

# River Hospital LRA Project Narrative

2221700

River Hospital received grant funding through the NYS DOH Statewide Health Care Facility Transformation Program III (SHCFTP III) to perform a capital construction project to renovate and modernize the second floor and lower level/basement of the hospital. These renovations include:

**PHASE 1A - 2<sup>ND</sup> FLOOR INPATIENT RIVER SIDE & EAST END** will address the need for renovations to the inpatient unit added in the early 1970's. This Phase modernizes inpatient and the east end core space and will increase patient room sizes; add semi-private bathrooms with fully accessible showers; add negative pressure/isolation capability to more of the patient rooms; incorporated new technology for nurse call system, patient notification system to enhance the delivery of care.

Rooms will be right sized to meet or exceed building health care design and code standards for all authorities having jurisdiction. This rightsizing will require overtaking adjacent space currently occupied by Quality Assurance, Discharge Planner, Utilization Review, Infection Prevention, Hospitalist, Nurse Manager, C-Tub Room and Soiled Utility. Displaced services are outlined in Phase 1B.

**PHASE 1B – BASEMENT RIVER SIDE EAST-END;** This Phase includes enclosing existing exterior footprint space with canopy covering to create an approximate 3,000 square feet of additional usable space (included with the 8,426 total square footage of impacted space in Basement). This will improve workflows and create more efficient use of space. The services impacted will be Radiology, Dietary, staff break/dining area, and displaced personnel from Phase 1A deemed appropriate for relocation.

**PHASE 2A: 2<sup>ND</sup> FLOOR INPATIENT STREET SIDE:** Upon completion of Phase 1A, this Phase calls for renovations to patient rooms on the street side of the hospital and existing patient dining room/programming space. As with Phase 1A, this Phase will meet infrastructure, design and efficiencies identified to deliver quality care for acute and sub-acute patients.

**PHASE 2B: BASEMENT STREET SIDE WEST END** renovations will update outdated Central Supply/Materials Management and Information Technology closet to meet current and future needs.

**PHASE 3A: 2<sup>ND</sup> FLOOR CENTRAL CORE** renovations will address the need to upgrade and create more efficient use of center core space currently housing clean utility, kitchenette, nurse/caregiver station, staff quiet space and locker area, medication area, environmental service closet and supply and equipment storage.

**PHASE 3B: BASEMENT RIVER SIDE WEST-END** will modernize and reconfigure space occupied by clean linen, provider call room, dietary office, dishwasher room, kitchen and pantry.

**PHASE 4: BASEMENT PATIENT BATHROOM AND DRESSING ROOM:** This Phase will bring needed upgrades to the patient bathroom and changing room, which supports imaging service, to meet current healthcare design and guidelines and improve access and ease of use.

NOTE: The phasing represents specific activities of this project and their proposed order of completion, with activities within the same phases taking place concurrently. Finalization of the phasing plan will be based on input from Architect/Engineer.

#### SITE PROPOSAL SUMMARY:

Modernizing 2nd floor inpatient unit: Patient room enlargement; new semi-private bathrooms/showers; additional negative pressure/isolation capability; incorporate technology for nurse call & patient notification system. Upgrade & create efficiencies to center floorplan existing clean utility, kitchenette, nurses' station, staff quiet space/locker area, medication area, environmental service closet & supply/equipment storage; renovate & enclose existing exterior basement overhang footprint, which will create approx. 3,000 sf additional space for displaced services in 2nd floor renovations. Renovate existing basement space to enhance Central Supply/Materials Management & Information Technology closet, clean linen, provider call room, dietary office, dishwasher room, kitchen & pantry, bathroom & changing room areas. Site changes/enhancements will occur in parallel with Phase 1B. Linen deliveries & waste management will relocate to street-side east end.

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## **I. GENERAL OVERVIEW OF THE PROJECT**

This project at River Hospital in Alexandria Bay, NY encompasses approximately 12,725 sf of renovation and addition on the Basement Level, First Floor and Second Floor of the Hospital. The Second Floor Medical/Surgical unit will be fully renovated to create a more functional and welcoming space. The Basement Level will include renovations to Staff and Imaging Suite Support. The infill addition will include Staff Support areas, along with a Multipurpose Room and Mechanical Room to support the addition. There will be various MEP upgrades to the project area, along with sitework to support the infill addition.

## **II. SPACE PROGRAM**

See attached Space Program.

## **III. ARCHITECTURAL NARRATIVE**

### **A. Codes and Standards**

1. General Construction work shall comply with the following:
  - a. The State of New York Codes, Rules and Regulations; Title 10 Health; Part 712
  - b. 2012 NFPA Life Safety Code-101
  - c. 2018 Guidelines for Design and Construction of Health Care Facilities (Hospital)
  - d. 2010 ADA Standards for Accessible Design
  - e. 2020 NYS -Building Code (Group I2 – Institutional)
2. The building construction classification (both existing renovated areas and new construction) is Type IB.
3. The Project Area will be fully sprinklered.

### **B. Description of Programs within the Building:**

1. Basement:
  - a. Imaging Support: The existing Imaging Waiting and Reception for the Imaging Department will be renovated and will include Staff Workstations and a Manager Office. There will also be an Ultrasound Room and Dedicated Patient Toilet Room provided that will be a relocation of these services from a
  - b. Public Support: A Public Dining Room will be provided for a place in the hospital visitors can wait and/or eat outside of the existing waiting areas. A Public Toilet Room will also be provided in close proximity to the Dining Room.
  - c. Staff Support: (3) Staff Offices will be provided in the addition to create more space for existing staff members. A Staff Lounge, Lockers and a Toilet/Shower Room will be located in the addition for additional staff support area, along with an On-Call Room.
  - d. Building Support: An additional Environmental Services Room will be provided for building support.

2. Level 1:

- a. A Multipurpose Room will be provided on the first floor of the addition.
  - b. A Mechanical Room will be located in the addition to provide support for the added spaces.
3. Level 2:
- a. Medical/Surgical Unit: The existing unit will be fully renovated in place and will include (8) Semi-Private Patient Rooms and (1) Private Patient Room, for a total of (17) beds, all including a dedicated Toilet/Shower Room off of the Patient Rooms. All required support for the unit will also be renovated, including Care Team/Nurse Station, clinical support spaces and necessary staff support spaces.

#### **IV. M/E/P/FP NARRATIVE**

##### HVAC SYSTEMS

1. General
  - A. The project scope includes the renovation to the existing patient rooms located on the second floor, a basement addition and renovation to existing basement spaces including, offices, break room and Imaging Suites. All spaces will meet the applicable design parameters called for in the latest version of ASHRAE Standard 170 Ventilation of Health Care Facilities. These parameters include filtration, pressure relationship, outdoor air changes, total air changes, exhaust vs. recirculation, relative humidity, and design temperature.
  - B.
2. Demolition
  - A. All existing equipment serving the existing 2<sup>nd</sup> floor patient rooms shall be removed including existing PTAC's, electric heater, perimeter hydronic heat, ventilation air handling equipment, exhaust fans and associated ductwork distribution systems. Existing hot water heating piping mains located in the interstitial space will remain and be reconnected to.
  - B. All existing HVAC equipment serving the basement offices, registration, record storage and Imaging Suites will be removed.
3. New Work:
  - A. The new Patient Rooms, located on the 2<sup>nd</sup> floor, will be served by two (2) new roof-mounted air-handling units including return fan, RA/OA mixing/economizer section, pre-filters, glycol pre-heating coil, DX cooling coil, humidifier, supply fan and final filters.
  - B. A fully ducted supply and return distribution system will be provided for each rooftop unit. Variable air volume boxes with hot water reheat provide individual zone control for the Patient rooms and ancillary spaces.
  - C. Each air handler will be served by an air-cooled condensing unit and interconnecting refrigerant piping.
  - D. Air handling unit humidifiers will be served by two (2) steam-to-steam generators located in the Penthouse.
  - E. A hot water-to-glycol gasketed plate heat exchanger including associated pumps and distribution piping will serve the AHU preheat coils and VAV box reheat coils.

- F. Roof-mounted exhaust fans and associated ductwork distribution system will provide exhaust to all patient and staff toilet rooms, environmental service rooms, and soiled holding rooms.
- G. A roof-mounted utility-set exhaust fan skid with bag-in bag-out HEPA filters will serve the AII isolation room.
- H. The basement addition and renovated areas will be served by a VRV system with heat recovery. The VRV condensing units will be located on the roof and fan coil units with ducted distribution will provide zone control to the individual spaces.
- I. The basement Imaging Suites will be served by a VRV system with heat recovery. The VRV condensing units will be located on the roof and ceiling-mounted cassette fan coil units will provide zone control to the individual spaces.
- J. Exhaust and ventilation for the basement will be provided by an energy recovery unit located in the new mechanical room on the first floor.
- K. All new equipment will be tied into the existing building management system to provide monitoring, control, and scheduling of all HVAC equipment.

#### PLUMBING SYSTEMS

- 1. General
  - A. The project scope includes the renovation to the existing patient rooms located on the second floor, a basement addition and renovation to existing basement spaces including, offices, break rooms and toilet rooms.
- 2. Demolition
  - A. Remove existing plumbing fixtures from the 2<sup>nd</sup> Floor and Basement Scope of Work area. Removals will include disconnection of all associated waste, sanitary, vent and domestic water piping back to active mains.
  - B. All sanitary piping from fixtures to be removed will be disconnected at active building drains or remain for reconnection to the new fixtures to be installed.
  - C. Remove existing medical gas zone valve boxes, and medical gas piping serving the 2<sup>nd</sup> floor Scope of Work.
- 3. Domestic Water:
  - A. Domestic cold-water serving the Basement and 2<sup>nd</sup> Floor Renovation areas shall be extended from the existing main services located within the hospital.
  - B. The existing domestic hot-water and recirculation piping systems shall be expanded to serve the fixtures within the proposed renovated areas.
  - C. At present, the domestic-water heating system appears adequate to supply the proposed renovation area, complying with the minimum temperatures and amounts required by the FGI Guidelines.
- 4. Sanitary and Vent Systems:
  - A. In the renovated areas of the project, the existing sanitary system located underground and within the Interstitial level shall be modified to receive waste from new fixtures.

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Modifications shall require cutting and core-drilling of the existing slab to accommodate the new equipment, fixture and floor drain locations.

- B. The vents shall extend up through the roof; the vents shall be located as required to meet the 25'-0" separation from the outside air intake of the new air handling unit.

5. Storm System:

- A. The existing storm system is separate from the sanitary system. The existing storm piping in the renovated areas shall be modified and re-routed as required to accommodate the new layout of the suite.

6. Plumbing Fixtures:

- A. All fixture components to be certified lead-free meeting the requirements of current codes. Plumbing fixtures and trim shall meet and/or exceed the requirements of the 2020 Energy Conservation Code of New York State and shall be ADA compliant, located where called for on the architectural plans.
- B. Handwash sinks shall be approximately 19" x 18" x 7-5/8" deep, 18-gauge stainless steel and mounted in the countertop. Faucets shall hands-free with sensor operated controls.
- C. Water closets shall be floor mounted with manual flush valves with bed pan washers for all Patent Bathrooms.
- D. Patient Bathrooms shall be provided with lavatory sink with 4" blade handles and gooseneck spout.
- E. Patient Bathrooms shall be provided with a shower with mixing valve and hand held shower head, grab bars, seat, and drains.
- F. Water closets shall be floor mounted with manual flush valves for all Public Toilet Rooms.
- G. Water closets, and lavatories shall be white vitreous china.
- H. Floor drains will be provided in all patient bathrooms, staff toilet rooms and every public toilet room.
- I. Drinking fountains shall be wall mounted bi-level with integral bottle filler.

7. Safety Equipment:

- A. Face and eyewash devices shall be provided in the Soiled Utility and as where required by OSHA 29 CFR 1910 (Occupational Safety and Health Standards) and ANSI/ISEA Z358.1 (Emergency Eyewash and Shower Equipment). A quick-drench emergency deluge shower shall be provided, if it is determined it is needed by the hospital.

8. Medical Gases:

- A. New medical-gas piping will be installed for the 2<sup>nd</sup> Floor Patient Care spaces. These services will be piped from various locations within the Hospital.

- B. The oxygen service will be connected to an existing 2" main located on the 2<sup>nd</sup> Floor Ceiling.
  - C. The vacuum service will be connected to an existing 2" main located on the 2<sup>nd</sup> Floor Ceiling.
  - D. The medical-air service will be connected to an existing 2" main located on the 2<sup>nd</sup> Floor Ceiling.
  - E. At present all Medical Gas systems appear to have adequate capacity for the proposed renovations.
  - F. New zone valve boxes, controls and an alarm panel shall be provided for the Patient Rooms. A new alarm panel shall be provided to a new medical gas alarm panel located at the Nurse/Staff Station. The serves shall be tied into the medical gas mains; the piping distribution sized for the new connection points.
  - G. The new medical gas outlets required for this project include the following:
    - 1) Patient Room (per Bed): (1) Oxygen, (1) Vacuum, (1) Med Air
  - H. Medical Gas piping shall be Type "K" copper cleaned for medical use with brazed joints, all medical gas shall be labeled.
9. Commissioning:
- A. All systems will be commissioned to satisfy current code requirements.

#### FIRE PROTECTION SYSTEMS

- 1. Demolition
  - A. The existing facility is served by an electric fire pump located in the basement which will remain.
  - B. The basement area scheduled for renovation is partially sprinklered. All existing sprinkler heads will be removed.
- 2. New Work
  - A. A wet sprinkler system will be provided within the renovated space on the basement level. The system will be designed and installed to meet the requirements of a Light Hazzard Occupancy Classification as defined by NFPA 13.
  - B. An existing 2 ½" zone control assembly located in the stairwell project will be utilized to provide sprinkler coverage for the renovated area on the 2<sup>nd</sup> Floor. The system will be designed and installed to meet the requirements of a Light Hazzard Occupancy Classification as defined by NFPA 13.
  - C. All sprinkler heads will be quick response type.
  - D. Concealed sprinkler heads will be provided in finished ceiling areas and upright heads will be installed in areas that do not contain a ceiling.
  - E. New piping 2 inch and smaller will be Schedule 40 black steel pipe with threaded connections.
  - F. New piping 2-1/2 inch and larger will be Schedule 10 black steel pipe with roll grooved mechanical coupling connections.

## ELECTRICAL SYSTEMS

1. Demolition
  - A. Power Distribution:
    - 1) Existing lighting and appliance panelboards serving the proposed renovation areas in the Basement and on the First Floor shall remain.
    - 2) Existing lighting and appliance panelboards serving the proposed renovation area on the Second floor shall be removed. Currently, the following panelboards are existing and shall be removed
      - a) Panel L2N: 208Y/120V emergency life safety branch
      - b) Panel C2N: 208Y/120V emergency critical branch
      - c) Panel C2NB: 208Y/120V emergency critical branch
      - d) Panel TR: 208Y/120V emergency critical branch
  - B. Lighting: The existing lighting systems throughout the renovation areas shall be removed due to the existing luminaires not meeting the needs of the project. Removal of lighting systems includes light fixtures, lighting controls, EM lights, exit lights and all associated branch circuits back to source.
  - C. Convenience Power: The existing receptacles, wiring devices and branch circuits throughout the renovation areas shall be removed due to the removal of all walls and the existing not meeting the needs of the project.
  - D. Tel/Data and CATV: The existing Tel/Data and CATV jacks and cabling throughout the renovation areas shall be removed due to the removal of all walls and the existing not meeting the needs of the project. Communication backbone equipment located on each floor shall remain for continued and re-use.
  - E. Nurse Call: The existing Nurse Call System devices and cabling throughout the renovation areas shall be removed due to the removal of all walls and the existing not meeting the needs of the project. Nurse call system backbone equipment, head-end cabinets, power supplies, etc.) will remain for continued and re-use.
  - F. Security System:
    - 1) Access Control System: Existing Card readers, electric strikes, door contacts, and request-to-exit devices associated with removed interior doors and associated wiring shall be removed throughout the renovation areas. Access control backbone equipment (servers, power supplies, etc.) will remain for continued and re-use.
    - 2) Video Surveillance System: Existing Security cameras, power supplies, and associated cabling shall be removed throughout the renovation areas. Video surveillance backbone equipment (servers, patch panel, POE switches, etc.) will remain for continued and re-use.



- G. Fire Alarm: Existing fire alarm notification appliances, manual pull stations and smoke/heat detectors located within the areas shall be removed. Duct mounted smoke detectors, remote test stations, and fan shut down relays associated with removed HVAC equipment shall be removed. All fire alarm cabling and conduit associated with removed devices shall be removed within the renovation areas. The existing fire alarm control panel shall remain for reuse.

2. New Work

A. Power distribution:

- 1) New 208Y/120V branch circuit panelboards will be provided on the second floor. One (1) normal power panelboard, one (1) life safety branch panelboard, one (1) critical branch panelboard and one (1) equipment branch panelboard shall serve the second floor lighting, receptacles and other 208/120V loads. Panelboards will be installed in the new equipment supply room.
- 2) Circuit breakers shall be provided in the existing distribution panels of each branch to serve the new panelboards. The existing distribution panels are located in the existing basement electric room.
- 3) Circuit breakers, disconnect switch, control devices and branch circuits shall be provided for proposed HVAC and plumbing equipment.

B. Lighting:

- 1) Lighting shall be provided by LED lighting fixtures throughout the facility.
- 2) Recessed 2X2 lighting fixtures shall be provided for offices, general lighting in patient rooms, and support spaces. Office lighting fixtures shall be dimmable.
- 3) Recessed 6"X4 lighting fixtures shall be provided for corridors and conference rooms and shall be dimmable.
- 4) Recessed 6"x4 lighting fixtures with integral exam and reading lights shall be provided in patient rooms. Lighting fixtures in these rooms shall be dimmable.
- 5) 4" downlighting fixtures shall be provided in patient toilet/shower rooms and equipment alcoves. Lighting fixtures in toilet/shower rooms shall be wet location rated.
- 6) Occupancy/vacancy sensors shall be provided for lighting fixtures per energy code requirements in offices, conference rooms and support spaces.
- 7) All exit lighting fixtures shall be LED type and located per code requirements for egress. Exit lights shall be connected to the life safety branch panelboard serving the associated area.
- 8) Emergency life safety lighting shall utilize selected light fixtures connected to the emergency life safety branch panelboard serving the associated area.
- 9) Exterior lighting fixtures shall be building mounted LED type providing general area lighting along exterior of new addition.

C. Convenience Power:

- 1) Hospital-grade normal and emergency power receptacles shall be provided throughout the renovated areas. Receptacles and other 120V loads shall be fed from 208Y/120V normal power or emergency critical branch panelboards serving the associated area.

- D. Tel/Data and CATV:
- 1) New tel/data drops shall be provided throughout the renovated areas. All new drops will be routed to the existing tel/data closet serving the associated area. Voice and data cabling shall be Cat-6e. All cabling shall be terminated, tested and labeled.
  - 2) CATV drops will be provided in each patient room, waiting area and lounge.
- E. Nurse Call:
- 1) Nurse call devices shall be provided for renovated areas in accordance with FGI.
  - 2) Nurse call and code blue devices shall be provided for each patient bed. Corridor dome lights will be provided outside of each patient room containing a nurse call system device.
  - 3) Emergency (pull cord) devices will be provided in each toilet room, accessible from the water closet. Dome lights will be provided outside of each toilet room containing a nurse call system device.
  - 4) Staff station with emergency call feature will be provided in clean supply, equipment, staff and meds rooms.
  - 5) A master station will be installed at the new nurse's stations.
  - 6) Zone dome lights will be provided in the corridor as required.
- F. Security System:
- 1) The existing security platform will be modified and expanded to accommodate renovated areas and addition.
  - 2) Door access control and monitoring will be installed at the doors to Meds, Clean Supply, Staff Break/Lockers, Equipment Supply and EVS rooms.
- G. Fire Alarm:
- 1) The existing building fire alarm system will be extended to the renovated areas from the existing addressable fire alarm control panel.
  - 2) Addressable initiation devices (manual pull stations, smoke detectors, heat detectors, etc.) and notification appliances (audible and visual) will be located throughout per NFPA 72.

# Limited Review Application

State of New York Department of Health  
Office of Primary Care and Health Systems Management

**LRA Cover Sheet**

## Project to be Proposed/Applicant Information

This application is for those projects subject to a limited review pursuant to 10 NYCRR 710.1(c)(5)-(7). Please check the appropriate box(es) reflective of the project being proposed by your facility (**NOTE** – Some projects may involve requisite “Construction”. If so, and **total** project costs are below designated thresholds, then **both boxes** must be checked and necessary LRA Schedules submitted). **Please read the LRA Instructions to ensure submission of an appropriate and complete application:**

- Minor Construction** – Minor construction project with total project costs of up to \$15,000,000 for general hospitals and up to \$6,000,000 for all other facilities, if not relating to clinical space – check “Non-Clinical” box below).

**Necessary LRA Schedules:** Cover Sheet, 2, 3, 4, 5, and 6.

- Equipment** – Project related to the acquisition, relocation, installation or modification of certain medical equipment, with total project costs of up to \$15,000,000 for general hospitals and up to \$6,000,000 for all other facilities. (**NOT** necessary for “1-for-1” replacement of existing equipment without construction, pursuant to Chapter 174 of the Laws of 2011 amending Article 28 of the Public Health law to eliminate limited review and CON review for one for one equipment replacement)

**Necessary LRA Schedules:** Cover Sheet, 2, 3, 4, and 5.

- Service Delivery** – Project to decertify a facility's beds/services; add services which involve a total project cost up to \$15,000,000 for general hospitals and up to \$6,000,000 for all other facilities; or convert beds within approved categories. (If construction associated, also check “Construction” above.)

**Necessary LRA Schedules:** Cover Sheet, 2, 6, 7, 8, 10, and 12. \*If proposing to decertify beds within a nursing home, provide a description of the proposed alternative use of the space including a detailed sketch (unless the decertification is being accomplished by eliminating beds in multiple-bedded rooms). If proposing to convert beds within approved categories, an LRA Schedule 6 and all supporting documentation are required to confirm appropriate space for the new use.

- Cardiac Services** – Project by an appropriately certified facility to add electrophysiology (EP) services; or add, upgrade or replace a cardiac catheterization laboratory or equipment. (If construction associated, also check “Construction” above.)

**Necessary LRA Schedules:** Cover Sheet, 2, 7, 8, 10, and 12.

- Relocation of Extension Clinic** – Project to relocate an extension clinic within the same service area which involve a total project cost up to \$15,000,000 for general hospitals and up to \$6,000,000 for all other facilities. (If construction associated, also check “Construction” above.)

**Necessary LRA Schedules:** Cover Sheet, 2, 3, 4, 5, 6 and 7. Also include a Closure Plan for vacating extension clinic.

- Part-Time Clinic** – Project to operate, change services offered, change hours of operation or relocate a part-time clinic site – for applicants already certified for “part-time clinic”. (If construction associated, also check “Construction” above.)

**Necessary LRA Schedules:** Cover Sheet, 2, 8, 10, 11, and 12.

OPERATING CERTIFICATE NO. 2221700	CERTIFIED OPERATOR River Hospital, Inc.	TYPE OF FACILITY Hospital
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OPERATOR ADDRESS – STREET & NUMBER 4 Fuller Street		PFI 0377	NAME AND TITLE OF CONTACT PERSON Cynthia Nelson, Director Strategic Planning		
CITY Alexandria Bay	COUNTY Jefferson	ZIP 13607	STREET AND NUMBER 4 Fuller Street		
PROJECT SITE ADDRESS – STREET & NUMBER 4 Fuller Street		PFI 0377	CITY Alexandria Bay	STATE NY	ZIP 13607
CITY Alexandria Bay	COUNTY Jefferson	ZIP 13607	TELEPHONE NUMBER 315-482-1135	FAX NUMBER 315-482-4981	
<b>TOTAL PROJECT COST:</b> \$ 11,008,481			CONTACT E-MAIL: cnelson@riverhospital.org		

# Limited Review Application

State of New York Department of Health/Office of Health Systems Management

<b>Schedule LRA 2</b>
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## Total Project Cost

ITEM	ESTIMATED PROJECT COST	
1.1 Land Acquisition <i>(attach documentation)</i>	\$	0.00
1.2 Building Acquisition	\$	0.00
	1.1-1.2 Subtotal:	0.00
2.1 New Construction	\$	2,511,060.00
2.2 Renovation and Demolition	\$	5,440,781.00
2.3 Site Development	\$	395,640.00
2.4 Temporary Power	\$	0.00
	2.1-2.4 Subtotal:	8,347,481.00
3.1 Design Contingency	\$	820,000.00
3.2 Construction Contingency	\$	820,000.00
	3.1-3.2 Subtotal:	1,640,000.00
4.1 Fixed Equipment (NIC)	\$	
4.2 Planning Consultant Fees	\$	0.00
4.3 Architect/Engineering Fees (incl. computer installation, design, etc.)	\$	630,500
4.4 Construction Manager Fees	\$	0.00
4.5 Capitalized Licensing Fees	\$	
4.6 Health Information Technology Costs	\$	
4.6.1 Computer Installation, Design, etc.	\$	
4.6.2 Consultant, Construction Manager Fees, etc.	\$	
4.6.3 Software Licensing, Support Fees	\$	
4.6.4 Computer Hardware/Software Fees	\$	
4.7 Other Project Fees (Consultant, etc.)	\$	389,500.00
	4.1-4.7 Subtotal:	1,020,000.00
5.1 Movable Equipment	\$	
<b>6.1 Total Basic Cost of Construction</b>	<b>\$</b>	<b>11,007,481.00</b>
7.1 Financing Cost (points, fees, etc.)	\$	
7.2 Interim Interest Expense - Total Interest on Construction Loan: Amount \$ @ % for months		
7.3 Application Fee	\$	1000
<b>8.1 Estimated Total Project Cost (Total 6.1 – 7.3)</b>	<b>\$</b>	<b>11,008,481.00</b>

If this project involves construction enter the following anticipated construction dates on which your cost estimates are based.

Construction Start Date 8/1/2025

Construction Completion Date 7/1/2027

*(Rev. 1/31/2013)*

# Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 3

## Proposed Plan for Project Financing

### A. LEASE

If any portion of the cost for land, building or Equipment is to be financed through a lease, rental agreement or lease/purchase agreement, complete the chart at the right.

A complete copy of each proposed lease must be submitted.

Attachment # \_\_\_\_\_

ITEM	COST AS IF PURCHASED
	\$
	\$
	\$
	\$
	\$

### B. CASH

If cash is to be used, complete the chart at the right.

Attach a copy of the latest certified financial Statement and interim monthly or quarterly financial reports to cover the balance of time to date.

Attachment # Sch LRA 3 Att.

Accumulated Funds	\$ 300,000.00
Sale of Existing Assets*	\$ 0.00
Other – (i.e. gifts, grants, **etc.)	\$ 10,708,481.00
<b>TOTAL CASH</b>	<b>\$ 11,008,481.00</b>

\*Attach a full and complete description of the assets to be sold.

Attachment # N/A

\*\* If grants, attach a description of the source of financial support

Attachment # Sch LRA 3 Att.

### C. DEBT FINANCING

If the project is to be financed by debt of any type, complete the chart at the right.

Attach a copy of the proposed letter of interest From the intended source of permanent financing.

**This letter must include an estimate of the Principal, term, interest rate and pay-out period presently being considered.**

Attachment # \_\_\_\_\_

Principal	\$
Interest Rate	%
Term	Yrs
Pay-out Period	Yrs
Type *	

\* Commercial, Dormitory Authority Bonds, Dormitory Authority, TELP Lease, Industrial Development Agency Bonds, Other (identify).

# **Schedule LRA 4/Schedule 7 CON Forms Regarding Environmental issues**

## **Contents:**

**Schedule LRA 4/Schedule 7 - Environmental Assessment**

<b>Environmental Assessment</b>			
<b>Part I.</b>	The following questions help determine whether the project is "significant" from an environmental standpoint.	<b>Yes</b>	<b>No</b>
1.1	If this application involves establishment, will it involve more than a change of name or ownership only, or a transfer of stock or partnership or membership interests only, or the conversion of existing beds to the same or lesser number of a different level of care beds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2	Does this plan involve construction and change land use or density?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.3	Does this plan involve construction and have a permanent effect on the environment if temporary land use is involved?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.4	Does this plan involve construction and require work related to the disposition of asbestos?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Part II.</b>	If any question in Part I is answered "yes" the project may be significant, and Part II must be completed. If all questions in Part II are answered "no" it is likely that the project is not significant	<b>Yes</b>	<b>No</b>
2.1	Does the project involve physical alteration of ten acres or more?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2	If an expansion of an existing facility, is the area physically altered by the facility expanding by more than 50% and is the total existing and proposed altered area ten acres or more?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.3	Will the project involve use of ground or surface water or discharge of wastewater to ground or surface water in excess of 2,000,000 gallons per day?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.4	If an expansion of an existing facility, will use of ground or surface water or discharge of wastewater by the facility increase by more than 50% and exceed 2,000,000 gallons per day?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.5	Will the project involve parking for 1,000 vehicles or more?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.6	If an expansion of an existing facility, will the project involve a 50% or greater increase in parking spaces and will total parking exceed 1000 vehicles?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.7	In a city, town, or village of 150,000 population or fewer, will the project entail more than 100,000 square feet of gross floor area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.8	If an expansion of an existing facility in a city, town, or village of 150,000 population or fewer, will the project expand existing floor space by more than 50% so that gross floor area exceeds 100,000 square feet?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.9	In a city, town or village of more than 150,000 population, will the project entail more than 240,000 square feet of gross floor area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.10	If an expansion of an existing facility in a city, town, or village of more than 150,000 population, will the project expand existing floor space by more than 50% so that gross floor area exceeds 240,000 square feet?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.11	In a locality without any zoning regulation about height, will the project contain any structure exceeding 100 feet above the original ground area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.12	Is the project wholly or partially within an agricultural district certified pursuant to Agriculture and Markets Law Article 25, Section 303?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.13	Will the project significantly affect drainage flow on adjacent sites?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2.14	Will the project affect any threatened or endangered plants or animal species?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.15	Will the project result in a major adverse effect on air quality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.16	Will the project have a major effect on visual character of the community or scenic views or vistas known to be important to the community?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.17	Will the project result in major traffic problems or have a major effect on existing transportation systems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.18	Will the project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbance as a result of the project's operation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.19	Will the project have any adverse impact on health or safety?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.20	Will the project affect the existing community by directly causing a growth in permanent population of more than five percent over a one-year period or have a major negative effect on the character of the community or neighborhood?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.21	Is the project wholly or partially within, or is it contiguous to any facility or site listed on the National Register of Historic Places, or any historic building, structure, or site, or prehistoric site, that has been proposed by the Committee on the Registers for consideration by the New York State Board on Historic Preservation for recommendation to the State Historic Officer for nomination for inclusion in said National Register?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.22	Will the project cause a beneficial or adverse effect on property listed on the National or State Register of Historic Places or on property which is determined to be eligible for listing on the State Register of Historic Places by the Commissioner of Parks, Recreation, and Historic Preservation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.23	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Part III.</b>		<b>Yes</b>	<b>No</b>
3.1	Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>Agency Name:</b>		
	Contact Name:	Village of Alexandria Bay (for building permit)	
	Address:	110 Walton Street	
	State and Zip Code:	Alexandria Bay, NY 13607	
	E-Mail Address:		
	Phone Number:	315-482-9902	
	<b>Agency Name:</b>		
	Contact Name:		
	Address:		
	State and Zip Code:		
	E-Mail Address:		
	Phone Number:		
	<b>Agency Name:</b>		
	Contact Name:		



	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
	<b>Agency Name:</b>			
	Contact Name:			
	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
3.2	Has any other agency made an environmental review of this project? If so, give name, and submit the SEQRA Summary of Findings with the application in the space provided below.		<b>Yes</b>	<b>No</b>
			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Agency Name:</b>			
	Contact Name:			
	Address:			
	State and Zip Code:			
	E-Mail Address:			
Phone Number:				
3.3	Is there a public controversy concerning environmental aspects of this project? If yes, briefly describe the controversy in the space below.		<b>Yes</b>	<b>No</b>
			<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Part IV.</b>	<b>Storm and Flood Mitigation</b>			
	Definitions of FEMA Flood Zone Designations			
	Flood zones are geographic areas that the FEMA has defined according to varying levels of flood risk. These zones are depicted on a community's Flood Insurance Rate Map (FIRM) or Flood Hazard Boundary Map. Each zone reflects the severity or type of flooding in the area.			
	Please use the FEMA Flood Designations scale below as a guide to answering all Part IV questions regardless of project location, flood and or evacuation zone.		<b>Yes</b>	<b>No</b>
4.1	Is the proposed site located in a flood plain? If Yes, indicate classification below and provide the Elevation Certificate (FEMA Flood Insurance).		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Moderate to Low Risk Area</b>		<b>Yes</b>	<b>No</b>
	<b>Zone</b>	<b>Description</b>	<input type="checkbox"/>	<input type="checkbox"/>
	In communities that participate in the NFIP, flood insurance is available to all property owners and renters in these zones:			
	<b>B and X</b>	Area of moderate flood hazard, usually the area between the limits of the 100-year and 500-year floods. Are also used to designate base floodplains of lesser hazards, such as areas protected by levees from 100-year flood, or shallow flooding areas with average depths of less than one foot or drainage areas less than 1 square mile.	<input type="checkbox"/>	

<b>C and X</b>	Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	<input type="checkbox"/>	
<b>High Risk Areas</b>		<b>Yes</b>	<b>No</b>
<b>Zone</b>	<b>Description</b>	<input type="checkbox"/>	<input type="checkbox"/>
In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
<b>A</b>	Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. Because detailed analyses are not performed for such areas; no depths or base flood elevations are shown within these zones.	<input type="checkbox"/>	
<b>AE</b>	The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1-A30.	<input type="checkbox"/>	
<b>A1-30</b>	These are known as numbered A Zones (e.g., A7 or A14). This is the base floodplain where the FIRM shows a BFE (old format).	<input type="checkbox"/>	
<b>AH</b>	Areas with a 1% annual chance of shallow flooding, usually in the form of a pond, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	<input type="checkbox"/>	
<b>AO</b>	River or stream flood hazard areas, and areas with a 1% or greater chance of shallow flooding each year, usually in the form of sheet flow, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Average flood depths derived from detailed analyses are shown within these zones.	<input type="checkbox"/>	
<b>AR</b>	Areas with a temporarily increased flood risk due to the building or restoration of a flood control system (such as a levee or a dam). Mandatory flood insurance purchase requirements will apply, but rates will not exceed the rates for unnumbered A zones if the structure is built or restored in compliance with Zone AR floodplain management regulations.	<input type="checkbox"/>	
<b>A99</b>	Areas with a 1% annual chance of flooding that will be protected by a Federal flood control system where construction has reached specified legal requirements. No depths or base flood elevations are shown within these zones.	<input type="checkbox"/>	
<b>High Risk Coastal Area</b>		<b>Yes</b>	<b>No</b>
<b>Zone</b>	<b>Description</b>	<input type="checkbox"/>	<input type="checkbox"/>
In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
<b>Zone V</b>	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. No base flood elevations are shown within these zones.	<input type="checkbox"/>	<input type="checkbox"/>
<b>VE, V1 - 30</b>	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	<input type="checkbox"/>	
<b>Undetermined Risk Area</b>		<b>Yes</b>	<b>No</b>
<b>Zone</b>	<b>Description</b>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>D</b>	Areas with possible but undetermined flood hazards. No flood hazard analysis has been conducted. Flood insurance rates are commensurate with the uncertainty of the flood risk.		
4.2	Are you in a designated evacuation zone?		<input type="checkbox"/>	<input type="checkbox"/>
	If Yes, the Elevation Certificate (FEMA Flood Insurance) shall be submitted with the application.			
	If yes which zone is the site located in?			
4.3	Does this project reflect the post Hurricane Lee, and or Irene, and Superstorm Sandy mitigation standards?		<input type="checkbox"/>	<input type="checkbox"/>
	If Yes, which floodplain?	100 Year	<input type="checkbox"/>	
		500 Year	<input type="checkbox"/>	

The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

[FEMA Elevation\\_Certificate\\_and Instructions](#)



River Hospital Renovations  
K+K#:23-22-8178

FGI Guideline Ref.	Functional Element	Qty.	Unit SF	Total SF (net)	Remarks
<b>Basement</b>					
(reference 2018 FGI Guidelines Part 2.4 Critical Access Hospitals and 2.1 Hospitals)					
<b>2.2-3.4.6 Ultrasound Facilities (Renovation of existing spaces; all other required areas are existing to remain)</b>					
2.2-3.4.10.1	Patient Waiting Room	1	179	179	
2.2-3.4.10.2	Public Toilet Room	1	50	150	
2.2-3.4.8.2	Reception	1	215	215	
2.2-3.4.8.3, 2.1-2.8.3	Documentation Area (Included in Reception area)	1			
	Manager Office	1	88	88	
2.2-3.4.6.1	Ultrasound Room	1	142	142	
2.2-3.4.6.2	Patient Toilet Room	2	62-105	167	
<b>2.1-5 General Support Facilities</b>					
2.1-6.4.1	Staff Lounge	1	372	372	
2.1-6.4.1	Staff Lockers	1	58	58	
2.1-6.4.1	Staff Toilet	2	67-70	137	
2.1-5.5, 2.1-2.8.14	Environmental Services	1	86	86	
	Public Dining Room	1	308	308	
	Offices	3	97-125	335	
	On-Call Room	1	121	121	
<b>1st Floor</b>					
(reference 2018 FGI Guidelines Part 2.4 Critical Access Hospitals and 2.1 Hospitals)					
<b>2.1-5 General Support Facilities</b>					
2.1-5.6.2	Mechanical Room	1	401	401	
2.1-6.3.4	Multipurpose Room	1	1,061	1,061	
<b>2nd Floor</b>					
(reference 2018 FGI Guidelines Part 2.4 Critical Access Hospitals, 2.1 Hospitals, and 2.2-2 Nursing Units, Medical/Surgical)					
<b>2.2-2.2 Medical/Surgical Patient Unit</b>					
<b>Patient Rooms</b>					
2.1-2.2, 2.2-2.2.2, 2.4-2.2.2	Private Inpatient Rooms	1	180	180	Unit Sq. ft listed is clear floor area
2.1-2.2.6, 2.2-2.2.2.6	Private Inpatient Toilet Rooms	1	56	56	
2.1-2.2, 2.2-2.2.2, 2.4-2.2.2	Semi-Private Rooms	8	249-287	2,153	Unit Sq. ft listed is clear floor area
2.1-2.2.6, 2.2-2.2.2.6	Semi-Private Toilet Rooms	8	72-80	590	
<b>(2.1-2.6) 2.2-2.2.6 Workstations</b>					
2.4-2.2.8.2, 2.1-2.8.2	Nurse Charting (Main Nurse Station)	3	55	165	
2.4-2.2.8.3, 2.1-2.8.3	Doctor Documentation Area (2 Stations)	2	55	110	
<b>Offices</b>					
2.1-2.8.4, 2.2-2.2.8.4	Nurse Manager Office	1	95	95	
<b>On-Unit Support Spaces</b>					
2.4-2.2.8.8, 2.1-2.8.8	Medication Room	1	103	103	
2.4-2.2.8.9, 2.1-2.8.9	Nourishment area	1	71	71	
2.1-2.8.13.1	Linens/Supply Storage	3	28	84	
2.4-2.2.8.12, 2.2-2.8.12	Soiled Holding	1	24	24	
2.4-2.2.8.11, 2.2-2.8.11	Clean Supply	1	154	154	
	Family Lounge	1	209	209	
2.2-2.2.10.2	Family Toilet	1	45	45	
2.2-2.4.8.14, 2.1-2.8.14.2	Environmental Services Room	1	66	66	
2.4-2.2.9.2, 2.1-2.9.2	Staff Toilet	1	68	68	
2.1-2.8.5	Multipurpose Room	1	268	268	
2.4-2.2.9.1, 2.4-2.2.9.3	Staff Lounge Facilities / Staff Lockers	1	112	112	
2.4-2.2.8.13, 2.1-2.8.13	Equipment and Supply Storage Room	1	174	174	
2.1-6.2.7.1	Stretcher/Wheelchair Storage	1	25	25	
2.1-2.8.13.4	Emergency Equipment Storage (in Nurse Station)	1	10	10	
	Elevator Lobby	1	64	64	
<b>Subtotal, NSF</b>				8,646	
Department Grossing Factor			47%	4,079	
<b>Total Area</b>				12,725	

# Schedule 6 Architectural/Engineering Submission

## Contents:

- Schedule 6 – Architectural/Engineering Submission

**Architectural Submission Requirements for Contingent Approval and Contingency Satisfaction**

Schedule applies to all projects with construction, including Articles 28 & 40, i.e., Hospitals, Diagnostic and Treatment Centers, Residential Health Care Facilities, and Hospices.

**Instructions**

- Provide Architectural/Engineering Narrative using the format below.
- Provide Architect/Engineer Certification form:
  - [Architect's Letter of Certification for Proposed Construction or Renovation for Projects That Will Be Self-Certified. Self-Certification Is Not an Option for Projects over \\$15 Million, or Projects Requiring a Waiver](#) (PDF)
  - [Architect's Letter of Certification for Proposed Construction or Renovation Projects to Be Reviewed by DOH or DASNY](#). (PDF) (Not to Be Submitted with Self-Certification Projects)
  - [Architect's Letter of Certification for Completed Projects](#) (PDF)
  - [Architect's or Engineer's Letter of Certification for Inspecting Existing Buildings](#) (PDF)
- Provide FEMA BFE Certificate. Applies only to Hospitals and Nursing Homes.
  - [FEMA Elevation Certificate and Instructions.pdf](#)
- Provide Functional Space Program: A list that enumerates project spaces by floor indicating size by gross floor area and clear floor area for the patient and resident spaces.
- For projects with imaging services, provide Physicist's Letter of Certification and Physicist's Report including drawings, details and supporting information at the design development phase.
  - [Physicist's Letter of Certification](#) (PDF)
- Provide Architecture/Engineering Drawings in PDF format created from the original electronic files; scans from printed drawings will not be accepted. Drawing files less than 100 MB, and of the same trade, may be uploaded as one file.
  - [NYSDOH and DASNY Electronic Drawing Submission Guidance for CON Reviews](#)
  - [DSG-1.0 Schematic Design & Design Development Submission Requirements](#)
- Refer to the Required Attachment Table below for the Schematic Design Submission requirements for Contingent Approval and the Design Development Submission requirements for Contingency Satisfaction.
  - Attachments must be labeled accordingly when uploading in NYSE-CON.
  - Do not combine the Narrative, Architectural/Engineering Certification form and FEMA BFE Certificate into one document.
  - If submitted documents require revisions, provide an updated Schedule 6 with the revised information and date within the narrative.

**Architecture/Engineering Narrative**

Narrative shall include but not limited to the following information. Please address all items in the narrative including items located in the response column. **Incomplete responses will not be accepted.**

Project Description	
Schedule 6 submission date: <b>12/6/2024</b>	Revised Schedule 6 submission date: Click to enter a date.
Does this project amend or supersede prior CON approvals or a pending application? No If so, what is the original CON number? <a href="#">Click here to enter text.</a>	
Intent/Purpose: <b>To provide additional support space for staff, along with a full renovation and modernization of the Existing Medical Surgical Unit.</b>	
Site Location: <b>4 Fuller Street, Alexandria Bay, NY 13607</b>	

# New York State Department of Health Certificate of Need Application

## Schedule 6

Brief description of current facility, including facility type: <b>Existing Critical Access Hospital</b>	
Brief description of proposed facility: <b>A new (2) story infill addition below the existing Second Floor on the river side of the hospital for Staff Support on the Ground Floor and Mechanical, Multipurpose and Training space on the First Floor. There are adjacent areas of the existing hospital on the Ground Floor that will be renovated as support space. The existing Medical Surgical Unit on the Second Floor will be fully renovated also.</b>	
Location of proposed project space(s) within the building. Note occupancy type for each occupied space. <b>Addition that will include Ground and First floors and renovation to Ground and Second Floors. All spaces are Institutional I-2 (IBC) and Health Care (NFPA) Occupancies.</b>	
Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies: <b>All program is part of the same Occupancy; see Code Plans for additional information</b>	
If this is an existing facility, is it currently a licensed Article 28 facility?	<b>Yes</b>
Is the project space being converted from a non-Article 28 space to an Article 28 space?	<b>No</b>
Relationship of spaces conforming with Article 28 space and non-Article 28 space: <b>Not Applicable</b>	
List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3. <b>2018 FGI Guidelines as reference standard</b>	
Does the project involve heating, ventilating, air conditioning, plumbing, electrical, water supply, and fire protection systems that involve modification or alteration of clinical space, services or equipment such as operating rooms, treatment, procedure rooms, and intensive care, cardiac care , other special care units (such as airborne infection isolation rooms and protective environment rooms), laboratories and special procedure rooms, patient or resident rooms and or other spaces used by residents of residential health care facilities on a daily basis? If so, please describe below. <b>See attached detailed narrative for description</b>	<b>Yes</b>
Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc. <b>See attached detailed narrative for description</b>	
Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc. <b>See attached detailed narrative for description</b>	
Describe existing and or new work for fire detection, alarm, and communication systems: <b>See attached detailed narrative for description</b>	
If a hospital or nursing home located in a flood zone, provide a FEMA BFE Certificate from <a href="http://www.fema.gov">www.fema.gov</a> , and describe the work to mitigate damage and maintain operations during a flood event. <b>Not Applicable</b>	
Does the project contain imaging equipment used for diagnostic or treatment purposes? If yes, describe the equipment to be provided and or replaced. Ensure physicist's letter of certification and report are submitted. <b>No</b>	
Does the project comply with ADA? If no, list all areas of noncompliance. <b>Yes</b>	
Other pertinent information: <a href="#">Click here to enter text.</a>	
<b>Project Work Area</b>	<b>Response</b>
Type of Work	<b>Addition</b>
Square footages of existing areas, existing floor and or existing building.	<b>35,344 SF</b>
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	<b>12,725 SF</b>
Does the work area exceed more than 50% of the smoke compartment, floor or building?	<b>Less than 50% of the building</b>



# New York State Department of Health Certificate of Need Application

## Schedule 6

Sprinkler protection per NFPA 101 Life Safety Code	Will be sprinklered as part of the work.
Construction Type per NFPA 101 Life Safety Code and NFPA 220	Type II (222)
Building Height	2 Stories, 21'-1/2" +/- From Grade
Building Number of Stories	2
Which edition of FGI is being used for this project?	2018 Edition of FGI
Is the proposed work area located in a basement or underground building?	Basement
Is the proposed work area within a windowless space or building?	Yes
Is the building a high-rise?	No
If a high-rise, does the building have a generator?	Not Applicable
What is the Occupancy Classification per NFPA 101 Life Safety Code?	Chapter 18 New Health Care Occupancy
Are there other occupancy classifications that are adjacent to or within this facility? If yes, what are the occupancies and identify these on the plans. <a href="#">Click here to enter text.</a>	No
Will the project construction be phased? If yes, how many phases and what is the duration for each phase? <b>The project will be (2) phases completed over the duration of (2) years</b>	Yes
Does the project contain shell space? If yes, describe proposed shell space and identify Article 28 and non-Article 28 shell space on the plans. <a href="#">Click here to enter text.</a>	No
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be? <a href="#">Click here to enter text.</a>	No
Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply. <a href="#">Click here to enter text.</a>	Not Applicable
Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. <a href="#">Click here to enter text.</a>	No
Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? <a href="#">Click here to enter text.</a>	No
Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. <b>(22) Existing Beds and will be decreasing to (17) Beds</b>	Decrease
Changes in the number of occupants? If yes, what is the new number of occupants? <a href="#">Click here to enter text.</a>	No
Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? <b>Type 1</b>	Yes
If an existing EES Type 1, does it meet NFPA 99 -2012 standards?	Yes
Does the existing EES system have the capacity for the additional electrical loads? <a href="#">Click here to enter text.</a>	Yes
Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description. <a href="#">Click here to enter text.</a>	No
Does the project involve Bulk Oxygen Systems? If yes, provide brief description. <a href="#">Click here to enter text.</a>	No
If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems?	Not Applicable
Does the project involve a pool?	No

REQUIRED ATTACHMENT TABLE			
SCHEMATIC DESIGN SUBMISSION for CONTINGENT APPROVAL	DESIGN DEVELOPMENT SUBMISSION (State Hospital Code Submission) for CONTINGENCY SATISFACTION	Title of Attachment	File Name in PDF format
•		Architectural/Engineering Narrative	A/E Narrative.PDF
•		Functional Space Program	FSP.PDF
•		Architect/Engineer Certification Form	A/E Cert Form. PDF
•		FEMA BFE Certificate	FEMA BFE Cert.PDF
•		Article 28 Space/Non-Article 28 Space Plans	CON100.PDF
•	•	Site Plans	SP100.PDF
•	•	Life Safety Plans including level of exit discharge, and NFPA 101-2012 Code Analysis	LSC100.PDF
•	•	Architectural Floor Plans, Roof Plans and Details. Illustrate FGI compliance on plans.	A100.PDF
•	•	Exterior Elevations and Building Sections	A200.PDF
•	•	Vertical Circulation	A300.PDF
•	•	Reflected Ceiling Plans	A400.PDF
optional	•	Wall Sections and Partition Types	A500.PDF
optional	•	Interior Elevations, Enlarged Plans and Details	A600.PDF
	•	Fire Protection	FP100.PDF
	•	Mechanical Systems	M100.PDF
	•	Electrical Systems	E100.PDF
	•	Plumbing Systems	P100.PDF
	•	Physicist's Letter of Certification and Report	X100.PDF

DRAWING INDEX

COVERPAGE

GENERAL

- 00.01 CODE COMPLIANCE PLAN - BASEMENT + FIRST FLOOR
- 00.02 CODE COMPLIANCE PLAN - SECOND FLOOR
- 00.03 CIRCULATION PLAN - PARTIAL BASEMENT
- 00.04 CIRCULATION PLAN - PARTIAL FIRST FLOOR
- 00.05 CIRCULATION PLAN - PARTIAL SECOND FLOOR

SITE

- 11.00 EXISTING CONDITIONS AND DEMITION PLAN & SITE PLAN
- 11.01 GRADING PLAN AND DETAILS

ARCHITECTURAL

- PH.01 PHASING PLAN - PARTIAL BASEMENT
- PH.02 PHASING PLAN - PARTIAL SECOND FLOOR
- PH.10 PHASING PLAN - PARTIAL BASEMENT
- PH.11 PHASING PLAN - PARTIAL SECOND FLOOR
- AS.00 LEGEND, SYMBOLS AND DETAILS
- AS.10 EXISTING CONDITIONS PLAN - PARTIAL BASEMENT
- AS.20 EXISTING CONDITIONS PLAN - PARTIAL BASEMENT
- AS.30 EXISTING CONDITIONS PLAN - PARTIAL SECOND FLOOR
- AS.60 CONSTRUCTION PLAN - OVERALL BASEMENT & FIRST FLOOR
- A1.01 CONSTRUCTION PLAN - OVERALL SECOND FLOOR & ROOF
- A1.02 CONSTRUCTION PLAN - PARTIAL BASEMENT
- A1.03 CONSTRUCTION PLAN - PARTIAL BASEMENT
- A1.04 CONSTRUCTION PLAN - PARTIAL FIRST FLOOR
- A1.05 CONSTRUCTION PLAN - PARTIAL SECOND FLOOR
- A2.01 REFLECTED CEILING PLAN - PARTIAL BASEMENT
- A3.01 REFLECTED CEILING PLAN - PARTIAL BASEMENT
- A2.02 REFLECTED CEILING PLAN - PARTIAL FIRST FLOOR
- A2.04 REFLECTED CEILING PLAN - PARTIAL SECOND FLOOR
- A3.01 EXTERIOR ELEVATIONS
- A3.02 BUILDING SECTIONS
- A3.03 WALL SECTIONS
- A4.01 ENLARGED PLANS
- A4.02 INTERIOR ELEVATIONS
- A4.03 INTERIOR ELEVATIONS
- A5.01 DOOR + FINISH SCHEDULE
- A6.01 FINISH PLAN - PARTIAL BASEMENT
- A6.02 FINISH PLAN - PARTIAL BASEMENT
- A6.03 FINISH PLAN - SECOND FLOOR

STRUCTURAL

- 50.00 GENERAL NOTES, ABBREVIATIONS & TYPICAL DETAILS
- 51.01 FOUNDATION AND BASEMENT FLOOR PLANS
- 51.02 FIRST FLOOR & 1ST BLDG. ROOF FRAMING / ADDITION FIRST FLOOR CEILING FRAMING PLANS
- 51.03 SECOND FLOOR & PENTHOUSE FLOOR / ROOF FRAMING PLANS
- 52.01 MOMENT CONNECTIONS & DETAILS
- 53.01 FOUNDATION SECTIONS & DETAILS
- 54.01 FRAMING SECTIONS & DETAILS
- 58.01 TYPICAL DETAILS & SCHEDULES
- 58.02 TYPICAL DETAILS & SCHEDULES
- 58.03 TYPICAL DETAILS & SCHEDULES
- 58.04 TYPICAL DETAILS & SCHEDULES

KING-KING PROJECT NUMBER: 23-22-8140

RIVER HOSPITAL RENOVATIONS



LOCATION MAP



• STRUCTURAL ENGINEER:  
 KELLY COVERT  
 KING + KING ARCHITECTS  
 358 WEST JEFFERSON STREET  
 SYRACUSE, NY 13202  
 315.671.2400

• LANDSCAPE ARCHITECT:  
 TERRY HORST LANDSCAPE  
 ARCHITECTURE, PC  
 306 HAWLEY AVE  
 SYRACUSE, NY 13203  
 (315) 472-2461

• ELECTRICAL ENGINEER:  
 PICARD ENGINEERING  
 3159 WINTON RD. S. STE. 208  
 ROCHESTER, NY 14623  
 (585) 252-6060

• MECHANICAL/PLUMBING ENGINEERS:  
 ASM ENGINEERING,LLC  
 6744 TOWNLINE RD,  
 SYRACUSE, NY 13211  
 315.455.2107

**ARCHITECTS CERTIFICATION**  
THE DESIGN PROFESSIONAL SEAL IS A SIGNIFICATION OF THE QUALITY AND INTEGRITY OF THE DESIGN SERVICES PROVIDED BY THE DESIGN PROFESSIONAL. IT IS A REQUIREMENT OF THE STATE OF NEW YORK FOR THE DESIGN PROFESSIONAL TO BE LICENSED BY THE STATE OF NEW YORK. THE DESIGN PROFESSIONAL IS NOT RESPONSIBLE FOR THE DESIGN SERVICES PROVIDED BY OTHER DESIGN PROFESSIONALS OR FOR THE DESIGN SERVICES PROVIDED BY OTHER DESIGN PROFESSIONALS WHOSE DESIGN SERVICES ARE INCORPORATED INTO THE DESIGN SERVICES PROVIDED BY THE DESIGN PROFESSIONAL.

**king + king**  
 ARCHITECTS  
 358 West Jefferson Street  
 Syracuse, NY 13202  
 p 315 | 671-2400  
 f 315 | 671-7891  
 www.kingarch.com

• **RIVER HOSPITAL**  
 4 FULLER ST  
 ALEXANDRIA BAY, NY 13607

NYS DOH CON SUBMISSION

**king + king**  
ARCHITECTS

12/6/2024



NOT FOR CONSTRUCTION

DATE: 12/24/2024  
 NYS DOT CON SUBMISSION  
 DRAWING NO: 124004  
 DRAWING TITLE: CODE COMPLIANCE PLAN - SECOND FLOOR

**EMERGENCY EGRESS LEGEND:**

- ☐ FE C - FIRE EXTINGUISHER CABINET
- FE - FIRE EXTINGUISHER
- EXIT SIGN - WALL MOUNTED
- EXIT SIGN - CEILING MOUNTED

**RATED PARTITION LEGEND:**

- ..... SMOKE PARTITION
- SMOKE BARRIER
- 1 HR. FIRE BARRIER
- 2 HR. FIRE BARRIER

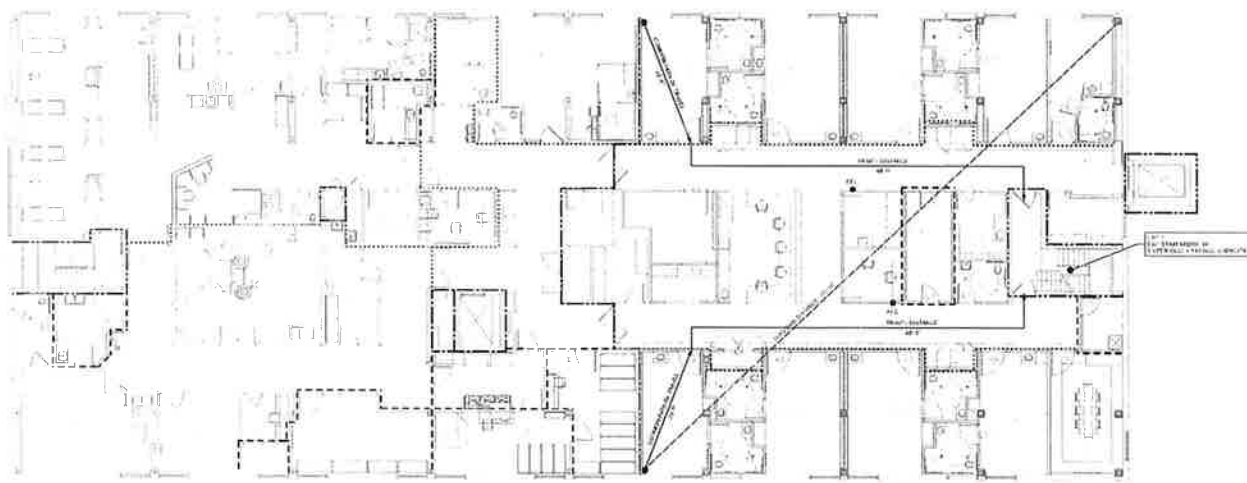
**CONSTRUCTION TYPE DESIGNATIONS:**

- ☐ ALTERNATIVE 2
- ☐ NO WORK

**CODES REFERENCED:**

- 2020 NEW YORK STATE BUILDING CODE
- 2020 NEW YORK STATE ENERGY CONSERVATION CODE
- 2012 NFPA 101 LIFE SAFETY CODE
- 2014 FACILITY GUIDELINES INSTITUTE (FGI)
- 2010 ADA STANDARDS FOR ACCESSIBLE DESIGN

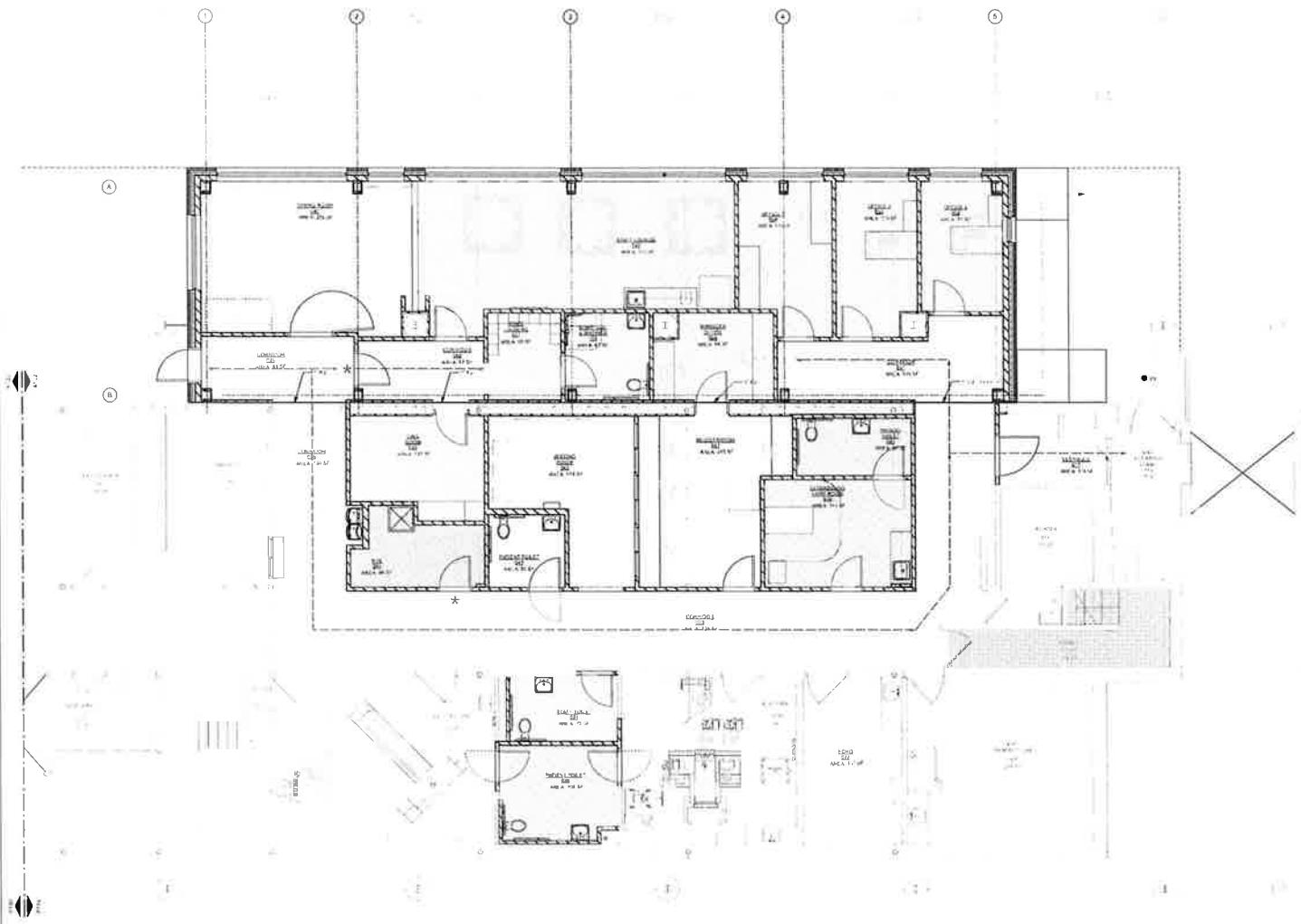
CODE COMPLIANCE TABLE - 2	2020 BUILDING CODE OF NYS	BY WHAT PART
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100 CODE COMPLIANCE PLAN - SECOND FLOOR

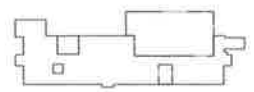
**GENERAL CONSTRUCTION NOTES:**

1. CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE MOST RECENT EDITIONS OF THE IBC AND ALL APPLICABLE CODES.
2. ALL DIMENSIONS ARE FROM FINISH FACE OF STUD L & R.
3. DIMENSIONS ARE DIMENSIONS UNLESS OTHERWISE NOTED.
4. FINISH OF DOOR AND CASES ON LEVELS ABOVE ACCESSORY LEVELS SHALL BE FINISH OF ACCESSIBLE AND TO BE ACCORDING TO THE IBC.
5. STRUCTURAL COLUMN STANDS TO BE PARTITION TYPE SHALL AS SHOWN IN PLAN TO ALIGNED WITH FINISH FLOOR FINISH.
6. ALL DIMENSIONS ARE TO FINISH EXCEPT:
7. OFF LOBBY SHALL BE FINISH TO FINISH OF CEILING AND PARTITION LOCATIONS OF BATH WALLS FINISH.
8. ALL NEW CONSTRUCTION SHALL BE FINISH TO FINISH OF CEILING AND PARTITION LOCATIONS OF BATH WALLS FINISH OF EQUIPMENT. FINISHES WITH FINISH DRAWINGS OF ALL ELECTRICAL AND PLUMBING SHALL BE FINISH TO FINISH OF CEILING AND PARTITION LOCATIONS OF BATH WALLS FINISH.
9. FINISH OF THE EXTERIOR SHALL BE AS SHOWN IN SECTION.
10. FINISHES SHOWN IN SECTION RELEASED FROM CONTRACTOR TO ALL OTHER CONTRACTORS.
11. REFER TO DRAWING AND PLAN SPECIFICATIONS FOR ALL FINISHES.
12. FINISHES SHOWN IN SECTION SHALL BE FINISH TO FINISH OF CEILING AND PARTITION LOCATIONS OF BATH WALLS FINISH.
13. FINISHES SHOWN IN SECTION SHALL BE FINISH TO FINISH OF CEILING AND PARTITION LOCATIONS OF BATH WALLS FINISH.
14. FINISHES SHOWN IN SECTION SHALL BE FINISH TO FINISH OF CEILING AND PARTITION LOCATIONS OF BATH WALLS FINISH.



**KEY:**

- VISITOR / PATIENT SUPPORT
- STAFF SUPPORT
- PATIENT TREATMENT AREA
- CLINICAL SUPPORT
- EXITS
- BUILDING SUPPORT
- PUBLIC
- PATIENTS/STAFF
- STAFF ONLY
- \* STAFF CONTROL POINT



KEY PLAN 3

CIRCULATION PLAN - PARTIAL BASEMENT

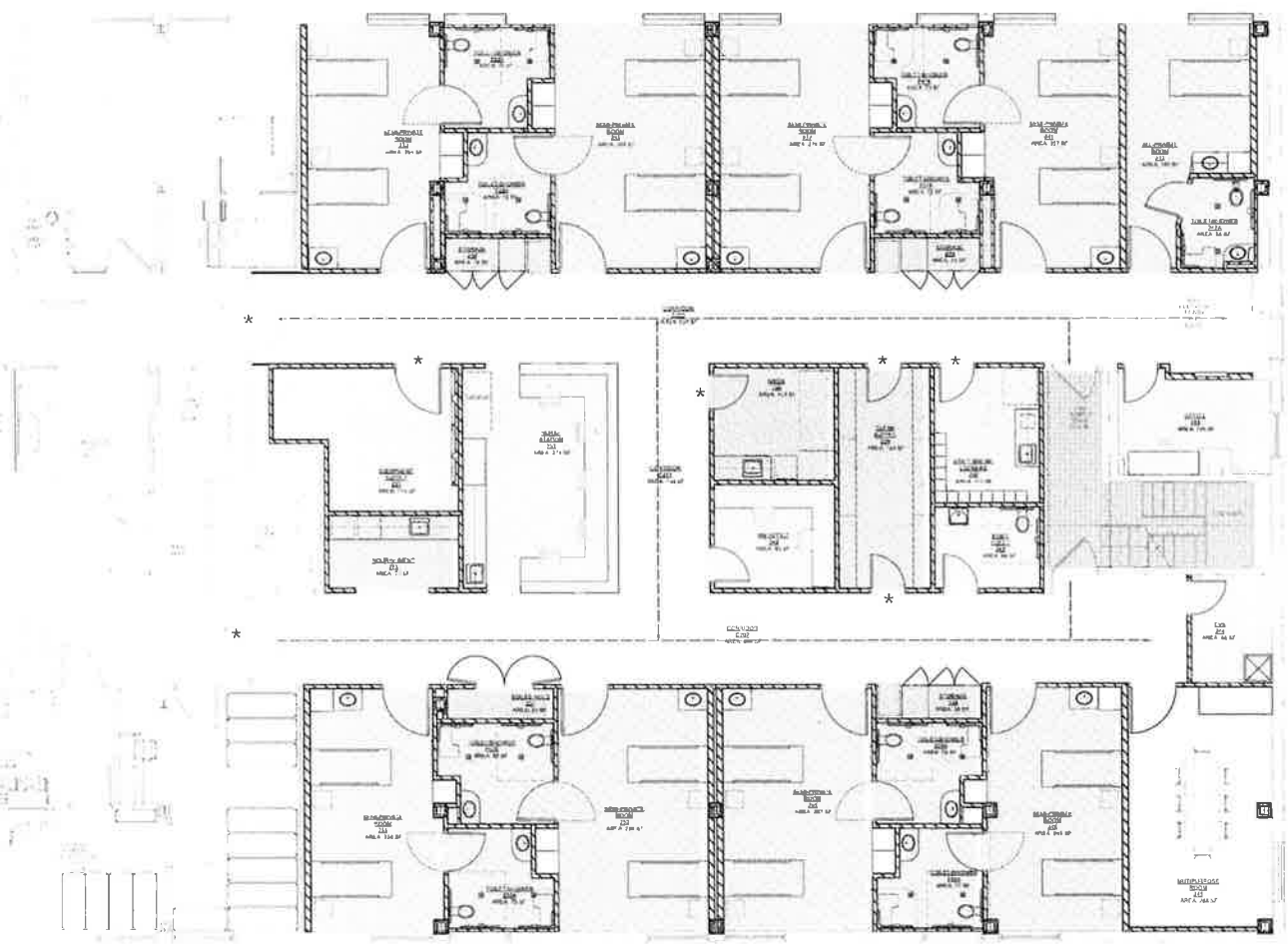
NOT FOR CONSTRUCTION

DATE	BY	NO.	DESCRIPTION
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10/10/2017	JK	02	ISSUE FOR PERMIT
10/10/2017	JK	03	ISSUE FOR PERMIT
10/10/2017	JK	04	ISSUE FOR PERMIT
10/10/2017	JK	05	ISSUE FOR PERMIT
10/10/2017	JK	06	ISSUE FOR PERMIT
10/10/2017	JK	07	ISSUE FOR PERMIT
10/10/2017	JK	08	ISSUE FOR PERMIT
10/10/2017	JK	09	ISSUE FOR PERMIT
10/10/2017	JK	10	ISSUE FOR PERMIT



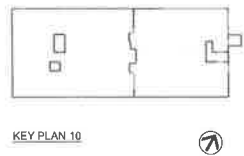
**GENERAL CONSTRUCTION NOTES:**

1. CONFIRM TO FIELD VERIFY ALL DIMENSIONS PRIOR TO CONSTRUCTION
2. ALL DIMENSIONS ARE UNLESS OTHERWISE NOTED
3. WALLS SHALL BE CONSTRUCTED TO MATCH UP WITH EXISTING
4. IN NEW CONSTRUCTION, ALL TYPICAL ROOM ACROSS FROM AN EXISTING ROOM'S CEILING SHALL BE IN PLACE AND FINISHED
5. STRUCTURAL COLUMN SCHEDULES TO BE PARTITION USE SHOWN AS SHOWN PLAN TO MATCH EXISTING
6. SEE MECHANICAL PLAN FOR DETAILS
7. SEE ELECTRICAL PLAN FOR DETAILS OF ALL ELECTRICAL EQUIPMENT LOCATIONS OF BRACKETS
8. IN NEW CONSTRUCTION, ALL TYPICAL ROOMS SHALL BE CONSTRUCTED TO MATCH UP WITH EXISTING WALLS AND EQUIPMENT FOR DETAILS OF ALL ELECTRICAL AND PLUMBING EQUIPMENT, JOINTS AND INSTALLATION OF FINISHES AND CONCRETE
9. PROVIDE 1/2" UP TURNOUTS FOR ALL WALLS
10. ROLLER WINDOWS SHALL BE ACCESSIBLE SHADY BOXES AT ALL EXTERIOR VENDING ENDS
11. ALL CURB CUTS SHALL BE CONSTRUCTED TO MATCH EXISTING
12. PROVIDE 1/2" UP TURNOUTS FOR ALL WALLS
13. PROVIDE 1/2" UP TURNOUTS FOR ALL WALLS
14. CONSTRUCTION SHALL BE IN ACCORDANCE WITH ALL APPLICABLE CODES



**KEY:**

- VISITOR / PATIENT SUPPORT
- STAFF SUPPORT
- PATIENT TREATMENT AREA
- CLINICAL SUPPORT
- ENTS
- BUILDING SUPPORT
- PUBLIC
- PATIENTS/STAFF
- STAFF ONLY
- STAFF CONTROL POINT



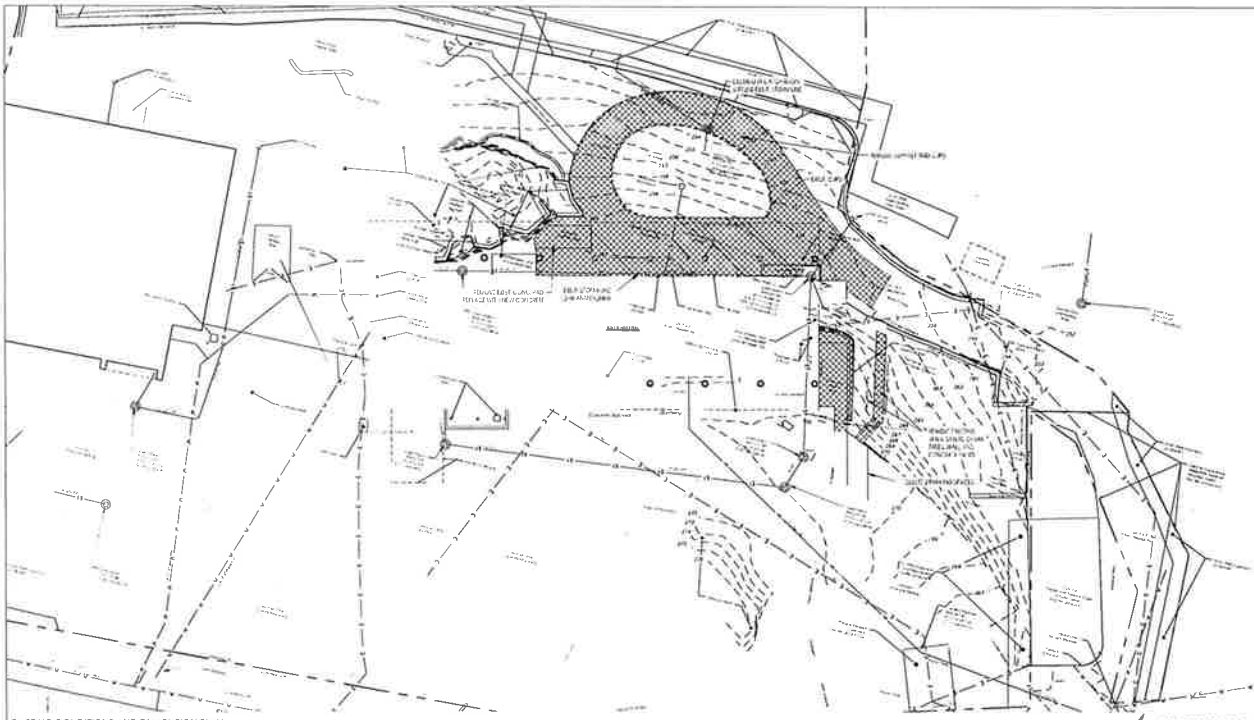
CIRCULATION PLAN - PARTIAL SECOND FLOOR

NOT FOR CONSTRUCTION

DATE: 08/14/2018  
 DRAWN: J. KING  
 CHECKED: J. KING  
 APP'D: J. KING  
 PROJECT: RIVER HOSPITAL RENOVATIONS  
 SHEET: G0.05  
 CIRCULATION PLAN - PARTIAL SECOND FLOOR

**G0.05**



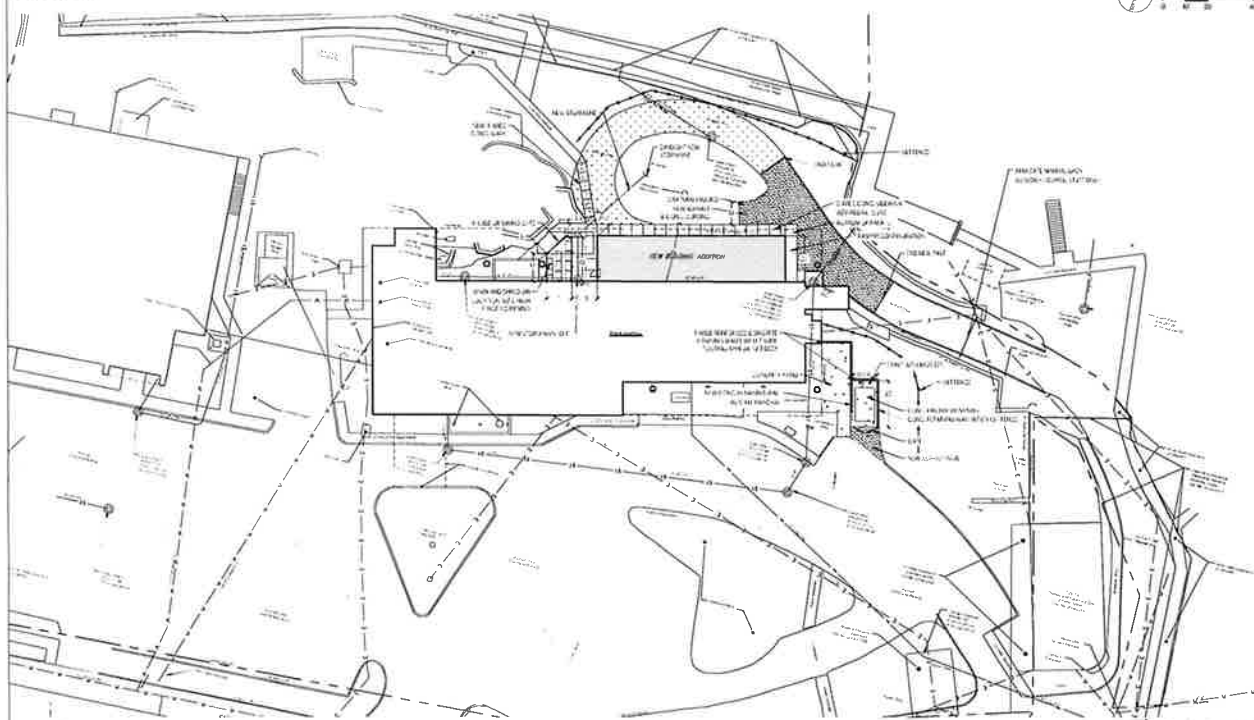


EXISTING CONDITIONS AND DEMOLITION PLAN  
DATE: 08-14-2024

**LEGEND**

EXISTING CONDITIONS	---
DEMOLITION	---X---
NEW CONSTRUCTION	---
PROPOSED	---
EXISTING	---
NEW	---
DEMOLITION	---
NEW CONSTRUCTION	---

- CONSTRUCTION NOTES**
1. Surveyed by Tom Sereno, Inc. & Associates, Engineers, Architects and Surveyors, PC. A signed record. 2024.08.14.2024.
  2. No field notes or other data shall be used for the construction of this plan. The contractor shall be responsible for the accuracy of the field notes and other data used for the construction of this plan.
  3. The contractor shall be responsible for the accuracy of the field notes and other data used for the construction of this plan.
  4. The contractor shall be responsible for the accuracy of the field notes and other data used for the construction of this plan.
  5. The contractor shall be responsible for the accuracy of the field notes and other data used for the construction of this plan.
  6. The contractor shall be responsible for the accuracy of the field notes and other data used for the construction of this plan.
  7. The contractor shall be responsible for the accuracy of the field notes and other data used for the construction of this plan.
  8. The contractor shall be responsible for the accuracy of the field notes and other data used for the construction of this plan.
  9. The contractor shall be responsible for the accuracy of the field notes and other data used for the construction of this plan.
  10. The contractor shall be responsible for the accuracy of the field notes and other data used for the construction of this plan.



SITE PLAN  
DATE: 08-14-2024

RIVER HOSPITAL RENOVATIONS

Terry Horst  
ARCHITECTURAL PC

DATE: 08-14-2024  
PROJECT: RIVER HOSPITAL RENOVATIONS  
SCALE: 1/8" = 1'-0"

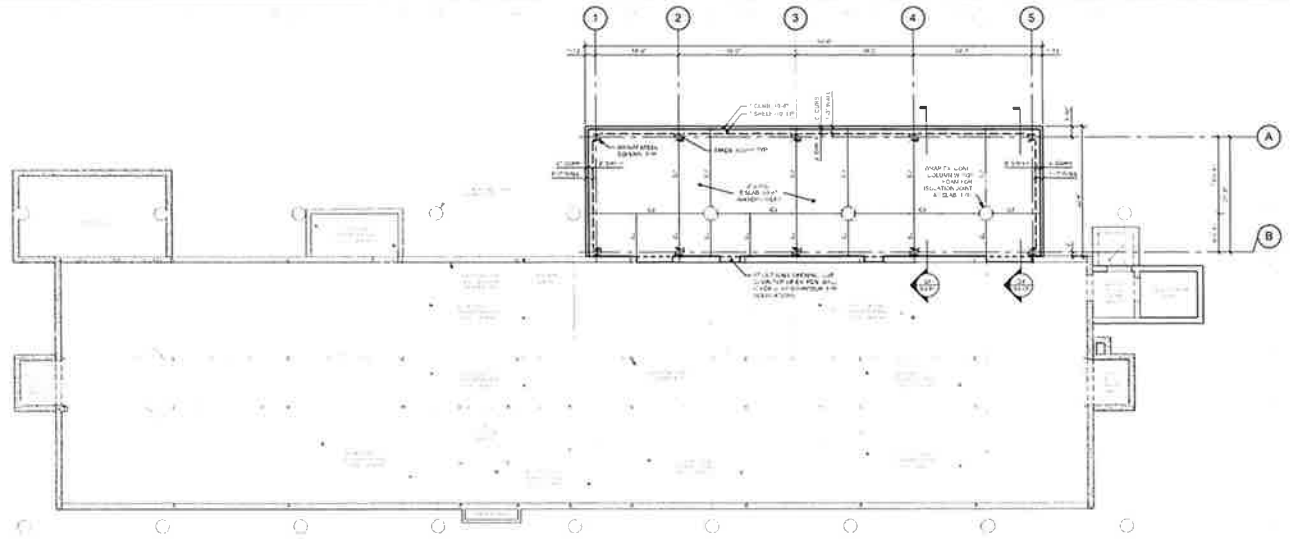
NYE CON SUBM 23-0153  
DATE: 08-14-2024  
PROJECT: RIVER HOSPITAL RENOVATIONS  
SCALE: 1/8" = 1'-0"

EXISTING CONDITIONS AND DEMOLITION PLAN & SITE PLAN

L1.00

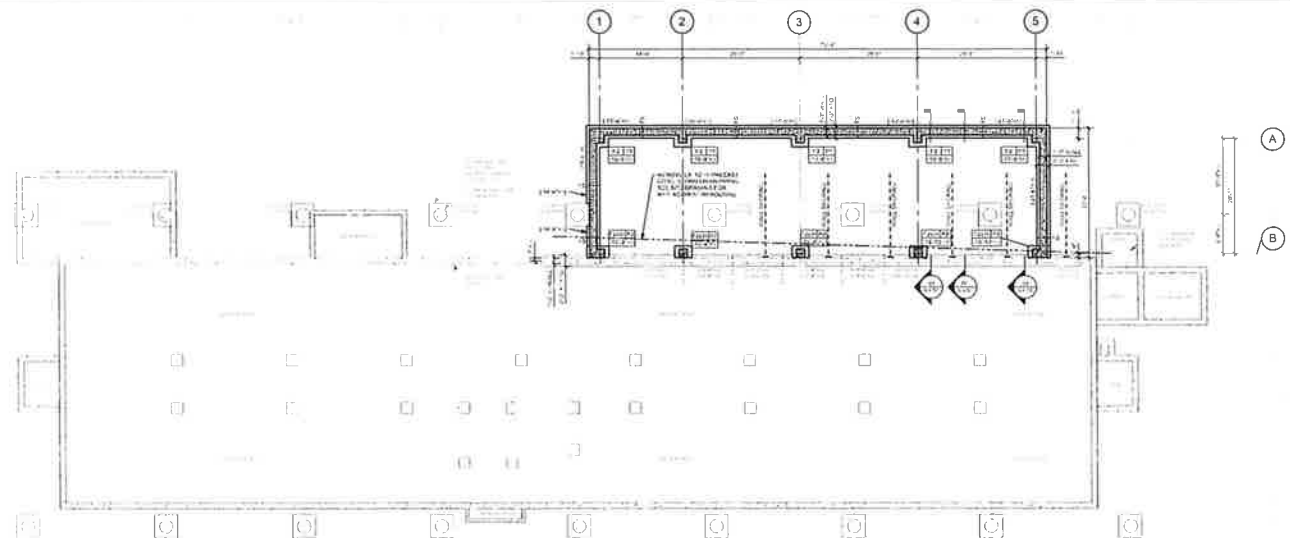






NOTES:  
 1. FINISH FLOOR IS 2'-1" TOP OF FIRST FLOOR F.A.S.  
 2. TOP OF BASEMENT FLOOR SLAB ELEVATION IS -1.11. FINISH EXISTING BLDG DATA UNLESS NOTED OTHERWISE ON PLANS OR SECTIONS  
 3. WALLS TO BE CONCRETE 12" THICK. BRICK OR CMU WITH 1/2" GYPSUM BOARD. ADJUSTMENT TO FINISH FLOOR IS 1/2" FOR CONCRETE FINISH. UNIFORM BARBERS ON 12" MAX. COILING 12" ALUMINUM MATERIAL. SEE TYPICAL SLAB ON GRADE DETAILS SEE ARCHITECTURAL DETAILS ON BOOK OR SURVEY OF 2014 CONCRETE  
 4. TOP OF FOUNDATION WALL - 1" FROM FINISH FLOOR SLAB FINISH FLOOR WALLS WITH 2" GYPSUM BOARD ON SECTIONS

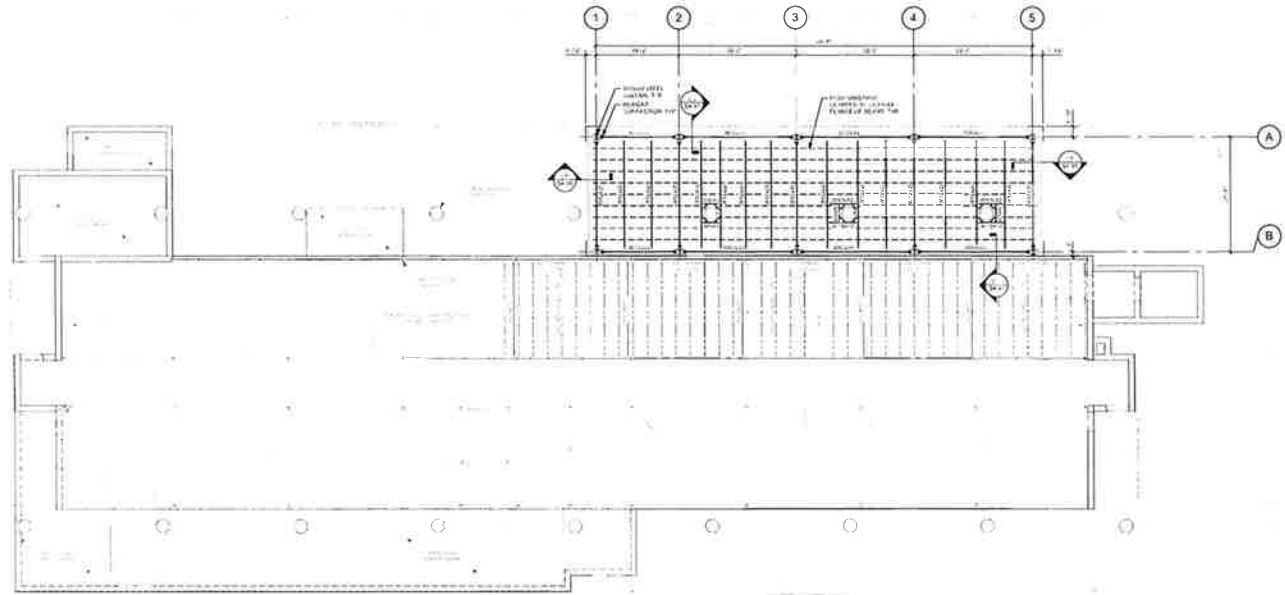
**BASEMENT FLOOR PLAN**  
 Scale: 1/8" = 1'-0"



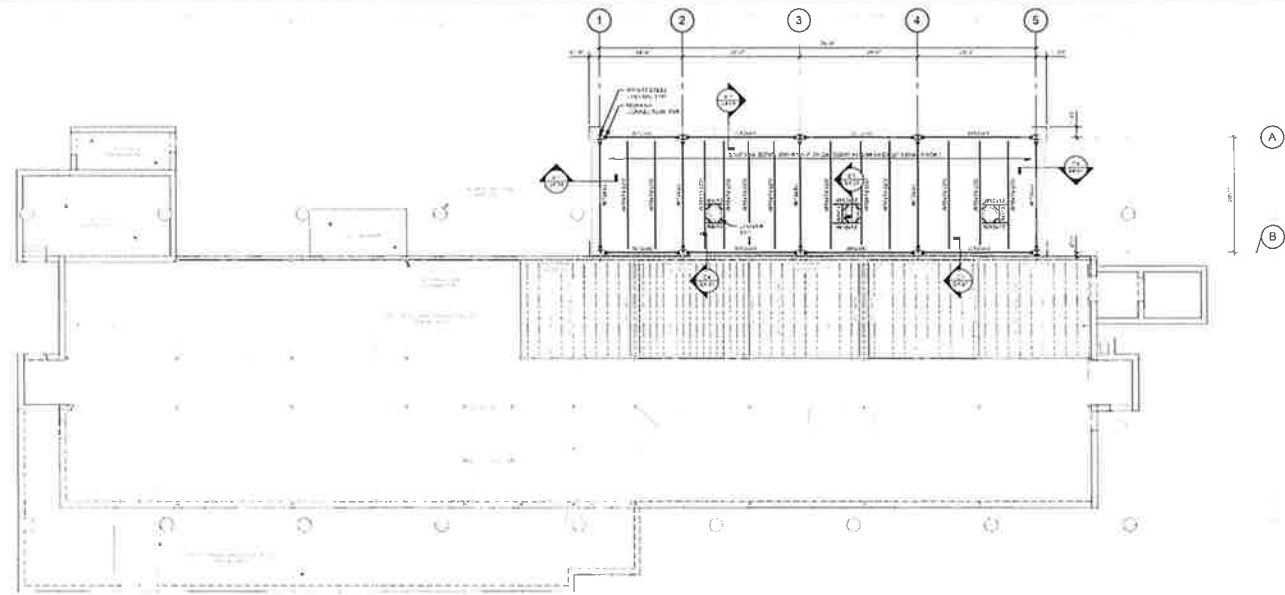
NOTES:  
 1. FINISH FLOOR IS 2'-1" TOP OF FIRST FLOOR F.A.S.  
 2. TOP OF FOUNDATION WALL ELEVATION IS -1.11. FINISH EXISTING BLDG DATA UNLESS NOTED OTHERWISE ON PLANS OR SECTIONS  
 3. WALLS TO BE CONCRETE 12" THICK. BRICK OR CMU WITH 1/2" GYPSUM BOARD. ADJUSTMENT TO FINISH FLOOR IS 1/2" FOR CONCRETE FINISH. UNIFORM BARBERS ON 12" MAX. COILING 12" ALUMINUM MATERIAL. SEE TYPICAL SLAB ON GRADE DETAILS SEE ARCHITECTURAL DETAILS ON BOOK OR SURVEY OF 2014 CONCRETE  
 4. TOP OF FOUNDATION WALL - 1" FROM FINISH FLOOR SLAB FINISH FLOOR WALLS WITH 2" GYPSUM BOARD ON SECTIONS

**FOUNDATION PLAN**  
 Scale: 1/8" = 1'-0"

PROJECT NO.	2014-001
DATE	08/15/14
PROJECT NAME	RIVER HOSPITAL RENOVATIONS
CLIENT	STATE OF NEW YORK
ARCHITECT	king+king architects
SCALE	AS SHOWN
DRAWING TITLE	FOUNDATION & BASEMENT FLOOR PLANS



1949 BLDG. ROOF / ADDITION FIRST FLOOR CEILING FRAMING PLAN  
 Scale: 1/8" = 1'-0"



FIRST FLOOR FRAMING PLAN  
 Scale: 1/8" = 1'-0"

NO.	DESCRIPTION	DATE
1	ISSUED FOR PERMIT	10/15/2024
2	ISSUED FOR PERMIT	10/15/2024
3	ISSUED FOR PERMIT	10/15/2024
4	ISSUED FOR PERMIT	10/15/2024
5	ISSUED FOR PERMIT	10/15/2024
6	ISSUED FOR PERMIT	10/15/2024
7	ISSUED FOR PERMIT	10/15/2024
8	ISSUED FOR PERMIT	10/15/2024
9	ISSUED FOR PERMIT	10/15/2024
10	ISSUED FOR PERMIT	10/15/2024

FIRST FLOOR & 1949 BLDG.  
 ROOF FRAMING / ADDITION  
 FIRST FLOOR CEILING  
 FRAMING PLANS









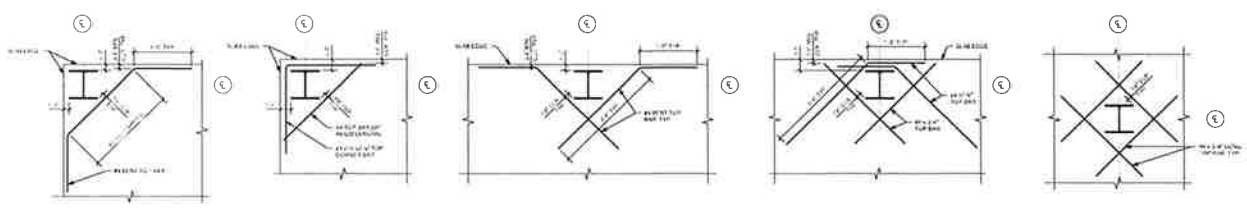






NO.	DESCRIPTION	DATE
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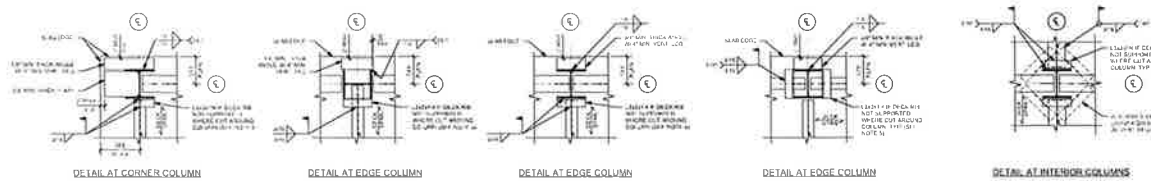
TYPICAL DETAILS & SCHEDULES



DETAIL AT CORNER COLUMN - SLAB EDGE LESS THAN 3' FROM FACE OF COLUMN  
 DETAIL AT CORNER COLUMN - SLAB EDGE 3' OR MORE FROM FACE OF COLUMN  
 DETAIL AT EDGE COLUMN - SLAB EDGE LESS THAN 3' FROM FACE OF COLUMN  
 DETAIL AT EDGE COLUMN - SLAB EDGE 3' OR MORE FROM FACE OF COLUMN  
 DETAIL AT INTERIOR COLUMNS

NOTES:  
 1. TYPICAL REINFORCEMENT FOR CONCRETE SLAB WITH 4" MIN. THICKNESS.  
 2. REINFORCEMENT SHALL BE DEVELOPED AS SHOWN.  
 3. TYPICAL REINFORCEMENT FOR CONCRETE SLAB WITH 4" MIN. THICKNESS.

TYP. SLAB REINFORCEMENT AT COLUMN DETAILS:

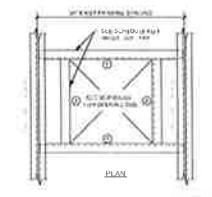


DETAIL AT CORNER COLUMN  
 DETAIL AT EDGE COLUMN  
 DETAIL AT EDGE COLUMN  
 DETAIL AT EDGE COLUMN  
 DETAIL AT INTERIOR COLUMNS

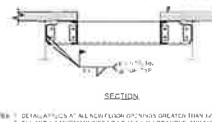
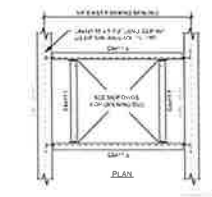
NOTES:  
 1. TYPICAL REINFORCEMENT FOR METAL DECK SUPPORT AT COLUMN DETAILS.  
 2. CONCRETE SHALL BE 4" MIN. THICKNESS AND SHALL BE DEVELOPED AS SHOWN.  
 3. TYPICAL REINFORCEMENT FOR METAL DECK SUPPORT AT COLUMN DETAILS.  
 4. TYPICAL REINFORCEMENT FOR METAL DECK SUPPORT AT COLUMN DETAILS.  
 5. TYPICAL REINFORCEMENT FOR METAL DECK SUPPORT AT COLUMN DETAILS.

TYP. METAL DECK SUPPORT AT COLUMN DETAILS:

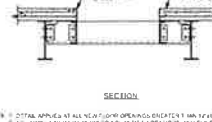
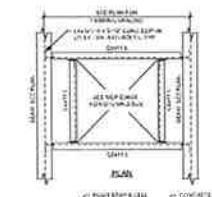
FLOOR OPENING FRAME SCHEDULE	
ANGLE SIZE	ANGLE SIZE
4" x 4" x 1/4"	4" x 4" x 1/4"
4" x 4" x 1/4"	4" x 4" x 1/4"
4" x 4" x 1/4"	4" x 4" x 1/4"
4" x 4" x 1/4"	4" x 4" x 1/4"
4" x 4" x 1/4"	4" x 4" x 1/4"
4" x 4" x 1/4"	4" x 4" x 1/4"
4" x 4" x 1/4"	4" x 4" x 1/4"
4" x 4" x 1/4"	4" x 4" x 1/4"
4" x 4" x 1/4"	4" x 4" x 1/4"



TYP FLOOR OPENING DETAIL - EXISTING

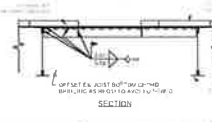
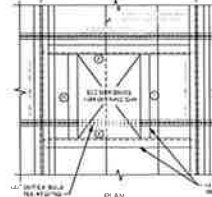


TYP FLOOR OPENING DETAIL - NEW CONSTRUCTION



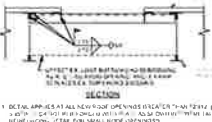
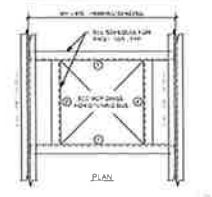
TYP ROOF OPENING DETAIL - EXISTING

ROOF OPENING FRAME SCHEDULE	
ANGLE SIZE	ANGLE SIZE
4" x 4" x 1/4"	4" x 4" x 1/4"
4" x 4" x 1/4"	4" x 4" x 1/4"
4" x 4" x 1/4"	4" x 4" x 1/4"
4" x 4" x 1/4"	4" x 4" x 1/4"
4" x 4" x 1/4"	4" x 4" x 1/4"
4" x 4" x 1/4"	4" x 4" x 1/4"
4" x 4" x 1/4"	4" x 4" x 1/4"
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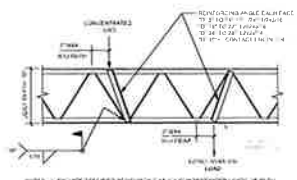


TYP ROOF OPENING DETAIL - EXISTING

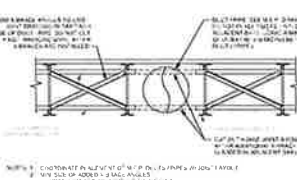
ROOF OPENING FRAME SCHEDULE	
ANGLE SIZE	ANGLE SIZE
4" x 4" x 1/4"	4" x 4" x 1/4"
4" x 4" x 1/4"	4" x 4" x 1/4"
4" x 4" x 1/4"	4" x 4" x 1/4"
4" x 4" x 1/4"	4" x 4" x 1/4"
4" x 4" x 1/4"	4" x 4" x 1/4"
4" x 4" x 1/4"	4" x 4" x 1/4"
4" x 4" x 1/4"	4" x 4" x 1/4"
4" x 4" x 1/4"	4" x 4" x 1/4"
4" x 4" x 1/4"	4" x 4" x 1/4"



TYP ROOF OPENING DETAIL - EXISTING



TYP. EXISTING STEEL JOIST REINFORCING DETAIL



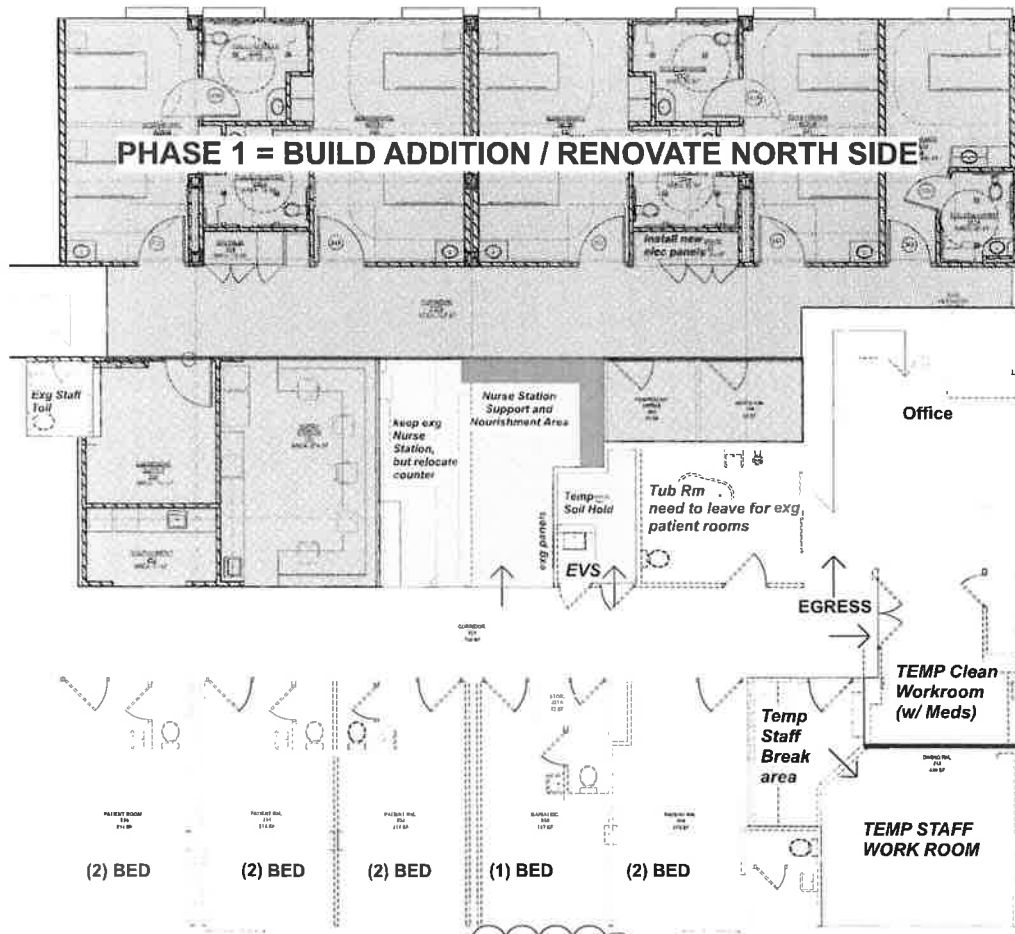
M.E.P. DUCTS / PIPES BETWEEN EXISTING JOISTS

NOTES:  
 1. PROVIDE SHAPED REINFORCEMENT AND CONCRETE FOR ALL JOIST REINFORCING.  
 2. CONCRETE SHALL BE 4" MIN. THICKNESS AND SHALL BE DEVELOPED AS SHOWN.  
 3. TYPICAL REINFORCEMENT FOR CONCRETE SLAB WITH 4" MIN. THICKNESS.  
 4. TYPICAL REINFORCEMENT FOR CONCRETE SLAB WITH 4" MIN. THICKNESS.  
 5. TYPICAL REINFORCEMENT FOR CONCRETE SLAB WITH 4" MIN. THICKNESS.





# RIVER HOSPITAL RENOVATIONS PHASING PLAN DRAFT - SECOND FLOOR PHASE 1

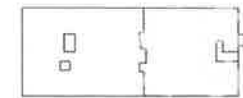


SUSPEND  
PATIENT USE?  
GC USE ONLY?

PHASE 1 = 9 BEDS ACTIVE

Need to create  
a neg air room  
temporarily

PHASING PLAN - PARTIAL SECOND FLOOR



KEY PLAN 4



RIVER HOSPITAL RENOVATIONS

4 FULLER STREET, ALEXANDRIA BAY, NY 13807

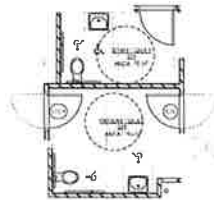
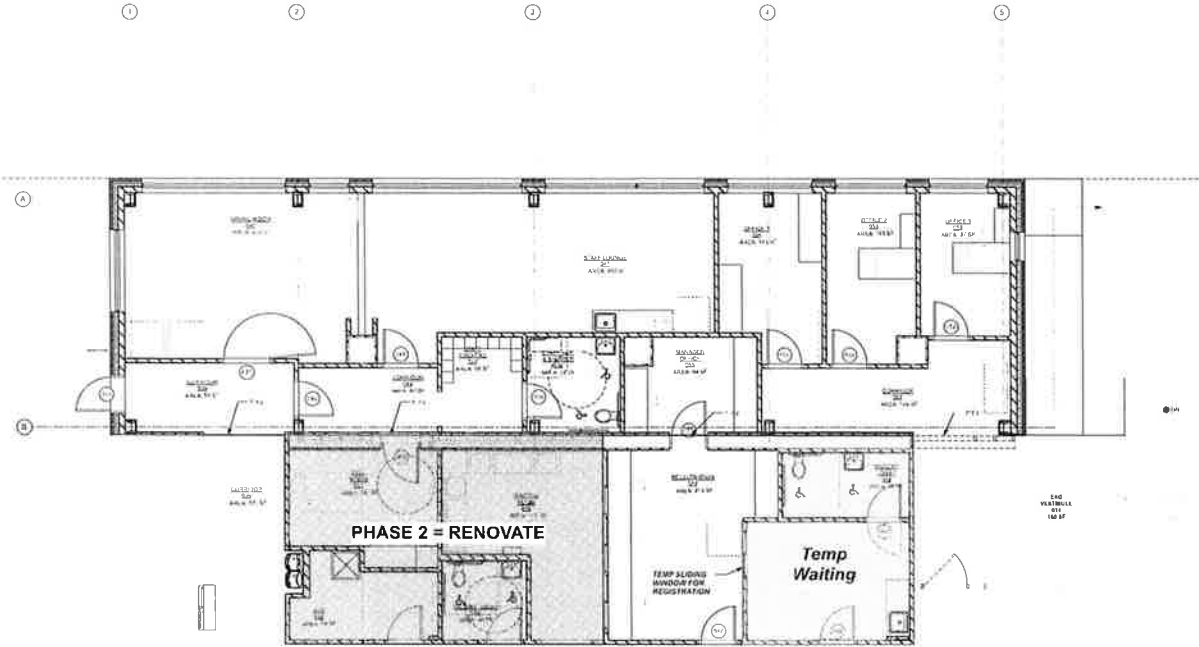
king+king  
ARCHITECTS

NOT FOR CONSTRUCTION

PHASING PLAN - PARTIAL SECOND FLOOR

PH1.02

# RIVER HOSPITAL RENOVATIONS PHASING PLAN DRAFT - BASEMENT PHASE 2



SEE IN FLOOR PLAN

PHASING PLAN - PARTIAL BASEMENT



KEY PLAN 6



RIVER HOSPITAL RENOVATIONS

4 FULLER STREET, ALEXANDRIA BAY, NY 13607

king+king  
ARCHITECTS

DATE: 10/12/2017 10:00 AM

NOT FOR CONSTRUCTION

PROJECT: RIVER HOSPITAL RENOVATIONS  
PHASE 2 - BASEMENT  
DATE: 10/12/2017 10:00 AM  
DRAWN BY: J. KING  
CHECKED BY: J. KING  
SCALE: AS SHOWN

PHASING PLAN - PARTIAL BASEMENT

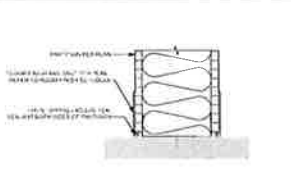
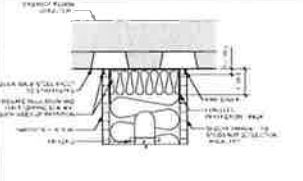




**PARTITION TYPES**

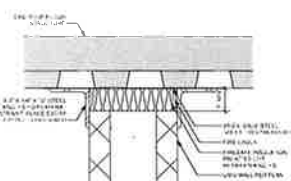
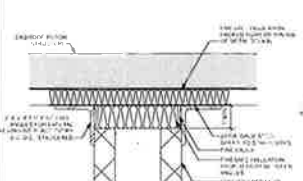
**GENERAL NOTES**

1. ALL NEW PARTITIONS AND ACCESSORIES SHALL BE 1 1/2" MINIMUM THICKNESS UNLESS OTHERWISE NOTED.
2. ALL NEW PARTITIONS SHALL BE 1 1/2" MINIMUM THICKNESS UNLESS OTHERWISE NOTED.
3. ALL NEW PARTITIONS SHALL BE 1 1/2" MINIMUM THICKNESS UNLESS OTHERWISE NOTED.
4. ALL NEW PARTITIONS SHALL BE 1 1/2" MINIMUM THICKNESS UNLESS OTHERWISE NOTED.
5. ALL NEW PARTITIONS SHALL BE 1 1/2" MINIMUM THICKNESS UNLESS OTHERWISE NOTED.
6. ALL NEW PARTITIONS SHALL BE 1 1/2" MINIMUM THICKNESS UNLESS OTHERWISE NOTED.
7. ALL NEW PARTITIONS SHALL BE 1 1/2" MINIMUM THICKNESS UNLESS OTHERWISE NOTED.
8. ALL NEW PARTITIONS SHALL BE 1 1/2" MINIMUM THICKNESS UNLESS OTHERWISE NOTED.
9. ALL NEW PARTITIONS SHALL BE 1 1/2" MINIMUM THICKNESS UNLESS OTHERWISE NOTED.
10. ALL NEW PARTITIONS SHALL BE 1 1/2" MINIMUM THICKNESS UNLESS OTHERWISE NOTED.



TOP OF RATED STUD PARTITION DETAIL  
SCALE: 1/4" = 1'-0"

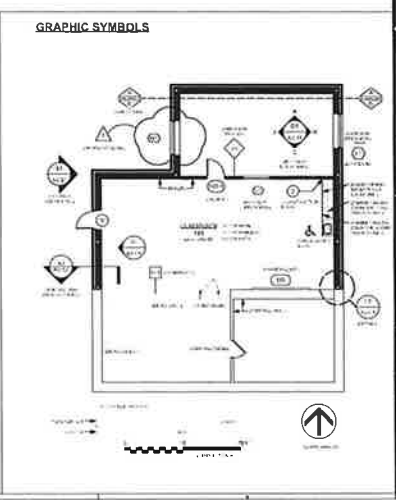
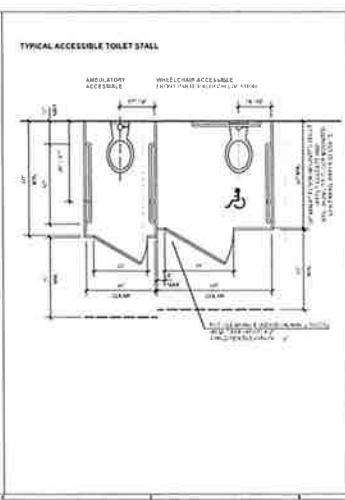
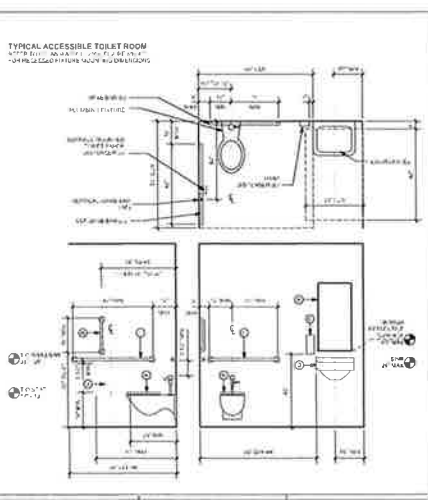
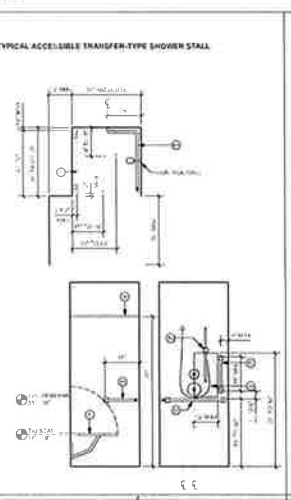
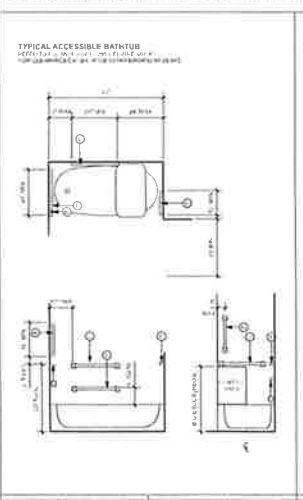
BOTTOM OF RATED STUD PARTITION DETAIL  
SCALE: 1/4" = 1'-0"



TOP OF RATED CMU PARTITION DETAIL  
(RIBS OF DECK PERPENDICULAR)  
SCALE: 1/4" = 1'-0"

TOP OF RATED CMU PARTITION DETAIL  
(RIBS OF DECK PARALLEL)  
SCALE: 1/4" = 1'-0"

**TYPICAL TOILET FIXTURES AND ACCESSORIES LAYOUT**



**TOILET FIXTURES AND ACCESSORIES MOUNTING HEIGHT SCHEDULE**

NO.	DESCRIPTION	FINISH	HEIGHT	REMARKS
1	TOILET	FINISH	56"	
2	TOILET SEAT	FINISH	18"	
3	TOILET BRUSH	FINISH	56"	
4	TOILET PAPER DISPENSER	FINISH	48"	
5	TOILET TISSUE DISPENSER	FINISH	48"	
6	TOILET SIGN	FINISH	56"	
7	TOILET SIGN	FINISH	56"	
8	TOILET SIGN	FINISH	56"	
9	TOILET SIGN	FINISH	56"	
10	TOILET SIGN	FINISH	56"	
11	TOILET SIGN	FINISH	56"	
12	TOILET SIGN	FINISH	56"	
13	TOILET SIGN	FINISH	56"	
14	TOILET SIGN	FINISH	56"	
15	TOILET SIGN	FINISH	56"	
16	TOILET SIGN	FINISH	56"	
17	TOILET SIGN	FINISH	56"	
18	TOILET SIGN	FINISH	56"	
19	TOILET SIGN	FINISH	56"	
20	TOILET SIGN	FINISH	56"	

**TOILET FIXTURES AND ACCESSORIES**

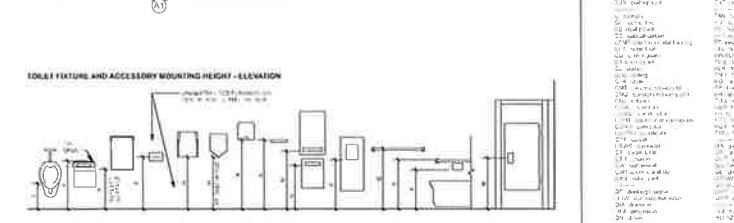
**FIXTURE SYMBOLS**

TOILET	TOILET SEAT	TOILET BRUSH	TOILET PAPER DISPENSER	TOILET TISSUE DISPENSER	TOILET SIGN
TOILET	TOILET SEAT	TOILET BRUSH	TOILET PAPER DISPENSER	TOILET TISSUE DISPENSER	TOILET SIGN
TOILET	TOILET SEAT	TOILET BRUSH	TOILET PAPER DISPENSER	TOILET TISSUE DISPENSER	TOILET SIGN
TOILET	TOILET SEAT	TOILET BRUSH	TOILET PAPER DISPENSER	TOILET TISSUE DISPENSER	TOILET SIGN
TOILET	TOILET SEAT	TOILET BRUSH	TOILET PAPER DISPENSER	TOILET TISSUE DISPENSER	TOILET SIGN
TOILET	TOILET SEAT	TOILET BRUSH	TOILET PAPER DISPENSER	TOILET TISSUE DISPENSER	TOILET SIGN
TOILET	TOILET SEAT	TOILET BRUSH	TOILET PAPER DISPENSER	TOILET TISSUE DISPENSER	TOILET SIGN
TOILET	TOILET SEAT	TOILET BRUSH	TOILET PAPER DISPENSER	TOILET TISSUE DISPENSER	TOILET SIGN
TOILET	TOILET SEAT	TOILET BRUSH	TOILET PAPER DISPENSER	TOILET TISSUE DISPENSER	TOILET SIGN
TOILET	TOILET SEAT	TOILET BRUSH	TOILET PAPER DISPENSER	TOILET TISSUE DISPENSER	TOILET SIGN

**TOILET FIXTURE AND ACCESSORY SYMBOL (KEYED ON ENLARGED PLANS)**

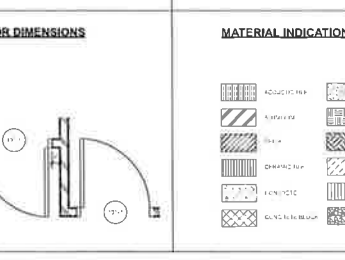
IF ITEMS ARE KEYS TO THE PLAN OF ACCESSORY

IF ITEMS ARE KEYS TO THE PLAN OF ACCESSORY



**REFLECTED CEILING SYMBOLS**

ACoustic tile	Acoustic tile	Acoustic tile	Acoustic tile
Acoustic tile	Acoustic tile	Acoustic tile	Acoustic tile
Acoustic tile	Acoustic tile	Acoustic tile	Acoustic tile
Acoustic tile	Acoustic tile	Acoustic tile	Acoustic tile
Acoustic tile	Acoustic tile	Acoustic tile	Acoustic tile
Acoustic tile	Acoustic tile	Acoustic tile	Acoustic tile
Acoustic tile	Acoustic tile	Acoustic tile	Acoustic tile
Acoustic tile	Acoustic tile	Acoustic tile	Acoustic tile
Acoustic tile	Acoustic tile	Acoustic tile	Acoustic tile
Acoustic tile	Acoustic tile	Acoustic tile	Acoustic tile



**MATERIAL INDICATION**

Acoustic tile	Acoustic tile	Acoustic tile	Acoustic tile
Acoustic tile	Acoustic tile	Acoustic tile	Acoustic tile
Acoustic tile	Acoustic tile	Acoustic tile	Acoustic tile
Acoustic tile	Acoustic tile	Acoustic tile	Acoustic tile
Acoustic tile	Acoustic tile	Acoustic tile	Acoustic tile
Acoustic tile	Acoustic tile	Acoustic tile	Acoustic tile
Acoustic tile	Acoustic tile	Acoustic tile	Acoustic tile
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Acoustic tile	Acoustic tile	Acoustic tile	Acoustic tile

NOT FOR CONSTRUCTION

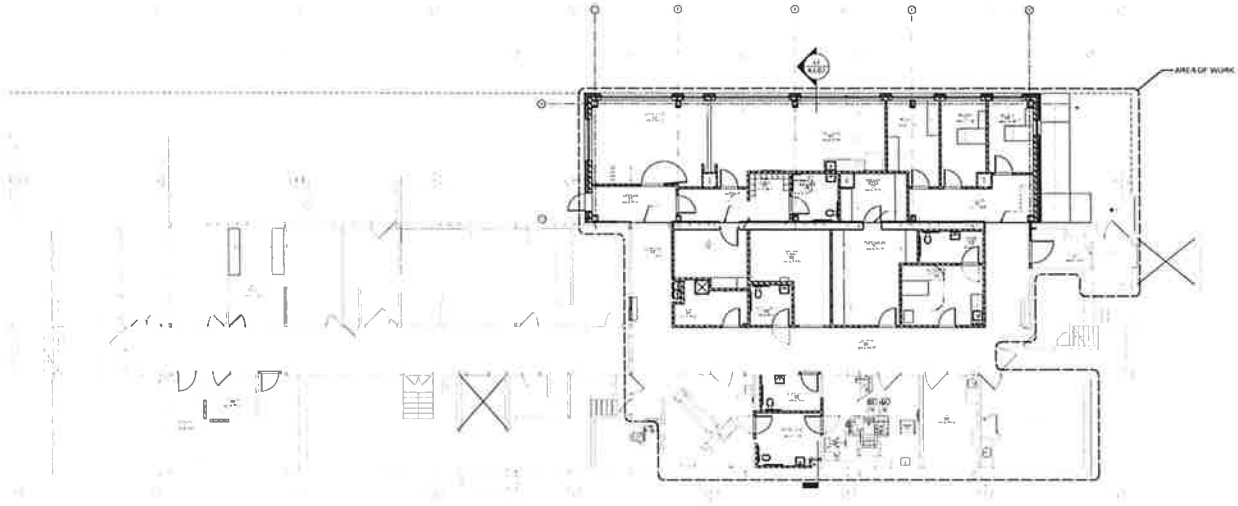
LEGEND, SYMBOLS AND DETAILS

**A0.00**

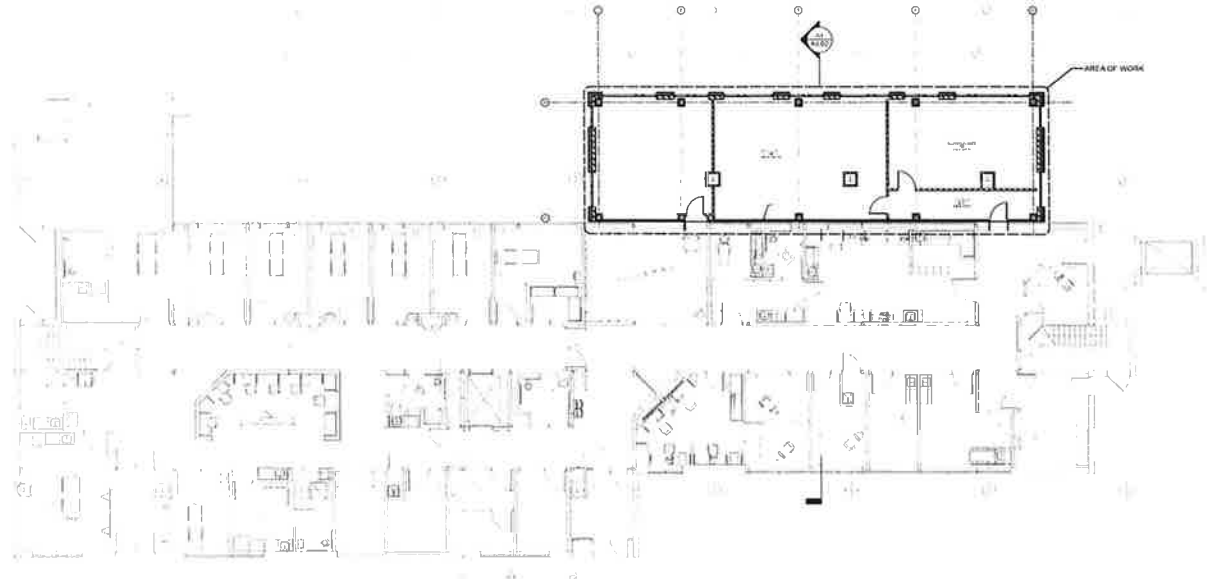








1210 CONSTRUCTION PLAN - OVERALL BASEMENT



1211 CONSTRUCTION PLAN - OVERALL FIRST FLOOR

NOT FOR CONSTRUCTION

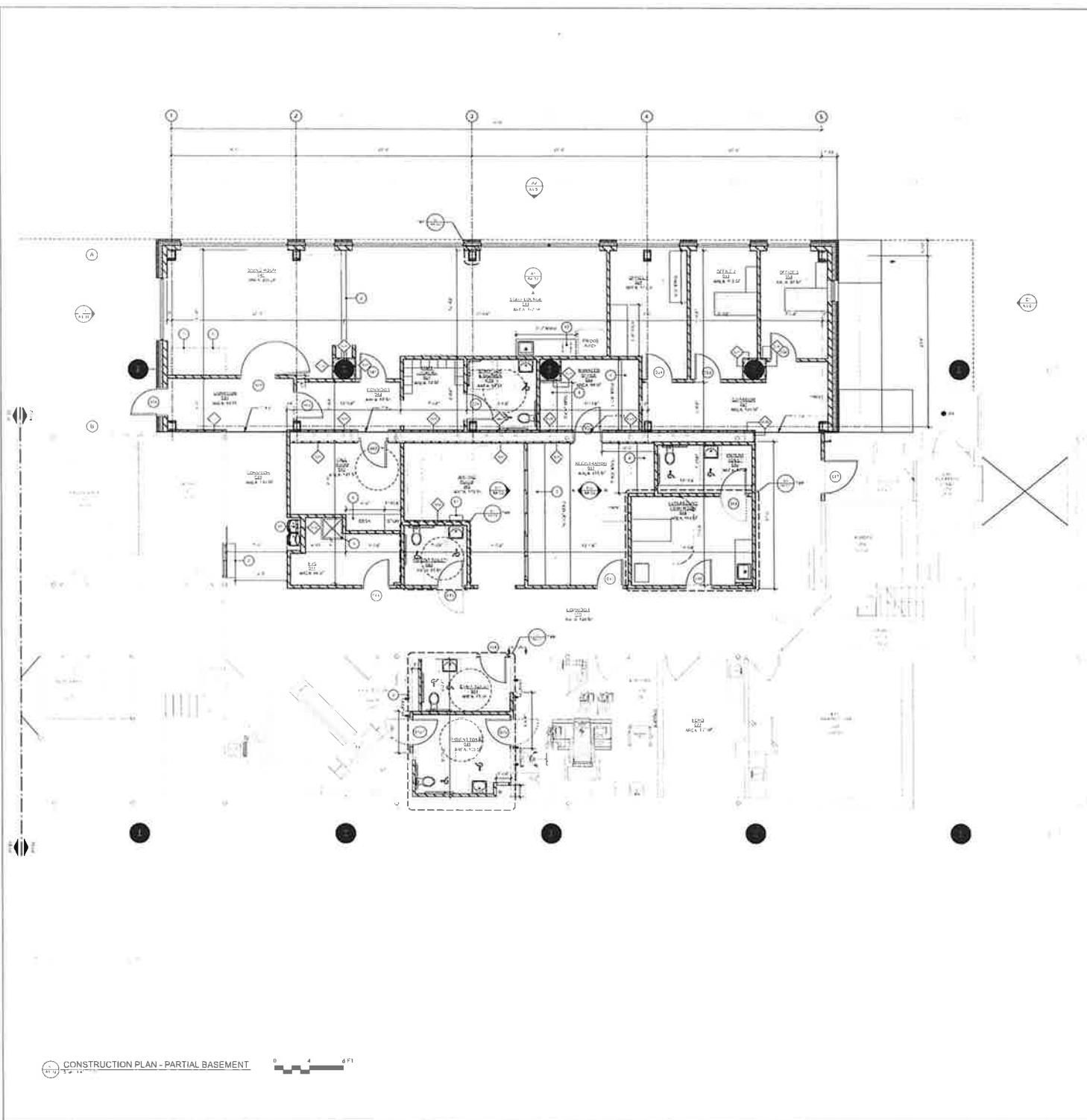
THIS DRAWING IS THE PROPERTY OF KING+KING ARCHITECTS. IT IS TO BE USED ONLY FOR THE PROJECT AND SITE SPECIFICALLY IDENTIFIED HEREON. IT IS NOT TO BE REPRODUCED, COPIED, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF KING+KING ARCHITECTS. ANY UNAUTHORIZED USE OF THIS DRAWING IS PROHIBITED AND WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW.

DATE	04/11/2018	BY	JK
PROJECT	RIVER HOSPITAL RENOVATIONS	CLIENT	STATE OF NEW YORK
DATE	04/11/2018	BY	JK
PROJECT	RIVER HOSPITAL RENOVATIONS	CLIENT	STATE OF NEW YORK
DATE	04/11/2018	BY	JK
PROJECT	RIVER HOSPITAL RENOVATIONS	CLIENT	STATE OF NEW YORK

CONSTRUCTION PLAN - OVERALL BASEMENT - FIRST FLOOR

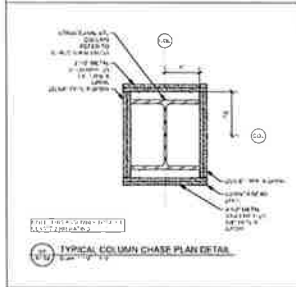
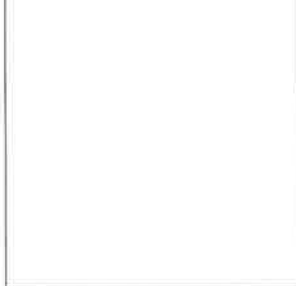
**A1.00**





- GENERAL CONSTRUCTION NOTES:**
1. REFER TO ALL OTHER GENERAL NOTES FOR THIS PROJECT.
  2. ALL DIMENSIONS ARE THE UNLESS OTHERWISE NOTED.
  3. UNLESS OTHERWISE NOTED, FINISHES ARE AS NOTED.
  4. REFER TO SPECIFICATIONS FOR ALL MATERIALS AND FINISHES.
  5. REFER TO SPECIFICATIONS FOR ALL MATERIALS AND FINISHES.
  6. REFER TO SPECIFICATIONS FOR ALL MATERIALS AND FINISHES.
  7. REFER TO SPECIFICATIONS FOR ALL MATERIALS AND FINISHES.
  8. REFER TO SPECIFICATIONS FOR ALL MATERIALS AND FINISHES.
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  12. REFER TO SPECIFICATIONS FOR ALL MATERIALS AND FINISHES.
  13. REFER TO SPECIFICATIONS FOR ALL MATERIALS AND FINISHES.
  14. REFER TO SPECIFICATIONS FOR ALL MATERIALS AND FINISHES.

- KEYED CONSTRUCTION NOTES:**
1. FINISH AS NOTED.
  2. REFER TO SPECIFICATIONS FOR ALL MATERIALS AND FINISHES.
  3. REFER TO SPECIFICATIONS FOR ALL MATERIALS AND FINISHES.
  4. REFER TO SPECIFICATIONS FOR ALL MATERIALS AND FINISHES.
  5. REFER TO SPECIFICATIONS FOR ALL MATERIALS AND FINISHES.
  6. REFER TO SPECIFICATIONS FOR ALL MATERIALS AND FINISHES.
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  10. REFER TO SPECIFICATIONS FOR ALL MATERIALS AND FINISHES.
  11. REFER TO SPECIFICATIONS FOR ALL MATERIALS AND FINISHES.
  12. REFER TO SPECIFICATIONS FOR ALL MATERIALS AND FINISHES.
  13. REFER TO SPECIFICATIONS FOR ALL MATERIALS AND FINISHES.
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  19. REFER TO SPECIFICATIONS FOR ALL MATERIALS AND FINISHES.
  20. REFER TO SPECIFICATIONS FOR ALL MATERIALS AND FINISHES.



**CONSTRUCTION PLAN - PARTIAL BASEMENT**

DATE: 08/11/2011  
 DRAWN BY: [Name]  
 CHECKED BY: [Name]  
 PROJECT: RIVER HOSPITAL RENOVATIONS  
 SHEET: 01-10  
 SCALE: AS SHOWN

NOT FOR CONSTRUCTION

**A1.02**

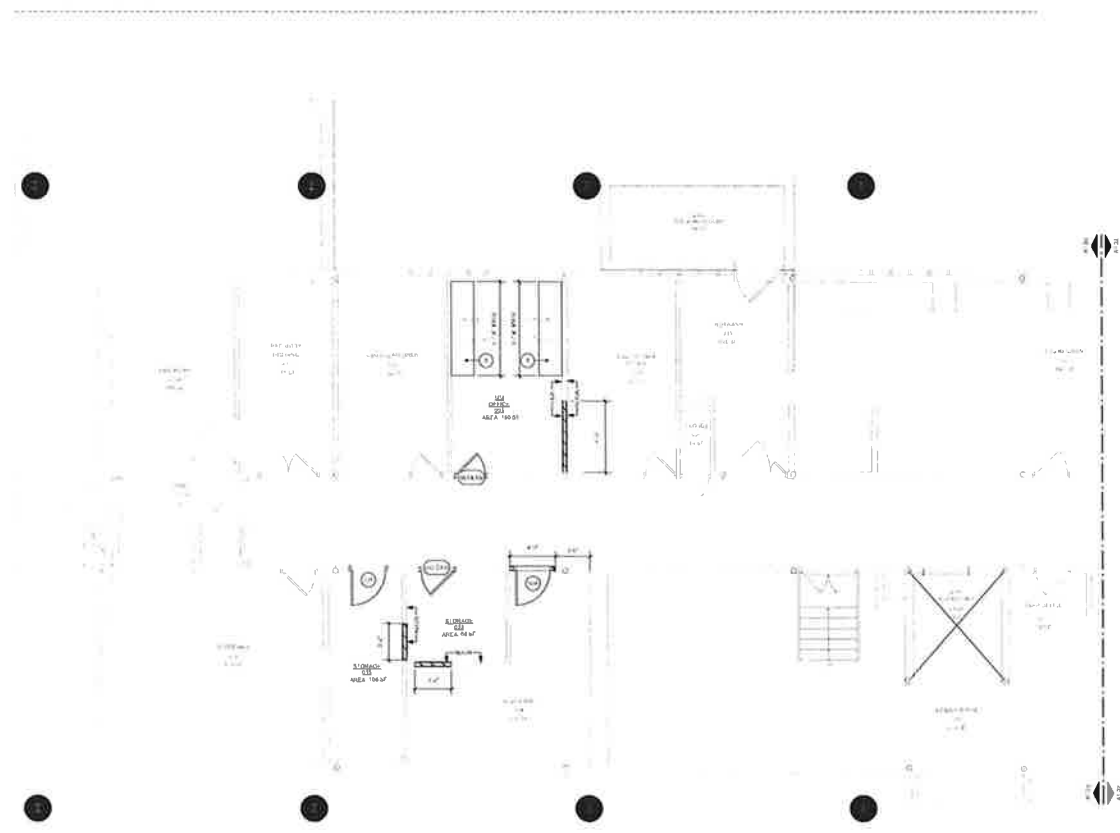
CONSTRUCTION PLAN - PARTIAL BASEMENT



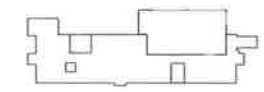


- GENERAL CONSTRUCTION NOTES:**
1. DIMENSIONS TO FACE UNLESS NOTED OTHERWISE.
  2. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 INTERNATIONAL BUILDING CODE (IBC) AND ALL APPLICABLE LOCAL, STATE AND FEDERAL REGULATIONS.
  3. REFER TO DRAWINGS FOR COMPARTMENT LAYOUT. PROVIDE BUILDING AS REQUIRED FOR ALL NEW AND EXISTING WALLS. COORDINATE WITH ALL TRADES FOR ALL ELECTRICAL AND PLUMBING REQUIREMENTS. COORDINATE SIZE AND LOCATION OF BLOCKING WITH OWNER.
  4. ALL PARTITION WALLS TO BE TYPE SAU 110.
  5. ALL EXISTING STRUCTURAL MEMBERS SHALL BE REINFORCED WITH STEEL REINFORCEMENT OR SHALL BE REPLACED.
  6. REFER TO DRAWINGS FOR COMPARTMENT LAYOUT. PROVIDE BUILDING AS REQUIRED FOR ALL NEW AND EXISTING WALLS. COORDINATE WITH ALL TRADES FOR ALL ELECTRICAL AND PLUMBING REQUIREMENTS. COORDINATE SIZE AND LOCATION OF BLOCKING WITH OWNER.
  7. PROVIDE 100% STAIR TREADS AND RISERS TO MATCH EXISTING.
  8. PROVIDE 100% STAIR TREADS AND RISERS TO MATCH EXISTING. ALL STAIRS SHALL BE TYPE SAU 110.
  9. PROVIDE 100% STAIR TREADS AND RISERS TO MATCH EXISTING. ALL STAIRS SHALL BE TYPE SAU 110.
  10. PROVIDE 100% STAIR TREADS AND RISERS TO MATCH EXISTING. ALL STAIRS SHALL BE TYPE SAU 110.
  11. PROVIDE 100% STAIR TREADS AND RISERS TO MATCH EXISTING. ALL STAIRS SHALL BE TYPE SAU 110.

- KEYED CONSTRUCTION NOTES:**
1. VERTICAL CURTAIN WALL
  2. EXISTING WALL WITH REINFORCEMENT
  3. NEW BRICK CONCRETE TOP SOFT
  4. EXISTING CONCRETE WALL
  5. EXISTING METAL DECK
  6. METAL DECK WITH REINFORCEMENT
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  97. EXISTING METAL DECK WITH REINFORCEMENT
  98. EXISTING METAL DECK WITH REINFORCEMENT
  99. EXISTING METAL DECK WITH REINFORCEMENT
  100. EXISTING METAL DECK WITH REINFORCEMENT



CONSTRUCTION PLAN - PARTIAL BASEMENT



KEY PLAN 4

NOT FOR CONSTRUCTION

PROJECT NO.	18-001
DATE	10/1/2018
PROJECT NAME	RIVER HOSPITAL RENOVATIONS
CLIENT	ALLEGANY HEALTH SERVICES
ARCHITECT	king + king architects
SCALE	AS SHOWN
CONSTRUCTION PLAN - PARTIAL BASEMENT	

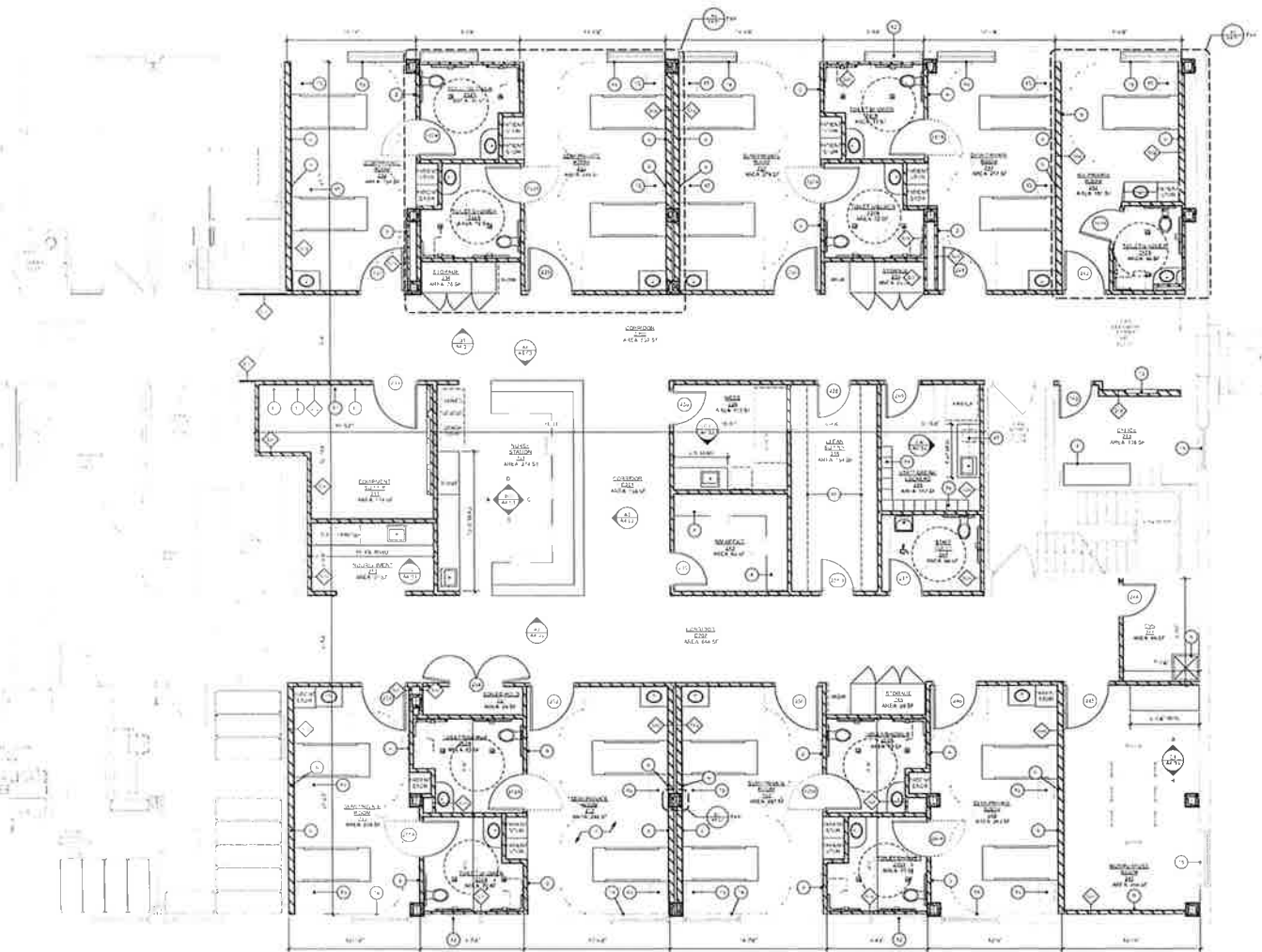


**GENERAL CONSTRUCTION NOTES:**

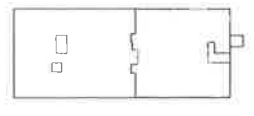
1. EXISTING WALLS TO REMAIN SHALL BE REINFORCED FROM TO CORNER TO CORNER.
2. ALL EXISTING WALLS SHALL BE REINFORCED TO 1/2" DIA. BARS.
3. BLOCK WALLS SHALL BE REINFORCED WITH 1/2" DIA. BARS.
4. REPAIR EXISTING WALLS TO 1/2" DIA. BARS TO CORNER TO CORNER. REPAIR EXISTING WALLS TO 1/2" DIA. BARS TO CORNER TO CORNER. REPAIR EXISTING WALLS TO 1/2" DIA. BARS TO CORNER TO CORNER.
5. STRUCTURAL COLUMN SCHEDULE TO BE PERFORMED AS SHOWN IN PLAN TO ACHIEVE THE INTENT OF THE DESIGN.
6. ALL REPAIRS SHALL BE TO THE ORIGINAL FINISH.
7. ALL EXISTING WALLS TO REMAIN SHALL BE REINFORCED FROM TO CORNER TO CORNER.
8. ALL EXISTING WALLS TO REMAIN SHALL BE REINFORCED FROM TO CORNER TO CORNER.
9. ALL EXISTING WALLS TO REMAIN SHALL BE REINFORCED FROM TO CORNER TO CORNER.
10. ALL EXISTING WALLS TO REMAIN SHALL BE REINFORCED FROM TO CORNER TO CORNER.
11. ALL EXISTING WALLS TO REMAIN SHALL BE REINFORCED FROM TO CORNER TO CORNER.
12. ALL EXISTING WALLS TO REMAIN SHALL BE REINFORCED FROM TO CORNER TO CORNER.
13. ALL EXISTING WALLS TO REMAIN SHALL BE REINFORCED FROM TO CORNER TO CORNER.
14. ALL EXISTING WALLS TO REMAIN SHALL BE REINFORCED FROM TO CORNER TO CORNER.

**KEYED CONSTRUCTION NOTES:**

1. SEE GENERAL NOTES FOR ALL.
2. ALL WALLS SHALL BE REINFORCED TO 1/2" DIA. BARS.
3. ALL WALLS SHALL BE REINFORCED TO 1/2" DIA. BARS.
4. ALL WALLS SHALL BE REINFORCED TO 1/2" DIA. BARS.
5. ALL WALLS SHALL BE REINFORCED TO 1/2" DIA. BARS.
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18. ALL WALLS SHALL BE REINFORCED TO 1/2" DIA. BARS.
19. ALL WALLS SHALL BE REINFORCED TO 1/2" DIA. BARS.
20. ALL WALLS SHALL BE REINFORCED TO 1/2" DIA. BARS.



CONSTRUCTION PLAN - PARTIAL SECOND FLOOR



KEY PLAN 3

NOT FOR CONSTRUCTION	
DATE: 10/15/2024	SCALE: 1/8" = 1'-0"
PROJECT: RIVER HOSPITAL RENOVATIONS	CLIENT: RIVER HOSPITAL
ARCHITECT: KING+KING ARCHITECTS	LOCATION: 4 FULLER STREET, ALEXANDRIA BAY, NY 13607
DESIGNER: [Name]	DATE: 10/15/2024
CHECKED BY: [Name]	DATE: 10/15/2024
APPROVED BY: [Name]	DATE: 10/15/2024
CONSTRUCTION PLAN - PARTIAL SECOND FLOOR	A1.05

NOT FOR CONSTRUCTION

REFLECTED CEILING PLAN - PARTIAL BASEMENT

**GENERAL RCP NOTES**

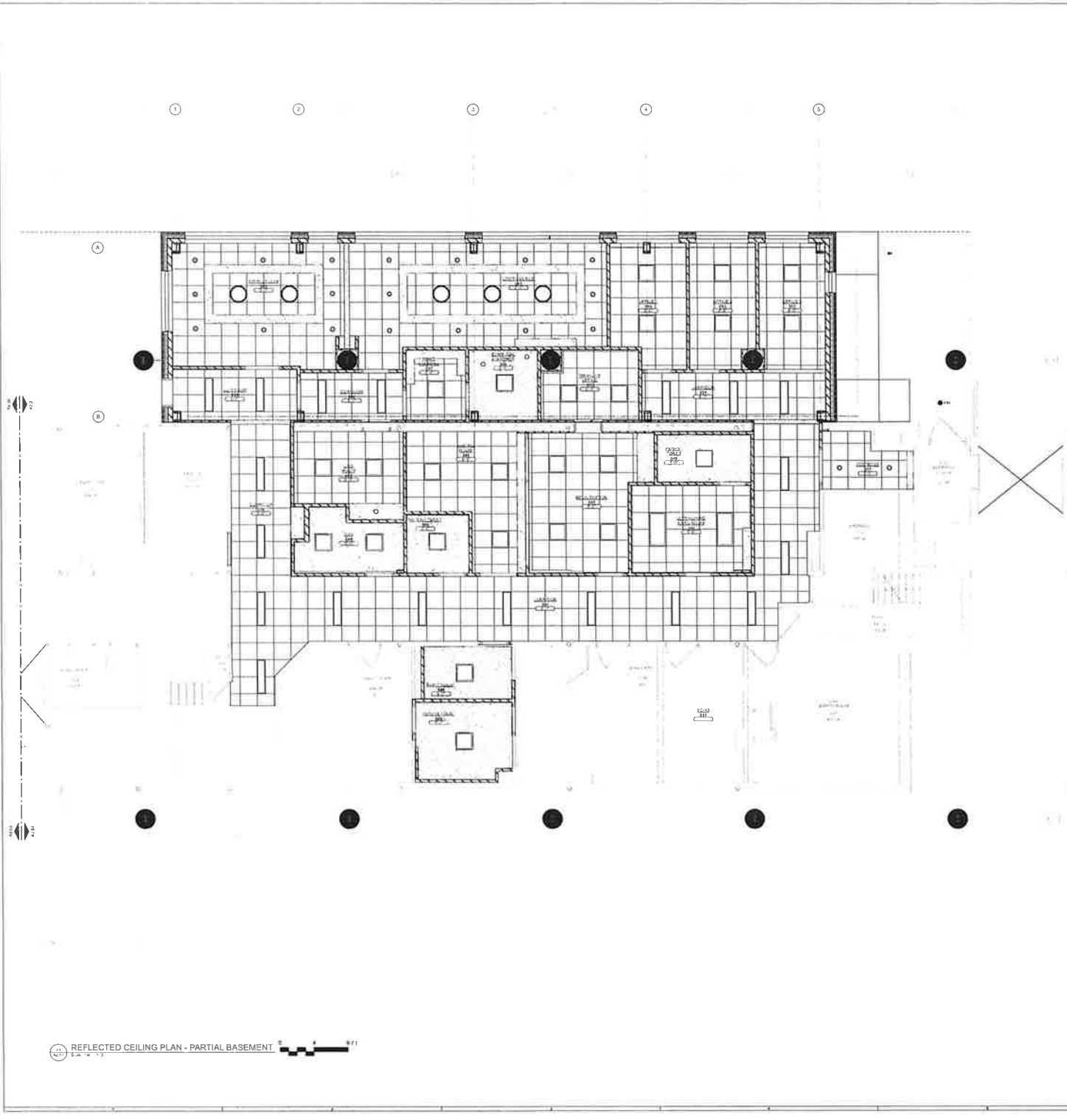
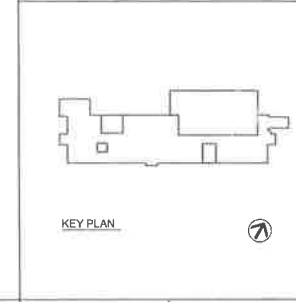
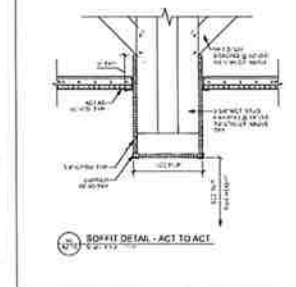
1. SEE ALL NOTES ON DRAWINGS FOR GENERAL NOTES.
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5. SEE ALL NOTES ON DRAWINGS FOR GENERAL NOTES.

**KEYED RCP NOTES**

1. SEE ALL NOTES ON DRAWINGS FOR GENERAL NOTES.

**REFLECTED CEILING SYMBOLS**

	ACOUSTIC GRIDS 5'x5'		2'x2' LED LIGHT FIXTURES
	2'x2' LED LIGHT FIXTURES		4'x4' LED LIGHT FIXTURES
	4'x4' LED LIGHT FIXTURES		6'x6' LED LIGHT FIXTURES
	6'x6' LED LIGHT FIXTURES		8'x8' LED LIGHT FIXTURES
	8'x8' LED LIGHT FIXTURES		10'x10' LED LIGHT FIXTURES
	10'x10' LED LIGHT FIXTURES		12'x12' LED LIGHT FIXTURES
	12'x12' LED LIGHT FIXTURES		14'x14' LED LIGHT FIXTURES
	14'x14' LED LIGHT FIXTURES		16'x16' LED LIGHT FIXTURES
	16'x16' LED LIGHT FIXTURES		18'x18' LED LIGHT FIXTURES
	18'x18' LED LIGHT FIXTURES		20'x20' LED LIGHT FIXTURES
	20'x20' LED LIGHT FIXTURES		22'x22' LED LIGHT FIXTURES
	22'x22' LED LIGHT FIXTURES		24'x24' LED LIGHT FIXTURES
	24'x24' LED LIGHT FIXTURES		26'x26' LED LIGHT FIXTURES
	26'x26' LED LIGHT FIXTURES		28'x28' LED LIGHT FIXTURES
	28'x28' LED LIGHT FIXTURES		30'x30' LED LIGHT FIXTURES
	30'x30' LED LIGHT FIXTURES		32'x32' LED LIGHT FIXTURES
	32'x32' LED LIGHT FIXTURES		34'x34' LED LIGHT FIXTURES
	34'x34' LED LIGHT FIXTURES		36'x36' LED LIGHT FIXTURES
	36'x36' LED LIGHT FIXTURES		38'x38' LED LIGHT FIXTURES
	38'x38' LED LIGHT FIXTURES		40'x40' LED LIGHT FIXTURES
	40'x40' LED LIGHT FIXTURES		42'x42' LED LIGHT FIXTURES
	42'x42' LED LIGHT FIXTURES		44'x44' LED LIGHT FIXTURES
	44'x44' LED LIGHT FIXTURES		46'x46' LED LIGHT FIXTURES
	46'x46' LED LIGHT FIXTURES		48'x48' LED LIGHT FIXTURES
	48'x48' LED LIGHT FIXTURES		50'x50' LED LIGHT FIXTURES
	50'x50' LED LIGHT FIXTURES		52'x52' LED LIGHT FIXTURES
	52'x52' LED LIGHT FIXTURES		54'x54' LED LIGHT FIXTURES
	54'x54' LED LIGHT FIXTURES		56'x56' LED LIGHT FIXTURES
	56'x56' LED LIGHT FIXTURES		58'x58' LED LIGHT FIXTURES
	58'x58' LED LIGHT FIXTURES		60'x60' LED LIGHT FIXTURES
	60'x60' LED LIGHT FIXTURES		62'x62' LED LIGHT FIXTURES
	62'x62' LED LIGHT FIXTURES		64'x64' LED LIGHT FIXTURES
	64'x64' LED LIGHT FIXTURES		66'x66' LED LIGHT FIXTURES
	66'x66' LED LIGHT FIXTURES		68'x68' LED LIGHT FIXTURES
	68'x68' LED LIGHT FIXTURES		70'x70' LED LIGHT FIXTURES
	70'x70' LED LIGHT FIXTURES		72'x72' LED LIGHT FIXTURES
	72'x72' LED LIGHT FIXTURES		74'x74' LED LIGHT FIXTURES
	74'x74' LED LIGHT FIXTURES		76'x76' LED LIGHT FIXTURES
	76'x76' LED LIGHT FIXTURES		78'x78' LED LIGHT FIXTURES
	78'x78' LED LIGHT FIXTURES		80'x80' LED LIGHT FIXTURES
	80'x80' LED LIGHT FIXTURES		82'x82' LED LIGHT FIXTURES
	82'x82' LED LIGHT FIXTURES		84'x84' LED LIGHT FIXTURES
	84'x84' LED LIGHT FIXTURES		86'x86' LED LIGHT FIXTURES
	86'x86' LED LIGHT FIXTURES		88'x88' LED LIGHT FIXTURES
	88'x88' LED LIGHT FIXTURES		90'x90' LED LIGHT FIXTURES
	90'x90' LED LIGHT FIXTURES		92'x92' LED LIGHT FIXTURES
	92'x92' LED LIGHT FIXTURES		94'x94' LED LIGHT FIXTURES
	94'x94' LED LIGHT FIXTURES		96'x96' LED LIGHT FIXTURES
	96'x96' LED LIGHT FIXTURES		98'x98' LED LIGHT FIXTURES
	98'x98' LED LIGHT FIXTURES		100'x100' LED LIGHT FIXTURES



REFLECTED CEILING PLAN - PARTIAL BASEMENT

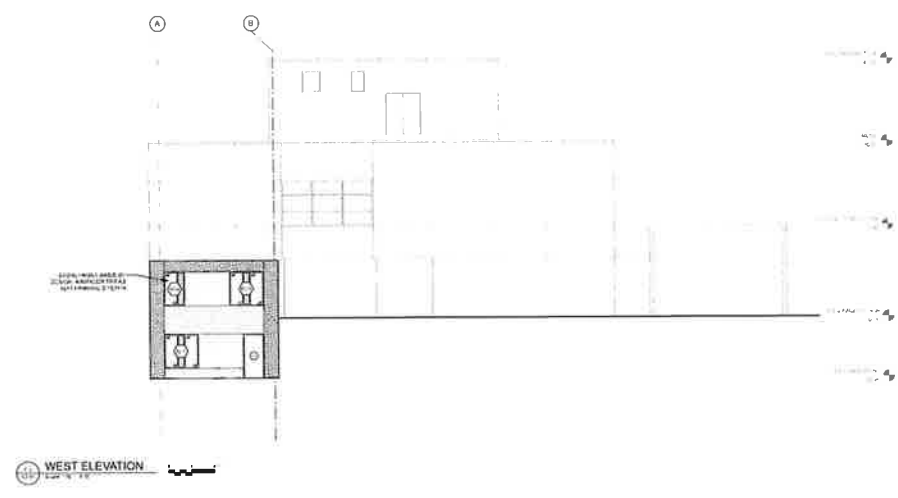
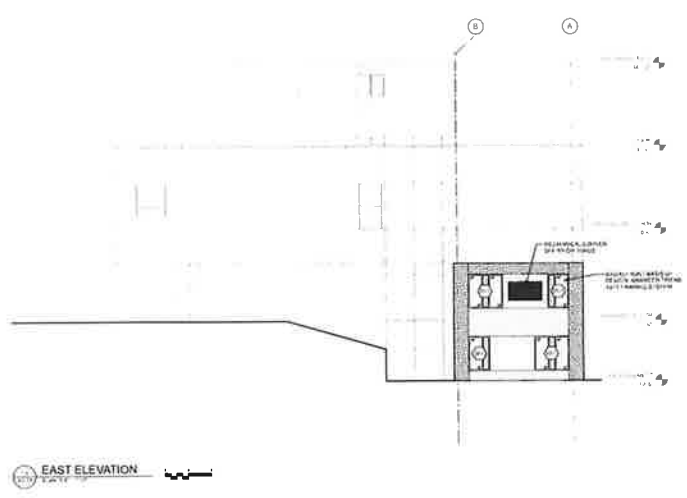






MATERIAL LEGEND			
MATERIAL	MANUFACTURER	COLOR	
EP-1	EXTERIOR ROOF FINISH AND TRIM (SFM)	BRAND OF EXTERIOR FINISH SYSTEM, INC. (SFM) / BRAND OF TRIM SYSTEM	160
EP-2	EXTERIOR WALL FINISH AND TRIM (SFM)	BRAND OF EXTERIOR FINISH SYSTEM, INC. (SFM) / BRAND OF TRIM SYSTEM	160
EP-3	EXTERIOR WINDOW AND DOOR FINISH (SFM)	BRAND OF EXTERIOR FINISH SYSTEM, INC. (SFM) / BRAND OF WINDOW/DOOR SYSTEM	160
ME-1	METAL PANEL	TBD METAL PANEL WINDOW REPLACEMENT	160
MO-1	ROOF AND CEILING FINISH (SFM)	VITRO ARCHITECTURAL AND AWAY (V) / CONSTRUCTION	160

NOTE: NEW STOREFRONT BASIS OF DESIGN: KAWNEER TRUFAD 4111 FRAMING SYSTEM



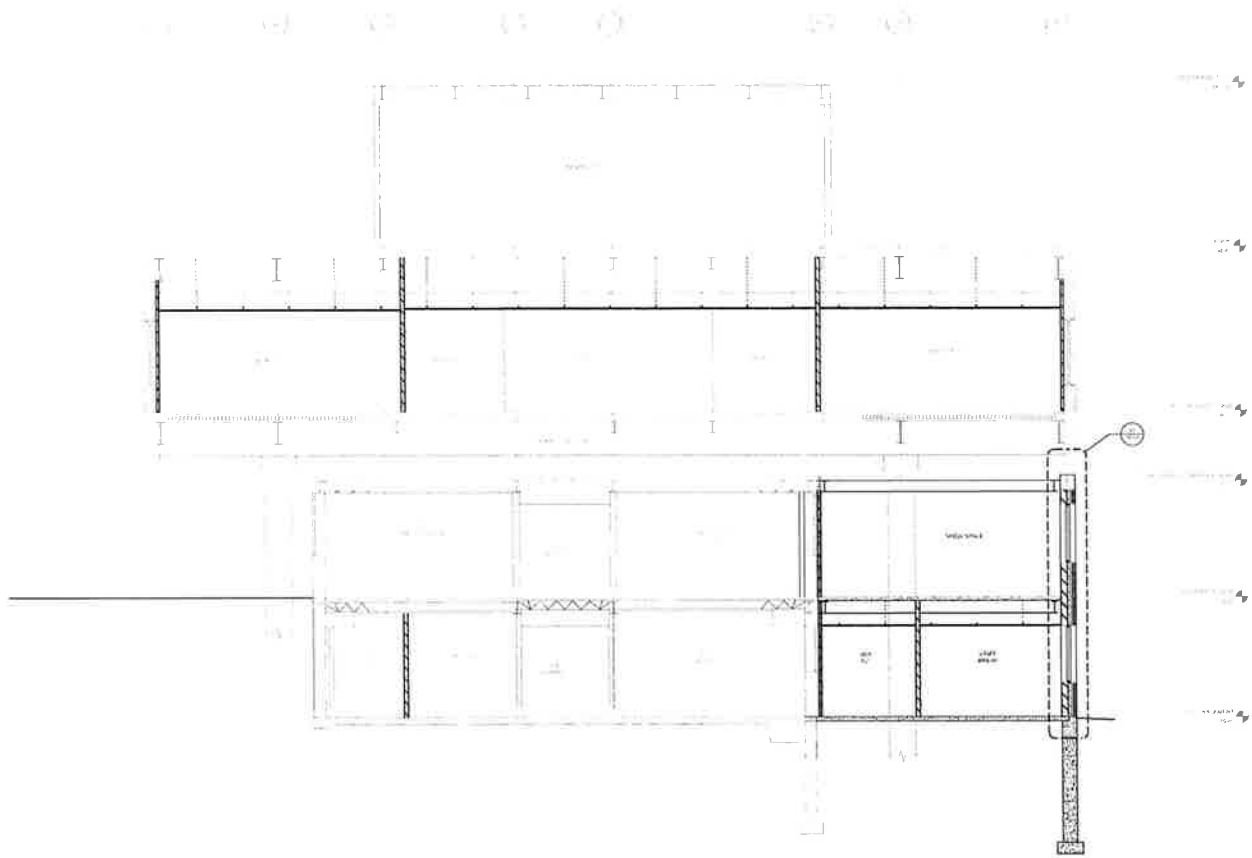
NOT FOR CONSTRUCTION

DATE: 10/15/2014  
 DRAWN BY: J. K. KING  
 CHECKED BY: J. K. KING  
 PROJECT: RIVER HOSPITAL RENOVATIONS  
 SHEET: A3.01  
 EXTERIOR ELEVATIONS



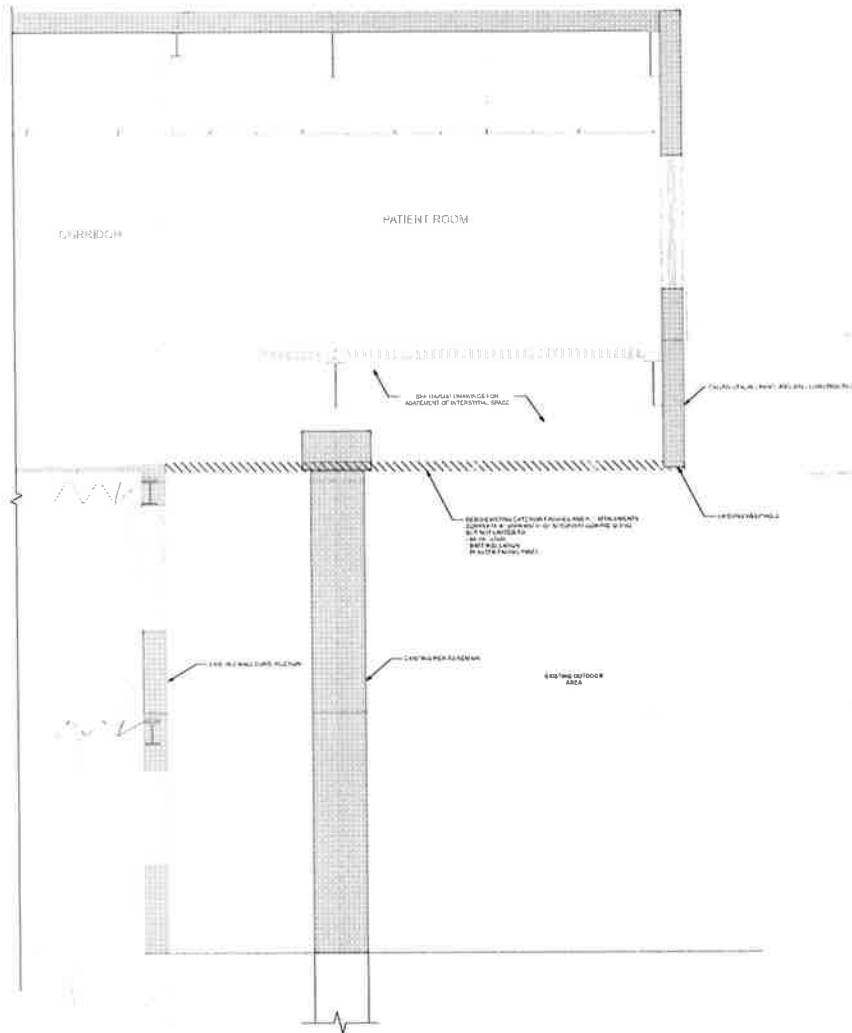
RIVER HOSPITAL RENOVATIONS

4 FULLER STREET, ALEXANDRIA BAY, NY 13607

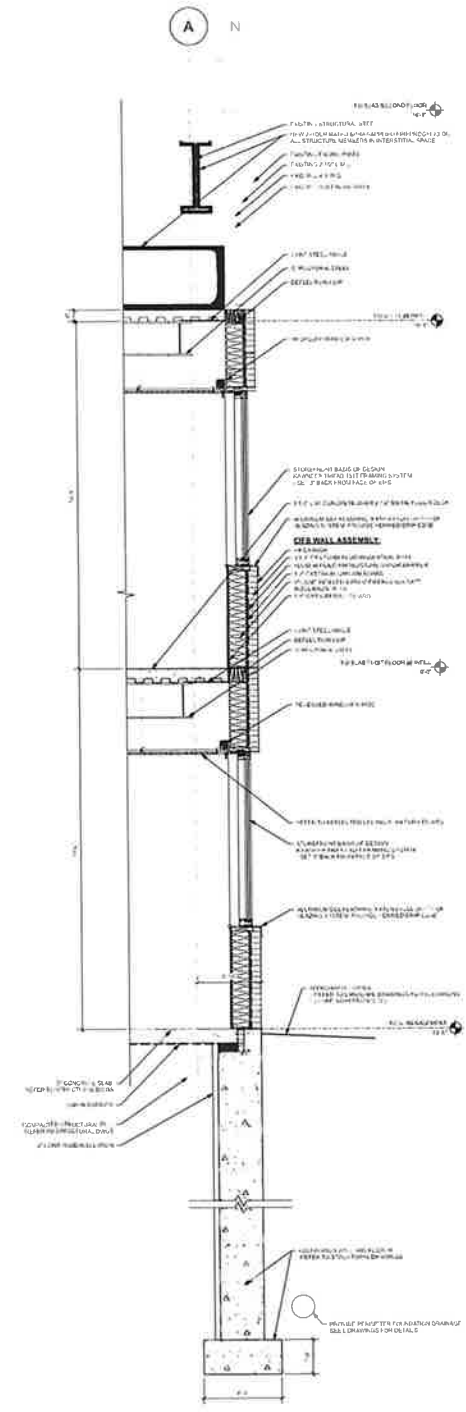


**BUILDING SECTION**  
Scale: 1/4" = 1'-0"

NOT FOR CONSTRUCTION	
<small>THIS DRAWING IS THE PROPERTY OF KING + KING ARCHITECTS. IT IS TO BE USED ONLY FOR THE PROJECT AND SITE SPECIFICALLY IDENTIFIED HEREON. IT IS NOT TO BE REPRODUCED, COPIED, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF KING + KING ARCHITECTS. ANY REUSE OR MODIFICATION OF THIS DRAWING WITHOUT THE WRITTEN PERMISSION OF KING + KING ARCHITECTS IS STRICTLY PROHIBITED.</small>	
Name	DATE
<b>DATE FOR SUBMISSION</b>	
DESIGNED BY	DATE
SCALE	DATE
DRAWN BY	
CHECKED BY	
DATE	
PROJECT TITLE	
<b>BUILDING SECTIONS</b>	
<b>A3.02</b>	



WALL SECTION - TYPICAL DEMOLITION



WALL SECTION: NORTH WALL INFILL

RIVER HOSPITAL RENOVATIONS

4 FULLER STREET, ALEXANDRIA BAY, NY 13607

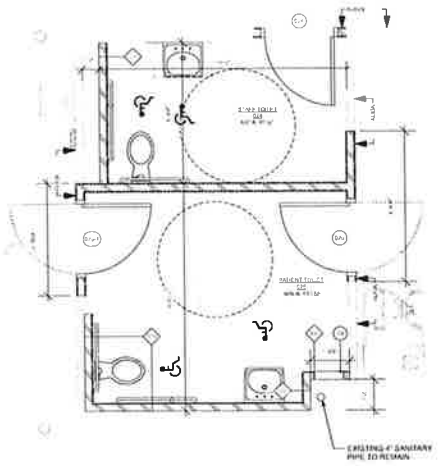
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<p>THIS DRAWING IS THE PROPERTY OF KING + KING ARCHITECTS. IT IS TO BE USED ONLY FOR THE PROJECT AND SITE SPECIFICALLY IDENTIFIED HEREIN. IT IS NOT TO BE REPRODUCED, COPIED, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF KING + KING ARCHITECTS.</p>	
<p>DATE: 08/11/10</p> <p>SCALE: 1/8" = 1'-0"</p> <p>PROJECT: RIVER HOSPITAL RENOVATIONS</p> <p>CLIENT: SUNNYSIDE HEALTH SERVICES</p> <p>DESIGNER: KING + KING ARCHITECTS</p> <p>ARCHITECT: KING + KING ARCHITECTS</p>	<p>NO DATE CON SUBMISSION</p> <p>DATE: 08/11/10</p> <p>PROJECT: RIVER HOSPITAL RENOVATIONS</p> <p>CLIENT: SUNNYSIDE HEALTH SERVICES</p> <p>DESIGNER: KING + KING ARCHITECTS</p> <p>ARCHITECT: KING + KING ARCHITECTS</p>
<p>WALL SECTIONS</p>	
<p>A3.03</p>	

NOT FOR CONSTRUCTION

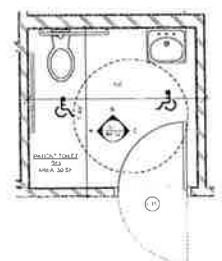
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PROJECT:	RIVER HOSPITAL RENOVATIONS
CLIENT:	STATE OF NEW YORK
SCALE:	AS SHOWN
DESIGNER:	king+king architects
DATE:	11/11/2024
PROJECT:	RIVER HOSPITAL RENOVATIONS
CLIENT:	STATE OF NEW YORK
SCALE:	AS SHOWN
DESIGNER:	king+king architects

ENLARGED PLANS  
**A4.01**

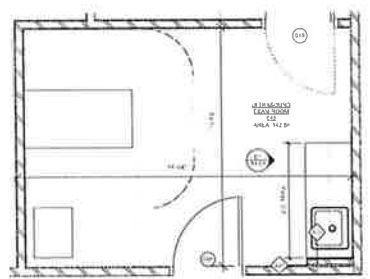
- KEYED CONSTRUCTION NOTES:**
1. VERIFYING WALL PARTITION, BANK OF STAIN PATIENTS (ROOM 024, 026)
  2. OPERABLE WALL PARTITION, BANK OF STAIN PATIENTS (ROOM 024, 026)
  3. VERIFYING WALL PARTITION, BANK OF STAIN PATIENTS (ROOM 024, 026)
  4. VERIFYING WALL PARTITION, BANK OF STAIN PATIENTS (ROOM 024, 026)
  5. VERIFYING WALL PARTITION, BANK OF STAIN PATIENTS (ROOM 024, 026)
  6. VERIFYING WALL PARTITION, BANK OF STAIN PATIENTS (ROOM 024, 026)
  7. VERIFYING WALL PARTITION, BANK OF STAIN PATIENTS (ROOM 024, 026)
  8. VERIFYING WALL PARTITION, BANK OF STAIN PATIENTS (ROOM 024, 026)
  9. VERIFYING WALL PARTITION, BANK OF STAIN PATIENTS (ROOM 024, 026)
  10. VERIFYING WALL PARTITION, BANK OF STAIN PATIENTS (ROOM 024, 026)
  11. VERIFYING WALL PARTITION, BANK OF STAIN PATIENTS (ROOM 024, 026)
  12. VERIFYING WALL PARTITION, BANK OF STAIN PATIENTS (ROOM 024, 026)
  13. VERIFYING WALL PARTITION, BANK OF STAIN PATIENTS (ROOM 024, 026)
  14. VERIFYING WALL PARTITION, BANK OF STAIN PATIENTS (ROOM 024, 026)
  15. VERIFYING WALL PARTITION, BANK OF STAIN PATIENTS (ROOM 024, 026)
  16. VERIFYING WALL PARTITION, BANK OF STAIN PATIENTS (ROOM 024, 026)
  17. VERIFYING WALL PARTITION, BANK OF STAIN PATIENTS (ROOM 024, 026)
  18. VERIFYING WALL PARTITION, BANK OF STAIN PATIENTS (ROOM 024, 026)
  19. VERIFYING WALL PARTITION, BANK OF STAIN PATIENTS (ROOM 024, 026)
  20. VERIFYING WALL PARTITION, BANK OF STAIN PATIENTS (ROOM 024, 026)



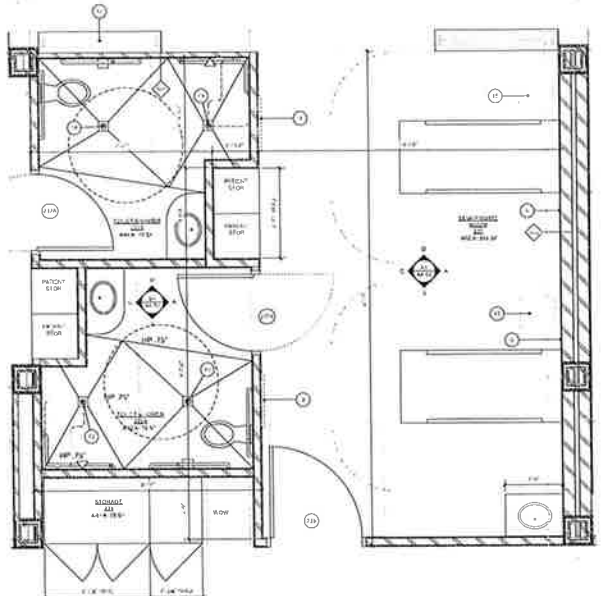
024 STAFF/PATIENT TOILET - ROOMS 024, 026  
Scale: 1/8" = 1'-0"



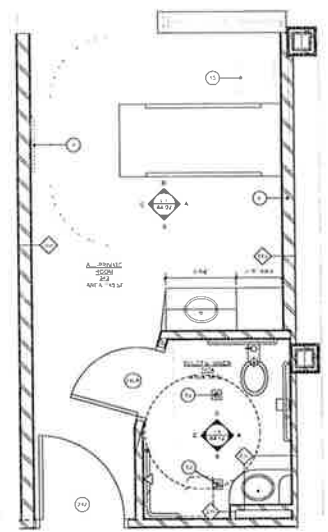
025 TYPICAL PATIENT TOILET  
Scale: 1/8" = 1'-0"



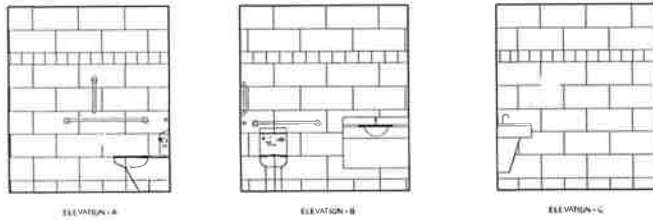
048 ULTRASOUND EXAM ROOM - 048  
Scale: 1/8" = 1'-0"



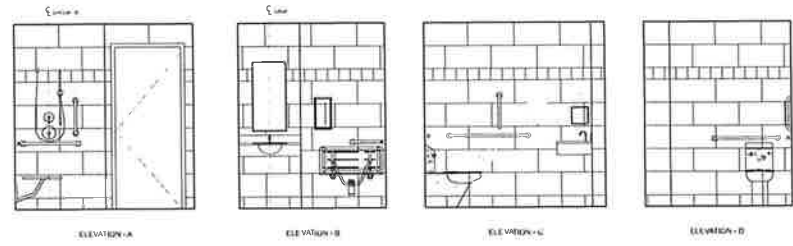
021 TYPICAL SEMI-PRIVATE PATIENT ROOM  
Scale: 1/8" = 1'-0"



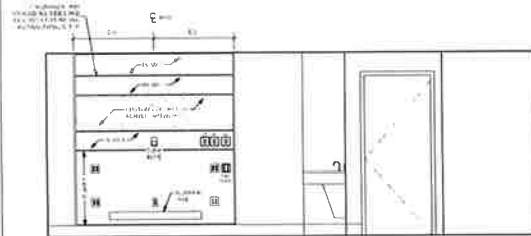
022 ALL PRIVATE PATIENT ROOM  
Scale: 1/8" = 1'-0"



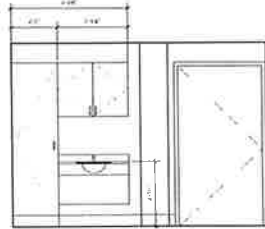
TYPICAL PATIENT TOILET ROOM



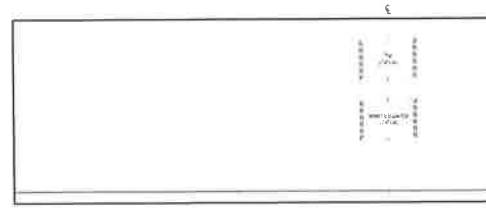
ALL PATIENT TOILET/SHOWER ROOM



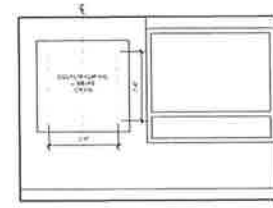
ELEVATION - A



ELEVATION - B

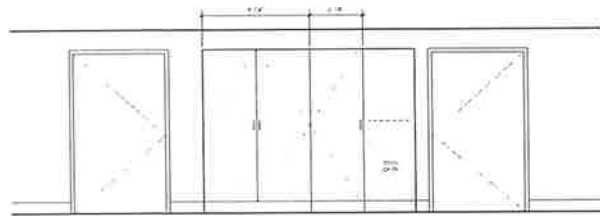


ELEVATION - C

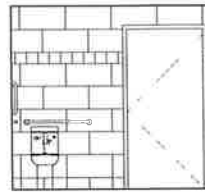


ELEVATION - D

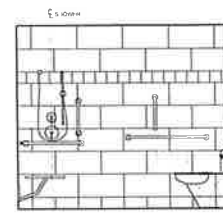
ALL PATIENT ROOM



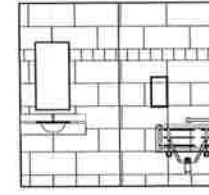
CORRIDOR STORAGE ALCOVE - TYPICAL



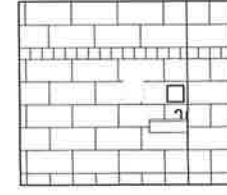
ELEVATION - A



ELEVATION - B

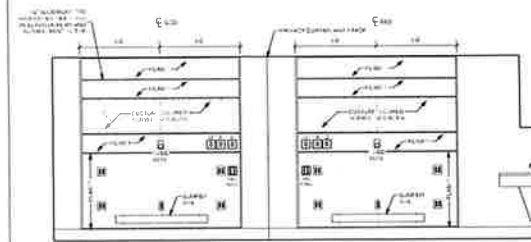


ELEVATION - C

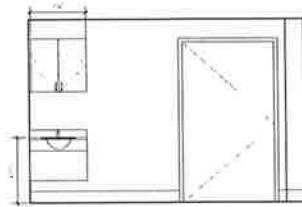


ELEVATION - D

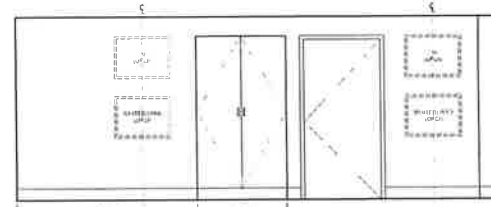
TYPICAL PATIENT TOILET/SHOWER ROOM



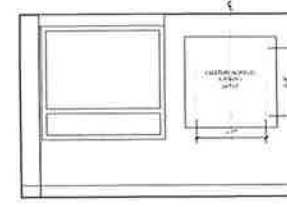
ELEVATION - A



ELEVATION - B



ELEVATION - C



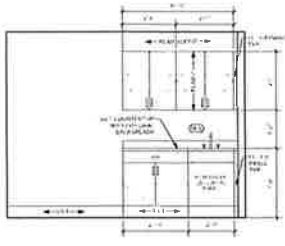
ELEVATION - D

TYPICAL PATIENT ROOM

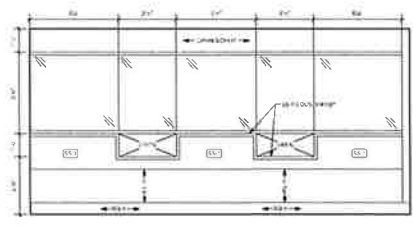
NOT FOR CONSTRUCTION

NO.	DESCRIPTION	DATE
1	ISSUED FOR PERMIT	10/1/2014
2	ISSUED FOR CONSTRUCTION	10/1/2014
3	ISSUED FOR CONSTRUCTION	10/1/2014
4	ISSUED FOR CONSTRUCTION	10/1/2014
5	ISSUED FOR CONSTRUCTION	10/1/2014
6	ISSUED FOR CONSTRUCTION	10/1/2014
7	ISSUED FOR CONSTRUCTION	10/1/2014
8	ISSUED FOR CONSTRUCTION	10/1/2014
9	ISSUED FOR CONSTRUCTION	10/1/2014
10	ISSUED FOR CONSTRUCTION	10/1/2014

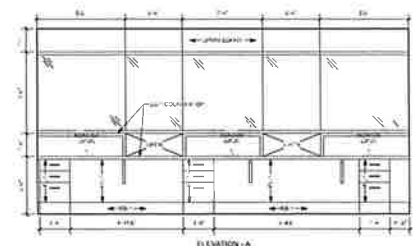
INTERIOR ELEVATIONS



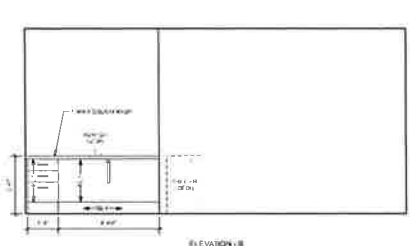
048 ULTRASOUND EXAM ROOM - 048  
2021.12.15



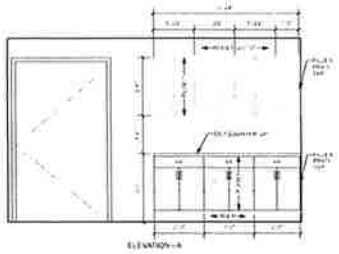
046 WAITING - 046  
2021.12.15



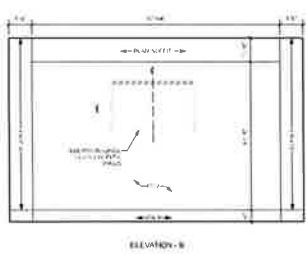
047 REGISTRATION - 047  
2021.12.15



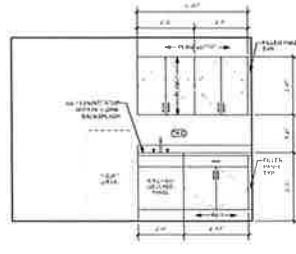
ELEVATION - B



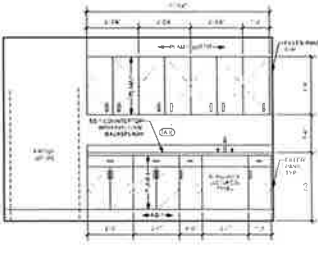
045 MULTIPURPOSE ROOM - 245  
2021.12.15



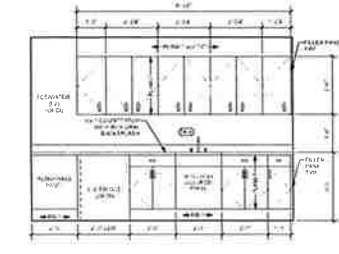
ELEVATION - B



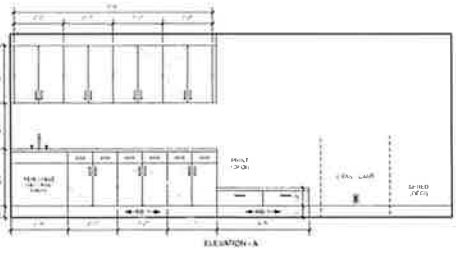
046 MEDS - 236  
2021.12.15



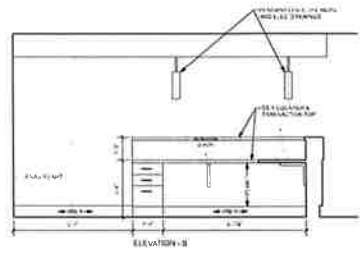
047 STAFF BREAK/LOCKERS - 240  
2021.12.15



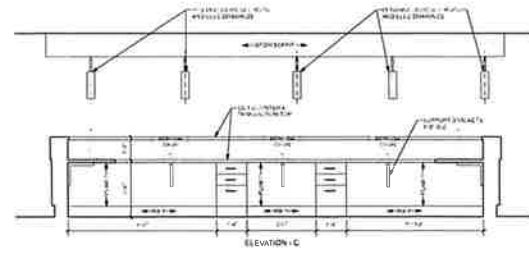
048 NOURISHMENT - 253  
2021.12.15



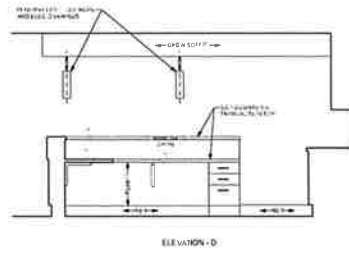
049 NURSE STATION  
2021.12.15



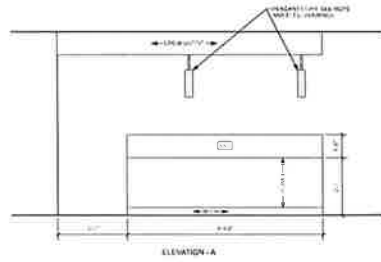
ELEVATION - B



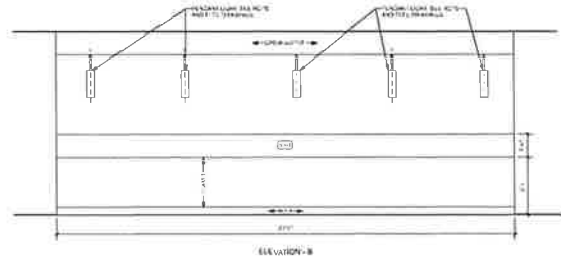
ELEVATION - C



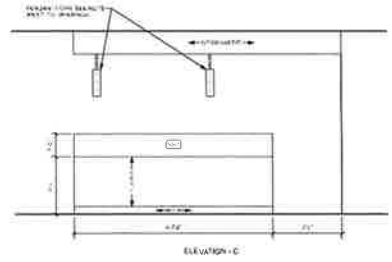
ELEVATION - D



050 NURSE STATION CORRIDOR  
2021.12.15



051 NURSE STATION CORRIDOR  
2021.12.15



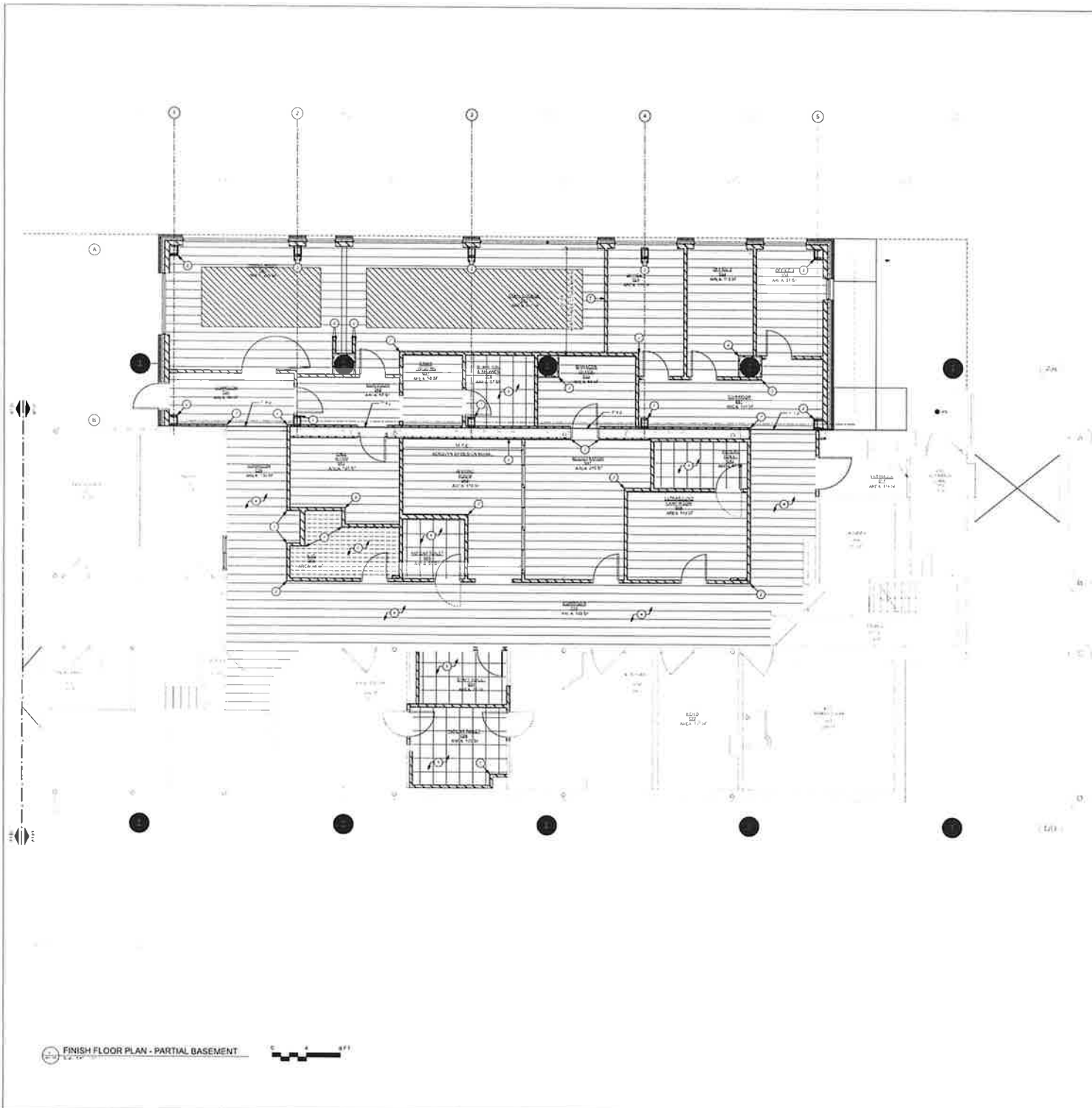
052 NURSE STATION CORRIDOR  
2021.12.15

NOT FOR CONSTRUCTION

PROJECT:	RIVER HOSPITAL RENOVATIONS
DATE:	2021.12.15
SCALE:	1/4" = 1'-0"
BY:	ARCHITECTS
CHECKED BY:	ARCHITECTS
DATE:	2021.12.15
PROJECT:	RIVER HOSPITAL RENOVATIONS
DATE:	2021.12.15
SCALE:	1/4" = 1'-0"
BY:	ARCHITECTS
CHECKED BY:	ARCHITECTS
DATE:	2021.12.15

INTERIOR ELEVATIONS





FINISH FLOOR PLAN - PARTIAL BASEMENT



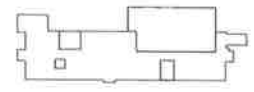
**FINISH FLOOR LEGEND**

SYMBOL	DESCRIPTION
①	NEWLY INSTALLED FINISH FLOORING TO BE INSTALLED TO MATCH EXISTING FINISH FLOORING
②	EXISTING FINISH FLOORING TO REMAIN
③	EXISTING FINISH FLOORING TO BE REMOVED AND REPLACED WITH NEW FINISH FLOORING
④	EXISTING FINISH FLOORING TO BE REMOVED AND REPLACED WITH NEW FINISH FLOORING
⑤	EXISTING FINISH FLOORING TO BE REMOVED AND REPLACED WITH NEW FINISH FLOORING

**GENERAL NOTES:**  
 1. FINISH FLOORING SHALL BE INSTALLED TO MATCH EXISTING FINISH FLOORING.  
 2. FINISH FLOORING SHALL BE INSTALLED TO MATCH EXISTING FINISH FLOORING.  
 3. FINISH FLOORING SHALL BE INSTALLED TO MATCH EXISTING FINISH FLOORING.  
 4. FINISH FLOORING SHALL BE INSTALLED TO MATCH EXISTING FINISH FLOORING.  
 5. FINISH FLOORING SHALL BE INSTALLED TO MATCH EXISTING FINISH FLOORING.

**ARTWORK SCHEDULE (ARTWORK INSTALLED BY VENDOR)**  
 NOTE: ALL FINAL ARTWORK AND LOCATIONS TO BE COORD. BY ARCHITECT W/ OWNER SIGN OFF

TYPE / SIZE	COUNT
10" x 30" CUSTOM COLORED PRINTS ON CANVAS WRAP (1.25" DEEP STRETCHER)	10



KEY PLAN

NOT FOR CONSTRUCTION

REVISIONS

NO.	DATE	DESCRIPTION

DATE: 10/15/2024  
 DRAWN BY: [Name]  
 CHECKED BY: [Name]  
 PROJECT: RIVER HOSPITAL RENOVATIONS  
 SHEET: FINISH PLAN - PARTIAL BASEMENT

NOT FOR CONSTRUCTION

REVISED SUBMISSION  
 PROJECT NO. 13-00000000  
 DATE: 12/15/13  
 DRAWING NO. 13-00000000-01  
 SHEET NO. A6.02  
 FINISH PLAN - PARTIAL BASEMENT

**FINISH PLAN LEGEND**

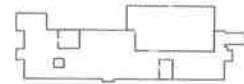
[Symbol]	LEVEL 1	[Symbol]	LEVEL 2
[Symbol]	LEVEL 3	[Symbol]	LEVEL 4
[Symbol]	LEVEL 5	[Symbol]	LEVEL 6
[Symbol]	LEVEL 7	[Symbol]	LEVEL 8
[Symbol]	LEVEL 9	[Symbol]	LEVEL 10
[Symbol]	LEVEL 11	[Symbol]	LEVEL 12
[Symbol]	LEVEL 13	[Symbol]	LEVEL 14
[Symbol]	LEVEL 15	[Symbol]	LEVEL 16
[Symbol]	LEVEL 17	[Symbol]	LEVEL 18
[Symbol]	LEVEL 19	[Symbol]	LEVEL 20
[Symbol]	LEVEL 21	[Symbol]	LEVEL 22
[Symbol]	LEVEL 23	[Symbol]	LEVEL 24
[Symbol]	LEVEL 25	[Symbol]	LEVEL 26
[Symbol]	LEVEL 27	[Symbol]	LEVEL 28
[Symbol]	LEVEL 29	[Symbol]	LEVEL 30
[Symbol]	LEVEL 31	[Symbol]	LEVEL 32
[Symbol]	LEVEL 33	[Symbol]	LEVEL 34
[Symbol]	LEVEL 35	[Symbol]	LEVEL 36
[Symbol]	LEVEL 37	[Symbol]	LEVEL 38
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[Symbol]	LEVEL 41	[Symbol]	LEVEL 42
[Symbol]	LEVEL 43	[Symbol]	LEVEL 44
[Symbol]	LEVEL 45	[Symbol]	LEVEL 46
[Symbol]	LEVEL 47	[Symbol]	LEVEL 48
[Symbol]	LEVEL 49	[Symbol]	LEVEL 50
[Symbol]	LEVEL 51	[Symbol]	LEVEL 52
[Symbol]	LEVEL 53	[Symbol]	LEVEL 54
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[Symbol]	LEVEL 57	[Symbol]	LEVEL 58
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[Symbol]	LEVEL 93	[Symbol]	LEVEL 94
[Symbol]	LEVEL 95	[Symbol]	LEVEL 96
[Symbol]	LEVEL 97	[Symbol]	LEVEL 98
[Symbol]	LEVEL 99	[Symbol]	LEVEL 100

**GENERAL NOTES:**

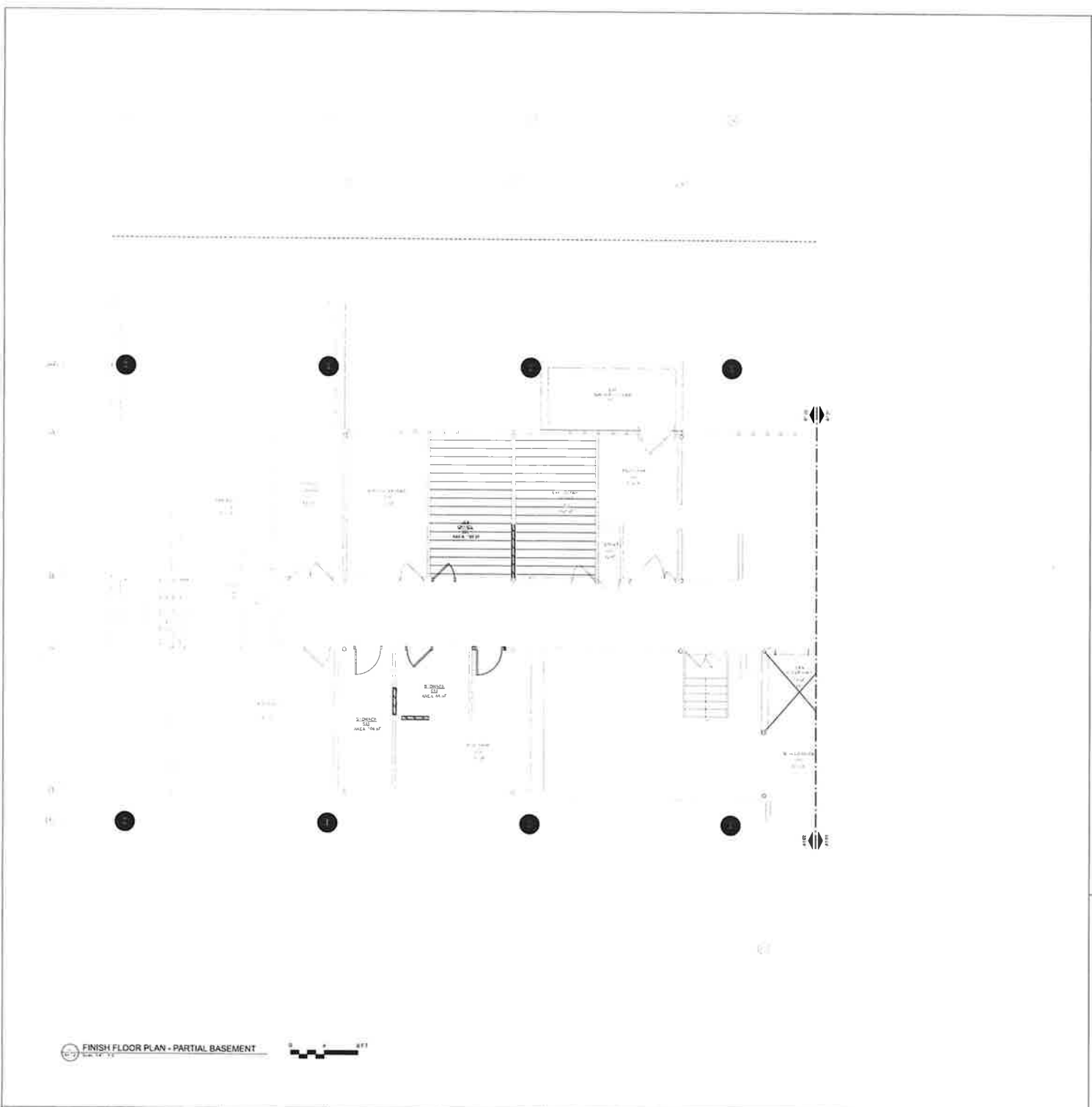
1. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BUILDING CODES AND REGULATIONS.
2. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL ELECTRICAL CODE (NEC) AND THE NATIONAL FIRE ALARM AND SIGNAL CODE (NFPA 72).
3. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL MECHANICAL AND PLUMBING EXAMINERS INSTITUTE (IMPE) CODES.
4. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL BUILDING CONSTRUCTION CODE (IBC).
5. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL ENERGY CONSERVATION CODE (IECC).
6. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL GREENING CODE (IGBC).
7. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL WELL-BEING CODE (IWC).
8. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL WELLNESS CODE (IWC).
9. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL WELLNESS CODE (IWC).
10. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL WELLNESS CODE (IWC).

**ARTWORK SCHEDULE (ARTWORK INSTALLED BY VENDOR)**  
 NOTE: ALL FINAL ARTWORK AND LOCATIONS TO BE COORD. BY ARCHITECT WITH OWNER SIGN OFF

TYPE / SIZE	QUANTITY
10" x 30" CUSTOM COLORED PRINTS ON ACRYLIC WITH STAND OFFS	20



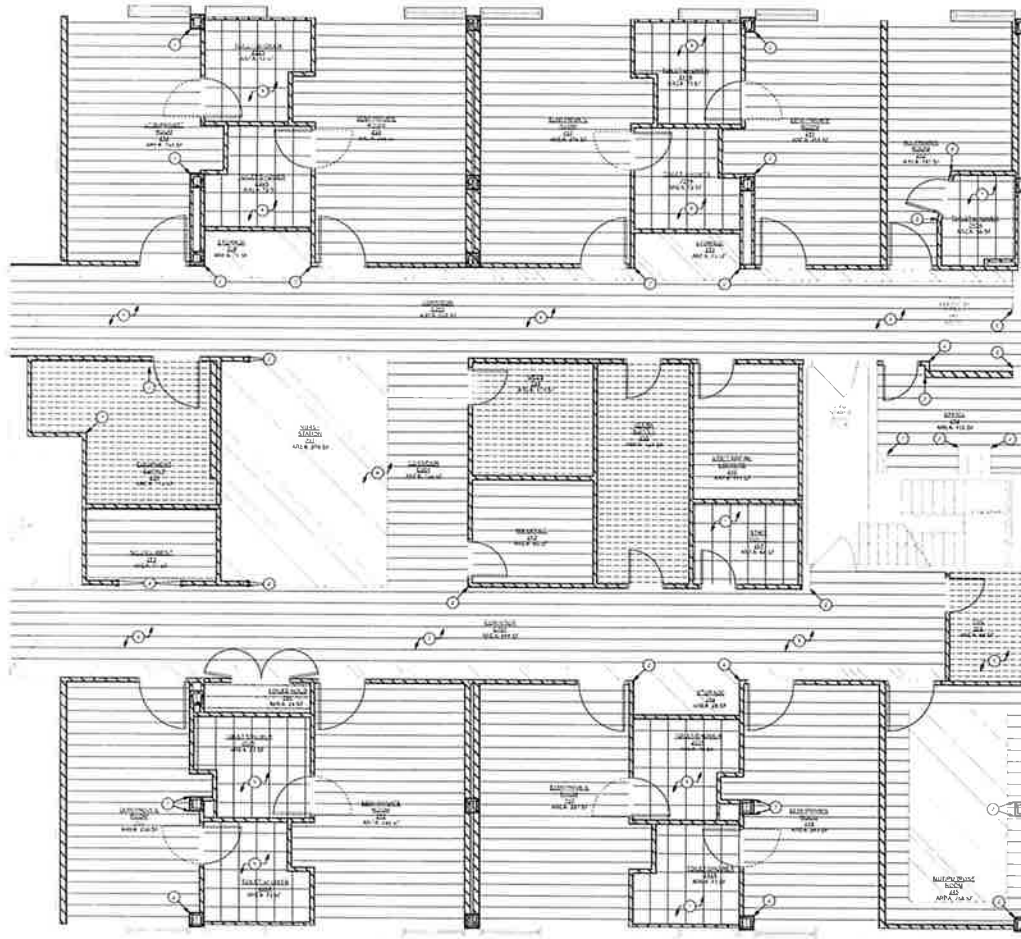
KEY PLAN 3



FINISH FLOOR PLAN - PARTIAL BASEMENT







**FINISH PLAN LEGEND**

- LVT-1
- LVT-2
- LVT-3
- LVT-4
- LVT-5
- LVT-6
- LVT-7
- LVT-8
- LVT-9
- LVT-10
- LVT-11
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- LVT-98
- LVT-99
- LVT-100

ARTWORK SCHEDULE (ARTWORK INSTALLED BY VENDOR)  
NOTE: ALL FINAL ARTWORK AND LOCATIONS TO BE COORD. BY ARCHITECT W/ OWNER SIGN OFF

TYPE / SIZE	QUANTITY
12" x 30" CUSTOM COLORED PRINTS ON ACRYLIC WITH STAND-OFFS	42



KEY PLAN 3

FINISH FLOOR PLAN - PARTIAL SECOND FLOOR

NOT FOR CONSTRUCTION

DATE: 10/15/2013  
PROJECT: RIVER HOSPITAL RENOVATIONS  
DRAWING TITLE: FINISH PLAN - SECOND FLOOR



**CONSTRUCTION PROJECT CERTIFICATION LETTER FOR AER REVIEWS  
ARCHITECTS & ENGINEERS**

*(For projects not meeting the prerequisites for Self-Certification submission.)*

Date: 12/6/2024

CON Number:

Facility Name: River Hospital

Facility ID Number:

Facility Address: 4 Fuller Street, Alexandria Bay, NY 13607

NYS Department of Health/Office of Health Systems Management  
Center for Health Care Facility Planning, Licensure, and Finance  
Bureau of Architectural and Engineering Review  
ESP, Corning Tower, 18<sup>th</sup> Floor  
Albany, New York 12237

To The New York State Department of Health:

I hereby certify that:

1. I have been retained by the aforementioned facility, to provide professional architectural/engineering services related to the design and preparation of construction documents, including drawings and specifications for the aforementioned project. During the course of construction, periodic site observation visits will be performed, and the necessary standard of care, noting progress, quality and ensuring conformance of the work with documents provided for all regulatory approvals associated with the aforementioned project.
2. I have ascertained that, to the best of my knowledge, information and belief, the completed structure will be designed and constructed, in accordance with the functional program for the referenced construction project and in accordance with any project definitions, waivers or revisions approved or required by the New York State Department of Health.
3. The above-referenced construction project will be designed and constructed in compliance with all applicable local codes, statutes, and regulations, and the applicable provisions of the State Hospital Code -- 10 NYCRR Part 711 (General Standards for Construction) and Parts (check all that apply):
  - a.  712 (Standards of Construction for General Hospital Facilities)
  - b.  713 (Standards of Construction for Nursing Home Facilities)
  - c.  714 (Standards of Construction for Adult Day Health Care Program Facilities)
  - d.  715 (Standards of Construction for Freestanding Ambulatory Care Facilities)
  - e.  716 (Standards of Construction for Rehabilitation Facilities)
  - f.  717 (Standards of Construction for New Hospice Facilities and Units)

PLEASE NOTE ANY EXCEPTIONS HERE:

USE OF 2018 FGI GUIDELINES

4. I understand that as the design of this project progresses, if a component of this project is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), I shall bring this to the attention of the Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health prior to or upon submitting final drawings for compliance resolution.

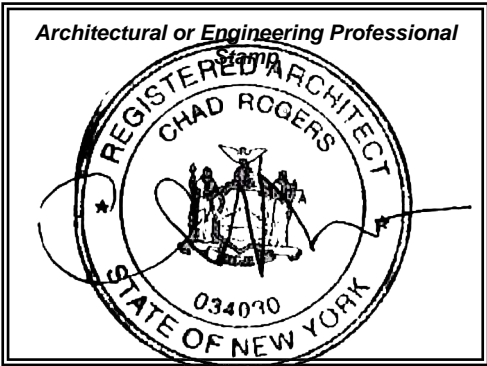
5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not completed properly as certified herein, may not be considered 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:** River Hospital Renovations

**Location:** River Hospital, 4 Fuller Street, Alexandria Bay, NY 13607

**Description:** Renovation and infill addition of approximately 12,725 sf to provide a renovated Medical/Surgical Unit on the Second Floor and Patient and Staff Support on the Basement Level and First Floor



License Expiration Date: 10/31/2027

*[Handwritten Signature]*

Signature of Architect or Engineer

**Chad Rogers, AIA**

Name of Architect or Engineer (Print)

**034030**

Professional New York State License Number

**358 West Jefferson Street, Syracuse NY 13202**

Business Address

The undersigned applicant understands and agrees that, notwithstanding this architectural/engineering certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Division to comply with the above- mentioned codes and regulations, whether or not physical plant construction or alterations have been completed.

\_\_\_\_\_  
Authorized Signature for Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

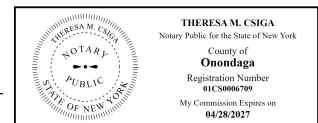
\_\_\_\_\_  
Title

**Notary signing required for the applicant**

\_\_\_\_\_  
STATE OF NEW YORK )  
County of \_\_\_\_\_ ) SS:  
\_\_\_\_\_ )

On the \_\_\_\_ day of \_\_\_\_\_ 20\_\_, before me personally appeared \_\_\_\_\_, to me known, who being by me duly sworn, did depose and say that he/she is the \_\_\_\_\_ of the \_\_\_\_\_, the facility described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the governing authority of said facility.

(Notary) \_\_\_\_\_





## Department of Health

**KATHY HOCHUL**  
Governor

**JAMES V. McDONALD, M.D., M.P.H.**  
Commissioner

**JOHANNE E. MORNE, M.S.**  
Acting Executive Deputy Commissioner

Chief Executive Officer  
River Hospital, Inc.  
4 Fuller Street  
Alexandria Bay, New York 13607

Re: River Hospital, Inc.  
(Jefferson County)

Dear Chief Executive Officer:

This is a letter of explanation regarding operating certificate #2221700C for River Hospital, Inc. (Facility ID 377). The facility's current operating certificate shows 15 Special Use beds. It will be corrected to show 22 Medical/Surgical beds effective April 15, 2003. However, the revised operating certificate is delayed due to a programming error in our computerized operating certificate system.

We have asked our technical support staff for assistance but are unable to estimate when we will be able to issue the revised operating certificate. Once the programming error has been corrected, the revised operating certificate showing 22 Medical/Surgical beds effective April 15, 2003 will be issued and sent out to the facility

Should you have any questions relative to this operating certificate, please contact me at (518) 402-0911.

Sincerely,

*Susan Edwards*

Susan Edwards  
Director  
Bureau of Project Management

SE/mmc



# Department of Health

KATHY HOCHUL  
Governor

JAMES V. McDONALD, MD, MPH  
Commissioner

JOHANNE E. MORNE, MS  
Executive Deputy Commissioner

December 13, 2024

Cynthia Nelson  
Director of Strategic Planning  
River Hospital  
4 Fuller Street  
Alexandria Bay, New York 13607

Re: 242297-L  
River Hospital, Inc.  
(Jefferson County)  
Perform renovations to expand and modernize  
medical unit including updating patient rooms,  
removing 5 medical/surgical beds, updating the  
nurses station, and constructing new staff and  
support spaces on the first floor - SW3

Dear Cynthia Nelson:

The above-referenced limited review application (LRA), for which you have been designated the contact person, has been received by the Bureau of Project Management (BPM) for processing in accordance with 10 NYCRR 710.1(c)(5)-(7).

The BPM acknowledges receipt of the application and has forwarded the LRA to the necessary reviewing units for continued processing. Any questions for clarification or additional information regarding this application will come directly from the reviewing unit(s).

The review and approval of your project, as required by the Public Health Law, must be obtained from the Center for Health Care Facility Planning, Licensure, and Finance prior to implementing this project.

**Please Note:** This application is subject to a \$1,000 application fee. The final disposition of this application will be pended until receipt of the application fee. If you have not already done so, please submit a check payable to the New York State Department of Health, including the above-referenced project number on it and any correspondence. The check must be mailed to:

**Bureau of Project Management  
New York State Department of Health  
Corning Tower, Room 1842  
Albany, New York 12237**

If you have any questions regarding this project, please contact the Bureau of Project Management at [cons@health.ny.gov](mailto:cons@health.ny.gov) or (518) 402-0911.

Sincerely,

*Susan Edwards*

Susan Edwards  
Director  
Bureau of Project Management

SE/PD/sap