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December 17, 2020

NYS Department of Health/Office of Health Systems Management Division of Health Facility Planning Bureau of Architectural and Engineering Facility Planning 433 River Street, 6<sup>th</sup> Floor

Troy, New York 12180-2299

Re: Planned Parenthood- Westfall Park Medical Center

## **Architectural Narrative**

This project entails the construction of a Planned Parenthood outpatient clinic within a single tenant commercial building in Brighton, New York.

### 1. Existing Conditions:

- a. The proposed program area will occupy approximately 6,200 SF of an existing Commercial building in Brighton, New York. The project entails demolishing the entire first floor construction above the first floor framing, and rebuilding with a similar building footprint. The Project area will be located on the first floor of the building. There is an existing basement where the building mechanicals and utilities are located.
- The Building is a single-story structure, with a basement. It is type V(000), Wood structure.
- c. The Mechanical, Electrical and Plumbing systems constructed for the space are served by the Main Building infrastructure and are well suited to the program needs.

### Proposed Uses.

- a. The entrance to the building is on the first floor. Access to the program space is directly off the main vestibule. Staff and delivery entry door is located at the back of the building.
- b. The Waiting Area is sized to accommodate the patient flow as well as seating for care givers, family and / or drivers.
- c. Check In and Check Out areas are well placed to provide patients clear access to staff, proper HIPPA compliance and allow for ease of patient flow to the exam rooms.
- d. The exam rooms are sized for the proposed uses and to comply with the Health Care Guideline requirements. A work room, toilets and other support areas have been provided as necessary to satisfy the functional program requirements.
- e. Separate clean and soiled storage areas will be provided; the soiled closet will be ventilated and exhausted per NYS, Life Safety and FGI Health Care Guidelines.
- f. Mechanical / Plumbing / Electrical: The HVAC design is suited to the space layout, and balancing will be performed to insure proper delivery of air. Zoning and Control locations will appropriate to this layout. Electrical needs for equipment and staff needs have been

## Planned Parenthood- Westfall

Park Medical Center
New York State Department of Health
Center for Health Care Facility Planning, Licensure, and Finance Bureau of Architecture & Engineering Review Division of Planning and Licensure

**Design Submission Requirements** DATE: 12/17/2020

**DSG-3.2 Primary Care Facilities** 

# REQUIRED ELEMENTS FOR PRIMARY CARE FACILITIES

Code	Reference	Code Reference Category	Code Reference Category		
ā	Phase				
2chematic	Design Development	Code	Component/Requirements		Compiles
3.2-3	3.1-3 Di	3.2-3, 3.1-3 Diagnostic and Treatment Areas	realment Areas		
		3.2-3.2 Examination Rooms	ifion Rooms		
•		3.1-3.2.2	General Purpose Examination/Observation Room(s)	Required	
•	•	3.1-3.2.2.2(1)		80 S.F. min X	
•	•	3.1-3.2.2.2(2)	ances	2'-8" X	
•	•	3.1-3.2.2.3	Handwashing Station	Required X	
•	•	3.1-3.2.2.4	Documentation Area (Written or Electronic)	Required X	
		Table 3.1-1	Rectrical Receptacles	8 Single	
		10000	# head of exam table	4 min	
	•	ASHRAE 7.1	Pressure Relationship to Adjacent Areas	N/R	
	•	ASHRAE 7.1	Min. Outdoor Air Changes /Hour	2	
		ASHRAE 7.1	Min. Total Air Changes /Hour	9	
	•	ASHRAE 7.1	All Room Air Exhausted Directly to Outdoor	N/R	
		ASHRAE 7.1	Air Recirculated by Means of Room Units	N/R	
		ASHRAE 7.1	Relative Humidity (%)	60 max	
	•	ASHRAE 7.1	Design Temperature (%)	70-75	
•	•	3.1-3.2.3	Special Purpose Examination Room – if provided	*	
•	•	3.1-3.2.3.2(1)	Area	100 S.F.	
	•	101000010	sides and head or fool of Table, bed or chair		
•	•	3.1-3.2.3.2(2)	- 1	1'-0" min. X	
•	•	3.1-3.2.3.3	Handwashing Station	Required	
•	•	3.1-3.2.3.4	Documentation Area (Written or Electronic)	Required	
	•	Table 3.1-1	Bectrical Receptacles	8 Single	
			# @ nedd of exam idbie	4 IIIII	
	•	3.2-3.2.6	Support Areas for Examination Rooms		
٠	•	3.2-3.2.6.6, 3.1-3.6.6	Medication Preparation Room "Select medication preparation room and/or Self-contained medication dispensing unit	Required *	
•	•	3.1- 3.6.6.2(1)(a)(i)	Work counter	Required	
•	•	3.1- 3.6.6(1)(a)(ii)	Hand-washing station	Required	
•	•	3.1-	Lockable refrigerator	X X X	
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5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

This certification is being submitted to facilitate the CON review and subsequent to formal plan approval by your office. It is understood that an electronic copy of final Construction Documents on CD, meeting the requirements of DSG-05 must be submitted to PMU for all projects, including limited, administrative, full review, self-certification and reviews performed and completed by DASNY.

Project Name:	
Location: 2233 S Clinton Ave, Rochest	ter NY 14618
Description: A new woman's health outpatie	
Description, 77 Not Worldan's Health Outputs	A CHILLOTO F FAITHER FAITHFOOD
Architectural or Engineering Professional	14 4
Stamp	Nather Logge
STERED ARCAY	Signature of Architect or Engineer
Something of E	Nathan Rozzi
1 Alexander 1	Name of Architect or Engineer (Print)
August 1973	036148
02018	Professional New York State License Number
OF NEW	1 Woodbury Blvd. Rochester, NY 14604
	Business Address
with regard thereto, and (b) withdraw its appr	
	Authorized Signature for Applicant
1/13/2021	Christian Oleck, CF
Date	Name (Print) Title
Notary signing required for the applicant	
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STATE OF NEW YORK	)
a marine	) SS:
County of MONYOE	)
On the 13 day of Jan 2021, before me pe	ersonally appeared <u>Christian Oleck</u> , to me known, who being by
me duly sworn, did depose and say that he/she is	
	e facility described herein which executed the foregoing instrument; and that he/
she signed his/her name thereto by order of the g	
and argued marner manie dicters by order of the g	overning authority of said facility.
(Notary) Raquel M Carboni	RAQUEL M CARBONI Notary Public State of New York Registration #01CA6353799 Qualified in Monroe County Qualified in Monroe County

ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION

Commission Expires Jan. 30, 2021