

Hospital/Local Confinement/Nursing/Rest Home Application

Type of Construction: NEW EXISTING REMODEL

Type of Establishment: Hospital
 Local Confinement
 Nursing Home or Rest Home

Name of Establishment: _____

Address: _____ City: _____ Zip: _____

Establishment Phone: _____ Email: _____

Applicant's Name: _____ Applicant's Title: _____

(Owner, Manager, Architect)

Address _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Owner of the Establishment (if different from applicant): _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Contractor Name & Contact Number: _____

Projected Start Date of Project: _____ Projected Opening Date: _____

I certify that the information in this application is correct, and I understand that any deviation without prior approval from this Health Regulatory Office may nullify plan approval.

Print Name: _____ Signature: _____

THE FOLLOWING ITEMS MUST BE SUBMITTED TO BEGIN PLAN REVIEW

- Completed Application
- Completed Food Service Application
- Proof of water supply (well permit or bill)
- Proof of sewage disposal (septic permit or bill)
- Site plan showing specific location of the property
- Floor plan drawn to scale (minimum 1/4" = 1') of establishment with all equipment rooms, bathrooms, ice machines, hand washing sinks, washers and dryers, shower rooms, locked storage areas, mixing sink for chemicals, employee bathrooms, chemical storage area, janitorial cart storage areas and location for cleaning the carts, storage areas for toiletries, paper products, wheelchairs, and other portable equipment, can wash/mop basin, wheelchairwasher etc.
- Specification sheets for all equipment
- Plumbing Plan (show floor drains, floor sink, and water heaters) Hot and cold water is required at all points of use. Hospitals, Rest and Nursing Homes water temperature must be (100°F-116°F)
- A dumpster contracts

NC DHHS Plan Review Guidelines:

<http://www.deh.enr.state.nc.us/food/planreview/docs/FoodEstablishmentGuidelines-2002.pdf>

NC DHHS Hospitals, Nursing Homes and Adult Care Homes and other Institution Rules:

<http://ehs.ncpublichealth.com/docs/rules/1300-RuleBookFINAL-7-24-12.pdf>

NC DHHS Local Confinement Facilities Rules:

<http://ehs.ncpublichealth.com/docs/rules/1500-RuleBookFINAL-7-23-12.pdf>

THE FOLLOWING ITEMS MUST BE COMPLETED TO BEGIN PLAN REVIEW

Number of residents/beds/cells establishment will hold: _____

Will bedpans, urinals and emesis basins be disposable? Yes No

Will bedpans, urinals and emesis basins be cleaned in patient rooms at toilets with lugs and spray arms

or will a flush rim sink be utilized? _____

How will equipment and furniture be cleaned and sanitized? _____

How will wheelchairs and patient contact items be cleaned and disinfected? _____

How will ice and drinking water be dispensed and protected? _____

Will linens be washed on-site? Yes No If off-site linen service is used, provide specific details where linens will be washed and how they will be transported. _____

Will live animals be kept on premises? Yes No

Can wash must be large enough to accommodate the cleaning of all trash cans. Minimum 3x3 curb floor sink sloped to drain, hot and cold mixing water with backflow prevention, 4" curb, backsplash and impervious surface.

Finish Schedule:

Applicants must fill in materials (Example: Quarry tile, 6" plastic cove molding, carpeting, etc.)

	Floors	Walls	Ceilings
Bathrooms			
Clean Utility Areas			
Hallways			
Laundry			
Nutrition Rooms			
Resident Rooms			
Soiled Utility			
Stairs			

Completed By: _____ **Date:** _____