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June 28, 2022

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**To: NC Department of Health and Human Services
2705 Mail Service Center
Raleigh, NC 27699-2705**

**RE: Project No. NH-2967 MAS/DWC
FID No. 200738
CON No. P-11958-20
Embassy at Morehead City (The)
Develop a 92-Bed Replacement Nursing Facility
Morehead City (Carteret County)**

Permit # BDWW2021-04199

RE: Architectural Review Comments dated 06-15-2022

Mr. Mark A. Saulnier, Architect, DHSR Construction Section.

Mr. David W. Creech, Engineering Plan Reviewer, DHSR Construction Section.

Please accept the following as our response to the NC Department of Health and Human Services Architectural comments dated 06-15-2022

Comment 1: In reply to response to Comments #5 & 7, at some of the incidental use rooms, including Laundry 130 are indicated as having 1-hour fire/smoke barriers. Incidental use rooms should all have the symbol for 1-hour fire barriers, except only portions of walls where there is a higher fire rating or a rated smoke barrier intersecting the room. Also, the walls surrounding Kitchen 121 are shown as 1-hour fire/smoke barriers. These walls can be smoke partitions per NCSBC Table 509. Dry Storage 125 is over 100 square feet and therefore must be surrounded by 1-hour fire barriers with a 45-minute door with closer per NFPA 101 Table 18.3.2.1.

Response 1: Because the Laundry #130 and Kitchen #121 have a flat roof directly above with limited ceiling space, we prefer that the walls surrounding these spaces remain as fire/smoke barriers that extend to the underside of the roof deck rather than treated as fire/smoke partitions and stopping at an additional horizontal

rated assembly. (As the architect of record, we reserve the right to exceed the minimum building code standards and should be a non-issue.) This will simplify the HVAC ductwork and piping that will be located above the ceiling and avoid excessive penetrations through a horizontal fire assembly if one were placed below the flat roof trusses. Dry Storage #125 now shows a 1-hour fire barrier around the room with a 45-minute rated door and closer per NFPA 101.

Comment 2: In reply to response to Comment #6, the ceiling portion of the 1-hour roof/ceiling assembly cannot be used as a lid for an incidental use room. There must be a 1-hour lid over the room that is independent of 1-hour roof/ceiling assembly or the fire barrier must extend to the underside of the roof deck per NCSBC Section 509.4.1 & 707.5.

Response 2: We have added to sheet A9.6 the detail for a 1-hour fire-rated horizontal assembly to be placed below the roof/ceiling assembly, based on G.A. NO. FC-4503, that was previously discussed with you in past correspondence. This assembly is indicated in the appropriate rooms on the Life Safety Plans A0-4-A0.5 and the Large-Scale Floor Plans A3.1-A3.2 as an acceptable alternative to extending the fire-rated barriers to the underside of the roof deck and instead stopping the rated walls at the new horizontal fire-rated assembly that is installed below the roof/ceiling fire-rated assembly.

Comment 3: In reply to response to Comment #21 on the engineering DD review letter, on the Life Safety Plan exiting is shown as being directed through Music Room 304 into the MC Courtyard CY 200. Corridor exiting should not be directed into this courtyard and the exit sign directing into the courtyard removed. Since the courtyard is larger than 2500 square feet, there must two means of egress from the courtyard. One of the exits from the courtyard can be back into the building through Music Room 304 but there must be a 6-foot clear path maintained through the room for egress, or the two gates can be the means of egress as long as all the elements of NCSBC Section 407.12, special locking are at both gates.

Response 3: We have removed the exit sign from the exterior door in Music Room #304 and modified the egress paths accordingly. The Courtyard does maintain two exits out of the courtyard for

memory care patients and both gates will have special locking hardware to comply with the NCSBC Section 407.12.

Comment 4: At Wall Section 5/A6.4, there is a deep overhang and the roof/ceiling assembly P545 must be carried at this ceiling or protected with 2 layers of 5/8 Gypsum board GA RC2601 as seen in Wall Section 8/A6.4. At all deep overhangs and porches, the roof ceiling assembly should extend out to maintain the 1-hour protected construction. Also, confirm that all overhangs deeper than 4-feet and all covered porches are protected by sprinklers.

Response 4: Wall section 5/A6.4 has been corrected. The covered entry/overhang has been corrected to show the GA RC2601 ceiling and then the typical 24" roof eaves overhang further out. All covered overhangs greater than 4-feet and covered porches will be protected by sprinklers, and will be part of a later submittal by the licensed sprinkler designer.

Comment 5: In reply to the response to Comment #1 on the engineering DD review letter, on the Life Safety Plan, the exiting from Courtyard CY400 is directed into Dining 428. Courtyard CY400 is considered a habitable room since it is enclosed. In order to direct exiting from a habitable room through an enclosed intervening space the courtyard must be considered a suite of rooms and all of the travel distances from the suite must be met. It appears that the travel distance from the most remote point in the courtyard is more than 100 feet to the exit access corridor and therefore would not meet the travel distance requirement. Nursing home dining can be open to the corridor, but an 8-foot path of egress must be maintained through both Dining 428 and Living Room 421 if these rooms were open to the corridor and used as the exit path. Otherwise, two other means of egress directly into the exit access corridor must be provided, like exiting from Courtyard CY100. [NFPA 101 Section 18.2.5.6.1 & 18.2.5.7.3.2]

Response 5: The exiting from the CY400 has been redesigned. First, the Open Living Room #421 has been enlarged and designed to include the 8-foot wide egress path from the courtyard to the corridor. Second, a dedicated exit out of the courtyard has been added that leads directly to an exit access corridor adjacent to the Kitchen #121.

Comment 6: Cross corridor walls at Corridor C200A, C301A, C301B are not

required to be smoke partitions. The smoke resistant corridor wall just needs to extend down either side of the corridor as shown.

Response 6: The smoke partition designation has been removed from those three short wall sections/exit doors on the Life Safety Plans A0.4-A0.5. The corridor walls have been left unchanged.

Comment 7: Doors to Clean Utility 204, Electrical 427, Storage 118, 116 & 105, Resident Storage 424, are shown as 20-minute on the Door Schedule. These rooms are shown as 1-hour rated incidental use rooms and therefore must be surrounded by 1-hour fire barriers with a 45-minute door with a closer.

Response 7: The Clean Utility Room should be #206 (not #204), and that door is already shown as a 45-minute rated door. Doors to rooms #206, #427, #116, #105, and #424 were changed to a 45-minute rated door. Storage Room Door #118 will remain as a 20-minute rated door as the room is less than 100 s.f., so does not require the 1-hour fire-rated walls. This wall rating was likewise changed on the life safety plans A0.4-A0.5.

Comment 8: Cross corridor smoke barrier Doors C302 & C402 are in a 1-hour smoke barrier but shown as 90-minute and 45-minute rated on the Door Schedule instead of 20-minute which is allowed per NCSBC Section 716.5.3. What is the purpose of the doors being rated 90-minute and 45-minute rated?

Response 8: These two doors have been changed to 20-minute fire-rated doors.

Comment 9: It appears numerous the doors in the smoke partition corridor walls to non-fire rated rooms are shown as 20-minute rated on the Door Schedule (Example: Med Prep 301A & Memory Stimulus 302 & Multi-Purpose 200). What is the purpose of the 20-minute rated doors? Doors in smoke partitions are only required to be resistant to the passage of smoke and not fire rated.

Response 9: Typically, the corridor walls are 1-hour fire-rated walls due to their use as a structural bearing wall requiring a 1-hour fire rating (Refer to NCBC T716.5). Therefore, in Institutional-2 (I-2) construction, we typically specify resident doors as being 20-minute fire-rated, with smoke tight seals and no closer hardware. (As the architect of record, we reserve the right to exceed the minimum building code standards and should be a non-issue.) We did go through and

change doors that are in the smoke partitions but not in the load-bearing walls to non-rated doors, while keeping the smoke seals and door closers.

We will provide a separate response letter for comments based on the review of the plumbing, mechanical and electrical drawings.

Please let us know if you have any questions.

Respectfully,



David Glenn Jr.,
Project Architect



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August 2, 2022

**To: NC Department of Health and Human Services
2705 Mail Service Center
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CON No. P-11958-20
Embassy at Morehead City (The)
Develop a 92-Bed Replacement Nursing Facility
Morehead City (Carteret County)**

Permit # BDWW2021-04199

RE: Engineering Review Comments dated 08-01-2022

Mr. David W. Creech, Engineering Plan Reviewer, DHSR Construction Section.
Mr. Mark A. Saulnier, Architect, DHSR Construction Section.

Please accept the following as our response to the NC Department of Health and Human Services Engineering comments dated 08-01-2022

Comment 1: Any further revised drawing submittals shall cloud out revisions on each drawing.

Response 1: All of the revised drawings will have the changes clouded and noted as a revision on each drawing.

Comment 2: Reference Drawing M1.0; Based on the ASHREA 170-2017 schedule for the skilled nursing portions of the facility ventilation details for Medication Room, Examination Room, Clean Workroom, Clean Linen Storage, Janitors Closet, Laundry and Soiled Workroom are not provided. Provide the ASHREA 170-2017 schedule for each of the spaces listed.

Response 2: The Schedule for each space has been added to sheet M1.0

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Comment 3: Reference Drawing M2.2; Based on the architectural CD review comment #1 dated June 18, 2022 verify radiation dampers are installed in the plane of the 1-hour fire barrier ceiling at both the return and supply duct penetrations in Dry Storage 125.

Response 3: Detail B/M2.2 has been updated to reflect this requirement.

Comment 4: Based on the DD response #6 regarding commercial cooking appliance restrains. It is understood the caster wheels will be provided with locking casters to prevent unwanted movement. Verify a listed restraining device in accordance with the appliance manufacture's instruction will be provided on each appliance with rolling wheels. Typically, a tethering cable is connected to the appliance and wall to limit unwanted movement beyond the length of the appliance's flexible gas connector.

Response 4: The manufacturer (Dormont) and model numbers (--kits) specified in the specification book include the full restraining device kit with tether and attachment hardware.

Comment 5: Based on DD response #22 regarding sounding devices at each exit door from areas accessible to residents who are known wanderers or disoriented. The response indicates all Memory Care (MC) exit doors will have access control and require staff to open under normal conditions. The requirement for a sounding device is a separate requirement for any locking system on any of the exit doors, is applicable throughout this facility and not just in Memory Care per Licensure Rule 13F .0305(h)(4). Verify an independent sounding device is provided at each exit door, especially from MC including the courtyard gates.

Response 5: Door access controls will be updated to provide a sounding device at each location.

Comment 6: Based on response #23 regarding microwaves being used in assisted living units. The DD response indicates residents are allowed to provide their own microwave oven. Verify any residents who have a microwave oven in their room will be accessed by the facilities staff to be capable of safely using the microwave. [10A NCAC 13F .0311(b)(5)]

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Response 6: The Facility operator (Embassy) staff will be responsible for verifying that the assisted living residents will be capable of safely using the microwaves.

Comment 7: Also based on response #23 each microwave oven shall have a locking feature controlled by staff to limit the use of the equipment. [10A NCAC 13F .0311(b)(5)]

Response 7: Any microwave located in a resident unit is provided by the resident. If a resident is deemed to be incapable of operating said equipment, then the Facility operator (Embassy) staff will not allow a microwave to be installed in the affected resident's unit. The locking feature will not be required as the microwave will not be allowed to be installed.

Comment 8: There are several discrepancies on the drawings concerning the type of locking system to be installed on doors in this facility. Please provide the NC State Building Code section to be used for the locking system on doors in this facility. Based on which section is to be used, verify all of the components for that locking system for each door is met.

Response 8: 2018 NCSBC 407.12

Comment 9: Based on response #31 regarding locking of exit doors from Memory Care. The response indicated Maglocks will be added on the Memory Care courtyard gates. The legend found on E0.1 defines ML as Access Control with a 15 second delay. Per Licensure Rule 10A NCAC 13F.1304(3), doors for Special Care Units (Memory Care) must meet the requirements of Special Locking devices found only in 2018 NCSBC 407.12. Verify all exit doors from Memory Care are of the 407.12 type. requires

Response 9: Door access controls will be revised to comply with 407.12

Comment 10: Also based on response #31 where Memory Care residents are directed to exit the Memory Care Unit thru other portions of the facility including Adult Care wing and the Library each exit from those other portions of the facility shall either be of the free egress type or a 407.12 Special Locking System.

Response 10: Door access controls will be revised to comply with 407.12

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Comment 11: Based on response #50 regarding who will be permitted to use gas grills in the Adult Care courtyard. Verify any Adult Care residents that may utilize a gas grill when under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. [10A NCAC 13F .0311(4)]

**Response 11: The gas grill shall have a locking feature controlled by the staff.
Any resident using the gas grill will be staff supervised.**

Comment 12: Based on response #50 regarding who will be permitted to use gas grills in the Skilled Nursing courtyard. Verify any Skilled Nursing patients that may utilize a gas grill will be supervised by staff as well as assessed by staff to be capable of safely using the grill. [10A NCAC 13D.3404(h)]

**Response 12: The gas grill shall have a locking feature controlled by the staff.
Any resident using the gas grill will be staff supervised.**

Comment 13: General Comment; Based on the response to DD review comment #51, Signed and sealed sprinkler shop drawings will be submitted for approval when available.

**Response 13: Signed and sealed sprinkler shop drawings will be submitted
by the General Contractor for approval when available.**

We will provide a separate response letter for comments based on the review of the plumbing, mechanical and electrical drawings.

Please let us know if you have any questions.

Respectfully,



David Glenn Jr.,
Project Architect

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