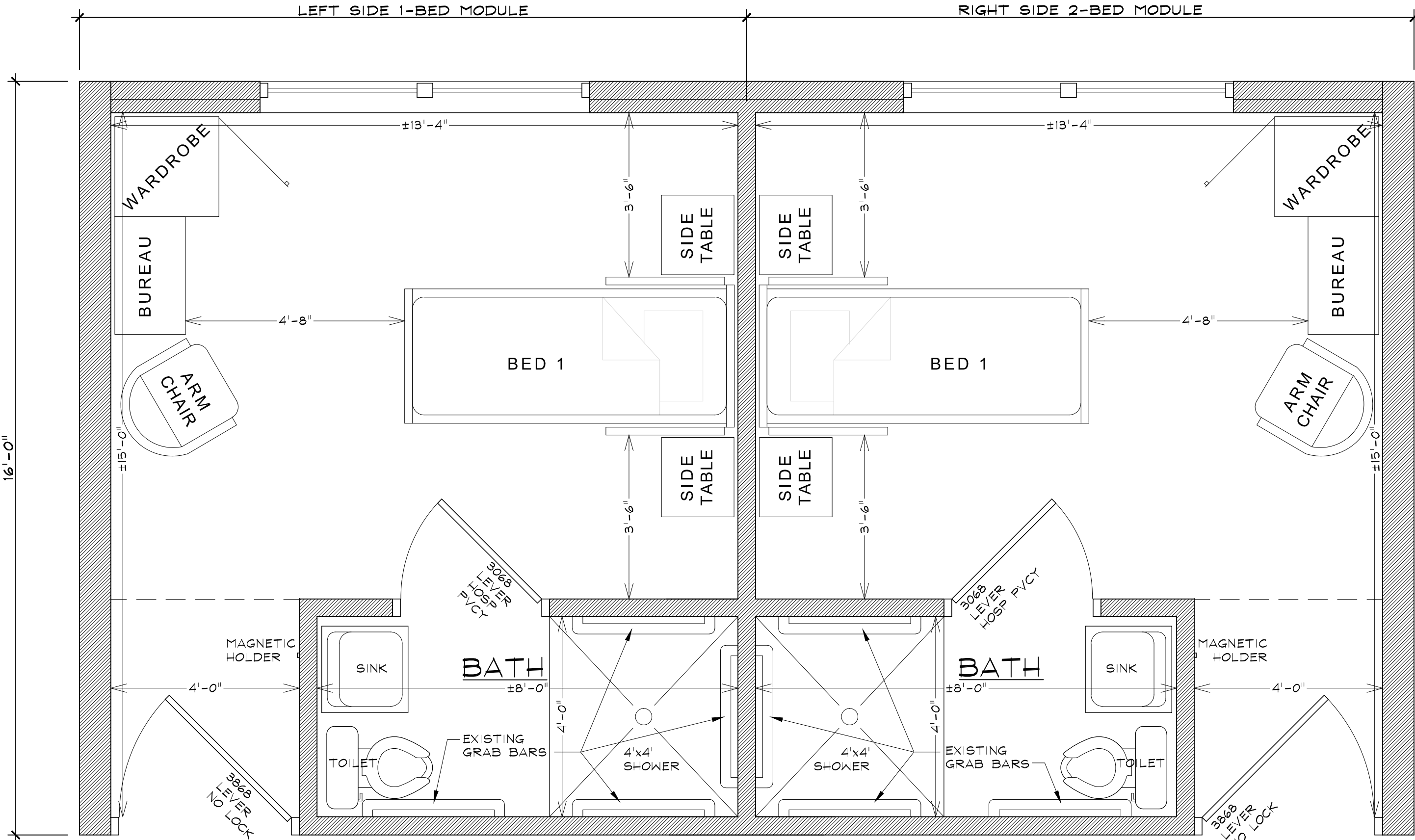
REVISIONS:

PROJECT No. 1424

SHEET No.

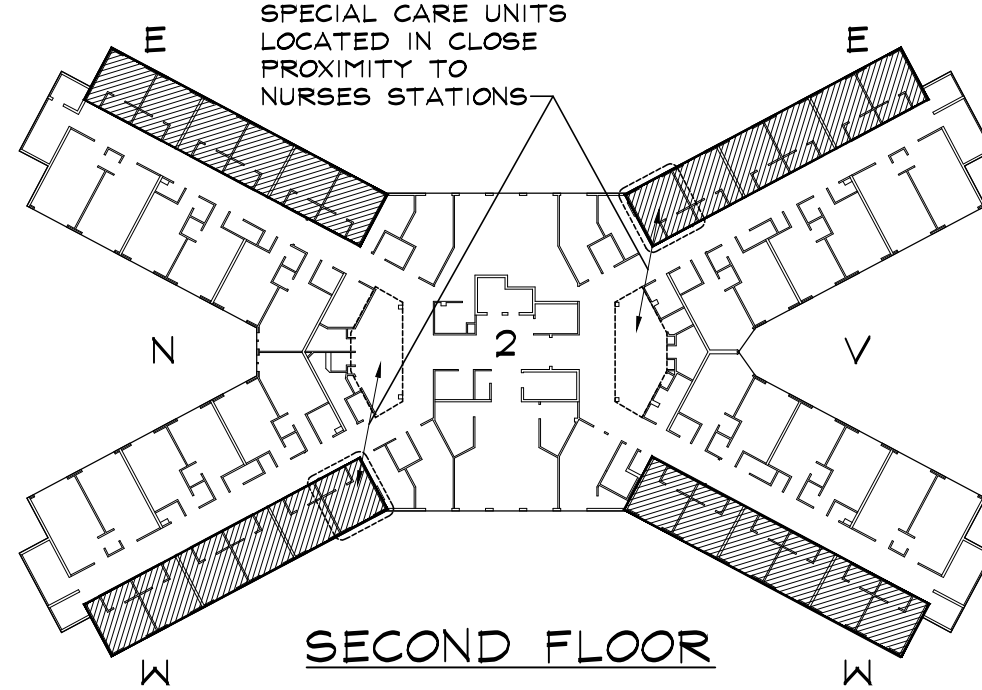
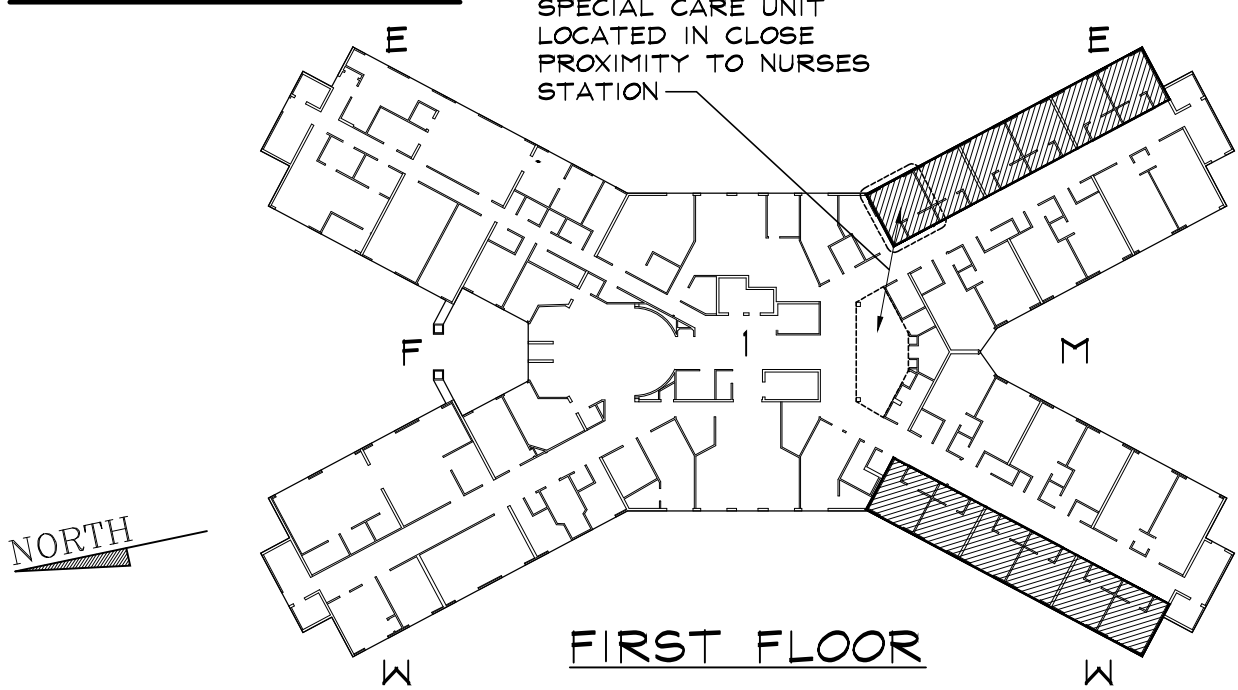
AB2

AS-BUILT



TYPICAL 1-BED BEDROOM
& SPECIAL CARE UNIT
SCALE: 1/2" = 1'-0"

KEY PLAN:



ABBREVIATIONS:		
	= NEW RENOVATIONS	M = MORSE POND UNITS
	= REVISED RENOVATIONS	N = NANTUCKET SOUND UNITS
		V = VINEYARD SOUND UNITS
		E = EAST WING
		W = WEST WING
		C = CENTRAL CORE & SERVICES

NOTES:

ARCHITECT	CONSULTANT
SIGNATURE	SIGNATURE

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FALMOUTH, MA

Giampietro Architects
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Falmouth, MA 02540
Tel: 508-540-7400
Fax: 508-540-0220

DRAWING TITLE:
TYPICAL SINGLE
& SPECIAL CARE
BEDROOM PLAN

DRAWN BY: *JM*

CHECKED BY: *LSG*

DATE: 05/27/15

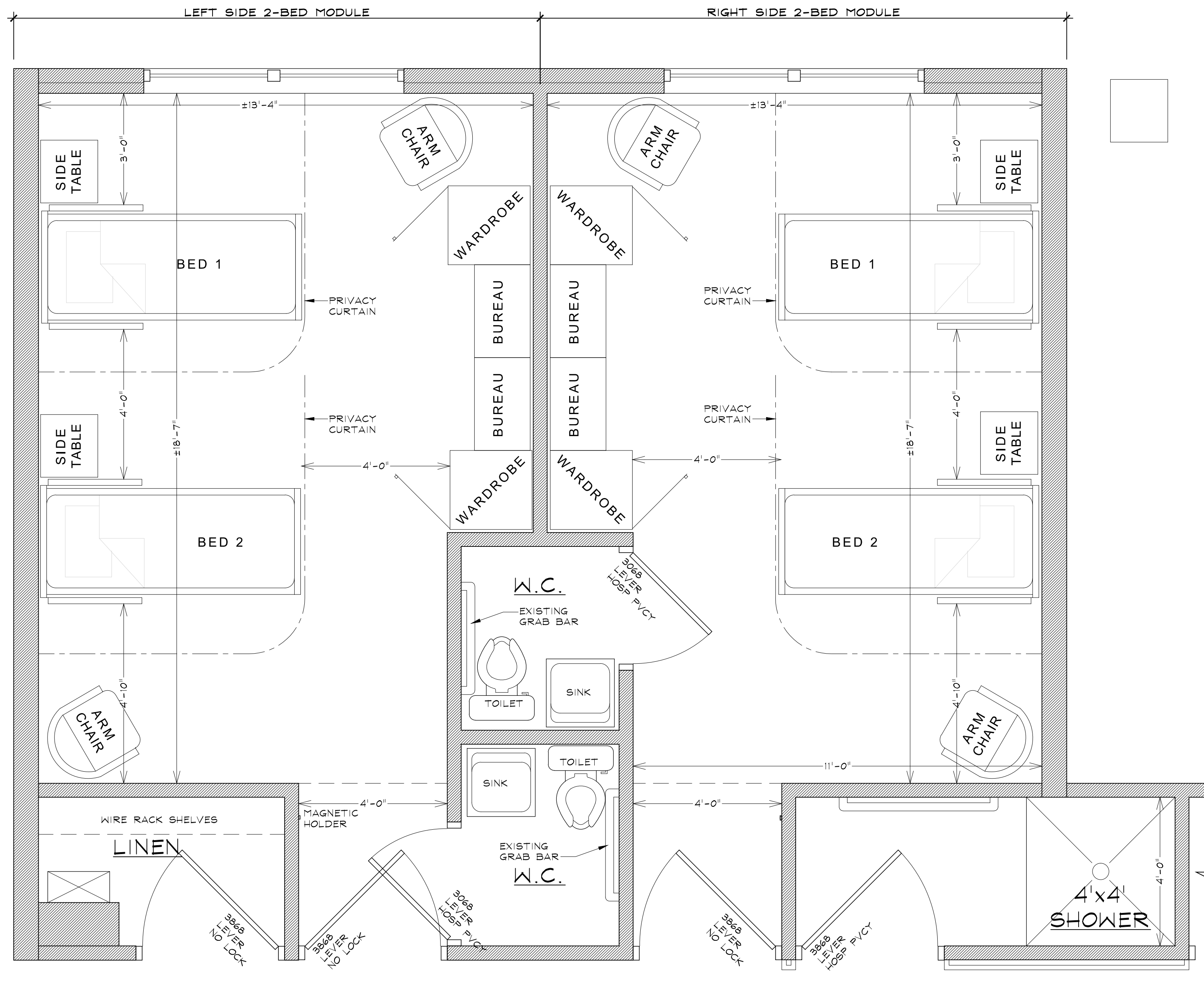
REVISIONS:

PROJECT No. 1424

SHEET No.

AB3

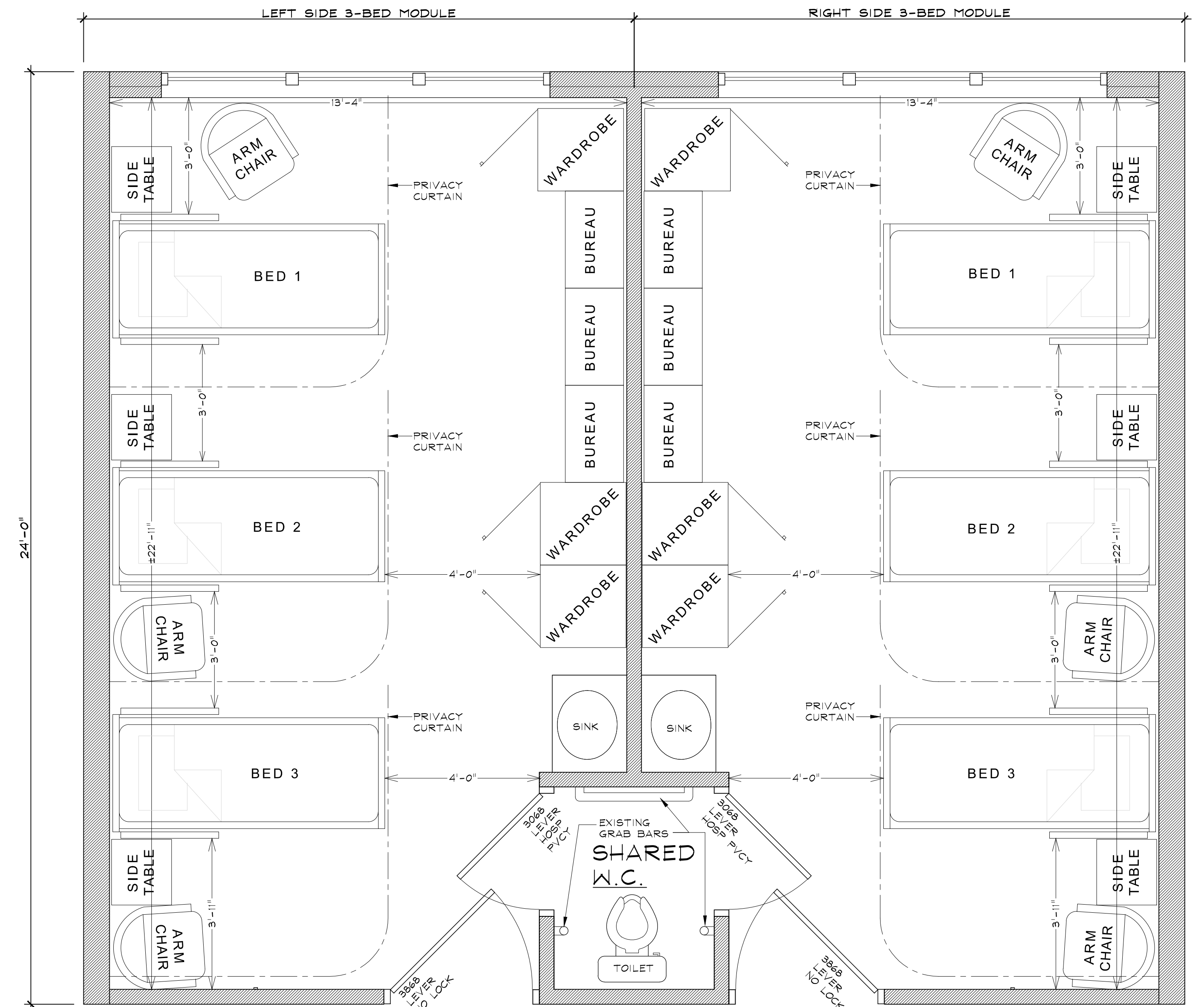
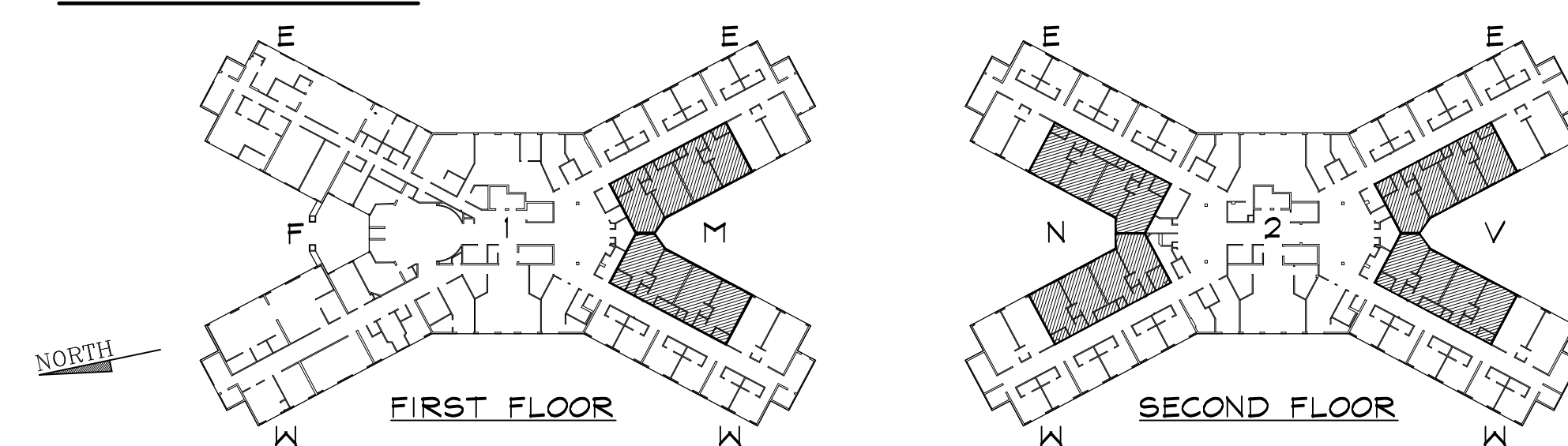
DESIGN DEVELOPMENT



TYPICAL 2-BED BEDROOM

SCALE: 1/2" = 1'-0"

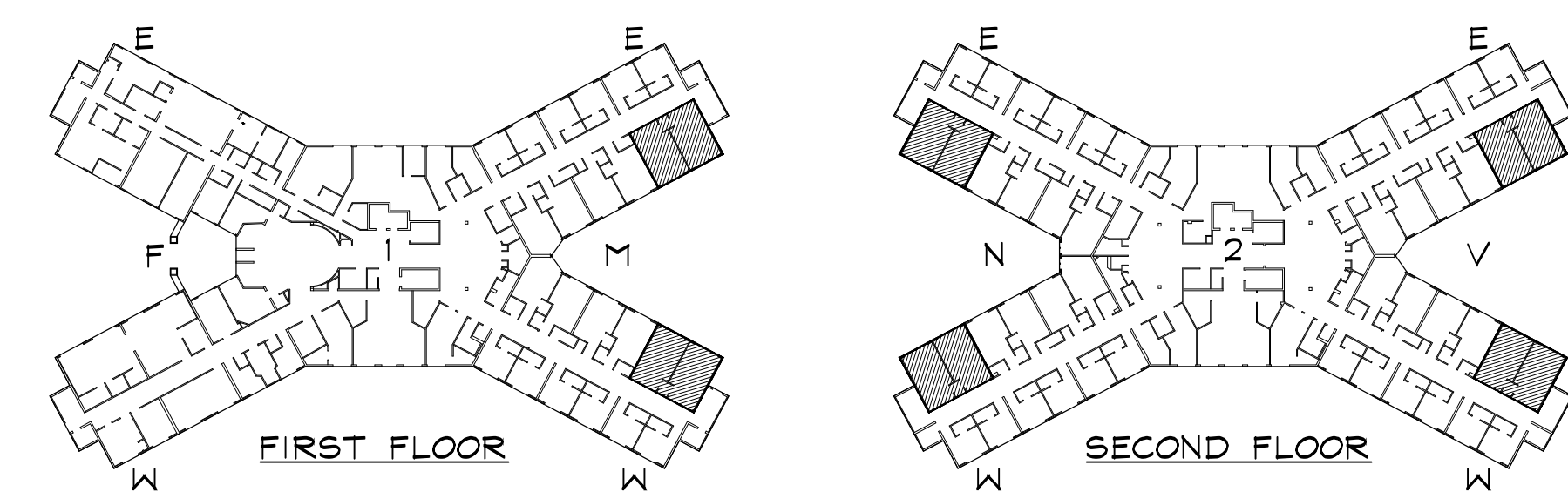
KEY PLAN:



TYPICAL 3-BED BEDROOM

SCALE: 1/2" = 1'-0"

KEY PLAN:



ABBREVIATIONS:			
	= NEW RENOVATIONS	M = MORSE POND UNITS	E = EAST WING
	= REVISED RENOVATIONS	N = NANTUCKET SOUND UNITS	W = WEST WING
		V = VINEYARD SOUND UNITS	C = CENTRAL CORE
			S = SERVICES

NOTES:

ARCHITECT	CONSULTANT
SIGNATURE	SIGNATURE

EXISTING HEALTH CARE FACILITY
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354 Gifford Street
Falmouth, MA 02540
Tel: 508-540-7400
Fax: 508-540-0220

DRAWING TITLE:
TYPICAL DOUBLE & TRIPLE BED BEDROOM PLAN

DRAWN BY: *JM*

CHECKED BY: *LSB*

DATE: 05/27/15

REVISIONS:

PROJECT No. 1424

SHEET No.

AB4

DESIGN DEVELOPMENT



PHOTO 10 KITCHEN
FOOD PREP AREA



PHOTO 11 ELECTRICAL
GENERATOR



PHOTO 12 KITCHEN
2 BAY PREP SINK



PHOTO 13 ADJACENT TO KITCHEN
TRAY + RACK STORAGE



PHOTO 14 KITCHEN
DISHWASHING AREA

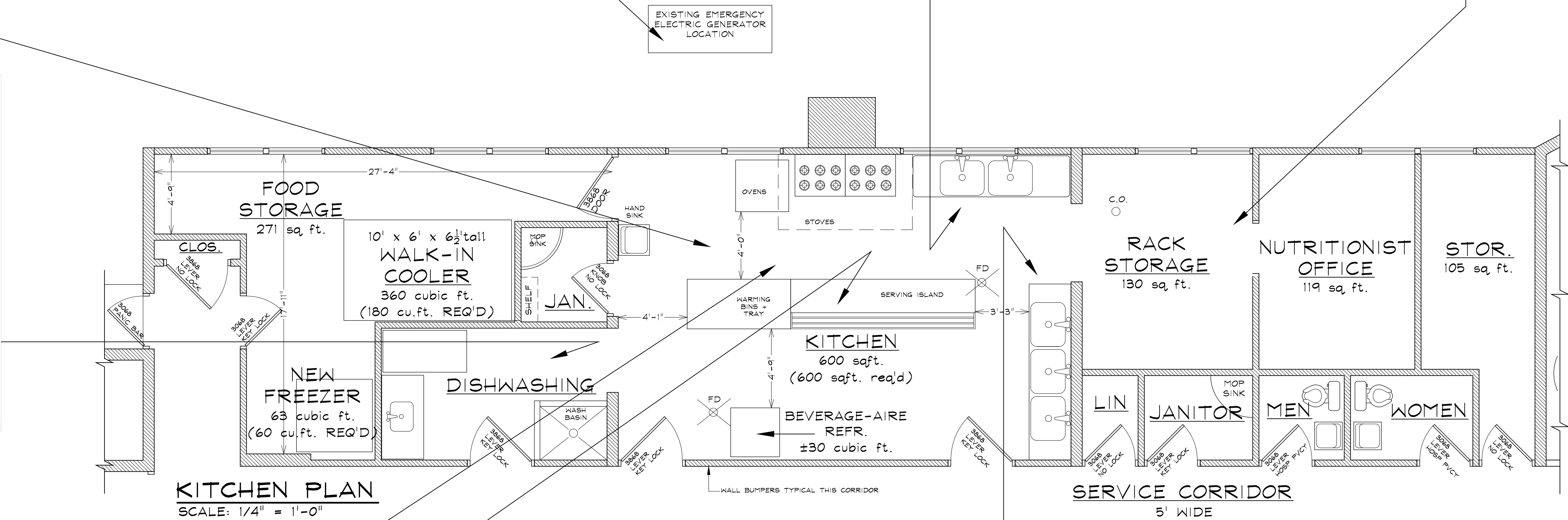


PHOTO 15 KITCHEN
OVEN - STOVES - PREP AREA



PHOTO 16 KITCHEN
SERVING STATION

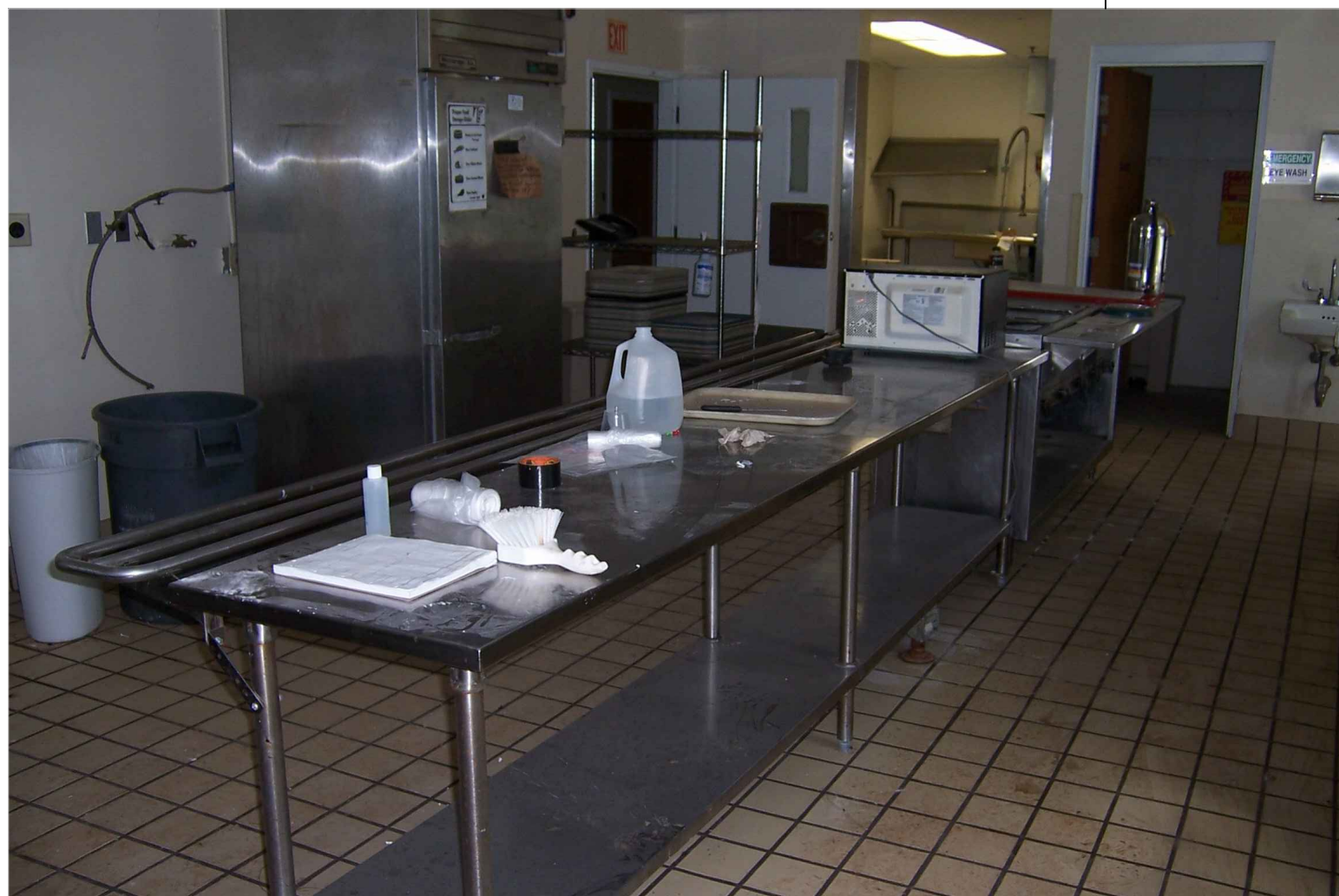
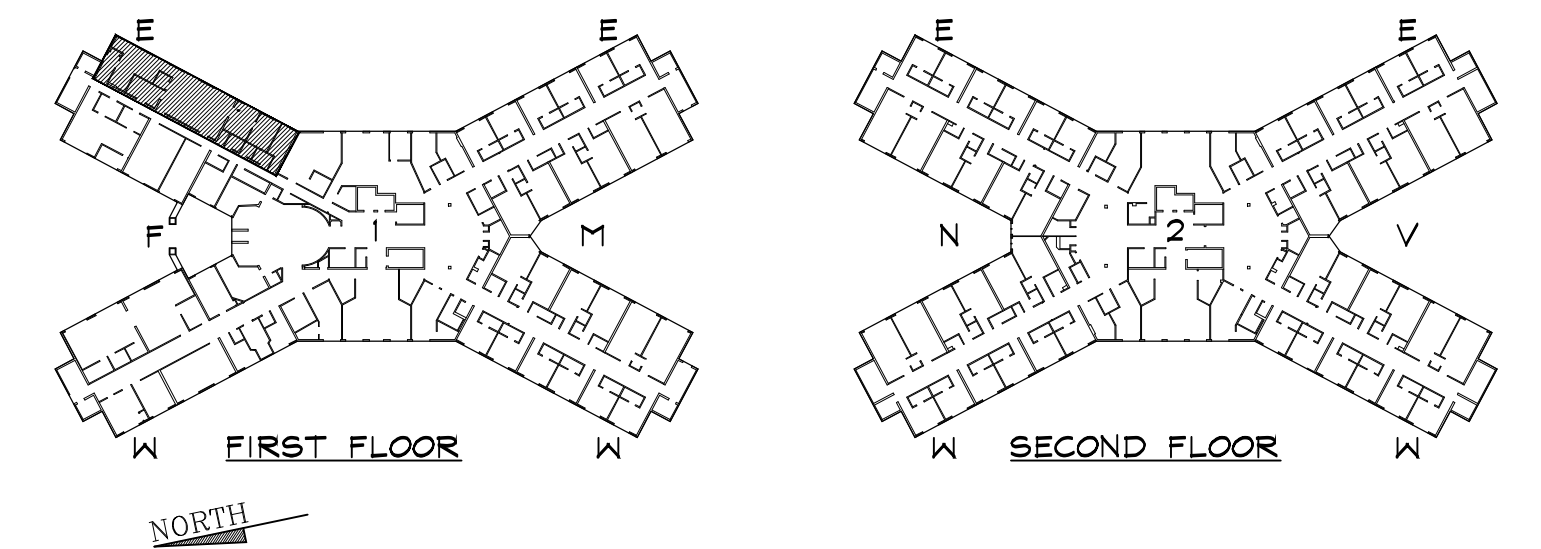


PHOTO 17 KITCHEN
3 BAY SINK



KEY PLAN:



ABBREVIATIONS:

△ = NEW RENOVATIONS	M = MORSE POND UNITS	E = EAST WING
△ = REVISED RENOVATIONS	N = NANTUCKET SOUND UNITS	W = WEST WING
	V = VINEYARD SOUND UNITS	C = CENTRAL CORE & SERVICES

NOTES:

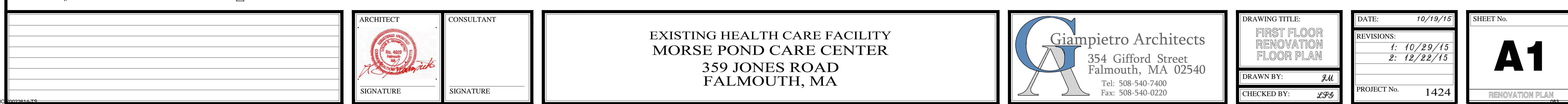
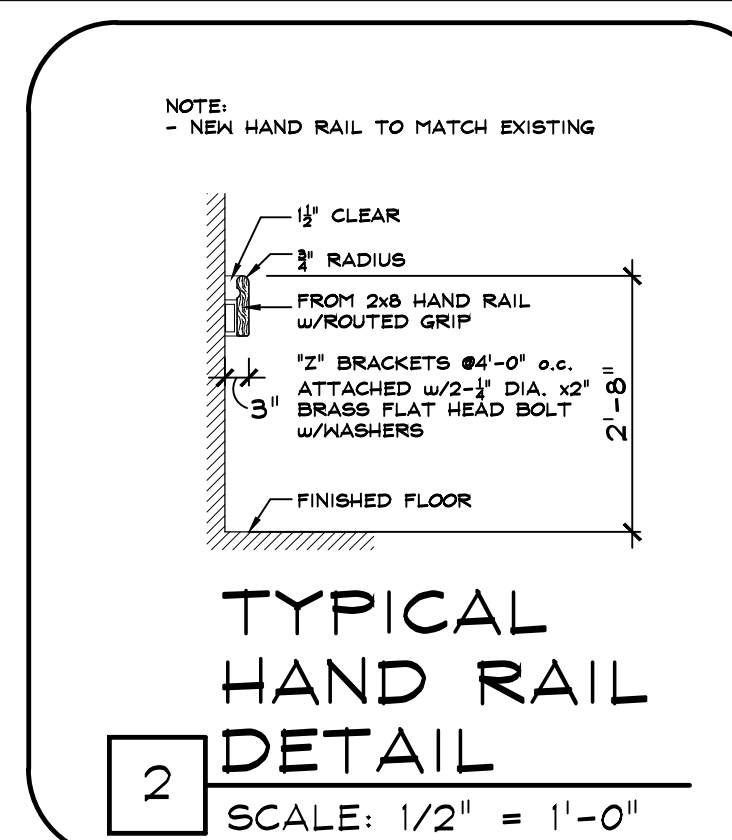
ARCHITECT	CONSULTANT
SIGNATURE	SIGNATURE

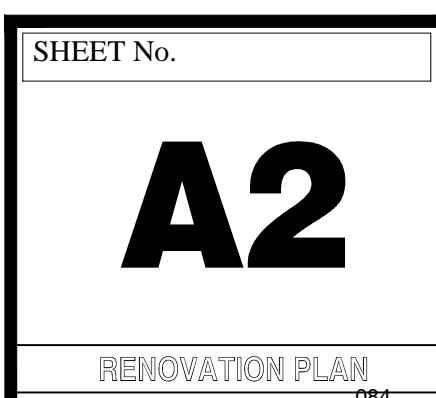
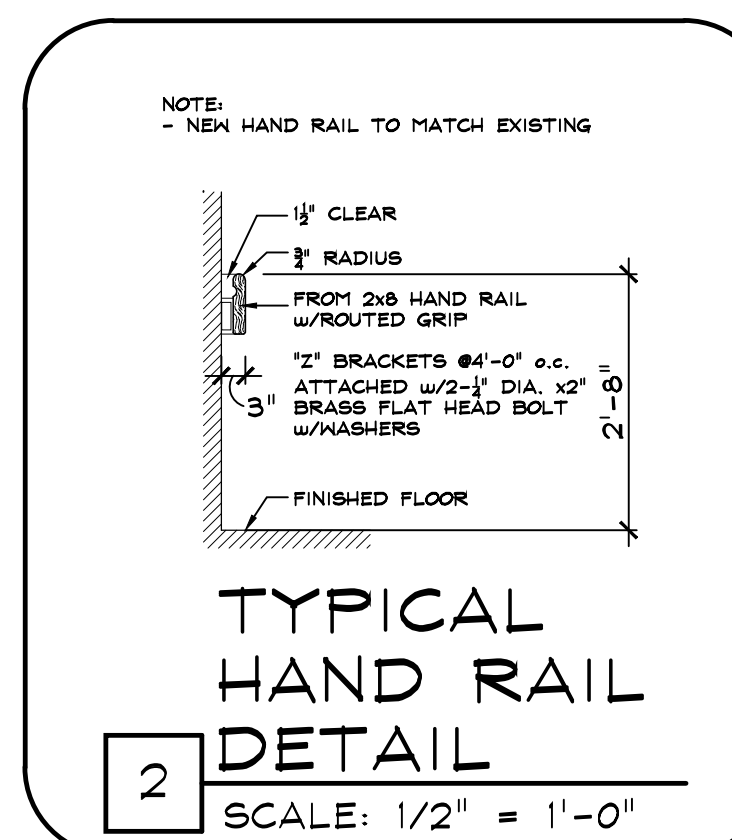
EXISTING HEALTH CARE FACILITY
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359 JONES ROAD
FALMOUTH, MA

Giampietro Architects
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Falmouth, MA 02540
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Fax: 508-540-0220

DRAWING TITLE:	DATE:
EXISTING KITCHEN FLOOR PLAN	05/27/16
DRAWN BY:	REVISIONS:
CHECKED BY:	
	PROJECT No. 1424

SHEET No.
AB5
AS-BUILT





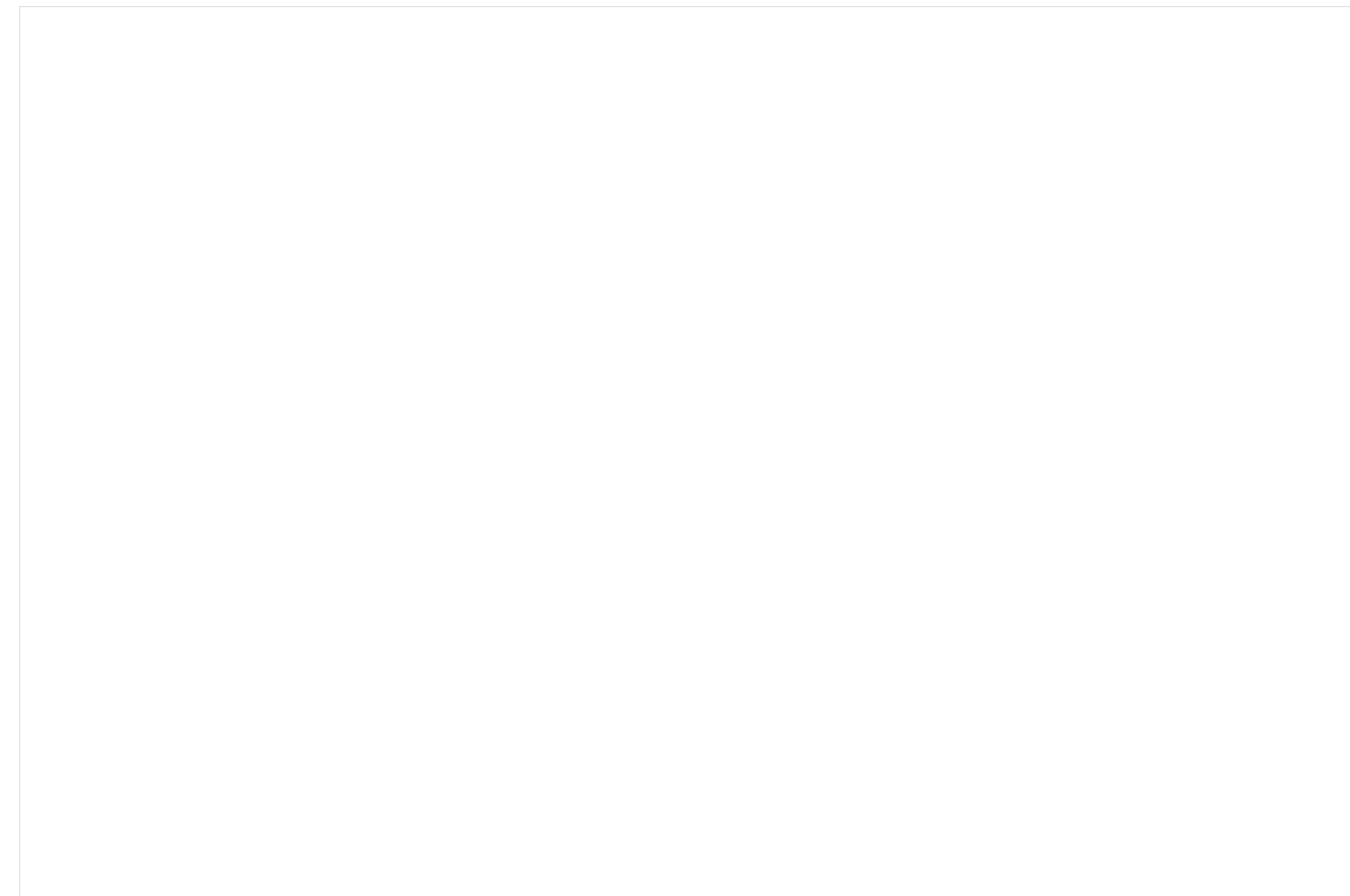
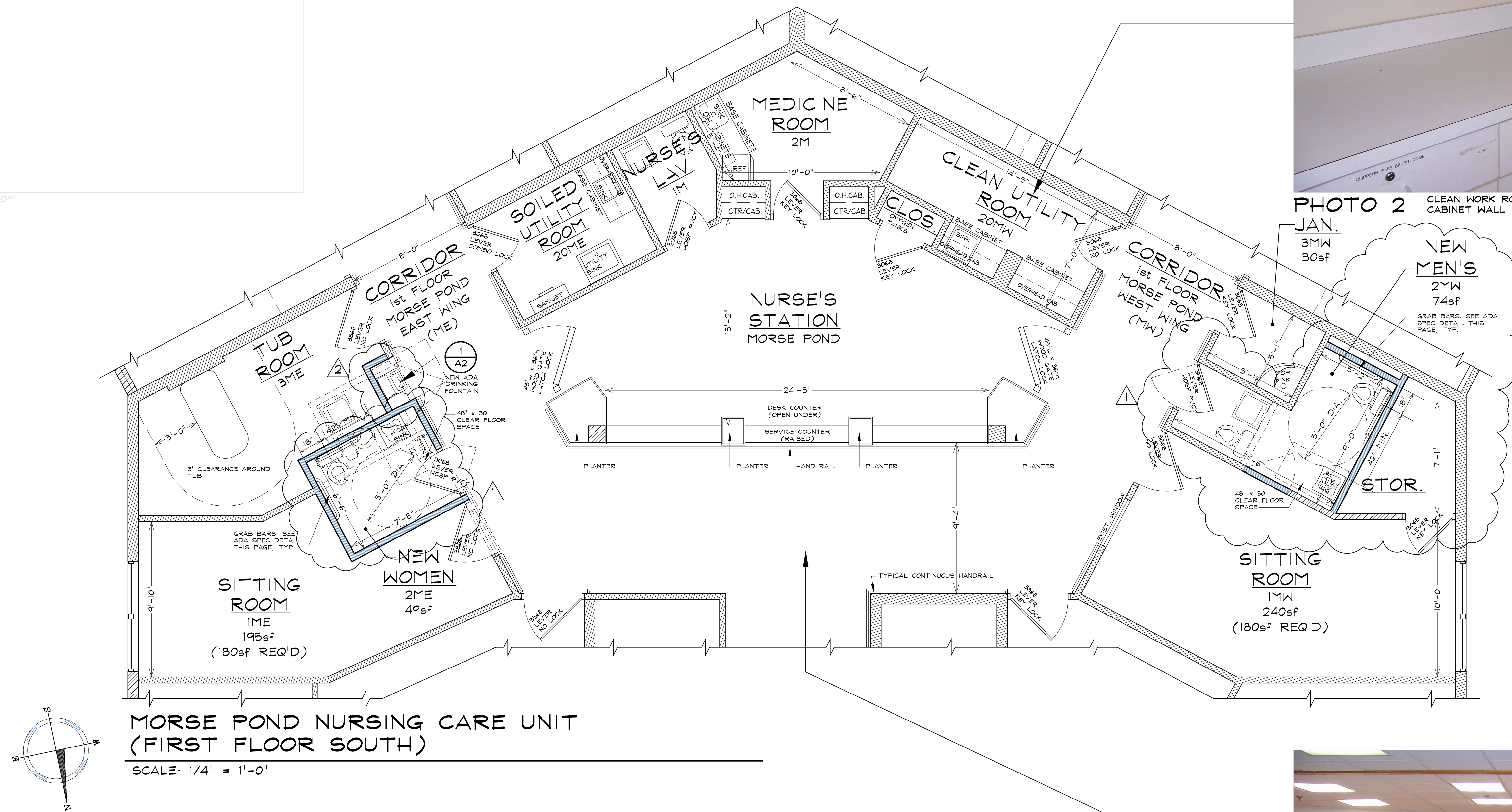


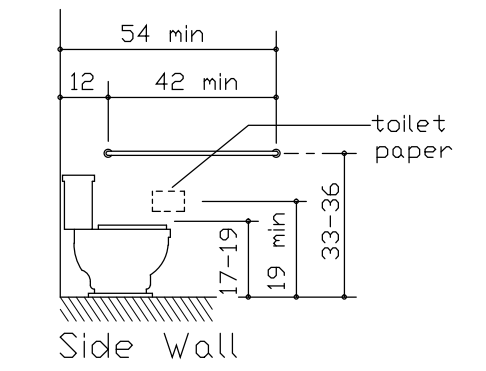
PHOTO 1 MEDICINE ROOM
(NO PHOTO)



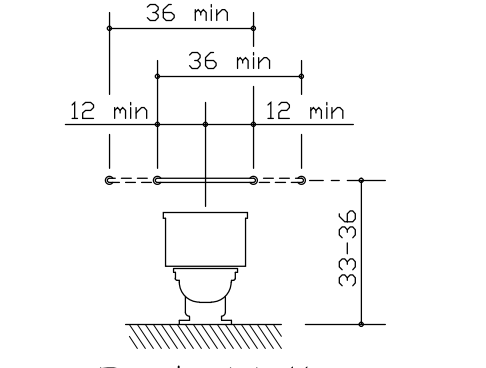
PHOTO 2 CLEAN WORK ROOM
CABINET WALL



*** ADA SPECIFICATIONS**



Grab Bars at Water Closets

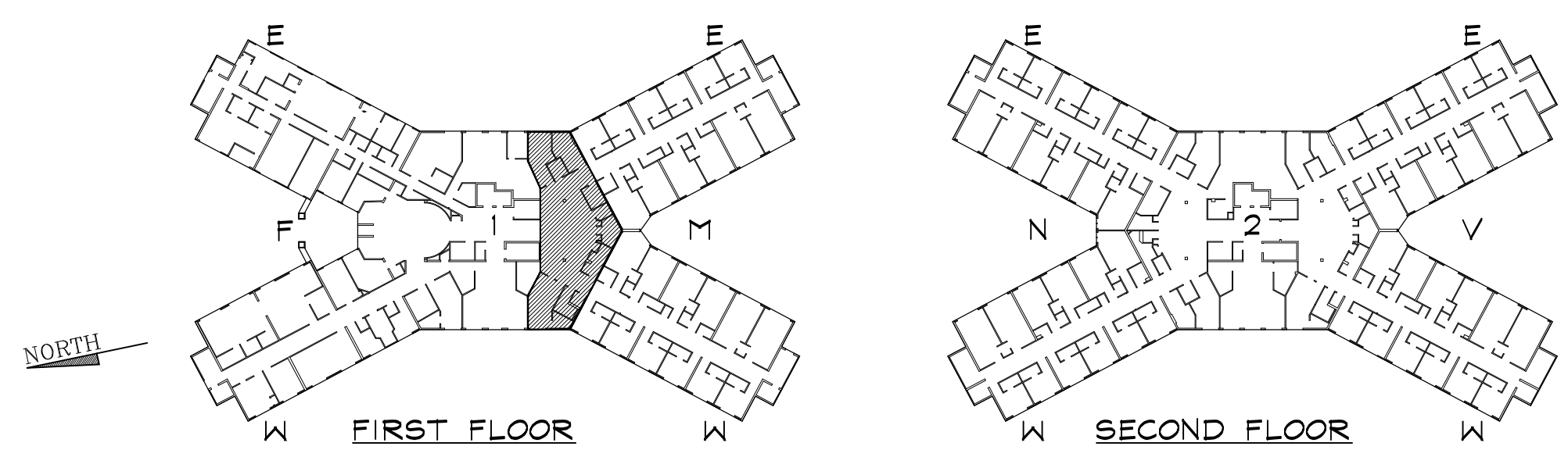


Grab Bars at Water Closets

**MORSE POND NURSING CARE UNIT
(FIRST FLOOR SOUTH)**

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

KEY PLAN:



WALL KEY:

- EXISTING PARTITION TO REMAIN
- NEW PARTITION
- EXISTING PARTITION TO BE REMOVED

ABBREVIATIONS:

- NEW RENOVATIONS
- REVISED RENOVATIONS
- M = MORSE POND UNITS
- N = NANTUCKET SOUND UNITS
- V = VINEYARD SOUND UNITS
- E = EAST WING
- W = WEST WING
- C = CENTRAL CORE & SERVICES



PHOTO 3 NURSES STATION
RECEPTION COUNTER / SERVICE DESK

NOTES:

ARCHITECT	CONSULTANT
SIGNATURE	SIGNATURE

EXISTING HEALTH CARE FACILITY
MORSE POND CARE CENTER
359 JONES ROAD
FALMOUTH, MA

Giampietro Architects
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Falmouth, MA 02540
Tel: 508-540-7400
Fax: 508-540-0220

DRAWING TITLE:
**MORSE POND
NURSES STATION
FLOOR PLAN**

DRAWN BY: *JM*

CHECKED BY: *LSB*

DATE: 05/27/16

REVISIONS:

- 1: 10/29/15
- 2: 12/22/15

PROJECT No. 1424

SHEET No.

A3

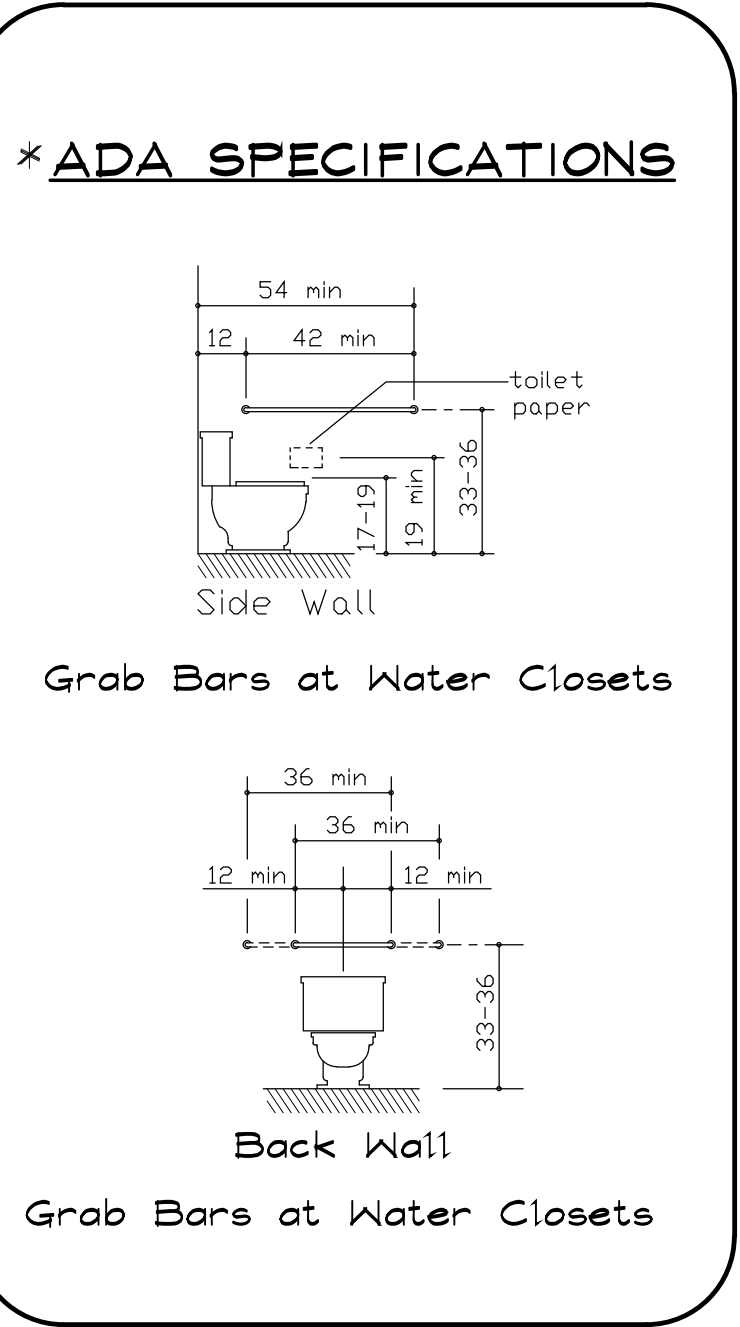
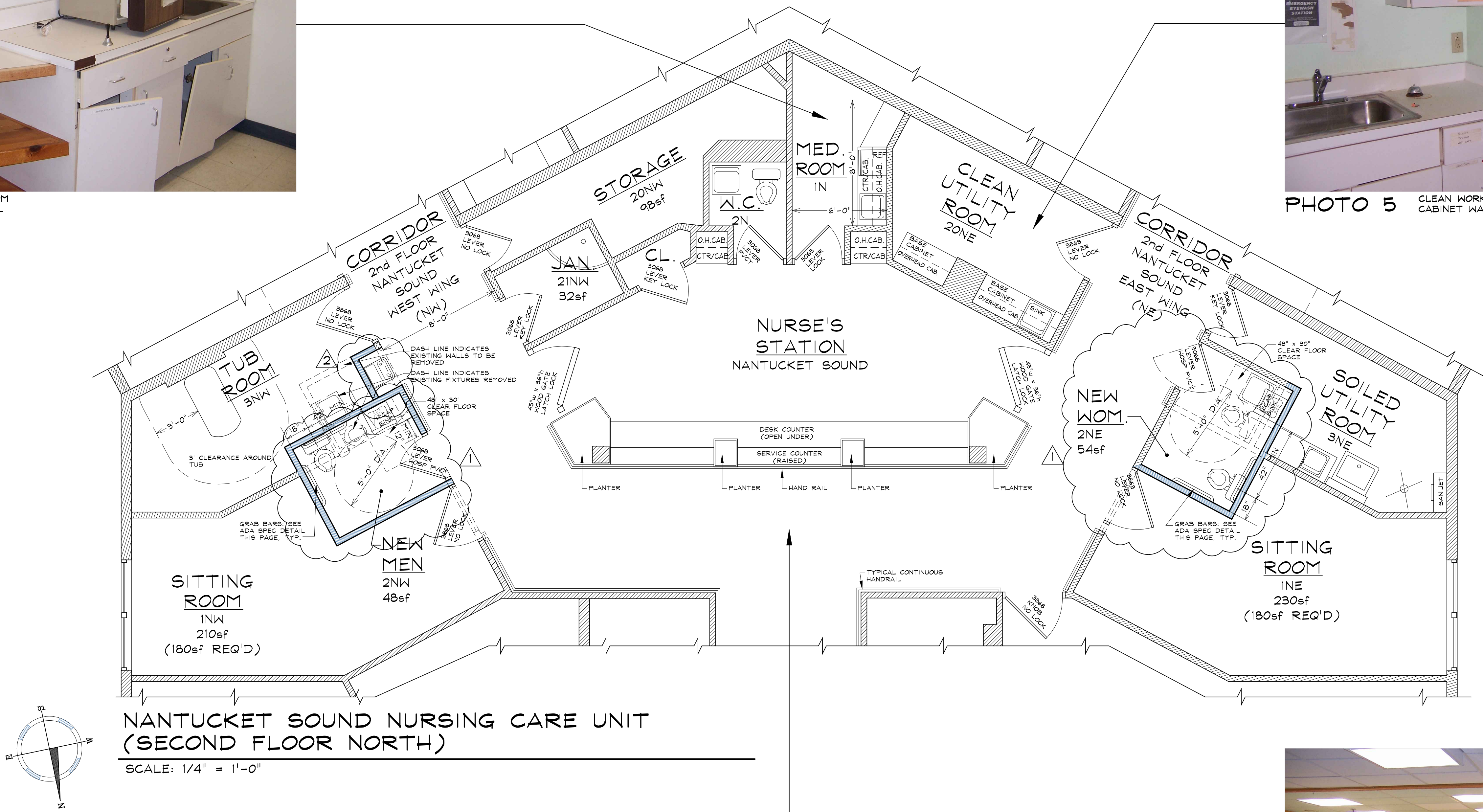
RENOVATION PLAN



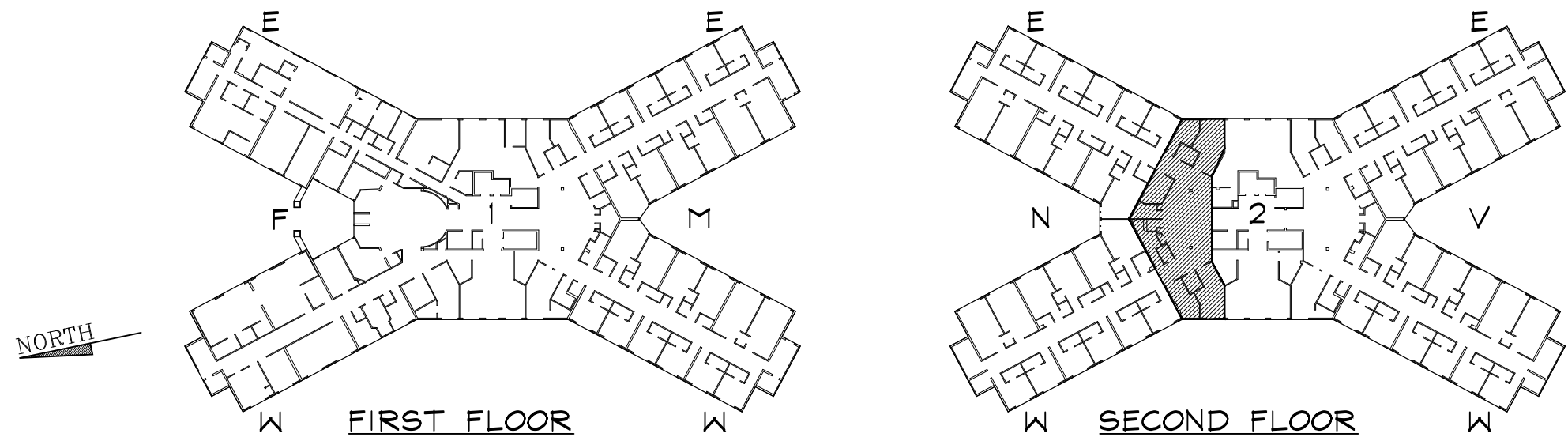
PHOTO 4 MEDICINE ROOM
CABINET WALL



PHOTO 5 CLEAN WORK ROOM
CABINET WALL



KEY PLAN:



WALL KEY:

- EXISTING PARTITION TO REMAIN
- NEW PARTITION
- EXISTING PARTITION TO BE REMOVED

ABBREVIATIONS:

- NEW RENOVATIONS
- REVISED RENOVATIONS
- M = MORSE POND UNITS
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- V = VINEYARD SOUND UNITS
- E = EAST WING
- W = WEST WING
- C = CENTRAL CORE
- # SERVICES



PHOTO 6 NURSES STATION
RECEPTION COUNTER / SERVICE DESK

NOTES:

ARCHITECT	CONSULTANT
SIGNATURE	SIGNATURE

EXISTING HEALTH CARE FACILITY
MORSE POND CARE CENTER
359 JONES ROAD
FALMOUTH, MA

Giampietro Architects
354 Gifford Street
Falmouth, MA 02540
Tel: 508-540-7400
Fax: 508-540-0220

DRAWING TITLE:
NANTUCKET SOUND
NURSES STATION
FLOOR PLAN

DRAWN BY: *JM*

CHECKED BY: *LSB*

DATE: 10/19/15

REVISIONS:

1: 10/29/15
2: 12/22/15

PROJECT No. 1424

SHEET No.

A4

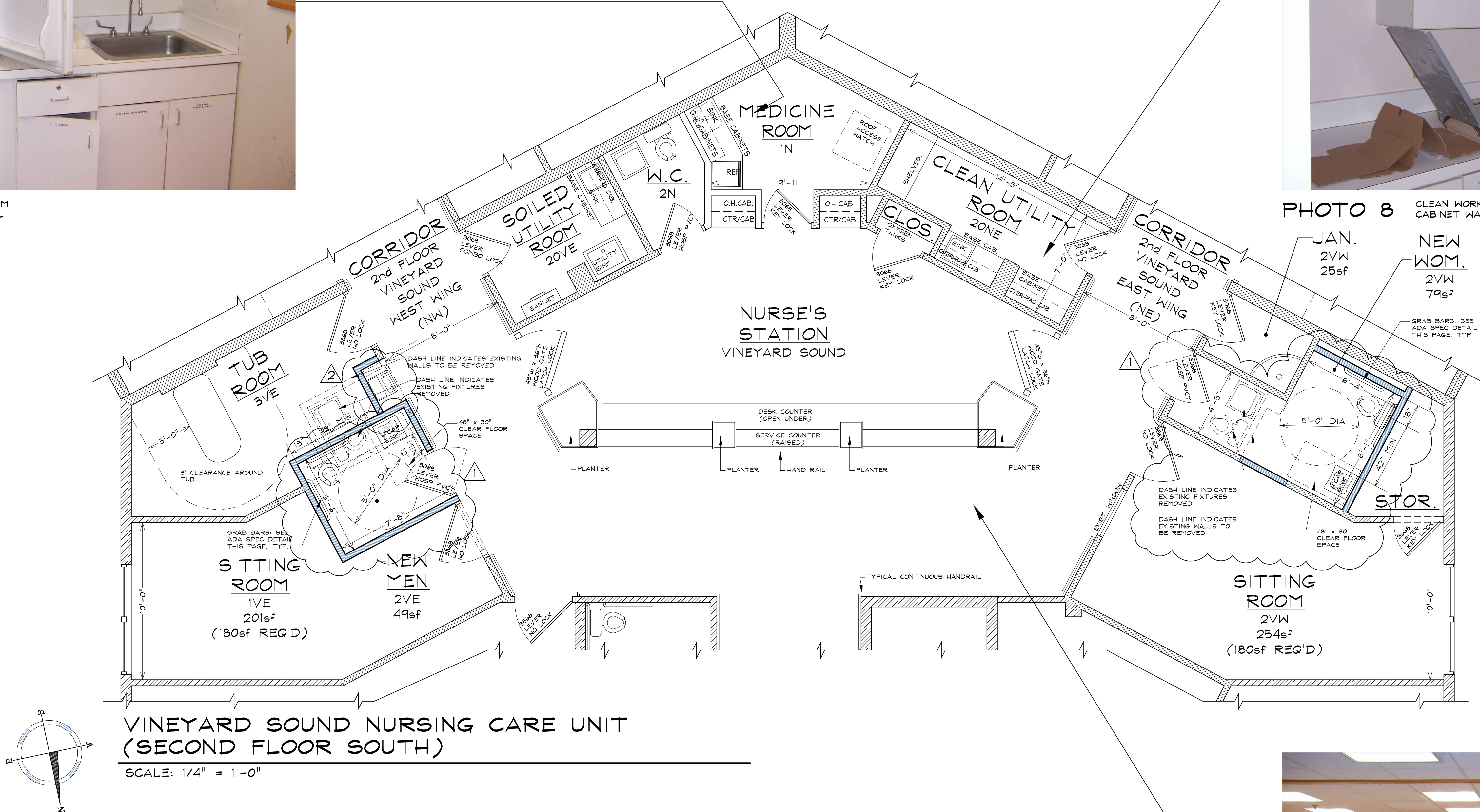
RENOVATION PLAN



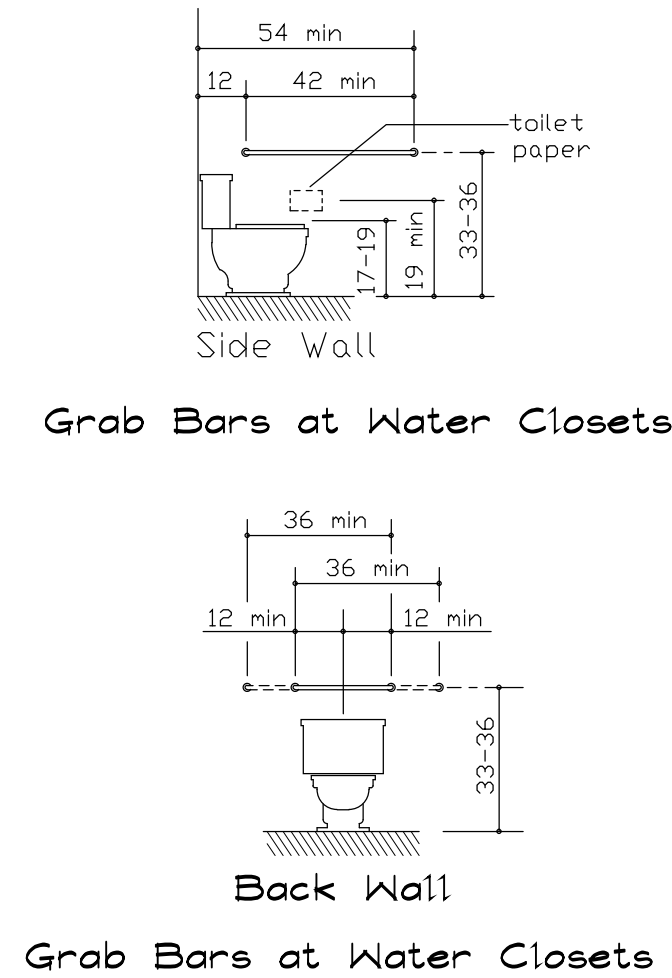
PHOTO 7 MEDICINE ROOM
CABINET WALL



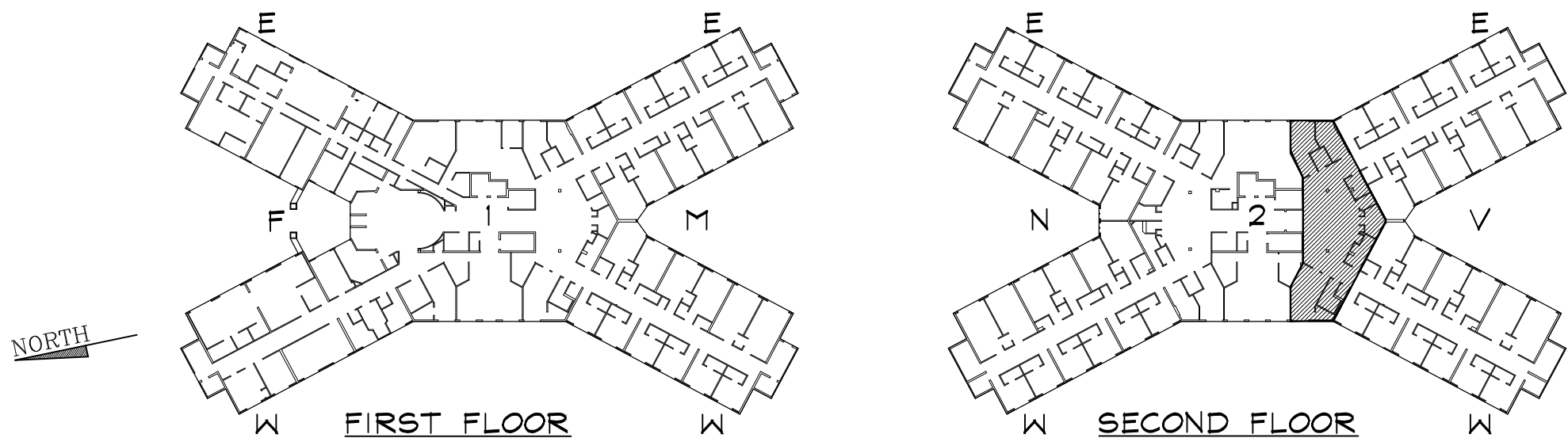
PHOTO 8 CLEAN WORK ROOM
CABINET WALL



*ADA SPECIFICATIONS



KEY PLAN:



WALL KEY:		
	EXISTING PARTITION TO REMAIN	
	NEW PARTITION	
	EXISTING PARTITION TO BE REMOVED	

ABBREVIATIONS:		
	NEW RENOVATIONS	M = MORSE POND UNITS
	REVISED RENOVATIONS	N = NANTUCKET SOUND UNITS
		V = VINEYARD SOUND UNITS
		E = EAST WING
		W = WEST WING
		C = CENTRAL CORE
		# SERVICES



PHOTO 9 NURSES STATION
RECEPTION COUNTER / SERVICE DESK

NOTES:

ARCHITECT	CONSULTANT
SIGNATURE	SIGNATURE

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DRAWING TITLE:
**VINEYARD SOUND
NURSES STATION
FLOOR PLAN**

DRAWN BY: *JM*

CHECKED BY: *LSB*

DATE: 10/19/15

REVISIONS:

1:	10/29/15
2:	12/22/15

PROJECT No. 1424

SHEET No.

A5

RENOVATION PLAN

GENERAL NOTES

1. UNLESS OTHERWISE NOTED, ALL NEW PRODUCTS SHALL BE INSTALLED ACCORDING TO THE RESPECTIVE MANUFACTURER'S WRITTEN INSTRUCTIONS.
2. ALL NEW AND EXISTING SUPPLY AIR DUCTWORK SHALL BE INSULATED WITH MINIMUM R6 FIBERGLASS INSULATION WITH FSK OUTER JACKET.
3. ALL EXISTING FINNED TUBE BASEBOARD HEATERS (FT) SHALL BE VACUUM CLEANED. DAMAGED ENCLOSURES SHALL BE REPAIRED, ZONE VALVES AND THEIR RESPECTIVE THERMOSTATS SHALL BE CHECKED FOR PROPER OPERATION. ALL DEFECTIVE COMPONENTS SHALL BE REPLACED.

REFERENCE NOTES SEE DRAWING M4

REMOVE EXISTING ZONE VALVES, ASSOCIATED WIRING AND THERMOSTATS. MODIFY FINNED TUBE ELEMENTS, ENCLOSURES, PIPING AND CONTROLS AS DETAILED ON DRAWING M5.

REMOVE EXISTING ZONE VALVES, ASSOCIATED WIRING AND THERMOSTATS. MODIFY FINNED TUBE ELEMENTS, ENCLOSURES, PIPING AND CONTROLS AS DETAILED ON DRAWING M5.

REMOVE EXISTING ZONE VALVES, ASSOCIATED WIRING AND THERMOSTATS. MODIFY FINNED TUBE ELEMENTS, ENCLOSURES, PIPING AND CONTROLS AS DETAILED ON DRAWING M5.

REMOVE EXISTING ZONE VALVES, ASSOCIATED WIRING AND THERMOSTATS. MODIFY FINNED TUBE ELEMENTS, ENCLOSURES, PIPING AND CONTROLS AS DETAILED ON DRAWING M5.

ABBREVIATIONS

- ETR EXISTING TO REMAIN
CTE CONNECT TO EXISTING
E EXHAUST
EA EXHAUST AIR
MUA MAKE-UP AIR
R RETURN
RA RETURN AIR
S SUPPLY
SD SMOKE DAMPER
SA SUPPLY AIR
VA VENTILATION AIR (100% CONDITIONED OA)

FIRST FLOOR PLAN

SCALE: 1/8" = 1'-0"

LEGEND

- S → SUPPLY AIR CEILING DIFFUSER
S → SIDEWALL SUPPLY AIR REGISTER
R → RETURN AIR CEILING GRILLE
R → RETURN AIR SIDEWALL GRILLE
E → EXHAUST AIR CEILING GRILLE
E → EXHAUST AIR SIDEWALL GRILLE
V → VENTILATION SA REGISTER
— EXISTING AIR DUCT
— NEW AIR DUCT
+ + + + EXISTING AIR DUCT TO BE REMOVED
— SD SMOKE DAMPER
- FD FIRE DAMPER
— EXISTING HYDRONIC FINNED TUBE BASEBOARD HEATER
T THERMOSTAT
AC AIR-CONDITIONING UNIT
H HYDRONIC HEATING ZONE VALVE
① REFERENCE NOTES ARE LISTED ON DRAWING M3
CTE

ARCHITECT

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DRAWING TITLE:

FIRST FLOOR RENOVATION FLOOR PLAN

DRAWN BY:

CHECKED BY:

DATE: 10/20/15

REVISIONS:

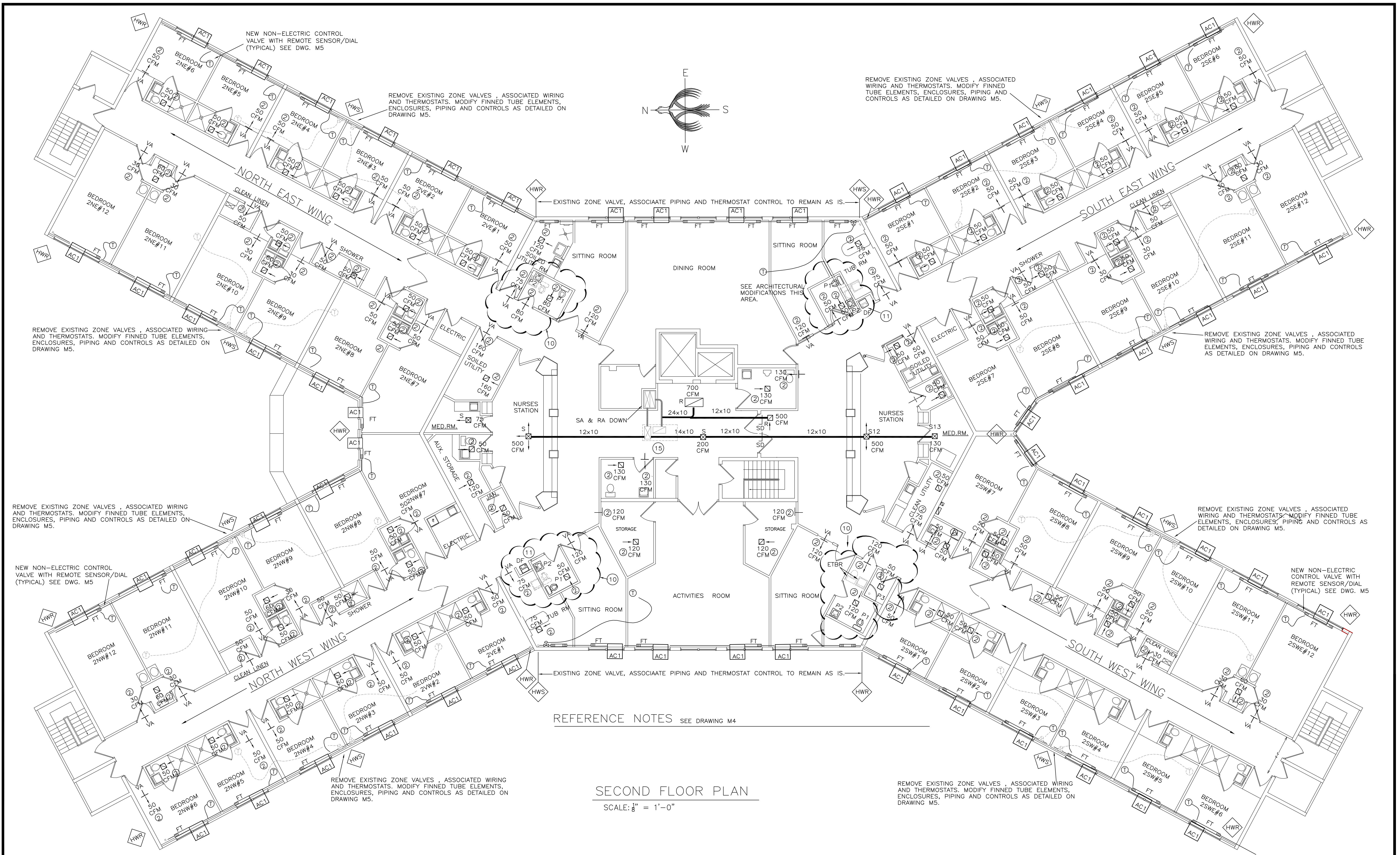
1-15-16

PROJECT No. 1424

SHEET No.

M1

DPH SUBMISSION



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DRAWING TITLE:	SECOND FLOOR RENOVATION FLOOR PLAN
DRAWN BY:	RM
CHECKED BY:	LPB

DATE:	10/20/15
REVISIONS:	1-15-16
PROJECT No.	1424

SHEET No.
M2
DPH SUBMISSION

WINDOW AC UNIT SCHEDULE										
TAG	MFGR	MODEL	TYPE	NOMINAL COOLING BTU/HR	NOMINAL HEATING BTU/HR	POWER REQUIREMENTS				REMARKS
						VOLTS	PH	AMPS	WATTS	
AC1	LG	LW7013HR	WINDOW AC UNIT	7,000	3,850	115	1	7.5	830	

DUCTLESS SPLIT SYSTEM – AC2											
TAG	MFGR	MODEL	TYPE	NOMINAL COOLING BTU/HR	NOMINAL HEATING BTU/HR	MAXIMUM CAPACITY INDEX	POWER REQUIREMENTS				REMARKS
							VOLTS	PH	MCA	MOP	
AC2	LG	LMU480HV	CONDENSING UNIT	48,000	54,000	65,000	208/230	1	27.3	40	FURNISH AND INSTALL ALL REQUIRE WIRING, REFRIGERANT PIPING, CONDENSATE PIPING, ANCILLIARY COMPONENTS AND START–UP SERVICES AS REQUIRED TO PROVIDE FOR A FULLY FUNCTIONING SYSTEM.
AC2–A	LG	LMN078HVT	INDOOR UNIT	7,000	8,100	—	POWER FROM AC2				
AC2–B	LG	LMN078HVT	INDOOR UNIT	7,000	8,100	—	POWER FROM AC2				
AC2–C	LG	LSN120HSV4	INDOOR UNIT	12,000	13,800	—	POWER FROM AC1				
AC2–D	LG	LMN078HVT	INDOOR UNIT	7,000	8,100	—	POWER FROM AC2				
AC2–E	LG	LMN078HVT	INDOOR UNIT	7,000	8,100	—	POWER FROM AC2				
AC2–F	LG	LMN078HVT	INDOOR UNIT	7,000	8,100	—	POWER FROM AC2				
AC2–G	LG	LMN078HVT	INDOOR UNIT	7,000	8,100	—	POWER FROM AC2				
AC2–H	LG	LMN078HVT	INDOOR UNIT	9,000	10,400	—	POWER FROM AC2				

DUCTLESS SPLIT SYSTEM – AC3											
TAG	MFGR	MODEL	TYPE	NOMINAL COOLING BTU/HR	NOMINAL HEATING BTU/HR	MAXIMUM CAPACITY INDEX	POWER REQUIREMENTS				REMARKS
							VOLTS	PH	MCA	MOP	
AC3	LG	LMU480HV	CONDENSING UNIT	48,000	54,000	65,000	208/230	1	27.3	40	FURNISH AND INSTALL ALL REQUIRE WIRING, REFRIGERANT PIPING, CONDENSATE PIPING, ANCILIARY COMPONENTS AND START–UP SERVICES AS REQUIRED TO PROVIDE FOR A FULLY FUNCTIONING SYSTEM.
AC3–A	LG	LSN180HSV4	INDOOR UNIT	18,000	20,800	—	POWER FROM AC3				
AC3–B	LG	LSN180HSV4	INDOOR UNIT	18,000	20,800	—	POWER FROM AC3				
AC3–C	LG	LMN078HVT	INDOOR UNIT	7,000	8,100	—	POWER FROM AC3				
AC3–D	LG	LMN078HVT	INDOOR UNIT	7,000	8,100	—	POWER FROM AC3				
AC3–E	LG	LMN078HVT	INDOOR UNIT	7,000	8,100	—	POWER FROM AC3				

DUCTLESS SPLIT SYSTEM – AC4											
TAG	MFGR	MODEL	TYPE	NOMINAL COOLING BTU/HR	NOMINAL HEATING BTU/HR	MAXIMUM CAPACITY INDEX	POWER REQUIREMENTS				REMARKS
							VOLTS	PH	MCA	MOP	
AC4	LG	LMU36CHV	CONDENSING UNIT	34,000	41,000		208/230	1	17.9	25	FURNISH AND INSTALL ALL REQUIRE WIRING, REFRIGERANT PIPING, CONDENSATE PIPING, ANCILLARY COMPONENTS AND START–UP SERVICES AS REQUIRED TO PROVIDE FOR A FULLY FUNCTIONING SYSTEM.
AC4–A	LG	LSN180HSV4	INDOOR UNIT	18,000	20,800	—	POWER FROM AC4				
AC4–B	LG	LSN180HSV4	INDOOR UNIT	7,000	8,100	—	POWER FROM AC4				
AC4–C	LG	LMN078HVT	INDOOR UNIT	7,000	8,100	—	POWER FROM AC4				

EXHAUST FAN SCHEDULE											
TAG	MFGR	MODEL	TYPE	CFM	SP	POWER REQUIREMENTS					REMARKS
						VOLTS	PH	AMPS	HP	WATTS	
EF10	PANASONIC	FV-08WQ1	WALL EXHAUST	70	—	115	1	—	—	18	ENERGIZED BY WALL SWITCH



AIR DEVICE SCHEDULE							
TAG	MFGR	MODEL	TYPE	NECK SIZE	MATERIAL OF CONSTRUCTION	BLOW	REMARKS
S10	HART & COOLEY	821	SUPPLY REGISTER		STEEL	ADJUSTABLE	HORIZONTL MULTI SHUTTER DAMPER
E10	HART & COOLEY	RH45	EXHAUST REGISTER		ALUMINUM	FIXED 45°	WITH OPPOSED BLADE DAMPER
S11	HART & COOLEY	SDD	CEILING DIFFUSER	14X14	ALUMINUM	SEE DRAWING	WITH OPPOSED BLADE DAMPER
S12	HART & COOLEY	SDD	CEILING DIFFUSER	12X12	ALUMINUM	SEE DRAWING	WITH OPPOSED BLADE DAMPER

PLUMBING FIXTURE SCHEDULE				
TAG	MFGR.	MODEL	DESCRIPTION	PIPE CONNECTIONS
P1	AMERICAN STANDARD	2467 016	VITREOUS CHINA FLOOR MOUNTED TOILET WITH ELONGATED HIGH RIM BOWL WITH OPEN FRONT SEAT LESS COVER, CLOSE COUPLED PRESSURE ASSISTED TANK WITH METAL CHROME TRIP LEVER AND TANK COVER LOCKING DEVICE, FURNISH WITH CHROME PLATED SERVICE STOPS, RISERS AND ESCUTCHEONS..	3"W, 2"V, ½"CW
P2	AMERICAN STANDARD	0194–225	VITREOUS CHINA WALL HUNG SINK, FURNISHED WITH A CONCEALED ARM CARRIER, A MODEL 7053.105 TOUCH FREE ELECTRONIC FAUCET WITH MIXING VALVE TEMPERATURE CONTROL, BUILT-IN CHECK VALVES, IN–LINE STRAINERS. CAST SPOUT, 0.5 GPM PRESSURE COMPENSATING, VANDAL–RESISTANT SPRAY AND HARD WIRED AC POWER SUPPLY (M950169–0070A), 4" DECK PLATE, CHROME PLATED SERVICE STOPS, W&T AND ESCUTCHEONS.	1½" W&T, 2"W, 2"V, ½"HW, ½"CW
P3	FIAT	TSBCR1000	ONE PIECE, PRECAST TERRAZZO MOP SINK. 28"x28"x12"DEEP WITH 6" FRONT DROP. INTEGRAL DRAIN BODY WITH STAINLESS STEEL STRAINER.	3"W&T, 2"V
	AMERICAN STANDARD	8355.110	EXPOSED YOKE WALL–MOUNT UTILITY FAUCET WITH VACUUM BREAKER, BOTTOM FORK BRACE. CAST BRASS SPOUT WITH VACUUM BREAKER. CERAMIC DISC VALVES. INTEGRAL SUPPLY STOPS. OFFSET SHANKS WITH INTEGRAL CHECK VALVES. VANDAL–RESISTANT WRIST BLADE HANDLES. BUCKET HOOK. 3/4" THREADED HOSE END.	½"HW, ½"CW
P4	FIAT	FLTDII	ONE PIECE, MOLDED STONE DUAL COMPARTMENT LAUNDRY TUB. EACH BOWL TO BE 18"x18"x13"DEEP WITH INTEGRAL DRAIN BODY AND STAINLESS STEEL STRAINER.	(2) 1½"W&T, TO 2" W & V
	AMERICAN STANDARD	2475.550	EACH OF THE TWO COMPARTMENTS SHALL BE PROVIDED WITH A CENTERSET LAUNDRY SINK FAUCET VWITH LEVER HANDLES AND AN AERATOR SPOUT.	½"HW, ½"CW
DF	OASIS	PG8AC	8.0 GPH (90°F TO 50°F) WATER COOLER WITH FOUR ANTIMICROBIAL COPPER PUSH PADS. SS BASIN SANDSTONE CABINET ON GALVANIZED STEEL SHALL USE R–134A REFRIGERANT. SHALL COMPLY WITH ANSI 117.1 AND ADA. SHALL BE UL LISTED. 120V, ½ HP COMP, 4.4 FLA	1½"W&T, 2"W&V


PLUMBING FIXTURES SHALL BE PROVIDED WITH COMMERCIAL GRADE ACCESSORIES AND MADE COMPLETE AND FUNCTIONAL FOR THEIR INTENDED SERVICE.
ALL FIXTURES MUST BE APPROVED BY THE OWNER PRIOR TO ORDERING.

REFERENCE NOTES APPLICABLE TO DRAWINGS M1 AND M2

- ① UNLESS OTHERWISE INDICATED, ALL EXISTING AIR DUCTS SHALL REMAIN IN SERVICE.
- ② EXISTING AIR DEVICE TO REMAIN. BALANCE TO THE FLOW RATE INDICATED.
- ③ DISCONNECT AND REMOVE AND PROPERLY DISPOSE OF EXISTING AIR DUCT. FIRE AND SMOKE PENETRATIONS SHALL BE PATCHED TO MATCH EXISTING UL LISTED ASSEMBLY.
- ④ REPLACE EXISTING SA DUCT, SMOKE DAMPER AND SUPPLY DIFFUSER TO ACCOMMODATE INCREASED AIRFLOW.
- ⑤ INSTALL NEW RETURN AIR DUCT WITH SMOKE DAMPER AND RETURN REGISTER.
- ⑥ REPLACE EXISTING RETURN AIR DUCT AND CEILING GRILLE AS INDICATED.
- ⑦ UNLESS OTHERWISE NOTED ALL EXISTING FINNED TUBE BASEBOARD HEATERS AND THEIR ASSOCIATED PIPING AND CONTROLS SHALL REMAIN AS IS. (SEE GENERAL NOTE 3)
- ⑧ FURNISH AND INSTALL AN EMERGENCY GAS SHUT–OFF VALVE . INTERLOCK THE ACTUATOR TO CLOSE THE VALVE UPON ACTIVATION OF THE HOOD FIRE SUPPRESSION SYSTEM, CO DETECTOR, OR BUILDING FIRE ALARM SYSTEM.
- ⑨ NEW CO DETECTOR/ALARM WIRED TO CLOSE EMERGENCY GAS VALVE . (SEE REFERENCE NOTE 8).
- ⑩ REMOVE AND PROPERLY DISPOSE OF EXISTING PLUMBING FIXTURES IN THIS AREA. FURNISH AND INSTALL NEW PLUMBING FIXTURES WHERE SHOWN. MODIFY EXISTING WASTE, VENT, HW AND CW PIPING AS REQUIRED TO CONNECT WITH THE NEW PIPING. SEE PLUMBING FIXTURE SCHEDULE DRAWING M3.
- ⑪ FURNISH AND INSTALL A NEW REFRIGERATED DRINKING FOUNTAIN. CONNECT NEW 1½"WASTE AND ½"CW TO EXISTING PIPING SERVING ADJACENT TOILET ROOM. SEE PLUMBING FIXTURE SCHEDULE – DRAWING M3.
- ⑫ FURNISH AND INSTALL A FLOOR MOUNTED DUAL COMPARTMENT LAUNDRY SINK PER PLUMBING FIXTURE SCHEDULE ON DRAWING M3.
- ⑬ REMOVE EXISTING AIR DEVICE AND ASSOCIATED BRANCH DUCT. PATCH RATED ASSEMBLY TO MATCH EXISTING UL LISTING.
- ⑭ NEW AIR DEVICE AND BRANCH DUCT. BALANCE TO NOTED AIRFLOW.
- ⑮ EXISTING PACKAGED HVAC ROOFTOP UNIT . MODIFY DUCT DISTRIBUTION SYSTEM AS INDICATED.

ARCHITECT	CONSULTANT
	
SIGNATURE	SIGNATURE

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DRAWING TITLE: SCHEDULES AND REFERENCE NOTES
DRAWN BY: RM
CHECKED BY: LPS

DATE: 10/20/15
REVISIONS: 1–15–18
PROJECT No. 1424

SHEET No. M3
DPH SUBMISSION

PLUMBING AND GAS SPECIFICATIONS

SECTION 1 – GENERAL

- 1.01 INTENT
- A. THIS DRAWING IS SUPPLEMENT TO ALL CONTRACTS BETWEEN THE OWNER AND THIS CONTRACTOR IS NOT INTENDED TO SUPPLANT SUCH DOCUMENTS BUT TO PROVIDE ADDITIONAL DETAILS WHICH WILL ASSIST IN DEFINING THE SCOPE OF THE HVAC WORK.
- 1.02 GENERAL REQUIREMENTS
- A. EXAMINE THE DRAWINGS AND SPECIFICATIONS OF ALL TRADES FOR ANY REQUIREMENTS THAT AFFECT WORK OF THIS SECTION, WHETHER OR NOT SUCH WORK IS SPECIFICALLY MENTIONED IN THIS SECTION.
- B. COORDINATE THE PLUMBING AND GAS WORK WITH THAT OF ALL OTHER TRADES AFFECTING, OR AFFECTED BY, WORK OF THIS SECTION. COOPERATE WITH SUCH TRADES TO ASSURE THE STEADY PROGRESS OF ALL WORK UNDER THIS CONTRACT.
- C. IN ADDITION TO THE REQUIREMENTS SPECIFIED HEREIN, ALL PLUMBING AND GAS MATERIALS, INCLUDING PIPING, FITTINGS, VALVES, EQUIPMENT, AND FIXTURES, SHALL BE INSTALLED IN COMPLIANCE WITH ALL REGULATIONS AND THE MANUFACTURE’S WRITTEN INSTALLATION INSTRUCTIONS.
- 1.03 SCOPE OF WORK
- A. THE PLUMBING CONTRACTOR’S PRICE SHALL INCLUDE ALL LABOR, MATERIALS AND SERVICES NECESSARY TO COMPLETELY FURNISH AND INSTALL ALL HVAC SYSTEMS SHOWN ON THE CONSTRUCTION DRAWINGS AND/OR SPECIFIED HEREIN, OR AS REASONABLY INFERRED FROM EITHER.

SECTION 2 – PRODUCTS

- 2.00 PIPING
- A. UNLESS OTHERWISE APPROVED BY OWNER AND ENGINEER PRIOR TO INSTALLATION, THE FOLLOWING MATERIALS SHALL BE USED IN THE CONSTRUCTION OF THE PLUMBING AND GAS PIPING SYSTEMS.
1. UNDERGROUND SOIL, WASTE, DRAIN AND VENT PIPING SHALL BE CONSTRUCTED USING HUB AND SPIGOT CAST IRON PIPE AND FITTINGS MANUFACTURED FROM GRAY CAST IRON CONFORMING TO ASTM A–74. JOINTS CAN BE MADE USING A COMPRESSION GASKET MEETING THE REQUIREMENTS OF ASTM C–564 OR LEAD AND OAKUM. ALL PIPE AND FITTINGS TO BE PRODUCED BY A SINGLE MANUFACTURER AND INSTALLED ACCORDING TO THE MANUFACTURER’S RECOMMENDATIONS.
2. ABOVE GROUND SOIL, WASTE, DRAIN AND VENT PIPING SHALL BE CONSTRUCTED USING HUBLESS CAST IRON PIPE AND FITTINGS MANUFACTURED FROM GRAY CAST IRON CONFORMING TO ASTM A–888 AND CISPI STANDARD 301. ALL PIPE AND FITTINGS TO BE INSTALLED IN ACCORDANCE WITH MANUFACTURER’S RECOMMENDATIONS. HUBLESS COUPLINGS SHALL CONFORM TO CISPI STANDARD 310 FOR STANDARD COUPLINGS OR ASTM C–1540 FOR HEAVY DUTY COUPLINGS WHERE REQUIRED. GASKETS SHALL CONFORM TO ASTM C–564. COUPLINGS SHALL BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER’S BAND TIGHTENING SEQUENCE AND TORQUE. TIGHTEN BANDS WITH A PROPERLY CALIBRATED TORQUE WRENCH ACCORDING TO THE MANUFACTURER’S INSTRUCTIONS.
3. NATURAL GAS PIPING – SCHEDULE 40 BLACK STEEL PIPE CONFORMING TO ASTM A 53 OR A120 WITH MALLEABLE IRON FITTINGS CONFORMING TO ANSI 816.3 OR FORGED STEEL WELDED TYPE FITTINGS CONFORMING TO ASTM A 234. PIPE 2 ½”–INCH AND UNDER SHALL SCREW TYPE JOINTS. PIPE 3”– INCHES AND LARGER SHALL HAVE WELDED JOINTS CONFORMING TO AWS 01.1. ALL PIPING INSTALLED OUTDOORS SHALL BE PAINTED WITH TWO COATS OF ANTI–RUST PAINT.
4. DOMESTIC HOT AND COLD WATER – HARD DRAWN TYPE “**L**” COPPER TUBING CONFORMING TO ASTM B 88. COPPER FITTINGS SHALL CONFORM TO ASME B16.18, ASME B16.22 OR ASME B16.26.
5. CONTRACTOR’S OPTION – COPPER AND COPPER ALLOY PRESS FITTINGS SHALL CONFORM TO MATERIAL REQUIREMENTS OF ASME B16.18 OR SAME B16.22 AND PERFORMANCE CRITERIA OF IAPMO PS 117. SEALING ELEMENTS FOR PRESS FITTINGS SHALL BE EPDM. SEALING ELEMENTS SHALL BE FACTORY INSTALLED WITH CAST–BRASS OR WROUGHT–COPPER SWEAT JOINT FITTINGS USING LEAD FREE SOLDER
5. DOMESTIC WATER PIPING SYSTEMS SHALL BE INSULATED WITH CLOSED CELL INSULATION HAVING A CONDUCTIVITY NOT EXCEEDING 0.27 BTU PER INCH/H/FT2/°F. CUSTOM CUT INSULATION TO FIT NEATLY AROUND ALL FITTINGS AND VALVES. JOINTS SHALL BE SEALED TIGHT WITH COMPANION ADHESIVE. DO NOT STRETCH OR COMPRESS INSULATION. MINIMUM INSULATION THICKNESS SHALL BE 1” FOR DOMESTIC HOT WATER AND HOT WATER RECIRCULATION SYSTEMS AND ½” FOR DOMESTIC COLD WATER SYSTEMS.
6. PRODUCTS NOT SPECIFICALLY SPECIFIED HEREIN SHALL BE COMMERCIAL GRADE AND SHALL BE APPROVED FOR USE IN MASSACHUSETTS.

SECTION 3 – EXECUTION

- 3.01 RECORD DRAWINGS
1. THE EXACT LOCATION AND SIZE OF ALL CONCEALED PIPING RECORDED ON “AS BUILT”. FIXTURE BRANCH PIPING LOCATED IN WALLS NEED NOT BE RECORDED.
- 3.02 ENGINEER’S INSPECTIONS
2. T HE ENGINEER SHALL CONDUCT PERIODIC INSPECTIONS TO CONFIRM IN GENERAL THAT THE WORK IS BEING PERFORMED ACCORDING TO THE CONTRACT DOCUMENTS. WORK PERFORMED CONTRARY TO THE CONTRACT DOCUMENTS SHALL BE REPLACED AT THIS CONTRACTOR’S EXPENSE.

HVAC SPECIFICATIONS

SECTION 1 – GENERAL



- 1.01 INTENT
- ATHIS DRAWING IS SUPPLEMENT TO ALL CONTRACTS BETWEEN THE OWNER AND THIS CONTRACTOR IS NOT INTENDED TO SUPPLANT SUCH DOCUMENTS BUT TO PROVIDE ADDITIONAL DETAILS WHICH WILL ASSIST IN DEFINING THE SCOPE OF THE HVAC WORK.
- 1.02 GENERAL REQUIREMENTS
- A.EXAMINE THE DRAWINGS AND SPECIFICATIONS OF ALL TRADES FOR ANY REQUIREMENTS THAT AFFECT WORK OF THIS SECTION, WHETHER OR NOT SUCH WORK IS SPECIFICALLY MENTIONED IN THIS SECTION.
- B.COORDINATE THE HVAC WORK WITH THAT OF ALL OTHER TRADES AFFECTING, OR AFFECTED BY, WORK OF THIS SECTION. COOPERATE WITH SUCH TRADES TO ASSURE THE STEADY PROGRESS OF ALL WORK UNDER THIS CONTRACT.
- C.IN ADDITION TO THE REQUIREMENTS SPECIFIED HEREIN, ALL HVAC EQUIPMENT AND MATERIALS, SHALL BE INSTALLED IN COMPLIANCE WITH ALL GOVERNING REGULATIONS AND THE MANUFACTURE’S WRITTEN INSTALLATION INSTRUCTIONS.
- 1.03 SCOPE OF WORK
- A. THE HVAC CONTRACTOR’S PRICE SHALL INCLUDE ALL LABOR, MATERIALS AND SERVICES NECESSARY TO COMPLETELY FURNISH AND INSTALL ALL HVAC SYSTEMS SHOWN ON THE CONSTRUCTION DRAWINGS AND/OR SPECIFIED HEREIN, OR AS REASONABLY INFERRED FROM EITHER.

SECTION 2 – PRODUCTS


- 2.01 DUCTWORK
- A. UNLESS OTHERWISE SPECIFIED, AIR DUCTS SHALL BE FABRICATED FROM GALVANIZED SHEET METAL, CONSTRUCTED AND INSTALLED INSTALLED IN ACCORDANCE WITH THE LATEST SMACNA STANDARDS FOR THEIR INTENDED SERVICE. ALL JOINTS SHALL BE SEALED AIR TIGHT. ALL SUPPLY AIR AND FRESH AIR INTAKE DUCTS SHALL BE INSULATED 1.5” THICK FIBERGLASS DUCT WRAP WITH FSK JACKET HAVING A MINIMUM THERMAL RESISTANCE VALUE OF R–6.
- EXCEPT AS OTHERWISE NOTED, FLEXIBLE AIR DUCTS MAY BE USED FOR THE LAST (3) THREE FEET OF OF ALL BRANCH SUPPLY AND RETURN AIR DUCTS CONNECTING TO AIR DEVICES. PROVIDING THAT BENDS AND OFFSETS ARE LIMITED TO A CUMULATIVE TOTAL OF LESS THAN 60 DEGREES. FLEXIBLE AIR DUCTS SHALL BE CONSTRUCTED OF A METALIZED REINFORCED POLYESTER JACKET ENCAPSULATING AN R–6 FIBERGLASS INSULATION WITH DOUBLE–PLY POLYESTER CORE. DUCTS SHALL HAVE A UL 181 LISTING WITH A MAXIMUM FLAME SPREAD OF 25 AND A MAXIMUM SMOKE DEVELOPED RATING OF 50. FLEXIBLE AIR DUCTS SHALL NOT PASS THROUGH ANY FIRE OR SMOKE RATED FLOOR/CEILING OR WALL ASSEMBLIES.
- 2.02 PIPING
- A. CONDENSATE PIPING SHALL BE SHALL BE CONSTRUCTED USING SCHEDULE 40 PVC PIPE AND FITTINGS. WHERE POSSIBLE, PITCH A MINIMUM ¼” PER FOOT BUT IN NO CASE LESS THAN ⅛” PER FOOT. CONDENSATE PIPING MUST BE INSTALLED IN A HEATED SPACE.
- B. REFRIGERANT PIPING SHALL BE TYPE ACR WITH BRAZED JOINTS. (PURGE WITH NITROGEN WHEN BRAZING). SUCTION LINES SHALL BE INSULATED WITH 1” THICK CLOSED CELL PIPING INSULATION. ALL INSULATION JOINTS SHALL BE SEALED WITH COMPANION ADHESIVE.
- C. HOT WTER SUPPLY AND RETURN PIPING SHALL BE TYPE M COPPER WITH SOLDERED JOINTS.
- 2.03 EQUIPMENT
- HVAC EQUIPMENT SHALL BE THE TYPE AND MODEL SPECIFIED ON THESE DRAWINGS. SUBSTITUTIONS HAVING EQUAL CHARACTERISTICS WILL BE ALLOWED IF APPROVED BY THE OWNER AND ENGINEER.

SECTION 3 – EXECUTION

- 3.01 GENERAL
- A. HVAC EQUIPMENT, SYSTEMS, CONTROLS AND ANCILLARY COMPONENTS SHALL BE INSTALLED ACCORDING TO THE THESE DRAWINGS AND THE MANUFACTURE’S WRITTEN INSTRUCTIONS.
- B. HVAC EQUIPMENT SHALL BE THE TYPE AND MODEL SPECIFIED ON THESE DRAWINGS. SUBSTITUTIONS HAVING EQUAL CHARACTERISTICS WILL BE ALLOWED IF APPROVED BY THE ENGINEER.
- C. THE OPEN ENDS OF PIPING AND DUCTWORK SHALL BE PROTECTED FROM CONSTRUCTION DUST AND DEBRIS.
- 3.03 AIR BALANCING AND START–UP
- A. ALL SUPPLY AND EXHAUST BLOWERS, DIFFUSERS, REGISTERS AND AND GRILLES SHALL BE BALANCED TO PROVIDE THE AIRFLOW AS LISTED ON THE DRAWINGS.
- B. PRIMARY BALANCING SHALL BE MADE USING THE BRANCH DUCT DAMPERS. ONLY THE FINAL BALANCING SHALL BE MADE USING THE AIR DEVICE DAMPERS.
- C. AFTER AIR BALANCING HAS BEEN COMPLETED, SYSTEMS SHALL BE TESTED IN ALL MODES OF OPERATION AND ALL SAFETY DEVICES SHALL BE TESTED TO INSURE PROPER OPERATION.
- D. PROVIDE A BALANCING REPORT TO THE ENGINEER FOR APPROVAL.
- 3.03 WAGER BALANCING AND START–UP
- A. THE HOT WATER HEATING SYSTEM MUST BE ADJUSTED AND BALANCED TO PROVIDE NO LESS THAN THE MINIMUM FLOW RATE REQUIRED BY MODIFIED RESIDENT VETURI SYSTEMS WHEN ALL BUILDING HEATING UNITS ARE CALLING FOR HEAT.
- B. BASIC BALANCING PROCEDURE:
- FILL, PURGE AND VENT THE HYDRONIC HEATING SYSTEM OF ALL GASES PRIOR TO BALANCING. THIS SHOULD BE ACCOMPLISHED WHEN THE WATER TEMPERATURE IS ABOVE 200°F.
 - THE EXISTING HEATING SYSTEM CIRCULATORS MUST RUN CONTINUOUSLY WHEN THE HEATING SYSTEM BOILERS ARE ENABLED.
 - BEFORE BALANCING CAUSE ALL HEATING ZONES TO CALL FOR MAXIMUM HEAT. FULLY OPEN ANY VALVES WHICH MAY BE RESTRICTING MAXIMUM FLOW RATE (VERIFY CIRCULATOR MOTOR AMPERAGE IS WITHIN ITS OPERATING RANGE.
 - WITH MAXIMUM FLOW DEMAND, BALANCE THE RESIDENT ZONES USING THE NEWLY INSTALLED BRANCH LINE BALANCING VALVES. (SEE DWG H5).
 - AFTER WATER BALANCING HAS BEEN COMPLETED, ALL SYSTEMS SHALL BE TESTED IN ALL MODES OF OPERATION AND ALL SAFETY DEVICES SHALL BE TESTED TO INSURE PROPER OPERATION.
 - PROVIDE A BALANCING REPORT TO THE ENGINEER FOR APPROVAL.

ARCHITECT	CONSULTANT
	
SIGNATURE	SIGNATURE

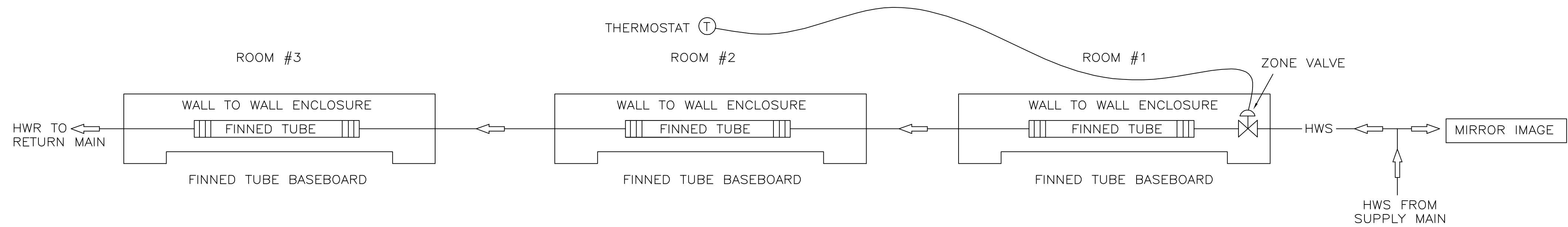
EXISTING HEALTH CARE FACILITY
MORSE POND CARE CENTER
359 JONES ROAD
FALMOUTH, MA

	Giampietro Architects 354 Gifford Street Falmouth, MA 02540 Tel: 508-540-7400 Fax: 508-540-0220
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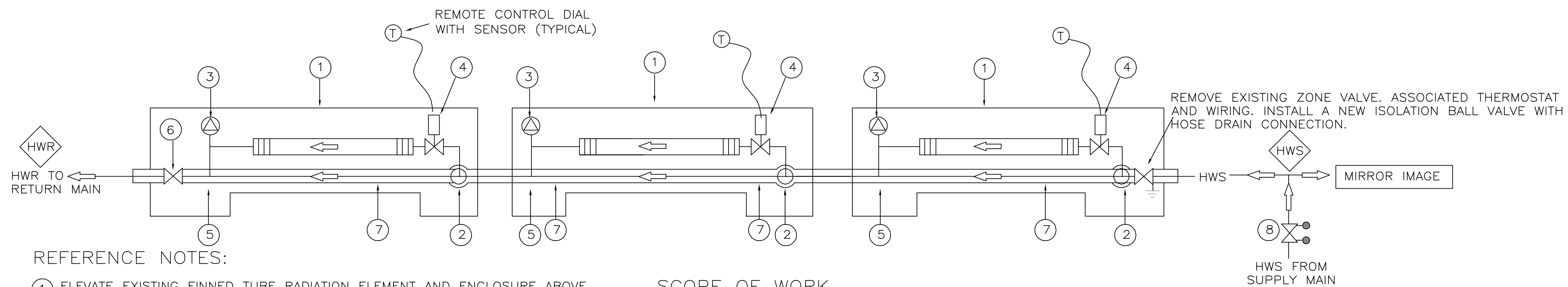
DRAWING TITLE:	PLUMBING AND HVAC SPECIFICATIONS
DRAWN BY:	RM
CHECKED BY:	LFH

DATE:	10/20/15
REVISIONS:	
	1–15–18
PROJECT No.	1424

SHEET No.
M4
DPH SUBMISSION



RESIDENT ROOM PERIMETER HEATING – EXISTING CONDITIONS – TYPICAL THREE ROOM ZONE
NO SCALE



REFERENCE NOTES:

- ① ELEVATE EXISTING FINNED TUBE RADIATION ELEMENT AND ENCLOSURE ABOVE FLOOR AS NECESSARY TO ACCOMMODATE THE NEW INSULATED PIPING AND VALVES. AS AN OPTION, PROVIDE THE OWNER WITH A PRICE TO REPLACE THE EXISTING ENCLOSURES WITH TWO TIER COMMERCIAL ENCLOSURES WHICH WILL ACCOMMODATE THE NEW PIPING AND VALVES WITHOUT THEM BEING IN THE VISION OF SIGHT.
- ② $\frac{3}{4}$ " \times $\frac{3}{4}$ " \times $\frac{1}{2}$ " VENTURI TEE
- ③ MANUAL AIR VENT
- ④ NON-ELECTRIC THERMOSTATIC RADIATOR CONTROL VALVE EQUAL TO HONEYWELL BRAUKMANN T104B WITH A V110D $\frac{3}{4}$ "STRAIGHT VALVE BODY (TYPICAL)
- ⑤ $\frac{3}{4}$ " \times $\frac{3}{4}$ " \times $\frac{1}{2}$ " TEE
- ⑥ $\frac{3}{4}$ "BALL VALVE
- ⑦ $\frac{3}{4}$ " MONIFLO LOOP INSULATED WITH $\frac{1}{2}$ "THICK ARMIFLEX TYPE INSULATION.
- ⑧ $\frac{3}{4}$ " COMBINATION BALANCING/SHUT-OFF VALVE WITH MEMORY STOP AND BALANCING INSTRUMENT PORTS.

SCOPE OF WORK

ALL RESIDENT ROOMS MUST BE PROVIDED WITH INDEPENDENT TEMPERATURE CONTROLS. EXISTING FINNED TUBE BASEBOARD HEATING UNITS SHALL BE MODIFIED AS DETAILED, PROVIDING INDEPENDANT ROOM CONTROL USING NON-ELECTRIC CONTROL VALVES INSTALLED ON VENTURI (MONIFLO) CIRCUITS..

MONIFLO SYSTEMS ARE SUCEPTIBLE TO AIR ENTRAPMENT. AS SUCH PIPING MUST PITCH UP IN THE DIRECTION OF FLOW, ALL CIRCUITS MUST BE MANUALLY PURGED AND VENTED AS MANY TIMES AS IS REQUIRED TO REMOVE A GASES WHEN THE SUPPLY WATER TEMPERATURE IS 210°F.

PIPE INSULATION AND RESET WATER TEMPERATURE CONTROLS ARE REQUIRED TO MINIMIZE OVERHEATING.

WATER FLOW RATE MUST BE BALANCED TO PROVIDE THE MINIMUM FLOW RATE REQUIRED BY THE NEW MONIFLO CIRCUITS. BALANCING MUST BE PERFORMED AS SPECIFIED. (SEE DWG. M4)

RESIDENT ROOM PERIMETER HEATING – MODIFIED CONDITIONS
NO SCALE

ARCHITECT
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CONSULTANT

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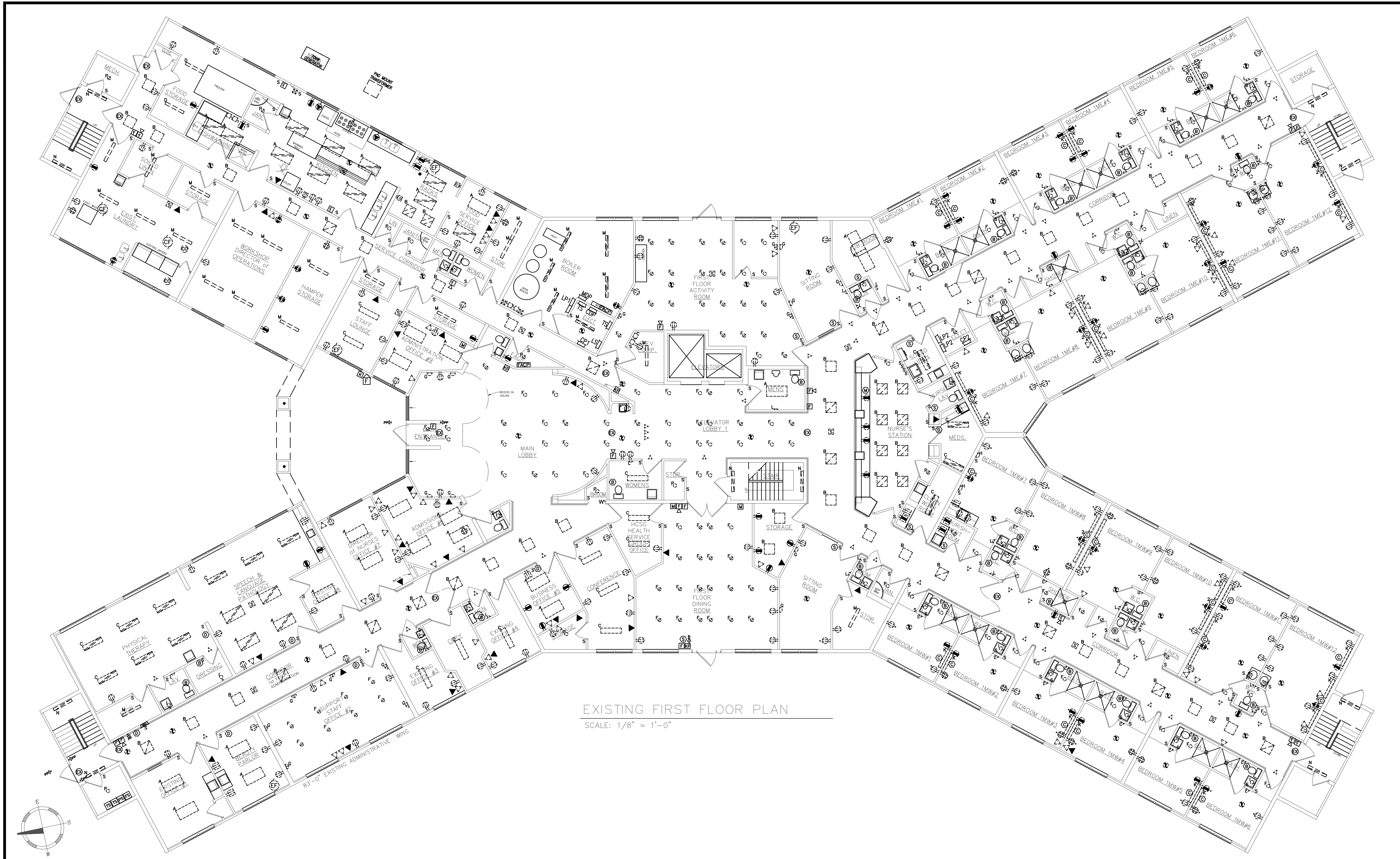
EXISTING HEALTH CARE FACILITY MORSE POND CARE CENTER 359 JONES ROAD FALMOUTH, MA

 Giampietro Architects
354 Gifford Street Falmouth, MA 02540
Tel: 508-540-7400 Fax: 508-540-0220

DRAWING TITLE:
PERIMETER BASEBOARD MODIFICATIONS
DRAWN BY:
249
CHECKED BY:
249

DATE:
10/20/15
REVISIONS:
1/15/16
PROJECT No.
1424

SHEET No.
M5
DPH SUBMISSION



ARCHITECT	CONSULTANT
SIGNATURE	SIGNATURE

EXISTING HEALTH CARE FACILITY
MORSE POND CARE CENTER
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FALMOUTH, MA

G

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354 Gifford Street

Falmouth, MA 02540

Tel: 508-540-7400

Fax: 508-540-0220

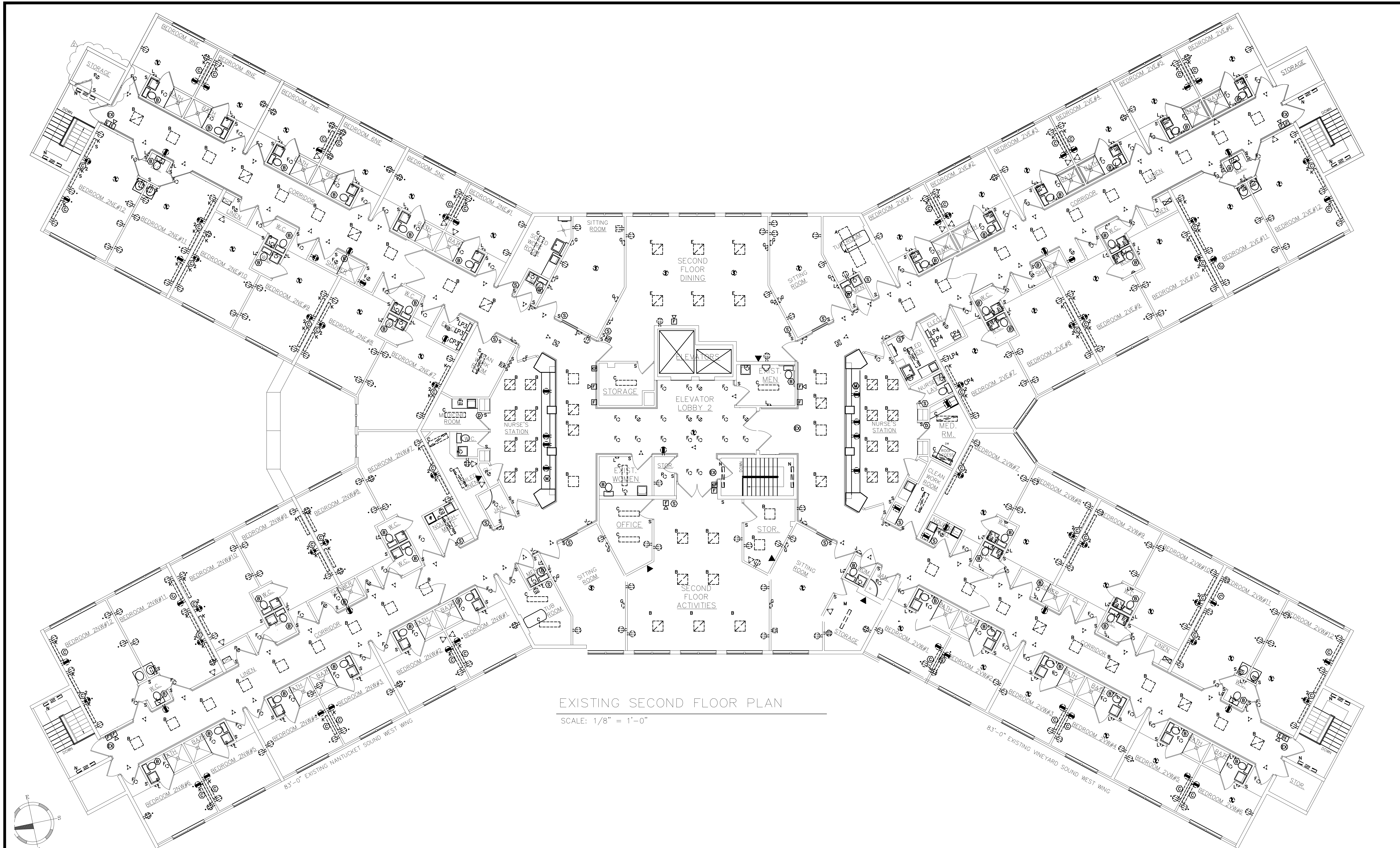
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DRAWN BY:	RDF
CHECKED BY:	RDF

DATE:	10-16-15
REVISIONS:	
PROJECT No.	1424

SHEET No.

ABE1

DESIGN DEVELOPMENT



EXISTING SECOND FLOOR PLAN

SCALE: 1/8" = 1'-0"

ARCHITECT	CONSULTANT
SIGNATURE	SIGNATURE

EXISTING HEALTH CARE FACILITY
MORSE POND CARE CENTER
359 JONES ROAD
FALMOUTH, MA

G

Giampietro Architects

354 Gifford Street

Falmouth, MA 02540

Tel: 508-540-7400

Fax: 508-540-0220

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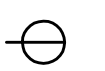




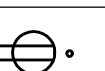



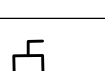


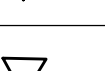
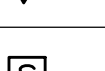
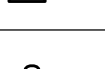


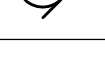
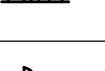
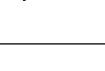

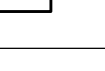
DATE:	10-16-15
REVISIONS:	
PROJECT No.	1424

SHEET No.

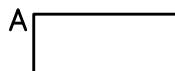
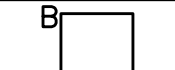
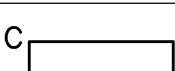
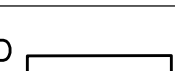
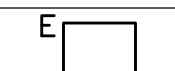
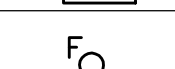

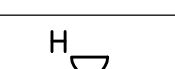
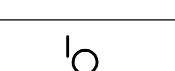
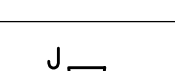
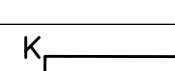
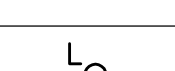


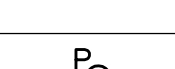
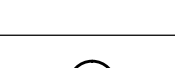
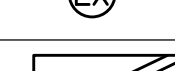




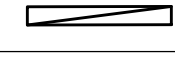
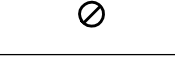
ABE2

DESIGN DEVELOPMENT

ELECTRICAL DEVICES/EQUIPMENT

TYPE	DESCRIPTION
	SINGLE RECEPTACLE
	DUPLEX RECEPTACLE
	QUADRUPLEX RECEPTACLE
	DUPLEX RECEPTACLE ON CRITICAL POWER
	QUADRUPLEX RECEPTACLE ON CRITICAL POWER
	HOSPITAL GRADE DUPLEX RECEPTACLE
	HOSPITAL GRADE QUADRUPLEX RECEPTACLE
	HOSPITAL GRADE DUPLEX RECEPTACLE ON CRITICAL POWER
	HOSPITAL GRADE QUADRUPLEX RECEPTACLE ON CRITICAL POWER
	SAFETY SWITCH
	MAGNETIC MOTOR STARTER
	TELEPHONE OUTLET
	DATA OUTLET
	CEILING OR WALL SPEAKER
	SINGLE POLE SWITCH
	EXHAUST FAN
	CEILING FAN
	RECESSED WALL HEATER
	PUSH PLATE FOR AUTOMATIC DOOR
	SECURITY SYSTEM KEY PAD
	ELECTRICAL PANEL
	TRANSFER SWITCH




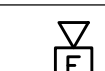

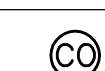




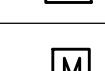
LIGHTING FIXTURE SCHEDULE



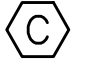
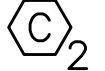


TYPE	DESCRIPTION
	2'x4' RECESSED FLUORESCENT TROFFER
	2'x2' RECESSED FLUORESCENT TROFFER
	1'x4' RECESSED FLUORESCENT TROFFER
	1'x4' SURFACE FLUORESCENT FIXTURE
	2'x2' SURFACE FLUORESCENT FIXTURE
	RECESSED DOWNLIGHT
	LOW PROFILE WALL SCONCE
	DECORATIVE PATIENT WALL SCONCE READING LIGHT
	BATHROOM WALL FIXTURE
	DECORATIVE WALL SCONCE
	FLUORESCENT PATIENT READING LIGHT
	RECESSED WALL NIGHT LIGHT ON EMERGENCY CIRCUIT (CRITICAL BRANCH)
	4' FLUORESCENT STRIP FIXTURE
	4' FLUORESCENT WALL FIXTURE
	PORCELAIN BASE WITH BARE BULB
	EXIT SIGN ON LIFE SAFETY CIRCUIT
	2'x4' FIXTURE ON EMERGENCY CIRCUIT (CRITICAL BRANCH)
	2'x2' FIXTURE ON EMERGENCY CIRCUIT (LIFE SAFETY BRANCH)
	2'x2' FIXTURE ON EMERGENCY CIRCUIT (CRITICAL BRANCH)
	1'x4' FIXTURE ON EMERGENCY CIRCUIT (CRITICAL BRANCH)
	WALL MTD FIXTURE ON EMERGENCY CIRCUIT (LIFE SAFETY BRANCH)
	DOWN LIGHT ON EMERGENCY CIRCUIT (LIFE SAFETY BRANCH)
	WALL SCONCE ON EMERGENCY CIRCUIT (LIFE SAFETY BRANCH)

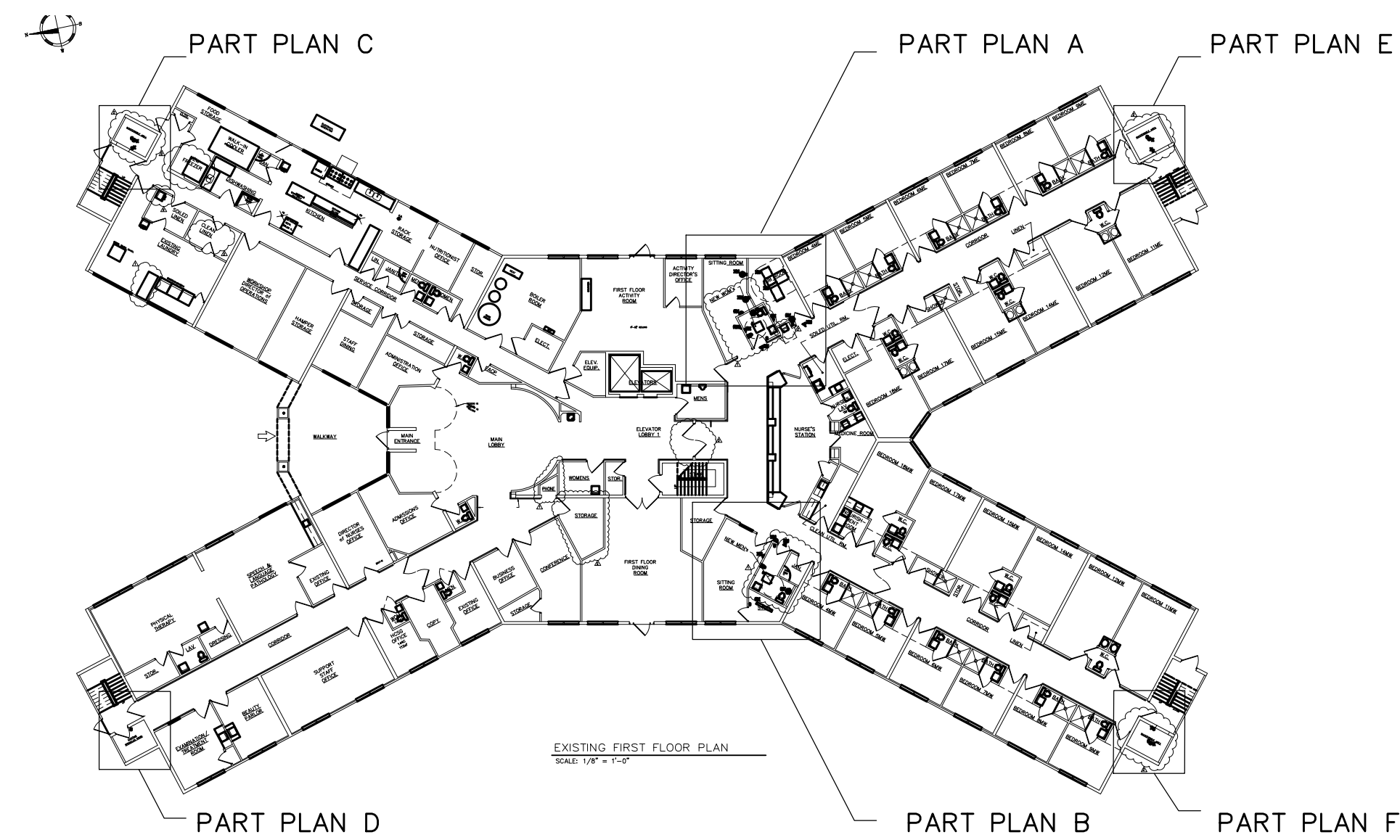
VOLTAGE: 3 PHASE, 4WIRE, 40 HERTZ INCOMING FEEDER LOCATION: PANEL MOUNTING:				120/208 Bottom surface				PANEL NAME: PANEL LOCATION: JOB NUMBER: POWER SOURCE:				MDP 1st Floor				INCOMING TERM: MAIN BUS SIZE: MAIN CKT. BKR. SIZE: INTERTRIPPING RATING:				1200A MLO			
CKT NO.		SERVICE DESCRIPTION		CONNECTED WATTS			BKR. SIZE			PH A B C			BKR. SIZE			CONNECTED WATTS			SERVICE DESCRIPTION			CKT NO.	
				A B C									A B C										
1																			UNUSABLE SPACE		2		
3		LP1					400/3			●											4		
5										●											6		
7		LP2					225/3			●			225/3						LP3		8		
11										●											10		
13										●											12		
15		LP4					225/3			●			200/3						CP TRANSFER SWITCH		14		
17										●											16		
19										●											18		
21		LS TRANSFER SWITCH					100/3			●									SPACE		20		
23										●											22		
25										●											24		
27		SPACE								●									SPACE		26		
29										●											28		
31										●											30		
33		SPACE								●									SPACE		32		
35										●											34		
37										●											36		
39		SPACE								●									SPACE		38		
41										●											40		
										●											42		
				C/B		QTY																	
				400/3		1																	
				225/3		3																	
				200/3		1																	
				100/3		1																	
				TOTAL CONNECTED LOAD														0 WATTS					
				TOTAL CURRENT @														208 VOLTS		0.0 AMPERE			
TOTAL POLES:				42																			

VOLTAGE: 3 PHASE, 4WIRE, 40 HERTZ		120/208		PANEL NAME: CPDP		PANEL LOCATION: 1st Floor		INCOMING TERM: MAIN BUS SIZE: 225A				
INCOMING FEEDER LOCATION: PANEL MOUNTING:		Bottom surface		JOB NUMBER: POWER SOURCE: MDP				225/3				
								INTER interrupting RATING:				
CKT NO.	SERVICE DESCRIPTION	CONNECTED WATTS			BKR. SIZE	PH A B C	BKR. SIZE	CONNECTED WATTS		SERVICE DESCRIPTION	CKT NO.	
		A	B	C				A	B	C		
1					125/3	●		125/3			2	
3	ELEVATOR #1					●					4	
5						●					6	
7						●					8	
9	CP-1				100/3	●		60/3			10	
11						●					12	
13						●					14	
15	CP-3				60/3	●		60/3			16	
17						●					18	
19	Dryer				20/1	●					20	
21	Storage Rm Phone Outlet				20/1	●		20/3			22	
23	CO Defection				20/1	●					24	
25	A/C Kitchen				20/1	●					26	
27	A/C Kitchen				20/1	●		20/2			28	
29	A/C Freezer Room				20/1	●		20/1			30	
31	A/C Freezer Room				20/1	●					32	
33	A/C Kitchen				20/1	●					34	
35	A/C Kitchen				20/1	●					36	
		C/B	QTY	C/B	QTY			TOTAL A	0	WATTS		
		125/3	2	20/1	10			TOTAL B	0	WATTS		
		100/3	1					TOTAL C	0	WATTS		
		60/3	3					TOTAL	0	WATTS		
		20/3	1					TOTAL CONNECTED LOAD				
		20/2	1					TOTAL CURRENT @ 208 VOLTS 0.0 AMPERE				
TOTAL POLES:												















VOLTAGE:		120/208		PANEL NAME: LS		ELECT closet		INCOMING TERM: MAIN BUS SIZE:		100A MLO		
3 PHASE, 4WIRE, 60 HERTZ				PANEL LOCATION: JOB NUMBER:				MAIN CKT. BKR. SIZE:				
INCOMING FEEDER LOCATION:				POWER SOURCE:				INTERLOCKING RATING:				
PANEL MOUNTING:		surface				Xfer Switch						
CKT NO.	SERVICE DESCRIPTION	CONNECTED WATTS			BKR. SIZE	PH A B C	BKR. SIZE	CONNECTED WATTS			SERVICE DESCRIPTION	CKT NO.
		A	B	C				A	B	C		
1	Hi Hats 2nd Fl Corridor.				20/1		20/1				Hi Hats 2nd Fl Corridor.	2
3	Hi Hats Elev Fl Corridor.				20/1		20/1				Lights 1 Act Rm	4
5	Lights 2nd Fl Dining				20/1		20/1				Hi Hats 2nd Fl Corridor.	6
7	Lights 1st Fl Act Rm				20/1		20/1				Hi Hats 1st Fl Corridor.	8
9	Hi Hats lobby				20/1		20/1				Lights 1st Fl Dining	10
11	Hi Hats 1st Fl Corridor				20/1		20/1				Hi Hats 1st Fl Corridor.	12
13	Hi Hats 1st Fl Corridor				20/1							14
15	F.A. Door holders				20/1		20/2				Elect Heat Sprinkler Rm	16
17	F.A. Doorholders				20/1		20/1				Front & Plant Lts Via T.C.	18
19	Time Clock #2 motor				20/1		20/1				Hi Hats 2nd Fl Corridor	20
21	F.A.C.P.				20/1		20/1				Lights 1 Act Rm	22
23	110v To Generator				20/1		20/1				Wall lights-T.C.#2	24
25	Battery Charger - Gen				20/1		20/1				Elect rm lts.	26
27	Tel Rm Recept.				20/1		20/1				Elev pil light	28
29	Tel Rm Recept.				20/1		20/1				Elev pil recept	30
		C/B	QTY									
		20/1	28									
		20/2	1									
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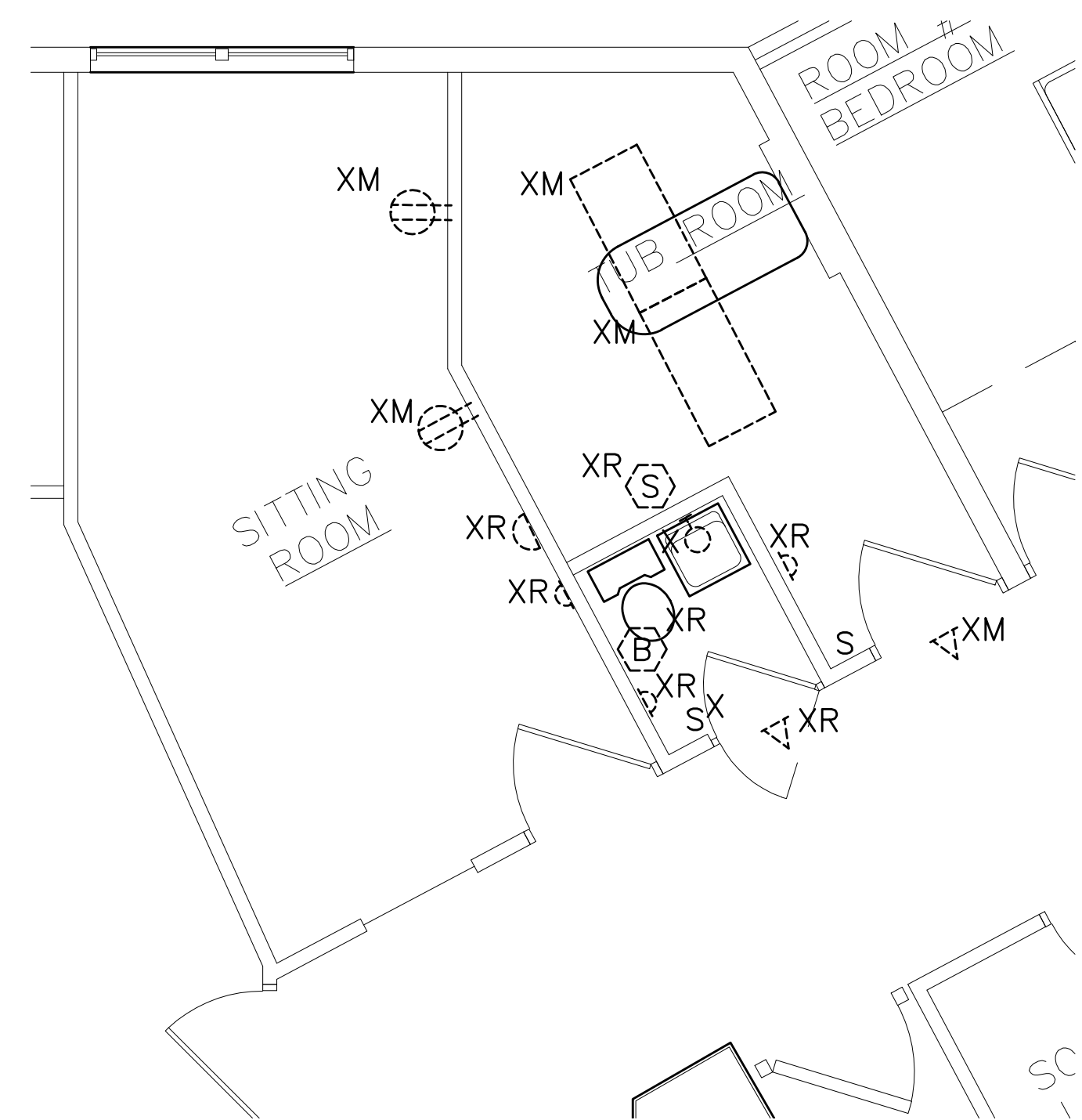
TYPE	DESCRIPTION
	FIRE ALARM CONTROL PANEL
	FIRE ALARM MASTER STATION
	FIRE ALARM PULL STATION
	FIRE ALARM HORN/LIGHT UNIT
	FIRE ALARM SYSTEM SMOKE DETECTOR
	CARBON MONOXIDE DETECTOR
	FIRE DEPARTMENT LOCK BOX
	SPRINKLER SYSTEM FLOW SWITCH
	SPRINKLER SYSTEM TAMPER SWITCH
	SPRINKLER SYSTEM PRESSURE SWITCH
	FIRE ALARM SYSTEM MAG DOOR HOLDER

TYPE	DESCRIPTION
	NURSE CALL MASTER STATION
	NURSE CALL PATIENT BATH STATION
	NURSE CALL PATIENT BED STATION
	NURSE CALL DUAL PATIENT BED STATION
	NURSE CALL DUTY STATION
	N

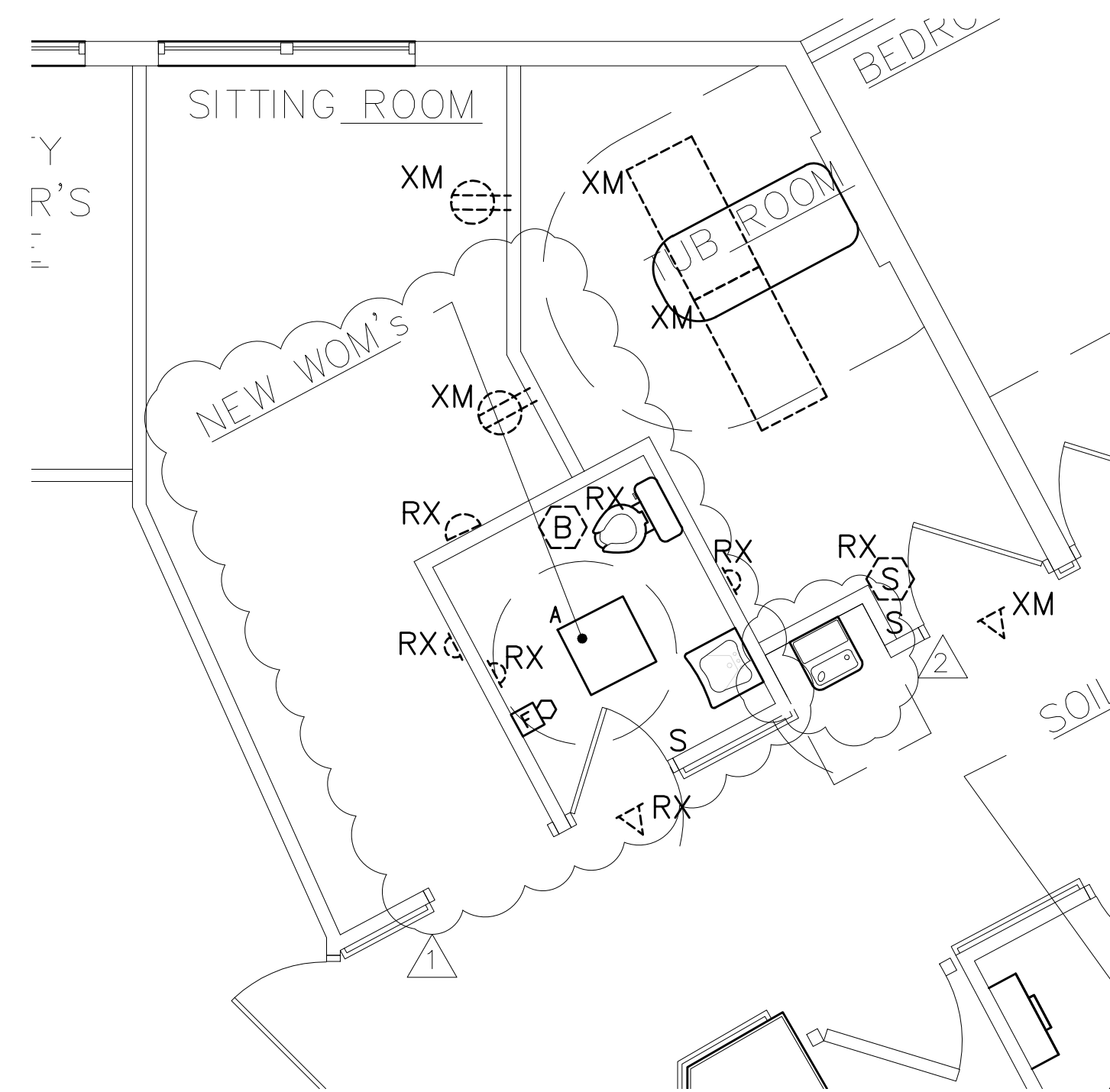


KEY PLAN

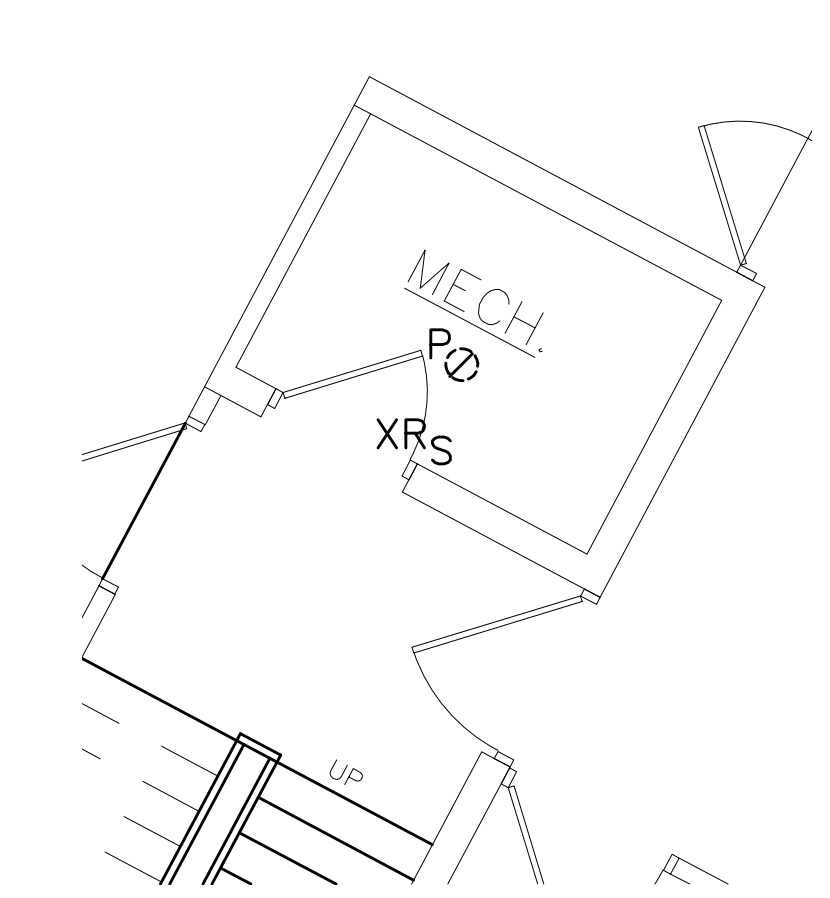
ELECTRICAL LEGEND			
	- 2' x 2' RECESSED LED TROFFER LITHONIA CAT # 2TL233LFWA12 CONNECT TO EXISTING LIGHTING CIRCUIT		- NURSE CALL DOME LIGHT
	- SINGLE POLE SWITCH - M.H. 48" A.F.F. SUBSCRIPT INDICATES SWITCH CONTROL		- FIRE ALARM SYSTEM VISUAL UNIT - M.H./ 80" AFF TO CL - MATCH EXISTING AND CIRCUIT TO STROBE CIRCUIT
	- DUPLEX NEMA 15R RECEPTACLE - HUBBELL CATALOG # 5361W		- BRANCH CIRCUIT OR FEEDER - CONCEALED IN CONSTRUCTION IN FINISHED AREAS, EXPOSED IN UNFINISHED AREAS
	- GROUND FAULT INTERRUPTER RECEPTACLE - HUBBELL CATALOG # GF15WL MOUNTED ABOVE COUNTER U.N.O.		- EXISTING TO BE REMOVED
	- TELEPHONE OUTLET - M.H. 18" AFF		- EXISTING TO REMAIN
	- COMBINATION TELEPHONE/DATA OUTLET - M.H. 18" AFF		- EXISTING TO BE RELOCATED
	- NURSE CALL PATIENT BATH STATION		- NEW LOCATION OF RELOCATED EQUIPMENT



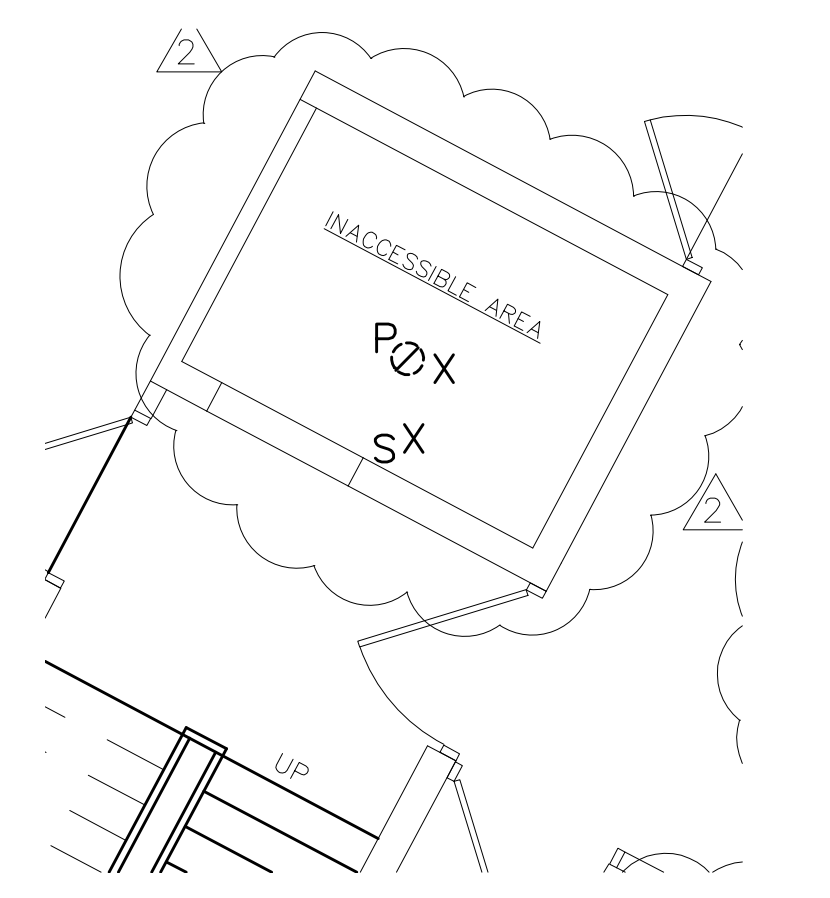
PART PLAN A DEMOLITION
SCALE: 1/4" = 1'-0"



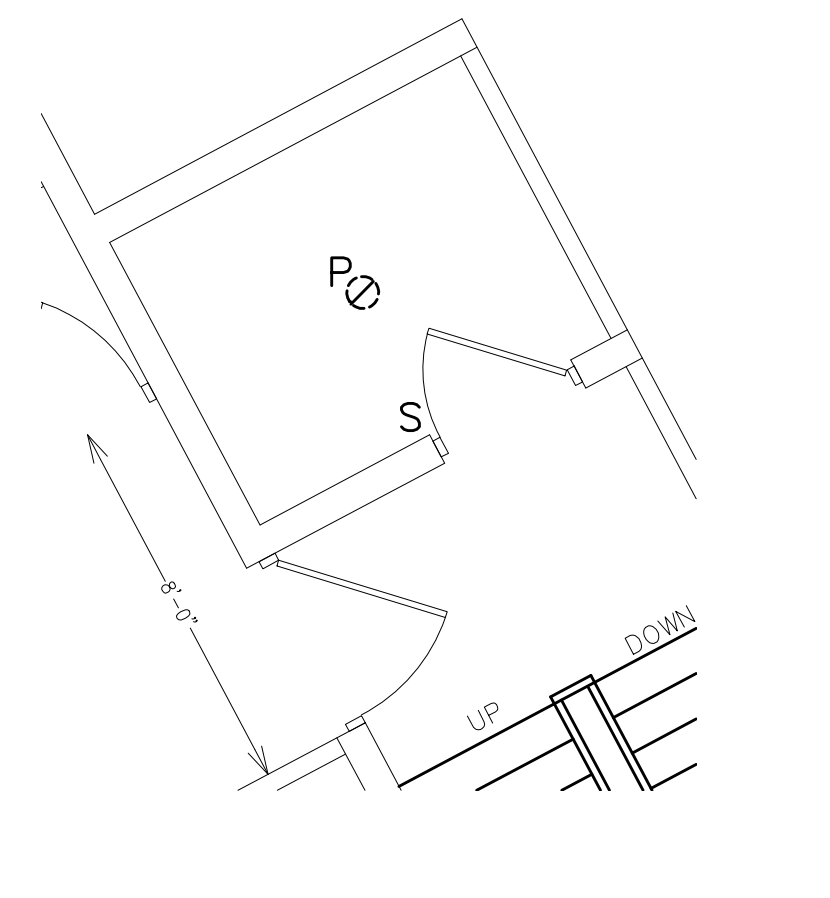
PART PLAN A RENOVATION
SCALE: 1/4" = 1'-0"



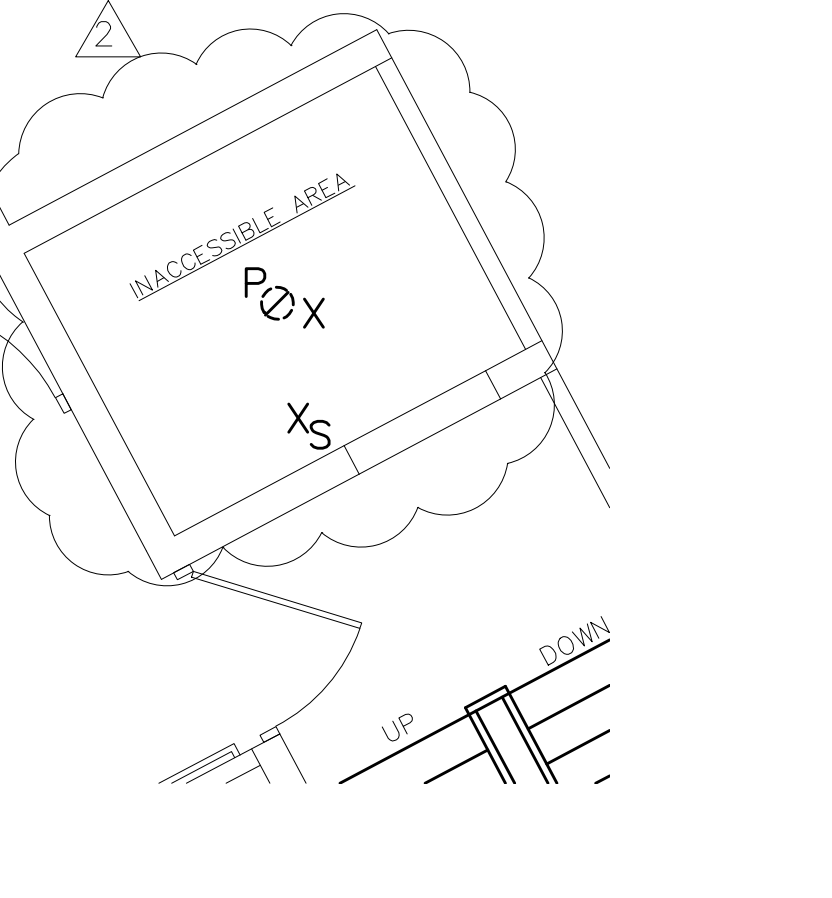
PART PLAN C DEMO.
SCALE: 1/4" = 1'-0"



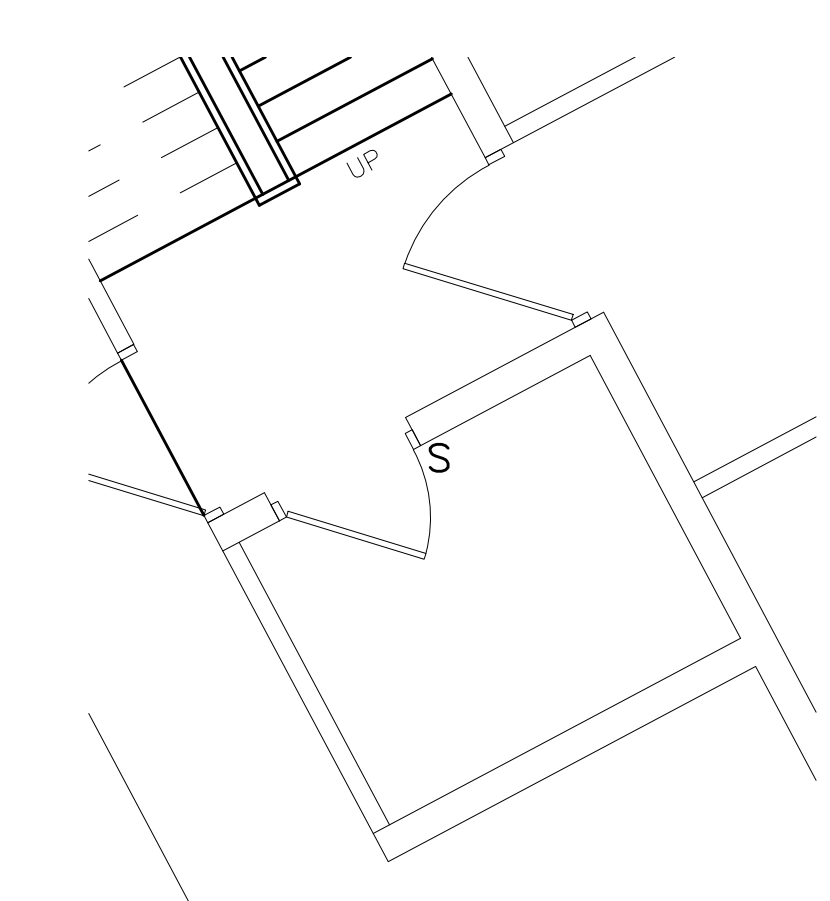
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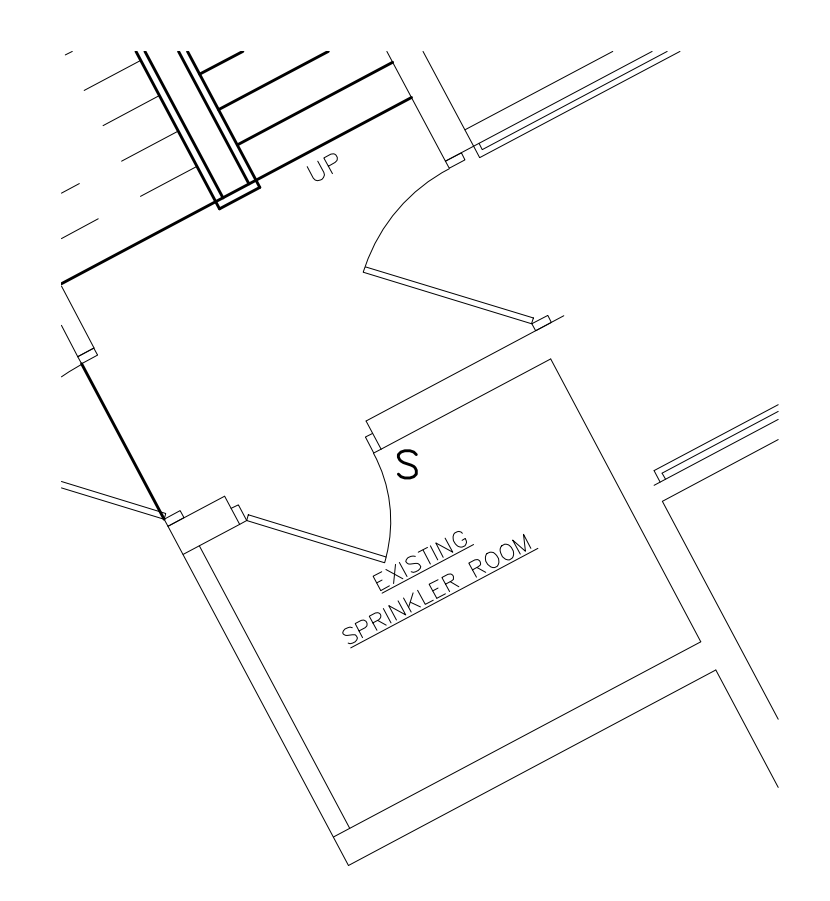
PART PLAN E DEMO.
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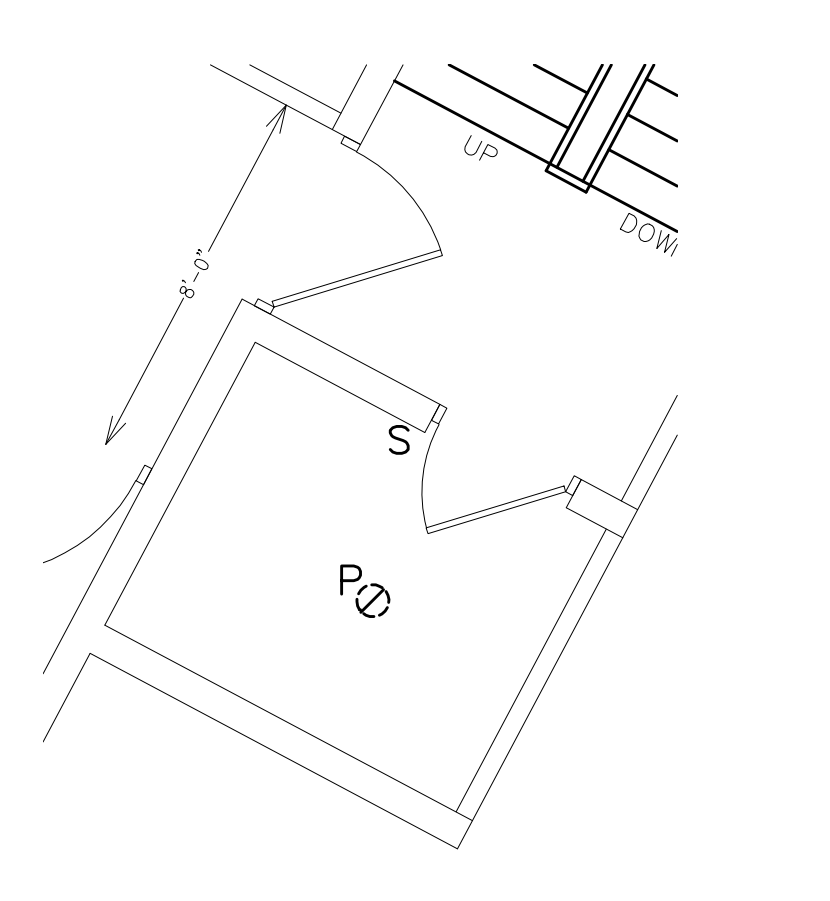
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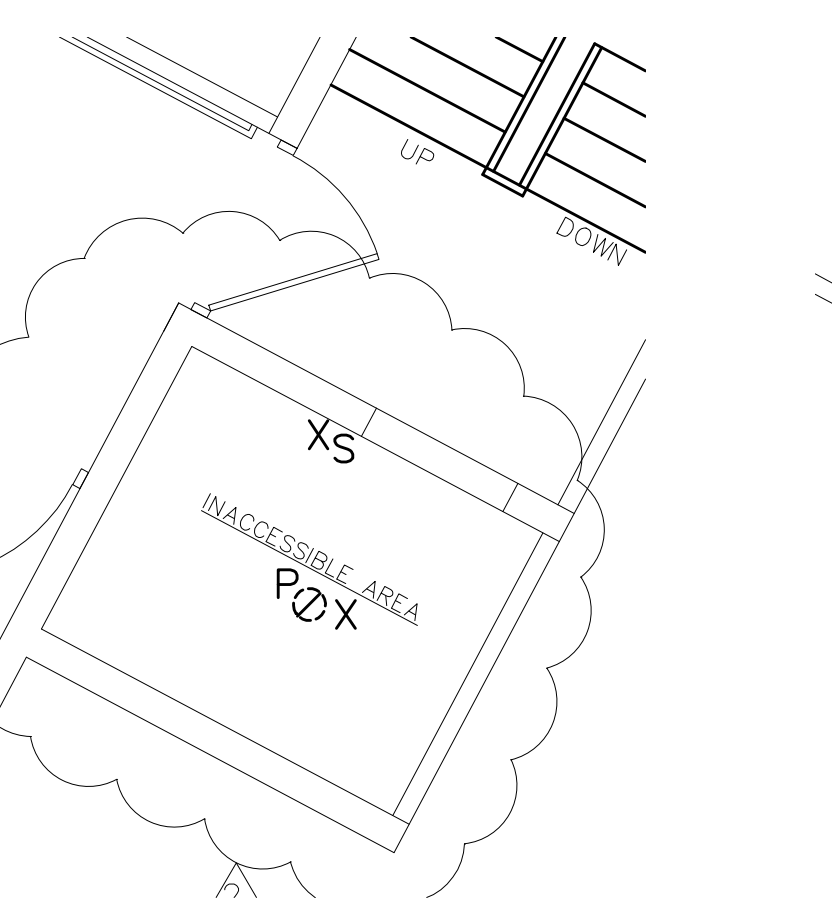
PART PLAN D DEMO.
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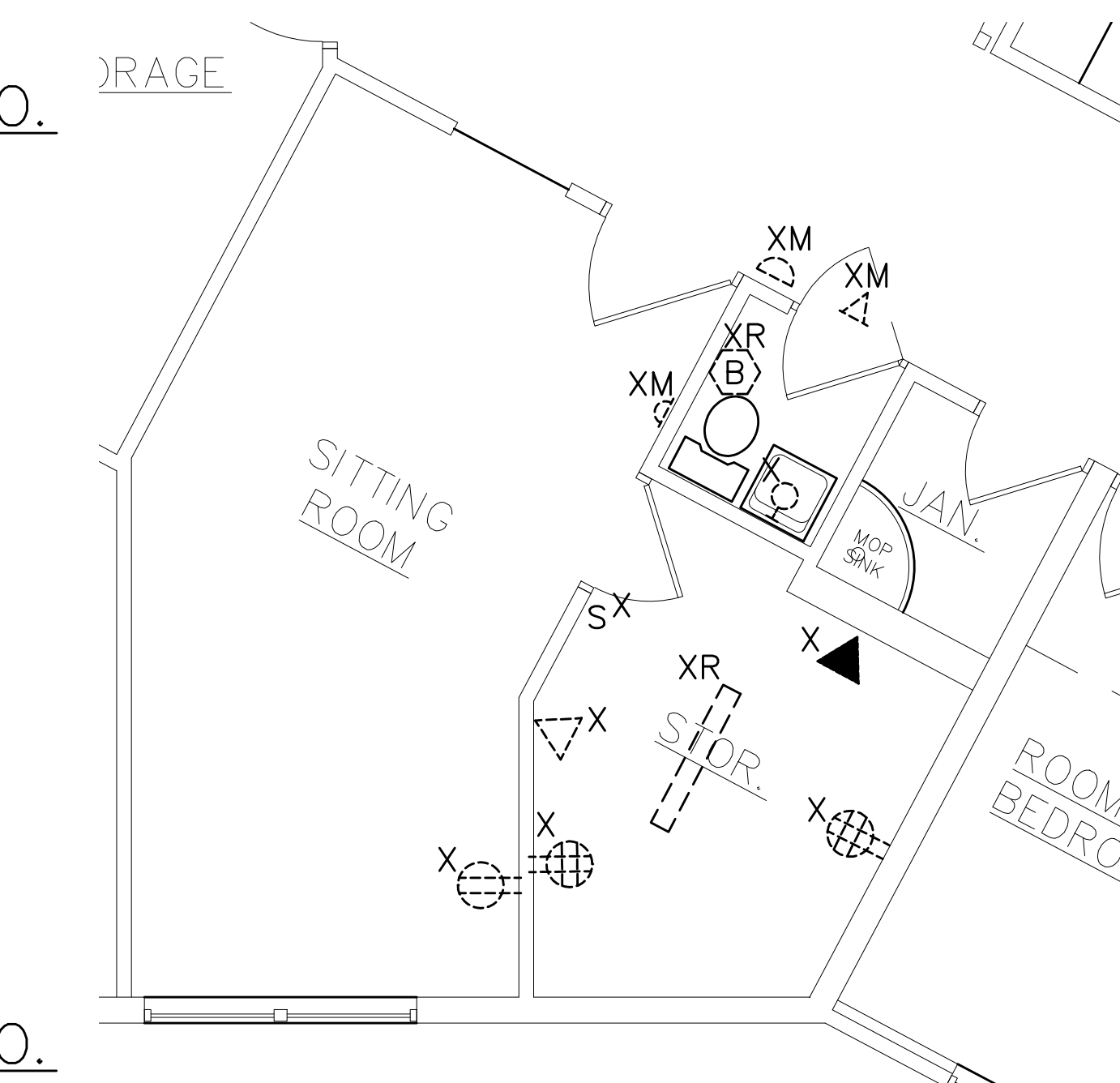
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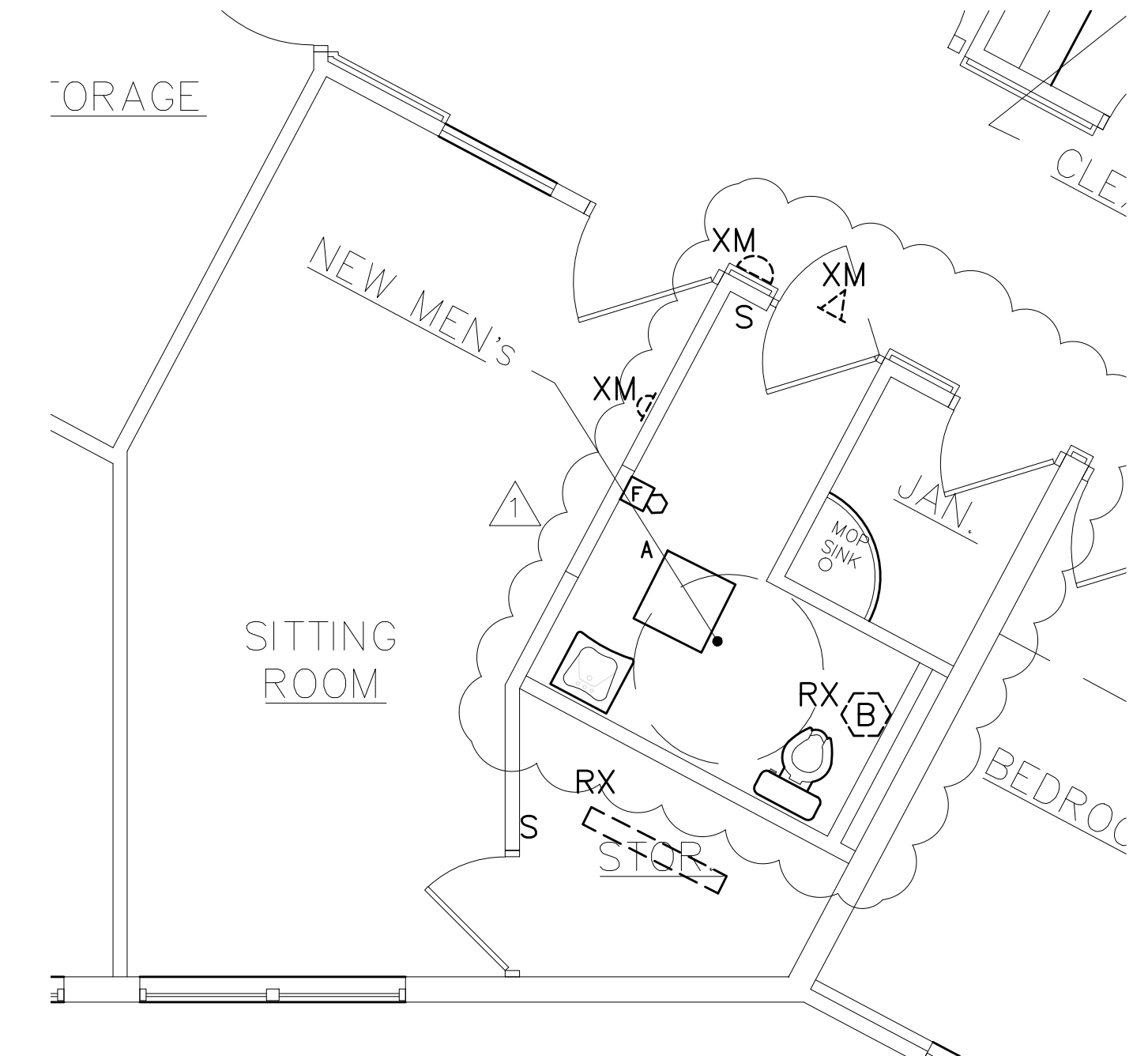
PART PLAN F DEMO.
SCALE: 1/4" = 1'-0"



PART PLAN F RENO.
SCALE: 1/4" = 1'-0"



PART PLAN B DEMOLITION
SCALE: 1/4" = 1'-0"



PART PLAN B RENOVATION
SCALE: 1/4" = 1'-0"

ARCHITECT	CONSULTANT
SIGNATURE	SIGNATURE

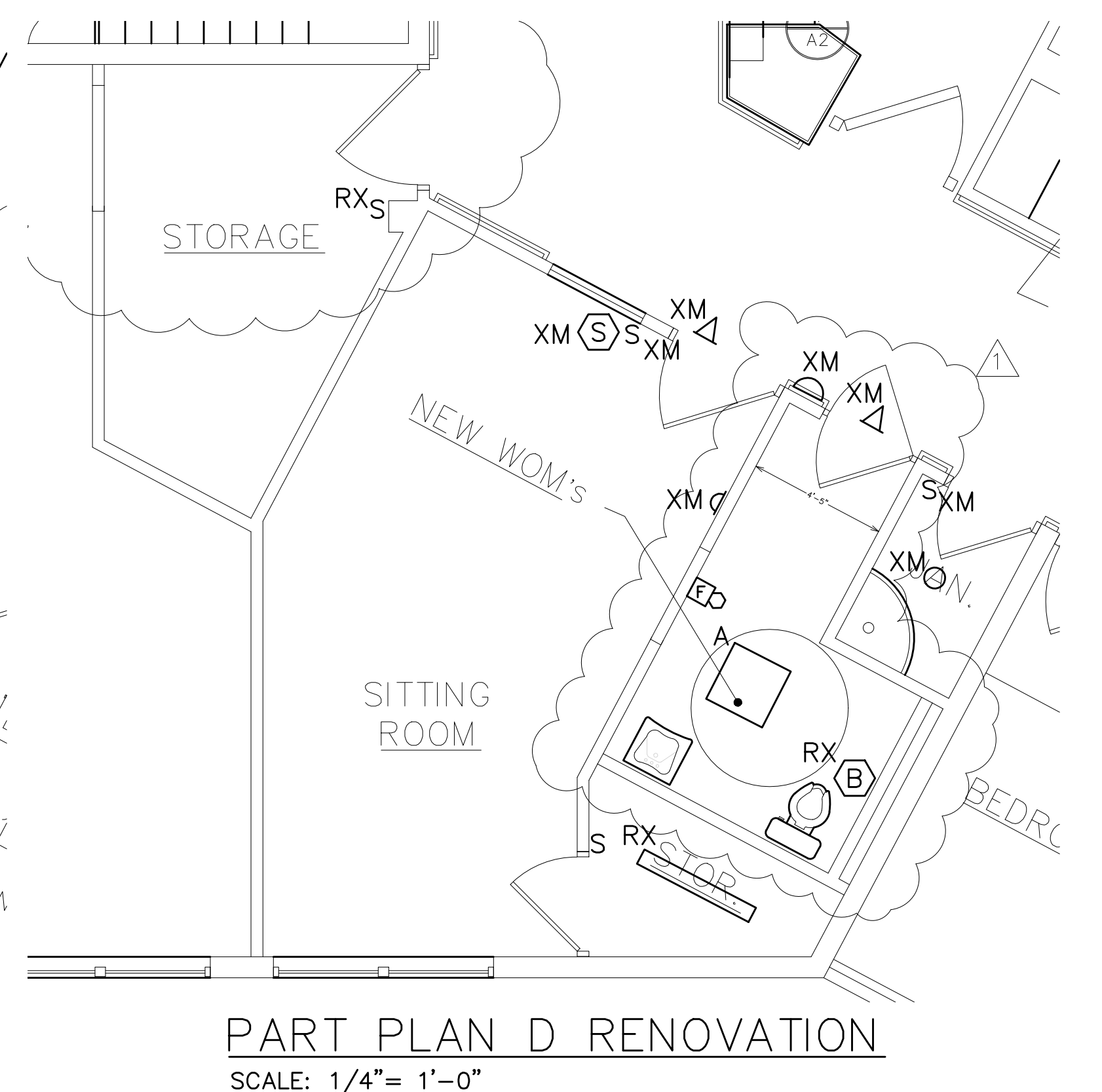
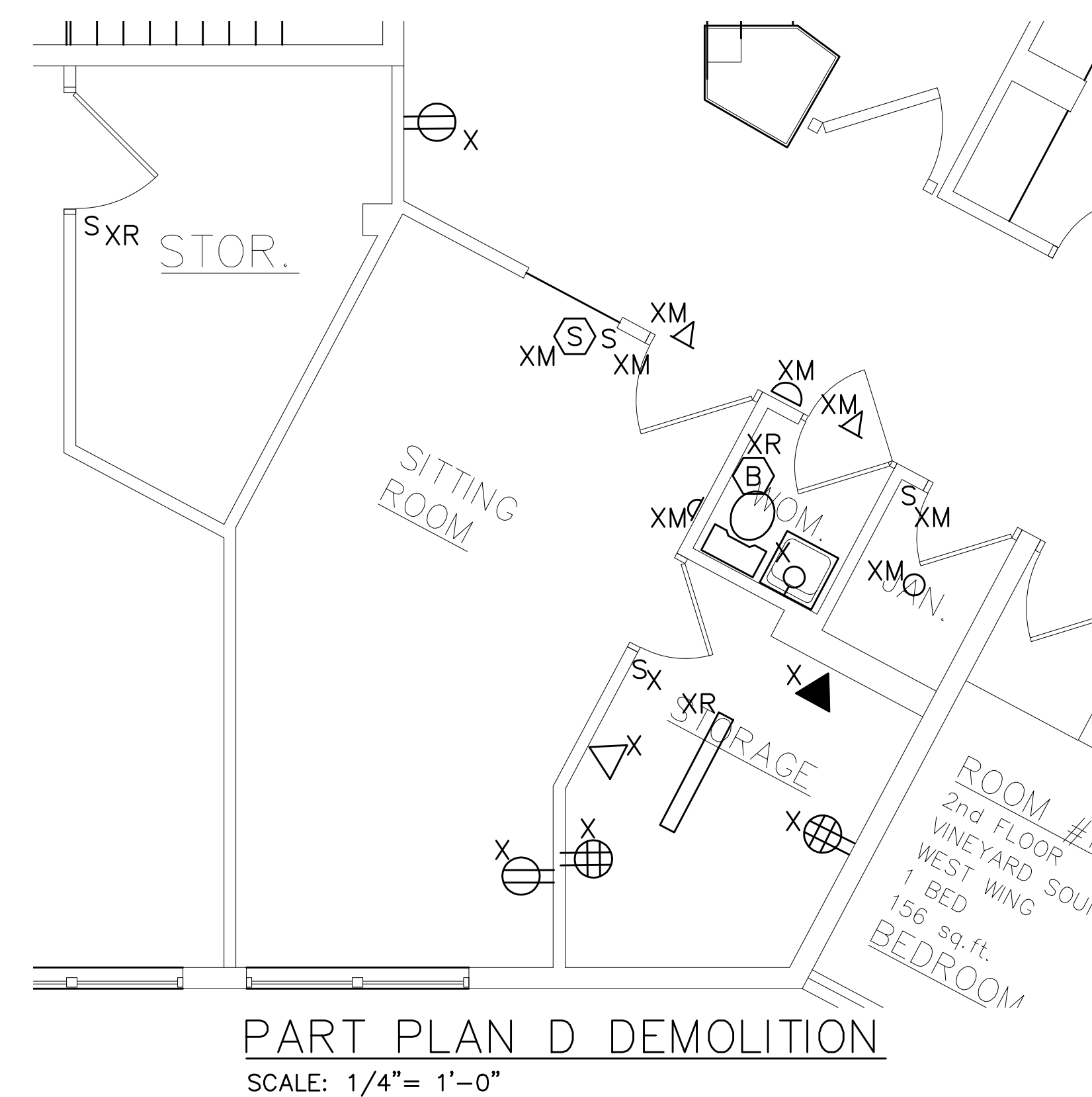
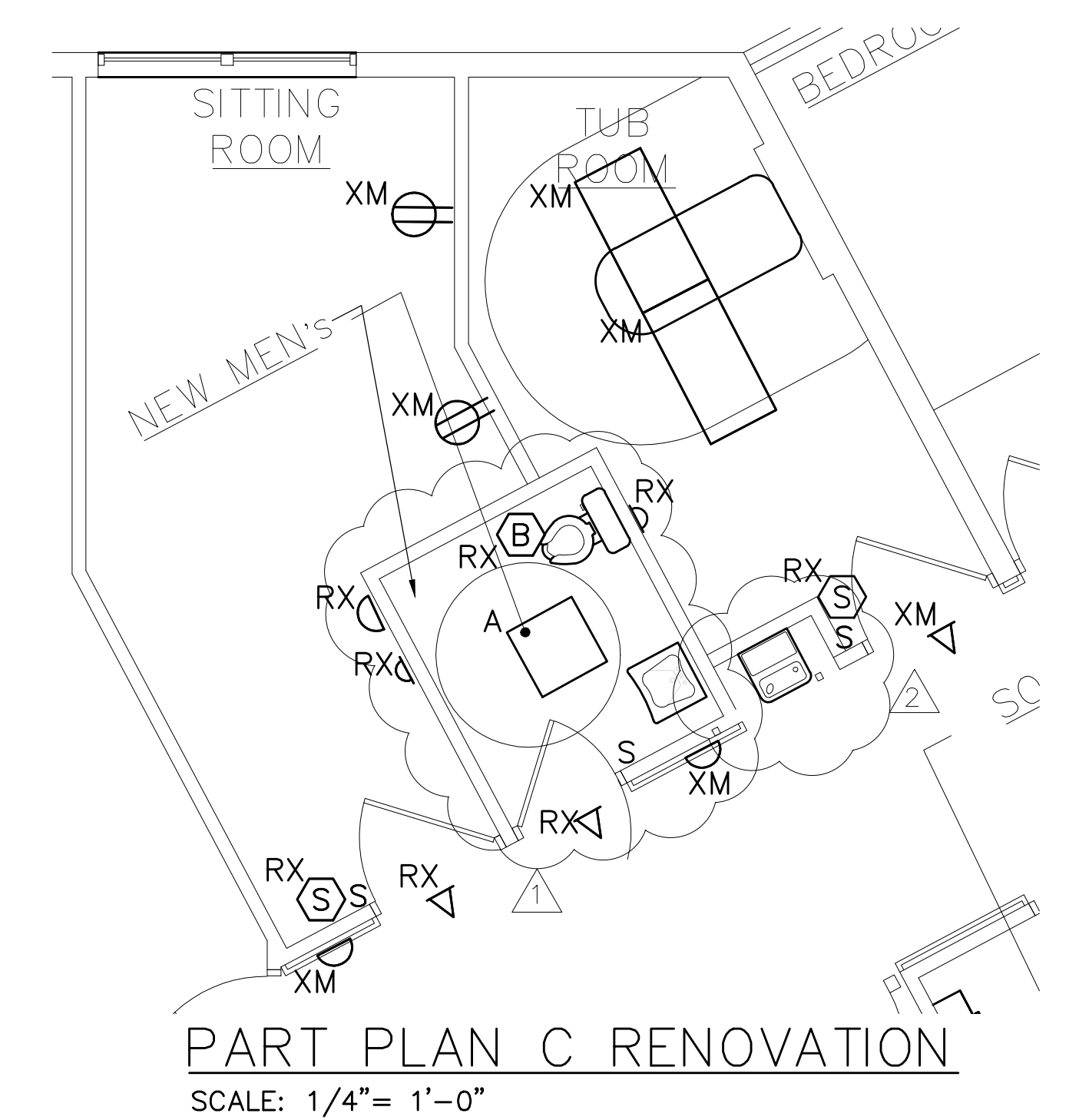
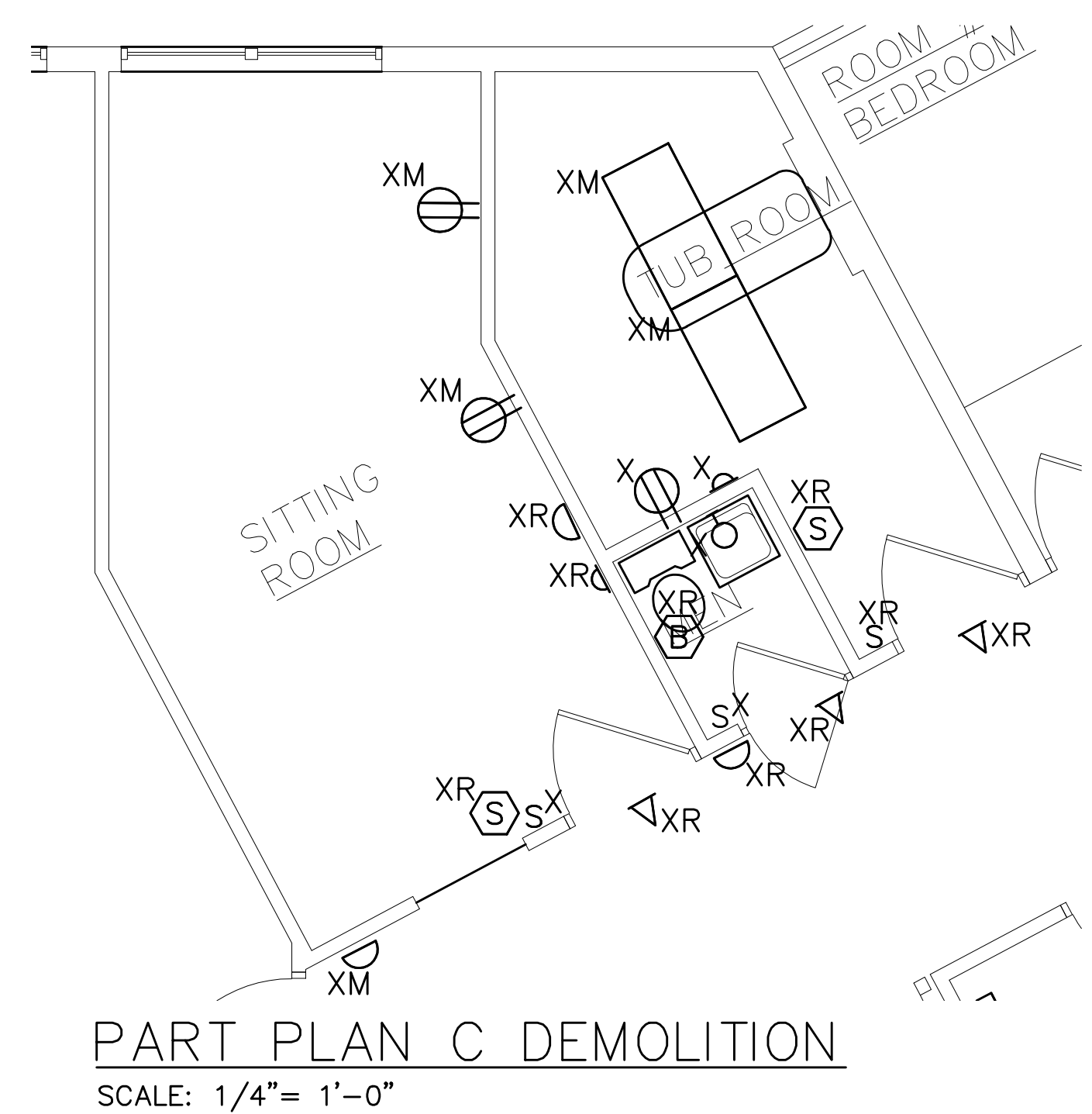
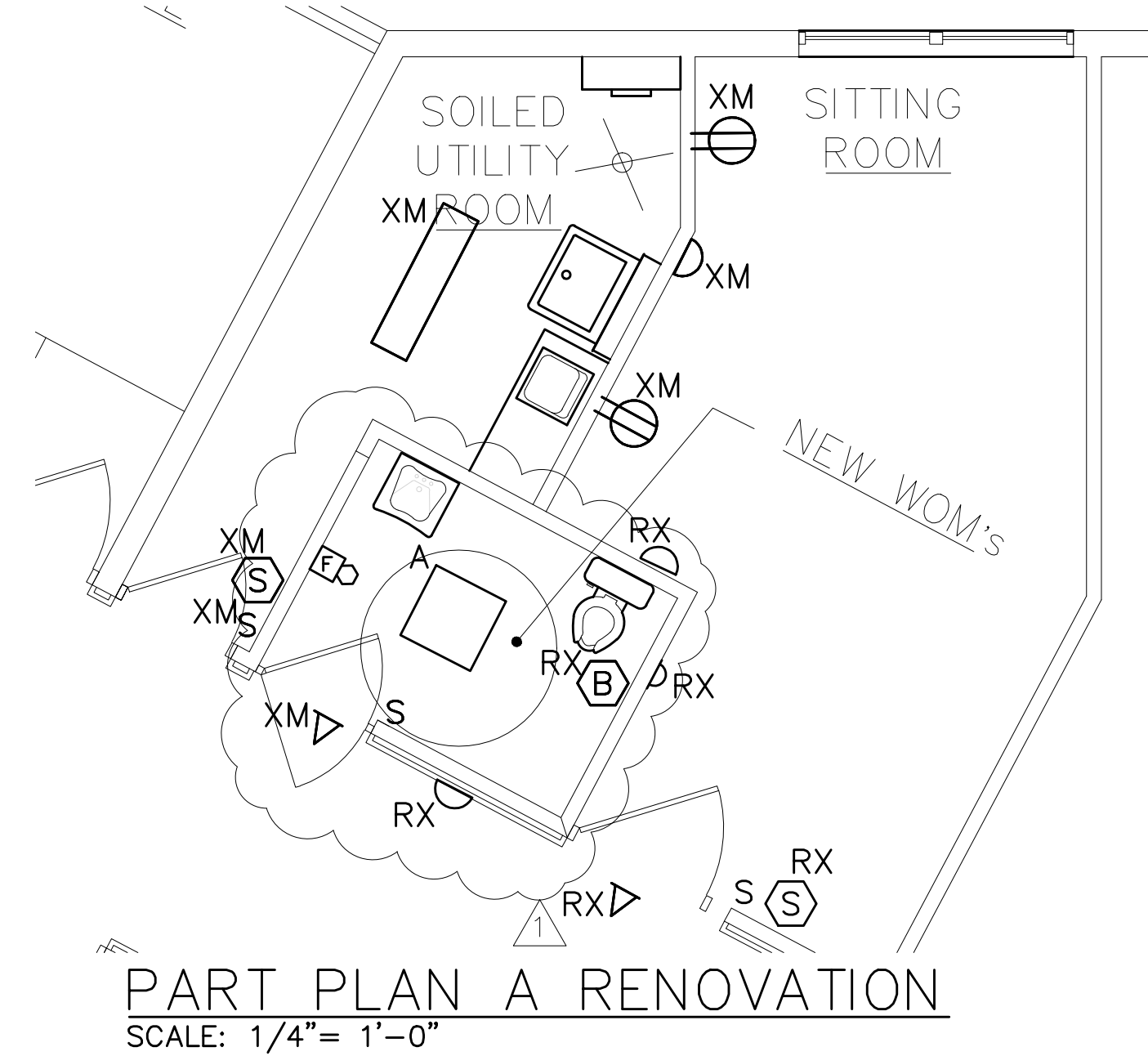
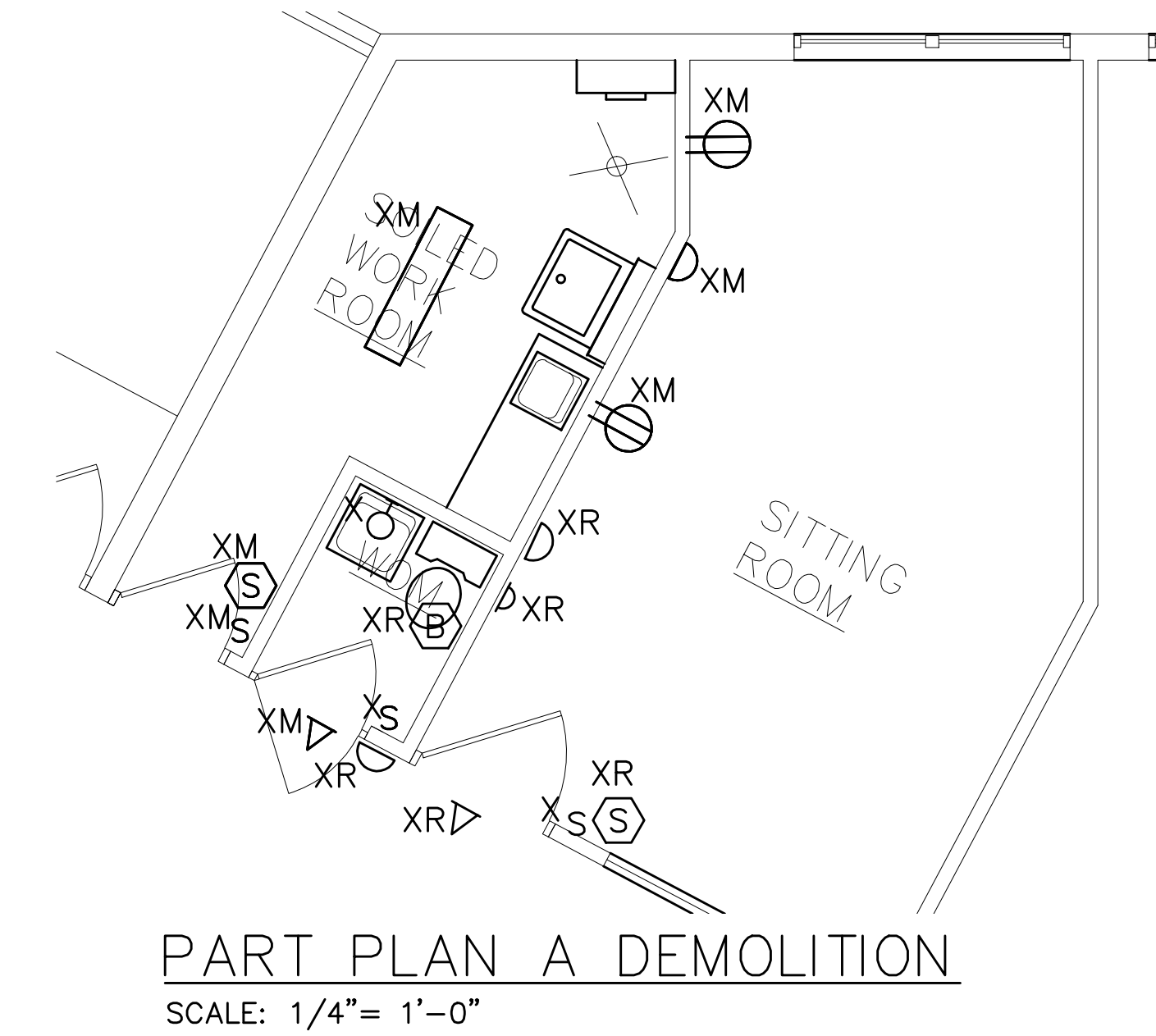
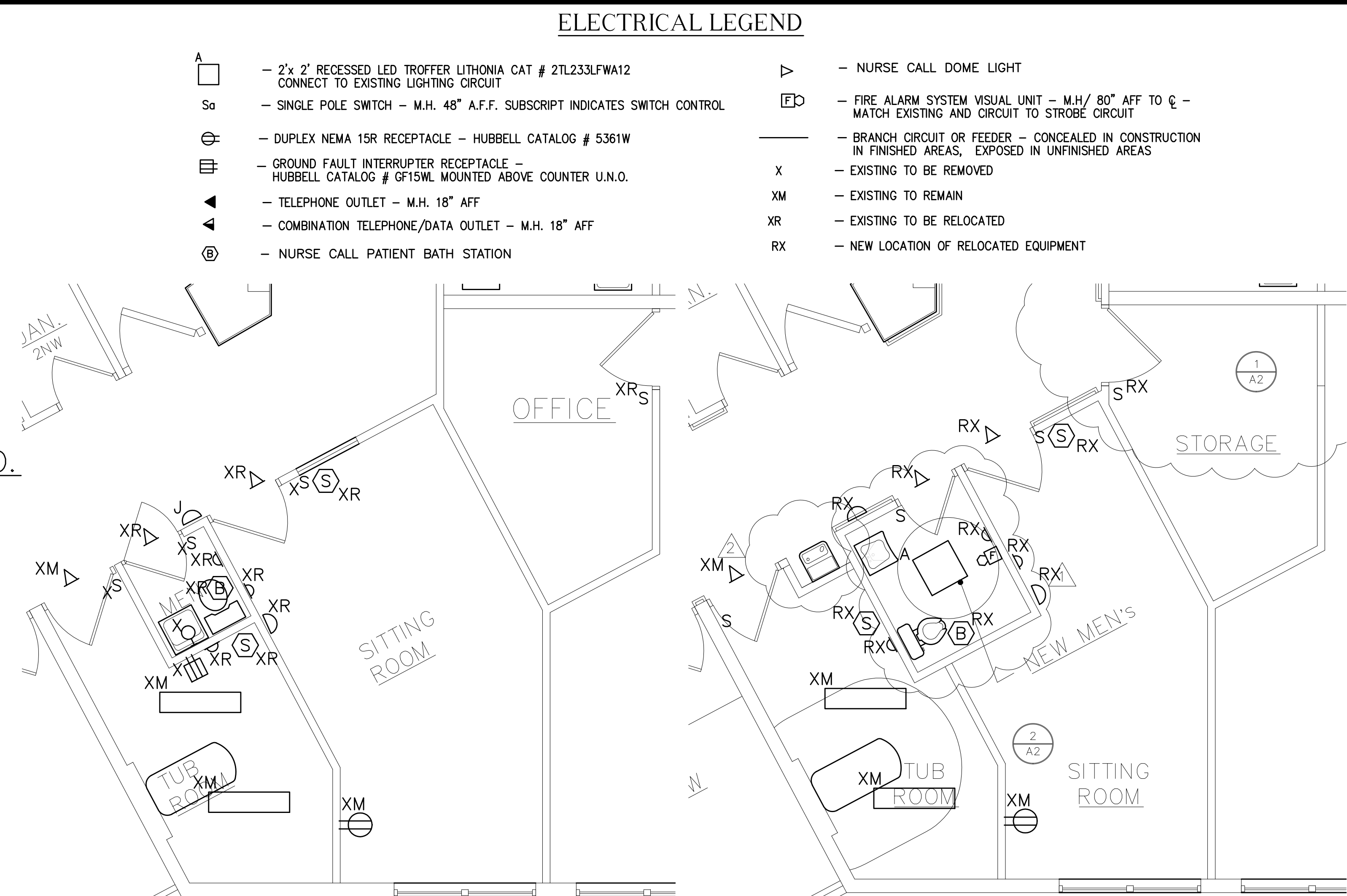
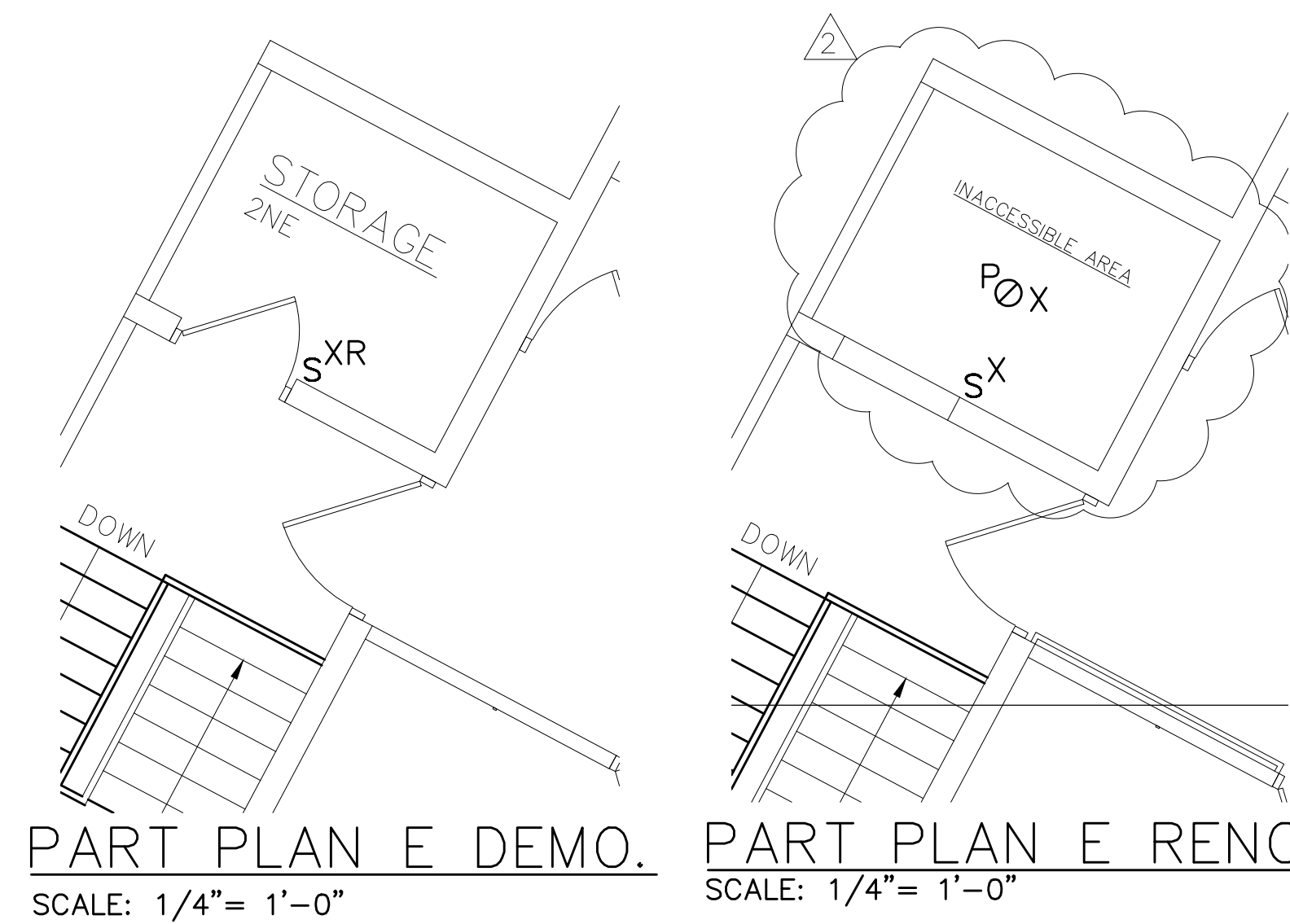
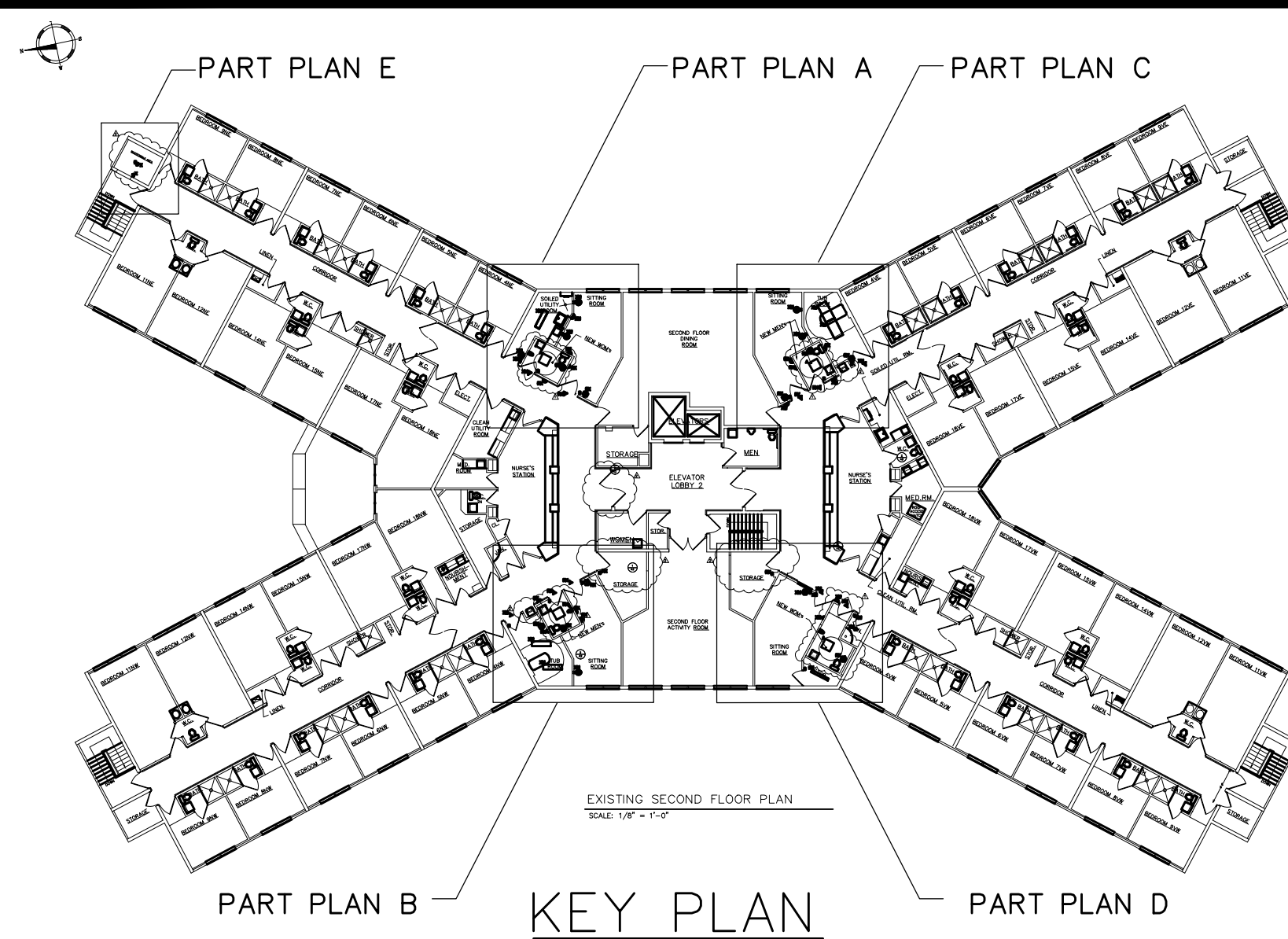
EXISTING HEALTH CARE FACILITY
MORSE POND CARE CENTER
359 JONES ROAD
FALMOUTH, MA











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DRAWING TITLE:	ELECTRICAL RENOVATION 1ST FLOOR PLANS
DRAWN BY:	RJF
CHECKED BY:	RJF

DATE:	10-16-15
REVISIONS:	
PROJECT No.	1424

SHEET No.	E1
DESIGN DEVELOPMENT	



- | <u>ELECTRICAL LEGEND</u> | | |
|---|---|--|
|  | — 2'x 2' RECESSED LED TROFFER LITHONIA CAT # 2TL233LFWA12
CONNECT TO EXISTING LIGHTING CIRCUIT |  — NURSE CALL DOME LIGHT |
|  | — SINGLE POLE SWITCH — M.H. 48" A.F.F. SUBSCRIPT INDICATES SWITCH CONTROL |  — FIRE ALARM SYSTEM VISUAL UNIT — M.H./ 80" AFF TO & —
MATCH EXISTING AND CIRCUIT TO STROBE CIRCUIT |
|  | — DUPLEX NEMA 15R RECEPTACLE — HUBBELL CATALOG # 5361W |  — BRANCH CIRCUIT OR FEEDER — CONCEALED IN CONSTRUCTION
IN FINISHED AREAS, EXPOSED IN UNFINISHED AREAS |
|  | — GROUND FAULT INTERRUPTER RECEPTACLE —
HUBBELL CATALOG # GF15WL MOUNTED ABOVE COUNTER U.N.O. | X — EXISTING TO BE REMOVED |
|  | — TELEPHONE OUTLET — M.H. 18" AFF | XM — EXISTING TO REMAIN |
|  | — COMBINATION TELEPHONE/DATA OUTLET — M.H. 18" AFF | XR — EXISTING TO BE RELOCATED |
|  | — NURSE CALL PATIENT BATH STATION | RX — NEW LOCATION OF RELOCATED EQUIPMENT |

<p>ARCHITECT</p> <hr/> <p>SIGNATURE</p>	<p>CONSULTANT</p> <hr/> <p>SIGNATURE</p>
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DRAWING TITLE:	
ELECTRICAL RENOVATION 2ND FLOOR PLANS	
DRAWN BY:	RPF
CHECKED BY:	RPF

DATE:	10-16-15
REVISIONS:	
PROJECT No.	1424