

Holly Hosford
hhosford@Bradley.com
205.521.8376



December 29, 2021

Via Electronic Filing

Ms. Emily Marsal
Executive Director
State Health Planning and Development Agency
100 North Union Street
RSA Union Building
Suite 870
Montgomery, AL 36130-3025

AL2020-041
RECEIVED
Dec. 29, 2021
STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY

Re: AL 2020-041, CON 2933-REHAB
Rehab Associates, LLC d/b/a Rehab Associates

Dear Ms. Marsal:

I am writing on behalf of Rehab Associates, LLC d/b/a Rehab Associates – Wetumpka (“Rehab Associates”) to submit this letter requesting a Project Modification to CON 2933-REHAB, issued for the addition of outpatient occupational therapy services to an existing physical therapy facility in Wetumpka, Alabama to operate as a multi-specialty outpatient rehabilitation center. As you may be aware, the CON application submitted in Project AL 2020-041 indicated that the project would not involve construction. Rehab Associates did not anticipate the need for construction or renovation for the addition of outpatient occupational therapy services at the existing facility.

For purposes of seeking licensure as a multi-specialty outpatient rehabilitation center, Rehab Associates submitted preliminary-final stage plans and specifications to the Alabama Department of Public Health Division Technical Services Unit (“Tech Services”). In a letter dated April 30, 2021, Tech Services disapproved the preliminary-final stage plans. In July 2021, Tech Services approved the revised plans and specifications submitted by Rehab Associates provided that Rehab Associations make additional changes. Correspondence from Tech Services is enclosed as **Attachment A**. Construction and renovation items required by Tech Services prior to issuance of the multi-specialty outpatient rehabilitation center license include the addition of a janitor’s closet and housekeeping storage room, as well as addition of a new sidewalk and exterior lighting updates.

Rehab Associates has since completed the construction and renovation required by Tech Services and is in the process of completing the sidewalk work and exterior lighting projects required for final approval and issuance of the Certificate of Completion by Tech Services. As a result of this additional required construction and renovation work, Rehab Associates incurred costs that exceeded the CON approved amount by \$28,238 for construction. The construction proposal and change orders are enclosed as **Attachment B**.

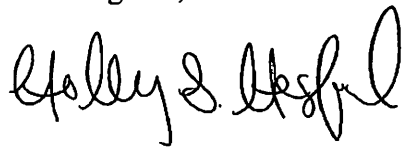
Rehab Associates respectfully requests the issuance of a project modification to reflect that construction is necessary to add occupational therapy to the existing physical therapy clinic and obtain licensure as a multi-specialty outpatient rehabilitation center. The requested modification will not involve the addition of beds, a change in bed classification, or the provision of new health

Bradley Arant Boult Cummings LLP | One Federal Place | 1819 Fifth Avenue North | Birmingham, AL 35203-2119 | 205.521.8000 | bradley.com

services not specified in CON 2933-REHAB. CON 2933-REHAB qualifies for a project modification pursuant to Rule 410-1-10-03 (project modification after issuance of CON) for the reasons stated herein. As there was no opposition to Project AL 2020-041, there are no parties of record in the underlying administrative proceeding that must be notified regarding this project modification request. A filing fee in the amount of \$1,225.00, which is 35% of the original CON Application fee, will be delivered to the Agency via Fed Ex.

Thank you for your attention regarding this matter. If you have any questions or concerns, please contact me.

Best regards,

A handwritten signature in black ink, appearing to read "Holly S. Hosford". The signature is fluid and cursive, with the first name "Holly" being the most prominent.

Holly S. Hosford

Attachment A

Correspondence from Alabama Department of Public Health Technical Services Unit



Scott Harris, M.D., M.P.H.
STATE HEALTH OFFICER

April 30, 2021

Mr. William Dale
Robert J. Tanay, RA
680 American Avenue, Suite 200
King of Prussia, PA 19406

Dear Mr. Dale:

Re: ADPH Project #B-21-030
Rehab Associates - 50074
Wetumpka, Alabama
Addition of Hand Therapy Services in an existing Outpatient PT Clinic
#19-330 (architect's project number)

The preliminary-final stage plans and specifications received on March 23, 2021, have been reviewed for compliance with the applicable regulations and codes.

The preliminary-final stage plans are disapproved with the following review comments to be incorporated into the preliminary-final stage plans and resubmitted along with a written response to each comment:

1. Need a narrative or a function program as required by ADPH Rules Chapter 420-5-22, Submission of Plans and Specifications, Section 420-5-22-.02(5)(a), 1.; that states that the project complies with ADPH Rules Chapter 420-5-11 for Rehabilitation Centers, Section 420-5-11-.04, Physical Environment, as amended July 25, 2014. See Enclosure Attachment of ADPH Rules with the highlighted sections.
2. Do the building location tenants have separate utilities such as Electrical (separate meter for each tenant suite), Mechanical HVAC (covers only that tenant suite), Water (separate meter for each tenant suite)?

3. Does the indicated 1-hour fire resistant tenant separation appear to be compliant with a 1-hour fire resistant separation with all penetrations fire stopped and sealed from outside wall to outside wall and to the roof deck? Is there any HVAC duct penetration of this 1-hour fire resistant separation? Is the 20-minute rated door a new door or an existing door? If this is new this door shall be a 45-minute rated door. Is this rated door equipped with a door closer? See NFPA 101, 38.3.6.1(2).
4. Are any of the HVAC Units that provided ventilation for the Rehab Associates Tenant Space have a capacity greater than 2000 CFM? If yes, these units shall be required to be equipped with duct smoke detection as required by NFPA 90A in the supply and as required by the IBC and the IMC, in the return. If these duct smoke detection devices are required they shall be tied into the required Manual Fire Alarm System required by CMS, S & C: 14-38-OPT. See Enclosure Attachment of CMS, S & C: 14-38-OPT.
5. A fire alarm system with local alarm capability at a minimum shall be provided as required by CMS, S & C: 14-38-OPT for fire alarm systems in Rehabilitation Facilities. See Enclosure Attachment of CMS, S & C: 14-38-OPT.
6. Fire Extinguishers shall be provided as required by CMS, S & C: 14-38-OPT and ADPH Rules Chapter 420-5-11 for Rehabilitation Centers, Section 420-5-11-.04, Physical Environment (2) General (d). See Enclosure Attachment of CMS, S & C: 14-38-OPT.
7. Does the facility comply with the General, Location Requirements of ADPH Rules Chapter 420-5-11 for Rehabilitation Centers, Section 420-5-11-.04, Physical Environment, (2) General (a)?
8. Does the facility comply with the Handicap Facilities as required by ADPH Rules Chapter 420-5-11 for Rehabilitation Centers, Section 420-5-11-.04, Physical Environment, (2) General (p)?
9. Does the facility comply with ADPH Rules Chapter 420-5-11 for Rehabilitation Centers, Section 420-5-11-.04, Physical Environment, (3) Service Facilities (c) for a Janitors Closet?
10. Does the facility comply with ADPH Rules Chapter 420-5-11 for Rehabilitation Centers, Section 420-5-11-.04, Physical Environment, (4) Housekeeping Services, (c) General Storage, for; 1. Hallways shall not be used for storage of furniture, broken items, mop buckets, etc., and 2. Combustible materials shall not be stored in the attic?

Mr. William Dale
Page 3 of 3
April 30, 2021

11. Is the Laundry Room over 100 sq. ft.? See the IBC, 509.1 and Table 509. If, yes, this room shall be separated by a 1-hour fire barrier with a 45-minute rated self-closing door.
12. Will the Storage Room near the Break Room be required to be protected as a Hazardous Area as required by NFPA 101, 38.3.2.1 and 8.7 by a 1-hour fire barrier with a 45-minute rated door? See NFPA 101, A.38.3.2.1. Also see CMS, S & C: 14-38-OP for Hazardous Area Requirements. See Enclosure Attachment of CMS, S & C: 14-38-OPT.
13. In the narrative or a function program as required in Comment 1 above, verify that the building that the Rehab Facility is located in complies with the IBC, Table 504.3 for Allowable Building Height In Feet Above Grade Plane, the IBC, Table 504.4 for Allowable Number of Stories Above Grade Plane and the IBC, Table 506.2 for Allowable Area for a Business Group B Occupancy with a Type V B Construction Type when the building is not sprinklered. Also verify compliance with the NFPA 101, Chapter 38, for a New Business Occupancy, 2012 Edition.

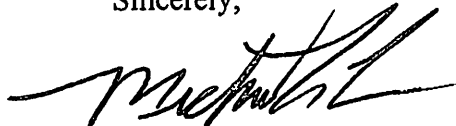
Any changes to drawings from the previous submittal shall be clouded or otherwise highlighted, and resubmitted for review.

Approval of final-stage plans is required prior to the start of construction except with the written permission of the State Board of Health.

Up to four separate plan submittal reviews and one final project inspection are included in the plan review fee. Should additional submittal reviews or inspections be required, beyond those included in the fee, an additional fee will be required for each. The Rules of ASBH Chapter 420-5-21 "Payment of Plan Review Fees," including the fee worksheets, may be found by clicking on "Plan Review" at <http://www.alabamapublichealth.gov/facilitiesmanagement>.

I appreciate the cooperation extended this office; and if I can be of assistance to you, please contact me at (334) 206-5221, fax (334) 206-5890 or email Mike.Free@adph.state.al.us.

Sincerely,



Michael L. Free
Technical Services Unit

Enclosure

MLF/dsc

cc: Mr. Kevin Hillenbrand



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 14-38-OPT

DATE: July 3, 2014
TO: State Survey Agency Directors
FROM: Director
Survey and Certification Group
SUBJECT: Rehabilitation Agencies: Fire Alarm Systems, SOM Appendix E Revision -
Advance Copy

Memorandum Summary

- **SOM Appendix E** – The interpretive guidance for OPTs is revised to clarify the fire safety requirements. Surveyors should review the revised Appendix to view the requirements in their entirety.
- **Rehabilitation Agencies – Fire Safety Requirements:** Rehabilitation Agencies are required to have an automatic extinguishing system or an enclosure with a 1-hour fire resistance rating in hazardous areas as well as fire extinguishers, a fire alarm system, and a fire evacuation plan.
- **Air Horns as a Fire Alarm System:** Air horns will not serve in place of a fire alarm system for Rehabilitation Agencies.
- **Certification/Recertification:** Rehabilitation Agencies cannot be certified or recertified and extension locations cannot be approved if they do not meet the minimum fire protection requirements.

Rehabilitation Agencies must meet certain fire safety requirements to protect the health and safety of patients, personnel, and the public. According to regulations at §485.723, Rehabilitation Agencies are required to have a permanently attached automatic fire-extinguishing system in hazardous areas, fire extinguishers, fire regulations that are prominently posted, and a fire alarm system with local alarm capability.

Facilities must provide a higher degree of protection in areas of the facility that pose a degree of hazard that is higher than normal to the general use areas within the Rehabilitation Agency. This protection may be achieved by an automatic fire-extinguishing system or an enclosure with a 1-hour fire resistance rating. These hazardous areas may include, but are not limited to, areas used for storage or use of: a) combustibles or flammables; b) toxic, noxious or corrosive materials; or c) heat producing appliances. The Centers for Medicare & Medicaid Services (CMS) does not consider rooms used to store routine office supplies as being areas with special fire hazards.

Portable fire extinguishers should be provided in every Rehabilitation Agency and should be distributed so that the distance between extinguishers is no more than seventy five feet. Extinguishers must be installed, inspected, and maintained in a fully charged and operable condition and kept in their designated places at all times when they are not being used.

Extinguishers must be conveniently located on each floor of the premises and should be conspicuously located where they are readily accessible; preferably located along normal paths of travel to exits.

Extinguishers should be securely installed on brackets or placed in cabinets or wall recesses, and installed so the top of the extinguisher is no more than five feet above the floor. Extinguisher operating instructions should be located on the front of the extinguisher and be clearly visible. Maintenance, servicing, and recharging of the extinguishers should only be performed by specially trained personnel. However, monthly “quick checks” or inspections can be performed by agency personnel with basic knowledge of fire extinguishers. Extinguishers should be inspected when initially placed in service and thereafter at approximately 30-day intervals. The inspection should include the following:

- the extinguisher is located in a designated space;
- there is no obstruction to access or visibility;
- the operating instructions on the nameplate are legible and facing outward;
- safety seals and tamper indicators are not broken or missing;
- fullness of the extinguisher is determined by weighing or lifting;
- examination for obvious damage, corrosion, leakage, or clogged nozzle; and
- observation of the pressure gauge reading or indicator to ensure it's in the operable range or position.

Personnel making the inspections should keep records of all inspections which include the date the inspection was performed and the initials of the person performing the inspection. The records should be kept on a tag or label attached to the fire extinguisher, on an inspection checklist maintained on file, or in an electronic system that provides a permanent record. In addition, all employees shall be periodically instructed in the use of portable fire extinguishers. Documentation of the instruction should include the personnel that received instruction and the date.

A written copy of a plan for the protection of all facility occupants and their evacuation in the event of fire should be in effect and readily available to all personnel in every Rehabilitation Agency. The plan should provide for, at a minimum: the use of alarms, notification of the fire department, response to alarms, isolation of fire, evacuation, and extinguishment of fire. All employees should be periodically instructed regarding their duties under the plan.

A fire alarm system with local alarm capability must be available in every Rehabilitation Agency. Initiation of the fire alarm system may occur by manual means (i.e., pull box), smoke detection, or extinguishing system operation, as applicable. Once initiated, the fire alarm system should notify facility occupants of the fire or other emergency by activation of the system's audible and visible devices (e.g., flashing lights). The electrical power supply for the fire alarm system should be provided by both normal and emergency power. Emergency power may be

supplied by the building's emergency power or battery power to ensure the fire alarm system remains operational in the event of normal power failure.

CMS has become aware that some Rehabilitation Agencies are utilizing hand-held air horns in lieu of a fire alarm system. The word "system" was intentionally included in the regulatory language and is intended to require a fire alarm system which is integrated into the building. Use of an air horn in lieu of a fire alarm system is not acceptable.

Rehabilitation Agencies and their extension locations must not be approved for Medicare certification or recertification if they do not meet the minimum fire protection requirements as provided in the regulations and as discussed in this memorandum. If, during a certification or recertification survey, the surveyor determines that the fire protection features do not meet the CMS requirements, the State Survey Agency will notify the CMS Regional Office (RO). If the Rehabilitation Agency cannot have the fire protection requirements installed within the time-frame determined by the RO, the RO will initiate termination procedures.

Contact: Questions or comments regarding this memorandum should be addressed to James Cowher at (410) 786-1948 or james.cowher@cms.hhs.gov.

Effective Date: Immediately. This policy should be communicated immediately with all survey and certification staff, their managers and the State/RO training coordinators.

/s/

Thomas E. Hamilton

cc: Survey and Certification Regional Office Management

STATE OF ALABAMA
DEPARTMENT OF PUBLIC HEALTH
MONTGOMERY, ALABAMA

REPEALED AND REPLACED JANUARY 21, 2004
AMENDED SEPTEMBER 1, 2010
AMENDED JULY 25, 2014



REHABILITATION CENTERS

CHAPTER 420-5-11

RULES
OF
ALABAMA STATE BOARD OF HEALTH
ALABAMA DEPARTMENT OF PUBLIC HEALTH

committee shall have representation of the patient
housekeeping, laundry, and maintenance and staff
quarterly.

(c) Linens. Linens used by patients
suspected of having a communicable disease shall be
a manner to prevent the spread of infection.
be taken in storing and transporting soiled linens
order to prevent contamination of clean linens.

(d) Location and Space Requirement. A
rehabilitation center shall have laundering facilities if
proper commercial laundries are used. The center shall have
adequate rooms and/or spaces for sorting, processing
of soiled material.

(e) There shall be policies and procedures for
cleaning and disinfecting equipment such as
and pools, hydrocollators, paraffin bath and

(f) There shall be policies and procedures for
proper handling, cleaning and disposal of all
and waste products. Space shall be provided for
storage and disposal of waste by incineration or
removal or by a combination of these techniques.

(g) There shall be policies and procedures and
techniques in the handling of patients to be
personnel.

Authors: L. O'Neal Green, Rick Harris
Statutory Authority: Code of Ala. 1975, §§22-2-1
et seq.

History: Original rules effective January 1, 1975.

New Rule: Filed December 17, 2003; effective

420-5-11-.04 Physical Environment.

(1) Submission of Plans and Specifications.

(a) Scope. Rehabilitation centers shall be treated
as business occupancies. Facilities constructed after
the effective date of these rules shall conform to
codes and standards, adopted by the State Board of
effect at the time of plan submission.

(b) New Facilities, Additions, and Alterations. All
Plans and specifications shall be submitted for
approval to the Alabama Department of Public Health.

building that is intended to contain a Rehabilitation Center, and for additions and alterations to existing facilities. Submissions shall be in accordance with Alabama Administrative Code Rule 420-5-22, "Submission of Plans and Specifications for Health Care Facilities."

(c) **Minor Alterations and Remodeling.** Minor alterations and remodeling which do not affect the structural integrity of the building, which do not change functional operation, which do not affect fire safety, and which do not add beds or facilities over those for which the rehabilitation center is licensed, need not be submitted for approval.

(d) **Inspections.** The State Board of Health and its authorized representatives shall have access to the work for inspection wherever it is in preparation or progress.

(2) **General.**

(a) **Location.** The rehabilitation center shall be located in an area which is readily accessible to its patients, staff, and visitors and shall make available adequate parking and other common services with provisions for meeting the needs of the handicapped.

(b) **Local Restrictions.** The rehabilitation center shall comply with local zoning, building, and fire ordinances.

(c) **Structural Soundness.** ~~The building shall be~~ structurally sound, free from leaks and excessive moisture, in good repair, and painted at intervals to be reasonably attractive inside and out.

(d) **Fire Extinguisher.** Fire extinguishers shall be installed, inspected annually and maintained as required by NFPA 10, "Standard for Portable Fire Extinguishers." An attached tag shall bear the name of the business, initials or name of the inspector and date inspected. The facility shall perform a monthly inspection and annotate the inspection date on the attached tag.

(e) **Ventilation.** The building shall be well ventilated at all times with a comfortable temperature maintained.

(f) **Waste Disposal.** Space and facilities shall be provided for the sanitary storage and disposal of waste by incineration, containerization, or removal, or by combination of these techniques. Infectious waste materials shall be rendered non-infectious on the premises by appropriate measures.

(g) Elevators. Multi-story facilities shall be equipped with at least one automatic elevator of a size sufficient to carry a patient on a stretcher.

(h) Doors. Minimum width of doors to all rooms needing access for patients shall be 36 inches.

(i) Pest Control. The premises must be kept free from rodent and insect infestation.

(j) Lighting. All areas of the center shall have sufficient artificial lighting to provide proper illumination for all services.

(k) Emergency Lighting. Emergency lighting systems shall be provided to adequately light corridors, exit signs, stairways and lights on exterior at each exit in case of electrical power failure.

(l) Exit Doors. Exit doors shall be no less than 36 inches wide and swing in the direction of exit travel.

(m) Exit Signs. Exit signs shall be placed in corridors and passageways to indicate the direction of exit.

(n) Floors. All floors shall be covered with hard tile, resilient tile, carpet or the equivalent. Tile floors shall be smooth and be free from open cracks and finished so that they can be easily cleaned. Carpeting is prohibited in medical treatment and food preparation areas.

(o) Curtains. All draperies and cubicle curtains shall be rendered and maintained flame retardant per NFPA 701.

(p) Handicap Facilities. The facility shall be accessible to the physically handicapped and shall comply with ANSI A117.1 "Making Buildings and Facilities Accessible and Usable by the Physically Handicapped."

(3) Service Facilities.

(a) Admission Office. There shall be a room designated as the admission office where patients may discuss personal matters in private. The admission office may be combined with the business office and medical record room if privacy can be maintained when confidential matters are being discussed. This space shall be separated from the treatment area by walls and partitions.

(b) Waiting Room. A waiting room in the administrative section shall be provided with sufficient seating

for the maximum number of persons that may be waiting at any time. Public toilets shall be available.

(c) Storage. A janitor closet shall be provided.

(4) **Housekeeping Services**

(a) Personnel. Sufficient personnel shall be employed to maintain the facility clean and orderly. Primary patient care personnel shall not perform routine decontamination and housekeeping duties during periods in which they are caring for patients.

(b) Techniques. Written procedures outlining techniques to be followed in routine housekeeping and decontamination shall be developed and maintained. Treatment rooms must be cleaned, using appropriate disinfectants, to assure asepsis between each procedure as approved by the Infection Control Committee.

(c) General Storage.

1. Hallways shall not be used for storage of furniture, broken items, mop buckets, etc.

2. Combustible materials shall not be stored in the attic.

3. Basements used for storage shall meet acceptable standards for storage.

Authors: Cecil Barnes, Jim Prince, Victor Hunt

Statutory Authority: Code of Ala. 1975, §§22-2-2(6), 22-21-20, et seq.

History: Filed September 1, 1982. **Amended:** Filed November 16, 1989.

Amended: Filed February 20, 1997; effective March 27, 1997. **Amended:** Filed June 18, 2002; effective July 23, 2002. **Repealed and New**

Rule: Filed December 17, 2003; effective January 21, 2004. **Amended:** Filed July 27, 2010; effective August 31, 2010.



Scott Harris, M.D., M.P.H.
STATE HEALTH OFFICER

July 16, 2021

Mr. William Dale
Robert J. Tanay, RA
680 American Avenue, Suite 200
King of Prussia, PA 19406

Dear Mr. Dale:

Re: ADPH Project #B-21-030
Rehab Associates - 50074
Wetumpka, Alabama
Addition of Hand Therapy Services in an existing Outpatient PT Clinic
#19-330 (architect's project number)

The revised preliminary-final stage plans and specifications received on June 30, 2021, have been reviewed for compliance with the applicable regulations and codes.

The preliminary-final stage construction plans are approved contingent upon your complying with and incorporating the following review comments into the project and providing (revised plans with) a written response to each comment:

1. There does not appear to be any manual fire alarm boxes or manual fire alarm pull stations located or installed at any of the required exits from the Rehab Facility as required by CMS, S & C: 14-38-OPT for fire alarm systems in Rehabilitation Facilities in accordance with NFPA 101, 9.6.2, 2012 Edition and NFPA 72, 17.14, 2010 Edition.
2. There does not appear to be fire alarm system occupant notification audible and visual appliances installed throughout the Rehab Facility as required by CMS, S & C: 14-38-OPT for fire alarm systems in Rehabilitation Facilities in accordance with NFPA 72, Chapter 18, 2010 Edition and NFPA 101, 9.6.3, 2012 Edition for Private Mode Design. Fire alarm visual appliances will be required to be installed in both Rehab Restrooms to comply with ADA requirements.

Mr. William Dale
Page 2 of 3
July 16, 2021

3. Any of the HVAC Units that provided ventilation air for the Rehab Associates Tenant Space that have a capacity greater than 2000 CFM or a 5 ton nominal capacity or larger shall be required to be equipped with duct smoke detection as required by NFPA 90A, 6.4.2.1(1), 2010 Edition in the supply and as required by IMC, 606.2.1, 2015 Edition in the return for unit shutdown upon detection activation. If these duct smoke detection devices are required they shall be tied into the required Manual Fire Alarm System required by CMS, S & C: 14-38-OPT.

The Final Stage Drawing Approval Fee is now due. Please send this fee payment, along with the completed Final Plan Review Approval Fee Worksheet (go to <http://www.alabamapublichealth.gov/facilitiesmanagement> and click on "Plan Review"), and a copy of the latest cost estimate, to our office within 14 days. PLEASE NOTE: If the construction cost estimate and fees previously paid entered on the Fee Worksheet equals zero due, still submit that Fee Worksheet & cost estimate.

Please note that our approval does not relieve your office of the responsibility for the documents being complete and in compliance with all applicable regulations and codes at the local and state level. It also does not prevent this office or other officials having jurisdiction from requiring correction of errors or code violations in plans or construction observed during subsequent reviews or inspections.

Contract modifications or changes shall be submitted to and approved by this office prior to implementing the work. Any changes made to approved plans to include any plan sheets added, whether due to comments of this office or otherwise, shall be clouded or annotated on subsequent "revised" plan submittals.

Please provide a written request two to three weeks prior to the desired final acceptance inspection to schedule a tentative date. Along with the request, provide the status of completing any outstanding items of your final inspection punch list. Please insure completeness of any outstanding correspondence or other requirements prior to request. The actual inspection date must be confirmed with our office.

At the conclusion of the final inspection, the Final Inspection Fee shall be due. Send the Final Inspection Fee Worksheet, a copy of the latest contractor's pay request, and any fee due to our office. Our Certificate of Completion (COC) will not be issued prior to receipt of this worksheet, supporting documents and any fee due. The Rules of ASBH Chapter 420-5-21, "Payment of Plan Review Fees," including the fee worksheets, may be found by clicking on "Plan Review" at <http://www.alabamapublichealth.gov/facilitiesmanagement>. Any additional inspections necessary require additional fees. **When timely delivery is critical, we recommend overnight delivery to: Alabama Department of Public Health, Technical Services Unit, RSA Tower, Suite 1510, 201 Monroe Street, Montgomery, Alabama 36104.**

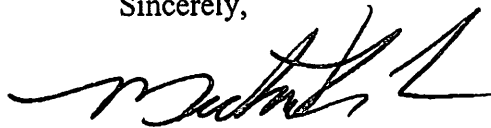
Mr. William Dale
Page 3 of 3
July 16, 2021

At the final inspection provide a copy of close-out documents per attachment.

Up to four separate plan submittal reviews and one final project inspection are included in the plan review fee. Should additional submittal reviews or inspections be required, beyond those included in the fee, an additional fee will be required for each. The Rules of ASBH Chapter 420-5-21 "Payment of Plan Review Fees," including the fee worksheets, may be found by clicking on "Plan Review" at <http://www.alabamapublichealth.gov/facilitiesmanagement>.

I appreciate the cooperation extended this office; and if I can be of assistance to you, please contact me at (334) 206-5221, fax (334) 206-5890 or email Mike.Free@adph.state.al.us.

Sincerely,



Michael L. Free
Technical Services Unit

Enclosure

MLF/dsc
cc: Mr. Kevin Hillenbrand

REQUIRED FINAL INSPECTION DOCUMENTS *

INTERIOR WALL AND CEILING FINISH: Documentation stating manufacturer, type, class, flame spread, etc. NFPA (2012), 18.3.3.2 (health care), or 38.3.3.2 (business). Also IBC (2015) Table 803.11, including footnotes.

INTERIOR FLOOR FINISH: Copies of approved independent laboratory tests documenting that interior floor finish complies with IBC (2015), 804.4. Partial tests are not acceptable. Also NFPA 101 (2012), 38.3.3.3, where applicable. A letter from the supplier/installer that documents the specific materials installed shall also be provided.

FURNISHINGS & DECORATIONS: New draperies, curtains (including cubicle curtains) and other loosely hanging furnishings and decorations shall be certified to be flame retardant and have passed tests per NFPA 701.

FIRE & SMOKE STOPPING OF JOINTS AND PENETRATIONS: Physical samples, with material name and/or number, of all fire and smoke stop sealants required at rated walls or floor/ceiling assemblies. These shall be displayed on a sample board suitable to carry with the inspection team in the field. Copies of test reports for all joints or penetrations in rated assemblies encountered on the project, suitably organized for reference in the field. All project conditions encountered, including joints, penetrations, head of wall and edge of slab conditions, shall be addressed.

FIRE/SMOKE ALARM SYSTEM: NFPA 72, "Fire Alarm System Record of Completion," with all appropriate areas filled out to include the monitoring agency. Reacceptance testing, in accordance with NFPA 72 (2010), 10-18.2, for modifications to existing systems, shall be documented. Fire alarm contractor to provide letter certifying the fire alarm system installed complies with NFPA 72, (2010), and NFPA 101 (2012), paragraph 18.3.4.

SPRINKLER SYSTEM: "Contractor's Material and Test Certificate" for aboveground and underground piping, and a letter certifying the required freeze protection for exposed piping is provided and that the sprinkler system(s) installed complies with NFPA 13, (2010).

MECHANICAL SYSTEM TEST AND BALANCE REPORT: Final test and balance report certifying compliance with IMC and NFPA 90A.

MEDICAL GAS CERTIFICATION: (Hosp & NH) for new or altered systems.

ELEVATORS: Copy of State of Alabama Elevator Certification. When tops of elevator shafts are not sprinklered, documentation that the car enclosure materials meet ASME A17.1, Safety Code for Elevators and Escalators, per NFPA 13, 8.15.5.5.

GENERATORS, EMERGENCY AND STANDBY POWER SYSTEMS: Provide documentation for compliance with NFPA 110, 2010 Edition, 7.13; and NFPA 99, (2012).

SMOKE CONTROL SYSTEMS: Atrium smoke control system shall comply with NFPA 101, 8.6.7.

RADIATION PROTECTION: X-ray shielding shall be integrity tested and documentation of acceptance by the authority having jurisdiction shall be provided. See FGI Guidelines, 2014 Edition, 2.1-7.2.2.11.

COMMERCIAL COOKING EQUIPMENT: Documentation certifying the exhaust hood and ducting system installed complies with NFPA 96 (2011) and the extinguishing system installed complies with NFPA 17A and UL 300 to include a witnessed "Balloon Test".

CERTIFICATE OF OCCUPANCY: C.O. from local building authority. (Recommended, but not required).

*This list includes common documentation required at the ADPH final inspection. In general it is a summary of testing and certification required by the governing codes and standards, accepted policy or found to be useful in completing the inspection. The list may not cover all situations. It is provided to assist the facility, architect and contractor(s). Other documentation deemed necessary by the architect or inspector shall be provided.



Scott Harris, M.D., M.P.H.
STATE HEALTH OFFICER

October 29, 2021

Mr. William Dale
Robert J. Tanay, RA
680 American Avenue, Suite 200
King of Prussia, PA 19406

Dear Mr. Dale:

Re: ADPH Project #B-21-030
Rehab Associates - 50074
Wetumpka, Alabama
Addition of Hand Therapy Services in an existing Outpatient PT Clinic
#19-330 (architect's project number)

A final inspection of the above-referenced project was conducted on October 29, 2021.

The following items were identified as noncompliant with the plans, rules, or codes and corrective action is required:

1. Exit discharge from the two (2) additional marked exterior exits to a public way was over soft grass and soft dirt and did not appear to provide rehab occupants with a good safe usable access to a public way in case of an emergency as required by NFPA 101, 38.2.7 and 7.7.
2. The outside exit discharge from all exterior exits to a public way was not equipped with battery-operated emergency lighting units as required by ADPH Rehab Rules, Chapter 420-5-11, Section 420-5-11-.04(2)(k). See NFPA 101, 7.9.1.1 and 7.9.1.2 for guidance.
3. Attic area for the project scope at the time of the final inspection was observed to be used for the storage of combustible materials which is not compliance with ADPH Rehab Rules, Chapter 420-5-11, Section 420-5-11-.04(4)(c), 2. All combustible storage shall be removed from the attic as required. Hallways shall not be used for the storage of combustibles and broken items that would normally be thrown away or discarded as required by ADPH Rehab Rules, Chapter 420-5-11, Section 420-5-11-.04(4)(c), 1.
4. Existing battery-operated emergency lighting units located in the Men's and Women's Restrooms did not operate when tested. Repair or replace as required.

5. The required manual fire alarm system did not appear to be powered from a dedicated branch electrical circuit as required by NFPA 72, 10.5.5.1(1), 2010 Edition. The electrical circuit that powered the fire alarm system was not permanently identified at the fire alarm system panel as required by NFPA 72, 10.5.5.2.1, 2010 Edition. The fire alarm system circuit disconnecting means was not identified as a "Fire Alarm Circuit" and was did not have a red marking as required by NFPA 72, 10.5.5.2.2 and 10.5.5.2.3, 2010 Edition
6. The fire alarm system installing contractor shall provide ADPH/TSU with a certification letter as required by NFPA 72, 10.18.1.3 that states: that the fire alarm system for the project scope has been installed in accordance with approved plans and tested in accordance with the manufacturers requirements and NFPA 72, 2010 Edition. Provide ADPH/TSU with a completed Fire Alarm System Record of Completion as required by NFPA 72, 10.18.1.4, 2010 Edition for review and approval. Provide ADPH/TSU with documentation of Initial Fire Alarm System Acceptance Testing as required by NFPA 72, 14.4.1.1 on Forms per 14.6.2.4 and Figure 14.6.2.4.
7. Fire alarm contractor/installer to verify that the Telguard sole path cellular fire communicator complies with and is programed in accordance with NFPA 72, 26.6.3.1.4.1 2010 Edition.
8. Fire alarm system secondary power supply batteries did not indicate a date (month/year) put in service as required by NFPA 72, 10.5.9.1.1, 2010 Edition.
9. Is the Telguard sole path fire communicator supervised for trouble to the host fire alarm system per Telguard's UL approval if a No Service Condition (NCS) and a Radio Communications Failure Condition (RCF) occurs? If no, provide as required. See NFPA 72, 10.3.2, 2010 Edition.

When all items have been corrected, provide a written response addressing each item. A Certificate of Completion (COC) will not be issued until completion of corrective action is verified.

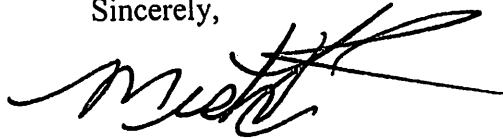
Since the final inspection for this project has been performed by our office, please send us your fee payment, along with the completed "Final Inspection Fee Worksheet" and a copy of the latest contractor's pay request. Code of Alabama, 1975, Section 22-21-40, et. seq., requires the payment of the final inspection fee prior to the issuance of a Certificate of Completion (COC). If the construction cost estimate and fees previously paid entered on the Fee Worksheet equals zero due, still submit that Fee Worksheet & cost estimate. Also, if additional inspections are required, additional inspection fees will be required.

Mr. William Dale
Page 3 of 3
October 29, 2021

Up to four separate plan review submittals and one final project inspection are included in the plan review fee. Should additional submittal reviews or inspections be required, beyond those included in the fee, an additional fee will be required for each. The Rules of ASBH Chapter 420-5-21 "Payment of Plan Review Fees," including the fee worksheets, may be found on the web at <http://www.alabamapublichealth.gov/facilitiesmanagement>.

I appreciate the cooperation extended this office and your help in conducting this inspection. If I may be of further assistance, please contact me at (334) 206-5221, fax (334) 206-5890 or email Mike.Free@adph.state.al.us.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Free", with a large flourish extending to the right.

Michael L. Free
Technical Services Unit

MLF/dsc
cc: Mr. Kevin Hillenbrand
Mr. Matt Hines

Attachment B
Construction Proposals and Change Orders

WatsonBruhn

GENERAL CONTRACTORS

500 Southland Drive, Suite 101

Birmingham, AL 35226

205-824-4088

August 25, 2021

Will Dale, AIA, NCARB, MBA
Project Architect
RVA Architects for Select Medical Outpatient Clinics

Re: Rehab Associates - Wetumpka (WB 21-066)

Dear Mr. Dale,

WatsonBruhn Builders, LLC is pleased to present this proposal for the above referenced project. Our proposal is based on the drawings provided, site walk, and the description of work requested. The total proposed amount for the work is **\$19,300**. Please see our attached qualifications and exclusions that are integral to our pricing.

Thank you for the opportunity to submit a proposal for this project. If you have any questions or need any additional information, please do not hesitate to call.

Sincerely,

Adam Tucker

Adam Tucker

Enclosure

CC: G. Mitch Bruhn
T. Duane Watson
File

WatsonBruhn

GENERAL CONTRACTORS

21-033 Rehab Associates - Wetumpka Scope, Qualifications and Exclusions August 25, 2021

Scope of Work

Demolition

- Our pricing includes the following demolition required to complete the scope of work:
 - Removal of existing VCT after clinic hours
 - Sawcut of existing slab after clinic hours
 - Removal of existing slab after clinic hours
 - Excavation or tie in of existing laundry sanitary sewer after clinic hours

Concrete

- Our pricing includes the pour back of concrete slab on grade

Flooring

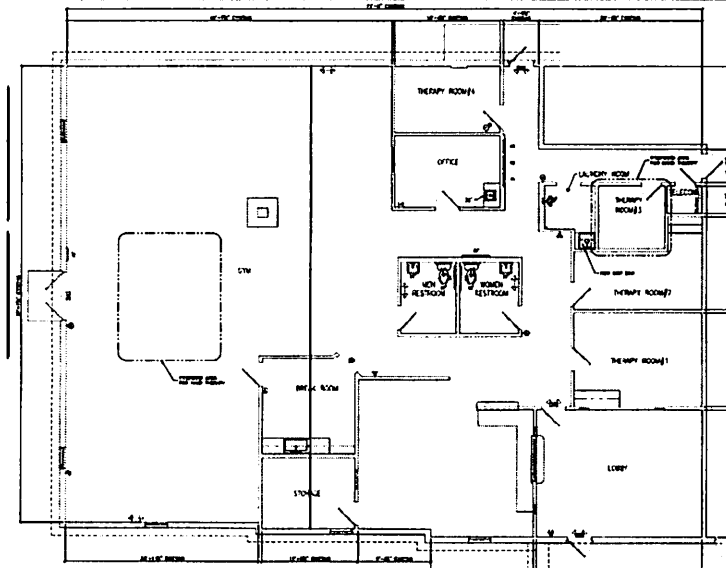
- We have included the furnish and installation of new VCT in the laundry room

Plumbing

- Our pricing includes the furnish and installation of the following plumbing items:
 - (1 ea) plastic mop sink
 - Tie in to existing cold and hot water lines
 - Tie in to existing sanitary sewer

Alternates

- If engineered drawings are required by the city, please **ADD \$900**
- To include an 8' x 58' non-rated draft stop (as shown below in red) in the attic, please **ADD \$3,150**. This pricing includes ½" gypsum board on one side of the existing roof truss only



WatsonBruhn

GENERAL CONTRACTORS

Qualifications and Exclusions

1. Any modifications or upgrades required by the City of Wetumpka for the existing building, including ADA, building codes, or not specifically shown on the drawings or called out in this scope of work are EXCLUDED
2. Our pricing includes working nights and weekends as needed
3. If the existing countertop in the laundry room is to be removed, we assume there will be no wall patching or painting required.
4. Major floor prep, self-leveling compound, epoxy grout, and crack suppression membrane are EXCLUDED
5. Mechanical and electrical work is EXCLUDED
6. All exterior work is EXCLUDED
7. Moving large equipment and furniture for construction access is EXCLUDED
8. Any work with hazardous materials (Asbestos) is EXCLUDED
9. Architectural drawings are EXCLUDED
10. Temporary utilities including temporary power and water service are EXCLUDED
11. Signage is EXCLUDED
12. Appliances are EXCLUDED
13. Security system wiring and equipment is EXCLUDED
14. Voice and data wiring is EXCLUDED
15. Sewer impact fees EXCLUDED
16. Utility company fees EXCLUDED
17. Performance and payment bond is EXCLUDED
18. Any work not specifically listed above is EXCLUDED

WatsonBruhn Builders, LLC

General Contractors

500 Southland Drive, Suite 101
Birmingham, AL 35226

OWNER CHANGE ORDER NO. 2

WB Job #: 2104H

Owner: Will Dale, AIA, NCARB, MBA
Project Architect
RVA Architects for Select Medical Outpatient Clinics
Attention: via email only

Amount of this
Change Order: \$ 8,313.00

Contract Date: 10/1/2021

Project: 2104H: Rehab Associates - Wetumpka

Original Contract Amount:	\$	<u>19,300.00</u>
Change from previously approved Contract Change Orders:	\$	<u>625.00</u>
Change from this Contract Change Order:	\$	<u>8,313.00</u>
Revised Contract Amount:	\$	<u>28,238.00</u>

The Owner agrees to pay for all changes in the Work performed by the Contract under this Change Order according to the terms of the Agreement. All other terms of the contract remain in force and effect.

This Contract Change Order is made this 5th Day of November 20 21, by Contractor and Owner, for the following change(s) in the Work:

1.) Change order amount covers labor and material to build a 60' by 3' sidewalk. Sidewalk will be 3000 PSI, Light Gauge WWM reinforced concrete path. Work will take 3-4 days from mobilization to final clean up. Concrete will be brought in by hand.	\$	<u>6,313.00</u>
2.) Includes clean up and sod repair/patch after concrete work.	\$	<u>750.00</u>
3.) Site Supervision for entire duration of project.	\$	<u>1,250.00</u>
TOTAL	\$	<u>8,313.00</u>

Contract Completion Date *before* Change: _____

The Contract Time, if affected by this Contract Change Order, is modified as follows:

Add _____ Days

Contract Completion Date *after* Change: _____

Owner: Will Dale, AIA, NCARB, MBA

Contractor: WatsonBruhn Builders, LLC

By: _____

By: _____

Title: _____

Title: G. Mitch Bruhn, Member

Date: _____

Date: _____