



OCCUPANCY PERMIT

This certificate issued pursuant to the requirements of the:
RULES OF THE DEPARTMENT OF COMMUNITY HEALTH
HEALTH CARE FACILITY REGULATION DIVISION
CHAPTER 290-9-7-.39
RULES and REGULATIONS FOR HOSPITALS

August 05, 2011

CON, LNR or DET Number (if applicable) (GA-2008053)

Project Number: COBB-79

Facility Name: Wellstar - Kennestone Outpatient Pavillion

Project Name: Ambulatory Surgery Center - 6 class C Operating Rooms

Date Inspected: 8/4/2011

Signed:

G. Erik Hotton Jr.
Architect





City of Marietta

205 Lawrence Street
Marietta, Georgia 30060
(770) 794-5659

PERMIT

CERTIFICATE OF OCCUPANCY
CITY OF MARIETTA

Building
Inspection
Division

Fire
Prevention
Bureau

2006 IBC

Location of Building: 699 CHURCH ST 400
Building Permits number: 10-00002629
Major Occupancy: BUSINESS
Construction type: NEEDS UPDATING
Building Height: FIVE STORY Ground Floor Area: 25724 S.F.
Sprinklered: *yes*

I certify that the building located at the above address has been inspected and complies with the requirements of the Marietta Building Codes, Amendments, and the Marietta Fire Codes and Amendments

In addition to the major occupancy, the building is approved for:

The maximum number of persons permitted to occupy each floor is:

The maximum permissible live load on each floor is: *50 p.s.f.*

For permitted work only.

Date 8-1-11

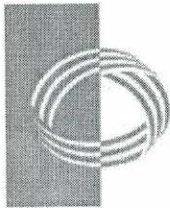
Alan J. Smith
Inspector of Buildings

Date 8-1-2011

Scott Tucker
Fire Marshal (col)

The inspection or permitting of any building, structure, or plan under the requirements of the codes shall not be construed in any court as a warranty of the physical condition of such building or the adequacy of such plan. No jurisdiction nor any employee thereof shall be liable in tort for damages for any defect or hazardous or illegal condition or inadequacy in such building or plan, nor for any failure of any component of such building, which may occur subsequent to such inspection or permitting.

This PERMIT BECOMES NULL AND VOID if work or construction authorized is not commenced within 180 days from date of issuance, or work is suspended or abandoned for a period of 180 days any time after work is commenced.



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

Submit to: Georgia Department of Community Health
Office of General Counsel
Division of Health Planning
5th Floor, 2 Peachtree Street, NW
Atlanta, Georgia 30303-3159
ehotton@dch.ga.gov
ewilkins@dch.ga.gov
FAX 770/344-4282

Revised March 1, 2011

2011 DCH INSPECTION REQUEST

(PROJECT SHALL BE SUBSTANTIALLY COMPLETE)

PLEASE COMPLETE ALL OF THE FOLLOWING

DATE SUBMITTED: July 11, 2011 (PLEASE SUBMIT AT LEAST 28 DAYS PRIOR TO SUBSTANTIAL COMPLETION)
 DCH PROJECT NUMBER: Cobb-79 [ie: FULTON-099] [Located on Construction Permit approval letter]
 CON, LNR or DET NUMBER: GA-2008053 [ie: (GA 2010001)] [Located on Construction Permit approval letter]
 PROJECT APPROVAL DATES - DCH: 2/7/2011 SFM: 12/3/2010 LOCAL AHJ: 1/24/11
 FACILITY NAME: Wellstar Kennestone Hospital
 PROJECT NAME: Wellstar Kennestone Outpatient Pavilion Ambulatory Surgery Center
 STREET ADDRESS: 699 Church Street
 CITY: Marietta, GA ZIP CODE: 30060
 FACILITY CONTACT PERSON: Jim Lade
 PHONE NUMBER: 770/793-6846 E-MAIL: Jim.Lade@Wellstar.org

SUBMITTED BY:

CONTACT PERSON: Jim Lade
 COMPANY NAME: Wellstar Health System, Inc.
 MAILING ADDRESS: 677 Church Street, Attn. Construction Management Dept.
 CITY, STATE, ZIP CODE: Marietta, GA. 30060
 PHONE NUMBER: 678/409-4662 E-MAIL: Jim.Lade@Wellstar.org
 ARE YOU THE FACILITY: ARCHITECT CONTRACTOR CONSULTANT OTHER

THIS PROJECT IS SCHEDULED TO BE SUBSTANTIALLY COMPLETE ON OR ABOUT:

August 1, 2011

I REQUEST THAT A 100% INSPECTION BE SCHEDULED ON OR ABOUT:

(PLEASE SUBMIT REQUEST A MINIMUM OF 28 DAYS PRIOR TO DESIRED INSPECTION DATE)

August 4, 2011

THE OWNER DESIRES TO OCCUPY THIS PROJECT ON OR ABOUT:

September 1, 2011

(INSPECTION SHALL OCCUR BEFORE OCCUPANCY)

Jim Lade

SIGNATURE

Doug Mosley, Brasfield & Gorrie, 678/205-9607

Job Site Contact Name and Ph one Number

This form may be submitted by any of the following methods:

US MAIL, HAND DELIVERY, FAX or E-MAIL

56952

AUG 4
2:00 PM

Erik Hotton

From: Jim Lade [Jim.Lade@wellstar.org]
Sent: Monday, July 11, 2011 10:15 AM
To: Erik Hotton
Subject: Kennestone Outpatient Pavilion-Ambulatory Surgery
Attachments: 1715027012011_DCH_INSPECTION_REQUEST7-11-11.pdf

Erik,

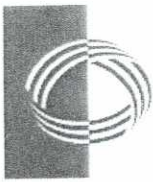
I would like to request final inspection for KOP Ambulatory Surgery-Phase 1. My requested date is Thursday, August 4th. Please advise if that works for either you or Ed, or let me know another available date.

thanks,

Jim Lade
CHC
WellStar Construction Management
770/793-6846

This email and any files transmitted with it may contain confidential and /or proprietary information in the possession of WellStar Health System, Inc. ("WellStar") and is intended only for the individual or entity to whom addressed. This email may contain information that is held to be privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any unauthorized access, dissemination, distribution or copying of any information from this email is strictly prohibited, and may subject you to criminal and/or civil liability. If you have received this email in error, please notify the sender by reply email and then delete this email and its attachments from your computer. - Thank you.

7/11/2011



February 07, 2011

Ms. Mary Lindeman
CDH Partners
675 Tower Road
Marietta, Georgia 30060

RE: GEORGIA COMMUNITY HEALTH - CONSTRUCTION PERMIT
(This permit is void if construction has not begun within six months following date of issue)

COBB-79 (GA-2008053)

Ambulatory Surgery Center
Wellstar - Kennestone Outpatient Pavillion
699 Church Street, Suite 400
Marietta, Georgia 30060

Dear Ms. Lindeman,

The construction documents for the above referenced project, which were received on November 27, 2010, appear, with the exception of the following comments, to comply with the 2010 Guidelines for Design and Construction of Health Care Facilities, and, once corrected, are approved for construction. Our comments are as follows:

1) Bottom of low wall return or exhaust grilles shall be approximately 8" above the floor in accordance with ASHRAE Standard 170-2008 7.4.1.

Upon completion there will be 6 Class C Operating rooms at this facility.

Please return our '100% INSPECTION REQUEST' form approximately 28 days prior to substantial completion so that we may schedule our final inspection. Forms can be found on our Website www.DCH.Georgia.gov, Look for 'CON Information' then click on 'Info for Design and Construction'.

Please note these plans may be subject to review and approval of the following agencies:

- 1) State Fire Marshals Office, (404) 656-7087.
- 2) Local Building, Fire and Health authorities.

Copies of the above agencies approvals shall be submitted for our record.

Sincerely,

G. Erik Hotton Jr.
Architect
(404) 656-0457



**GEORGIA DEPARTMENT OF
COMMUNITY HEALTH**

Submit plans to: G. ERIK HOTTON JR., ARCHITECT
Georgia Department of Community Health
Division of Health Planning
5th Floor, 2 Peachtree Street, NW
Atlanta, Georgia 30303-3159
404/656-0457
Paper FAX 404/656-0654
E-mail FAX 770/344-4282
chotton@dch.ga.gov
Revised January 15, 2010

2010 DCH PLANS TRANSMITTAL LETTER

PLEASE COMPLETE ALL OF THE FOLLOWING and PROVIDE ACTIVE MAILING ADDRESSES

DATE SUBMITTED: 11/18/2010 (MINIMUM 45 DAYS PRIOR TO DESIRED START OF CONSTRUCTION)
CON, LNR or DET NUMBER: GA 2008-053 (REQUIRED - SEE CHECKLIST BELOW)

FACILITY NAME: Wellstar Kennestone Ambulatory Surgery Center at Kenn.Ofc.Pavilion MOB
PROJECT NAME: Wellstar Kennestone Outpatient Surgery Center
STREET ADDRESS: 699 Church Street, Suite 400
CITY: Marietta, **GEORGIA** ZIP CODE: 30060 COUNTY: Cobb
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) Mary Lindeman PHONE NUMBER: 678-282-0220
E-MAIL: mary.lindeman@cdhpartners.com

OWNER: (COMPANY NAME) Wellstar Kennestone Hospital
MAILING ADDRESS: 677 Church Street
CITY: Marietta STATE: GA ZIP CODE: 30060
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) Jim Lade PHONE: 770-793-6846
E-MAIL: jim.lade@wellstar.org

SUBMITTED BY: (COMPANY NAME) CDH Partners
MAILING ADDRESS: 675 Tower Road
CITY: Marietta STATE: GA ZIP CODE: 30060
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) Mary Lindeman PHONE: 678-784-3712
E-MAIL: mary.lindeman@cdhpartners.com

? Are you the: Architect Owner Consultant Contractor Other
Architects Name & Georgia Registration Number: J. Danny Mackey GA 6895

TYPE OF FACILITY

HOSPITAL: NURSING HOME: AMBULATORY SURGERY CENTER: OTHER:

PURPOSE OF SUBMISSION

PRELIMINARY or DESIGN DEVELOPMENT REVIEW: ADDENDUM:
FINAL REVIEW and CONSTRUCTION PERMIT: REVISIONS:

Estimated Construction Cost: 6.7 MIL. Total Square Footage of Project: 25,724
Estimated Equipment Cost: 7.5 MIL.
Estimated Start of Construction: January 2011 Estimated Completion: August 2011

*Specifications and Structural Drawings are not required.
(Include any Door, Hardware or Finish Schedules from Specifications.)*

CHECKLIST OF ITEMS TO BE INCLUDED WITH FINAL PLAN REVIEW SUBMITTAL

FAILURE TO SUBMIT ALL ITEMS BELOW MAY DELAY ACCEPTANCE OF FINAL PLANS FOR REVIEW AND APPROVAL

(Plans will not be logged in for final review prior to CON, LNR or DET approvals)

- 1) DCH PLANS TRANSMITTAL LETTER
- 2) DCH PROGRAM NARRATIVE FORM
- 3) ONE SET OF CONSTRUCTION PLANS - SIGNED & SEALED AS REQUIRED
- 4) AN ELECTRONIC COPY OF THE PLANS ON CD or DVD (ADOBE .PDF FORMAT)
- 5) A COPY OF ANY DCH REGULATORY APPROVAL LETTER: CON , LNR or DET

DCH USE ONLY: Date Received: <u>11-27-10</u>	DCH Project Number: <u>CO133-79</u>
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**GEORGIA DEPARTMENT OF
COMMUNITY HEALTH**

Submit to:

G. ERIK HOTTON JR., ARCHITECT
Georgia Department of Community Health
Division of Health Planning
2 Peachtree Street, NW, 5th Floor
Atlanta, Georgia 30303-3159
404/656-0457
Paper FAX 404/656-0654
E-mail FAX 770/344-4282
ehotton@dch.ga.gov
Revised January 15, 2010

2010 DCH PROGRAM NARRATIVE FORM

PLEASE PRINT OR TYPE ALL INFORMATION
FAILURE TO FILL IN ALL ITEMS MAY DELAY ACCEPTANCE OF FINAL PLANS FOR REVIEW AND APPROVAL.

Date Submitted: 11/18/2010
PLANS WILL NOT BE LOGGED IN FOR REVIEW PRIOR TO ANY REQUIRED CON, LNR OR DET APPROVAL.

Preliminary/Design Development Review: _____ Final Review/Construction Permit: X

Facility Name: Wellstar Kennestone Ambulatory Surgery Center at Kenn.Ofc.Pavilion MOB

Project Name: Wellstar Kennestone Outpatient Surgery Center - PHASE I

DCH Project Authorization: (Include copy of approval letter with drawings when submitting for final approval)
(If Required) CON Project Number/Date Issued GA 2008-053 _____
DET Request/Date Issued _____
LNR/Date Issued _____

If a CON, DET or LNR is not required please describe the project below:

Estimated Construction Cost: 6.7 MIL
Estimated Equipment Cost: 7.5 MIL
Estimated Start of Construction: January 2011
Estimated End of Construction: August 2011

Owners Signature: _____
(Not the Architect) OWNER SIGNATURE
Wellstar Health System/Jim Lade
PRINT NAME

Notary statement and seal: _____
NOTARY SIGNATURE
JASON PALMER
PRINT NAME

CON = Certificate of Need and is issued to Hospitals, Nursing Homes and Ambulatory Surgery Centers.
DET = Determination Request, an official letter from DCH stating project does not require a CON.
LNR-ASC = Letter of Non-Reviewability for Physician Owned Single Specialty Ambulatory Surgery Centers with project costs less than the current CON Thresholds.
LNR-EQT = Letter of Non Reviewability for Equipment purchases less than the current CON thresholds.

DCH USE ONLY	DATE REC'D	PROJECT #
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From: [Lindeman, Mary](#)
To: [Erik Hotton](#);
cc: [Dokken, Troy](#);
Subject: WellStar Kennestone Outpatient Surgery Center at the KOP- Kennestone Outpatient Pavilion
Date: Tuesday, November 23, 2010 4:11:57 PM
Attachments: [111510 Ltr from WellStar regarding operational concept of recovering patients in OR in lieu of PACU.pdf](#)
[10-1122 WKH 100 Percent CD - signed 2010 DCH submittal.pdf](#)

Hi Erik,

You may have already received the 100% for construction drawings on this project. In addition to the drawings here is the letter from WellStar Kennestone Hospital functionally describing their operational process for recovering patients. In lieu of having a PACU because the patients recover quickly while still in the OR they are proposing to recover them in the OR such that they do not need Phase 1 recovery by the time they are wheeled out of the OR. This will allow them to go into the Phase2 recovery bays and will eliminate one additional transfer.

Please review and let us know if you find this acceptable in conjunction with our ASC plans. Feel free to contact me if you have any questions or comments.

I am also attaching the Plans Transmittal letter that is accompanying this set of CD's.

Do I need to mail you a copy of this letter or is this digital pdf acceptable?

Thank you for your consideration on this concept.

Mary Lindeman, LEED AP
Project Manager
678.784.3712
mary.lindeman@cdhpartners.com

CDH Partners
675 Tower Road, Marietta, GA 30060
www.cdhpartners.com

Building Solutions | Shaping Tomorrow

15 November 2010

G. Erik Hotton, Jr
State Architect

Georgia Department of Community Health
Office of General Counsel
Division of Health Planning
5th Floor, 2 Peachtree Street, NW
Atlanta, GA 30303

Re: Kennestone Pavilion Surgery Center Recovery Process

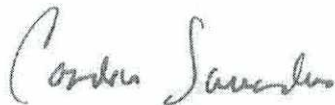
Dear Mr. Hotton,

We wanted to take this opportunity to outline our operational concept for the Surgery Center in the Kennestone Outpatient Pavilion, which is located on the main campus of Kennestone Hospital. WellStar is committed to patient safety, quality, and privacy of the patients and community we serve. For those reasons, we developed a concept where patients would have private areas to recover after surgery and would be moved minimally throughout the space. To accomplish this, we added walls to all our recovery rooms. Because this is not the typical format for a recovery area, we plan on operating this recovery as follows:

- Outpatients undergoing a procedure in this space will be carefully selected for one of a narrow range of procedures, all of which preclude the need for stage 1 postoperative recovery.
- Stage 1 recovery is not relevant for these patients, since transition from a total anesthetized state to one requiring less acute intervention occurs rapidly in the operating room.
- Following a procedure in the Surgery Center, patients will be taken directly to a private recovery room that will be equipped with privacy curtains that effectively partition the space from other patients.

Thank you for your consideration of this concept. Please let me know if you have any questions as it relates to our goals of quality patient care and enhanced patient privacy.

Sincerely,



Candice Saunders
Executive Vice President and CEO,
WellStar Kennestone Hospital



CDH PARTNERS INC.

675 TOWER ROAD
MARIETTA, GA 30060-6958
MAIN: (770)423-0016 FAX: (770)424-0260

DELIVERED BY: 1007206258

OF TRANSMITTAL

DATE: Wednesday, November 17, 2010



(770)-419-5000

TO: Erik Hotton Jr.
Georgia Dept. of Community Health
Office of General Counsel
Division of Health Planning
5th Floor, 2 Peachtree Street, NW
Atlanta, Georgia 30303

BY: Troy Dokken
RE: WellStar Kennestone Outpatient Surgery Center

DIRECT: 678-784-3410
PROJECT #: 29100.00 B

TRANSMITTED HERewith:

- Shop Drawings
- Specifications
- Drawings
- Report
- Copy of Letter
- Change Order
- Contract
- Electronic Files
- Invoice
- Pay Request
- Product Literature
- _____

DISPOSITION:

- For Approval
- No Exceptions Taken
- Exceptions Noted
- Resubmit
- For Signature
- For Your Use
- For Review and Comment
- _____
- For Payment
- As You Requested
- Per Transmitted Items

COPIES	IDENTIFICATION	DESCRIPTION
1-full size set	WellStar Outpatient Surgery Center	100% Construction Documents
1	2010 DCH Plans Transmittal	
1	2010 DCH Program Narrative	

REMARKS:

- FAX: _____
- E-MAIL: _____
- MAIL
- COURIER
- HAND DELIVERED

PAGES TO FOLLOW: _____

11/23/2010

From: [Lindeman, Mary](#)
To: [Erik Hotton](#);
Subject: FW: Wellstar Kennestone Ambulatory Surgery Center - preliminary plan review for your comment/ approval
Date: Wednesday, July 07, 2010 8:48:05 AM
Attachments: [063010 WKH ASC prelim plan review of SD plan - 2010 DCH PLAN TRANSMITTAL FORM submitted.pdf](#)
[063010 Kennestone ASC schematic plan for prelim review by DCH.pdf](#)

Hi Erik,
Sorry to bug you on this I know I just sent it a week ago and we just got back from the holiday etc.
The hospital is wanting to sign off on our SD plan but we wanted to make sure that you don't see any programmatic problems with this plan.

We wanted to make sure you were ok with the number and location of Nurse Stations in the Prep/Recovery areas (set up as swing rooms so that all rooms are configured the same to be acceptable as both Prep and Recovery rooms) etc..

I also wanted to confirm with you whether we do have to have individual handwashing lavs in every Prep/Recovery room or can we provide handwash alcoves in the corridor sprinkled throughout this area at a ratio of 1 sink for every 4 rooms.

Thanks so much, I know you are completely covered up, please feel free to reply at your convenience and don't hesitate to let me know if you have any questions/comments/concerns.

Mary Lindeman, LEED AP
Project Manager
678.784.3712
mary.lindeman@cdhpartners.com

CDH Partners
675 Tower Road, Marietta, GA 30060
www.cdhpartners.com

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From: Lindeman, Mary
Sent: Wednesday, June 30, 2010 6:59 PM
To: ehotton@dch.ga.gov
Subject: Wellstar Kennestone Ambulatory Surgery Center - preliminary plan review for your comment/ approval

Hi Erik,
Attached is a schematic plan that we wanted you to do a preliminary review on. I am also including the Plans Transmittal.

We wanted to make sure you were ok with the programmatic elements meeting the AIA HC Guidelines etc before we continue into DD's.

Let me know if you have any comments or questions or if you need me to meet with you regarding this design.

Thanks so much for reviewing for us. Feel free to contact me by phone or email as needed.

Mary Lindeman, LEED AP
Project Manager
678.784.3712
mary.lindeman@cdhpartners.com

CDH Partners
675 Tower Road, Marietta, GA 30060
www.cdhpartners.com

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July 05, 2010

Ms. Mary Lindeman
CDH Partners
675 Tower Road
Marietta, Georgia 30060

RE: Design Development Review

COBB-79

Ambulatory Surgery Center
Wellstar - Kennestone Outpatient Pavillion
699 Church Street, Suite 400
Marietta, Georgia 30060

Dear Ms. Lindeman,

The design development plans for the above referenced project, which were received on June 30, 2010, appear, with the exception of the following comments, to comply with the minimum standards for Ambulatory Surgery Centers, and, once corrected, are acceptable to the stage to which developed. Please submit construction plans for final approval a minimum of 45 days prior to the start of construction. Our comments are as follows:

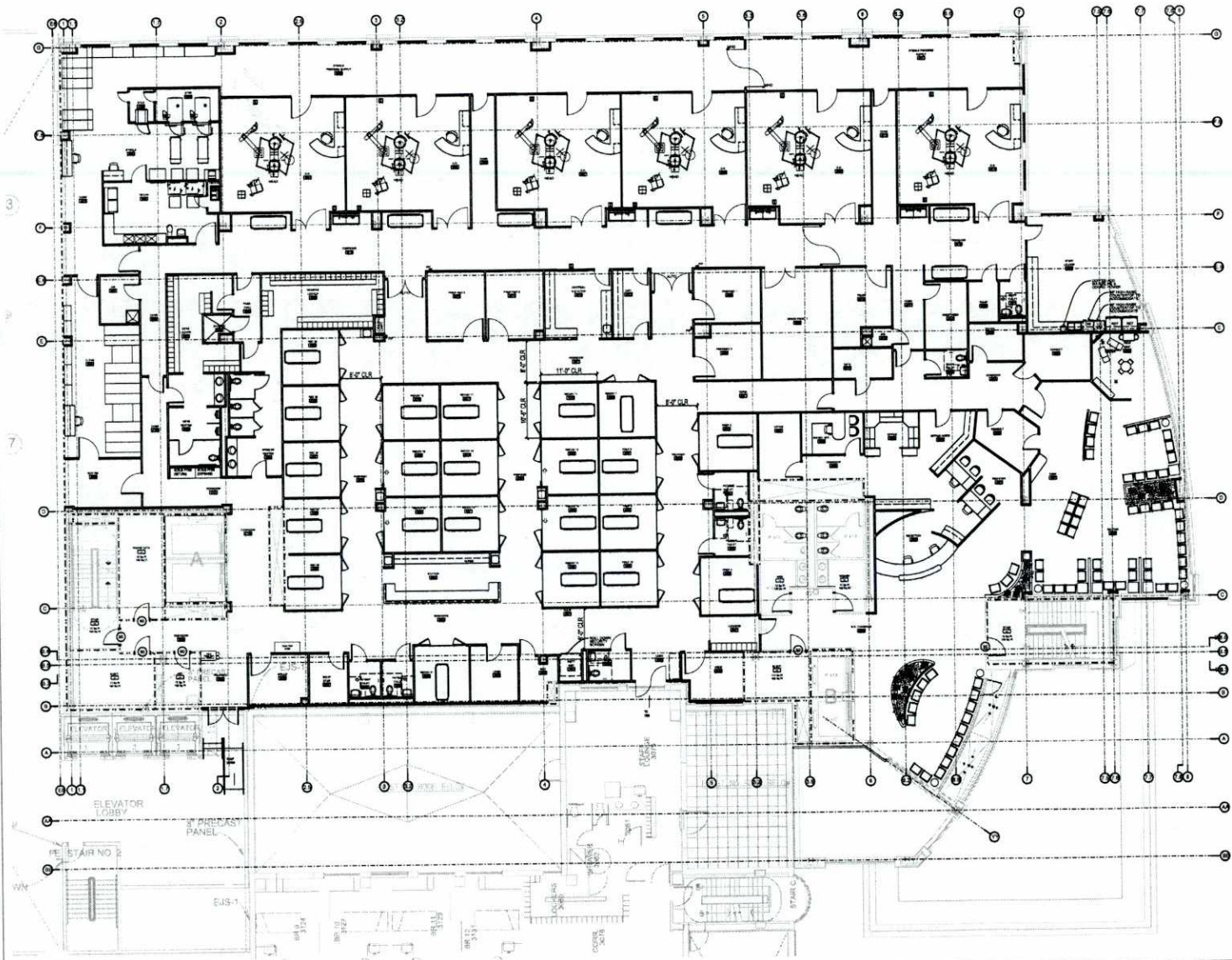
- 1) No PACU has been provided. As designed the Prep Recovery area with individual rooms is acceptable for Prep/Post Operative Holding and Phase II recovery rooms.**
- 2) The Nurses station or stations shall have direct visual surveillance (sightlines) of patients in acute recovery stations.**
- 3) Pediatric recovery stations shall be separate from adult stations. (If pediatric surgery is part of the program)**
- 4) The control station does not provide visual control of the access to the operating room corridor.**
- 5) Hand-washing stations have not been uniformly distributed (1 per 4 recovery). Individual Prep and Recovery rooms with doors shall contain a hand-washing fixture within the room. Door handles are major sources of contamination.**

Please note these plans may be subject to review and approval of the following agencies:

- 1) State Fire Marshals Office, (404) 656-7087
- 2) Local Building, Fire and Health authorities.

Sincerely,

G. Erik Hotton Jr.
Architect
404/656-0457



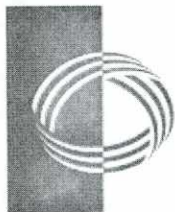
KENNESTONE OUTPATIENT PAVILION - AMBULATORY SURGERY CENTER

SCHEMATIC DESIGN

JUNE 30, 2010

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

CDH
PARTNERS



**GEORGIA DEPARTMENT OF
COMMUNITY HEALTH**

Submit plans to: **G. ERIK HOTTON JR., ARCHITECT**
Georgia Department of Community Health
Division of Health Planning
5th Floor, 2 Peachtree Street, NW
Atlanta, Georgia 30303-3159
404/656-0457
Paper FAX 404/656-0654
E-mail FAX 770/344-4282
ehotton@dch.ga.gov
Revised January 15, 2010

2010 DCH PLANS TRANSMITTAL LETTER

PLEASE COMPLETE ALL OF THE FOLLOWING and PROVIDE ACTIVE MAILING ADDRESSES

DATE SUBMITTED: 06/30/2010 (MINIMUM 45 DAYS PRIOR TO DESIRED START OF CONSTRUCTION)
CON, LNR or DET NUMBER: GA 2008-053 (REQUIRED - SEE CHECKLIST BELOW)

FACILITY NAME: Wellstar Kennestone Ambulatory Surgery Center at Kenn.Ofc.Pavilion MOB
PROJECT NAME: Wellstar Kennestone Ambulatory Surgery Center at Kenn.Ofc.Pavilion MOB
STREET ADDRESS: 699 Church Street, Suite 400
CITY: Marietta, GEORGIA ZIP CODE: 30060 COUNTY: Cobb
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) Mary Lindeman PHONE NUMBER: 678-282-0220
E-MAIL: mary.lindeman@cdhpartners.com

OWNER: (COMPANY NAME) Wellstar Kennestone Hospital
MAILING ADDRESS: 677 Church Street
CITY: Marietta STATE: GA ZIP CODE: 30060
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) Jim Lade PHONE: 770-793-6846
E-MAIL: jim.lade@wellstar.org

SUBMITTED BY: (COMPANY NAME) CDH Partners
MAILING ADDRESS: 675 Tower Road
CITY: Marietta STATE: GA ZIP CODE: 30060
CONTACT PERSON: (Dr./Mr./Mrs./Ms.) Mary Lindeman PHONE: 678-784-3712
E-MAIL: mary.lindeman@cdhpartners.com

? Are you the: Architect Owner Consultant Contractor Other
Architects Name & Georgia Registration Number: J. Danny Mackey GA 6895

TYPE OF FACILITY
HOSPITAL: NURSING HOME: AMBULATORY SURGERY CENTER: OTHER:

PURPOSE OF SUBMISSION
PRELIMINARY or DESIGN DEVELOPMENT REVIEW: ADDENDUM:
FINAL REVIEW and CONSTRUCTION PERMIT: REVISIONS:

Estimated Construction Cost: _____ Total Square Footage of Project: _____
Estimated Equipment Cost: _____ Estimated Completion: September 2011
Estimated Start of Construction: January 2011

*Specifications and Structural Drawings are not required.
(Include any Door, Hardware or Finish Schedules from Specifications.)*

CHECKLIST OF ITEMS TO BE INCLUDED WITH FINAL PLAN REVIEW SUBMITTAL

FAILURE TO SUBMIT ALL ITEMS BELOW MAY DELAY ACCEPTANCE OF FINAL PLANS FOR REVIEW AND APPROVAL

(Plans will not be logged in for final review prior to CON, LNR or DET approvals)

- 1) DCH PLANS TRANSMITTAL LETTER
- 2) DCH PROGRAM NARRATIVE FORM
- 3) ONE SET OF CONSTRUCTION PLANS - SIGNED & SEALED AS REQUIRED
- 4) AN ELECTRONIC COPY OF THE PLANS ON CD or DVD (ADOBE .PDF FORMAT)
- 5) A COPY OF ANY DCH REGULATORY APPROVAL LETTER: CON , LNR or DET

DCH USE ONLY: Date Received: <u>6-30-10</u>	DCH Project Number: <u>C083-79</u>
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From: Erik Hotton
To: "Lindeman, Mary";
Subject: RE: Wellstar Kennestone Ambulatory Surgery Center
Date: Monday, June 14, 2010 9:34:23 AM

Rooms will require approximately 11'-0" wide by 11'-0" depth figuring a 3'-0" x 7'-0" stretcher. If they plan on using hospital beds the bed size is defined in the guidelines as 40"x96" which would require a clear space of 11'-4" x 12'-0". Spaces enclosed by doors will require individual hand washing stations in addition to any hand sanitizing dispensers provided. Spaces enclosed by curtains will require 1 hand washing station per 4 beds in addition to any hand sanitizing dispensers provided.

G. Erik Hotton, Jr.

Architect
Department of Community Health
Division of Health Planning
2 Peachtree Street, 5th Floor
Atlanta, Georgia 30303
(404) 656-0457 Direct
(770) 344-4282 FAX
www.dch.georgia.gov
Click on CON Information
Click on Info for Design and Construction

The 2010 Guidelines have been adopted.
Get your copy now.
www.fgiguilines.org

From: Lindeman, Mary [mailto:Mary.Lindeman@cdh-partners.com]
Sent: Wednesday, June 09, 2010 7:19 PM
To: Erik Hotton
Subject: Wellstar Kennestone Ambulatory Surgery Center

Hi Erik,
I have a clarification/interpretation question for you. I am working on an ASC pre-op and recovery bay module for the ASC that Wellstar is doing in a new MOB. They are moving away from all curtained bays to try to go to a system of walls and possibly glass doors for better privacy and patient experience. The AIA regs call for 4ft between edge of stretcher and hard walls on the sides and the foot of the bed is 3ft to a curtain or 4'-0" to a wall.

They have not completely decided if they will do the glass slider doors shown on

this plan or just do cubicle curtains at the foot of the bed.

I have two questions for you:

1. If they wind up wanting to add these trackless glass sliders for when they want the privacy but the ability to stay open most of the time and for that have a cubicle curtain can we size the room with 3'-0" at the foot or are we going to have to do the 4'-0"?
2. Just to confirm do we have to have 4'-0" on both sides of the stretcher as shown or is there a way to do 4'-0" on one side and something less than like 2'-6" or 3'-0" on the other?

We have 26 prep and recovery stations so this extra foot will affect the layout significantly so that is why I wanted to clarify these dimensions with you.

I know you are covered up so I appreciate you taking a look at this and hopefully letting me know what you will require.

Also I would like to request a preliminary design review with you on this entire ASC floor plan in the next 2-3 weeks if you have an available slot. Let me know how best to schedule this and/or if I should plan on sending you a pdf via email.

Thanks,

Mary Lindeman, LEED AP

Project Manager

678.784.3712

mary.lindeman@cdhpartners.com

CDH Partners

675 Tower Road, Marietta, GA 30060

www.cdhpartners.com

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