

JAMES S. JACOBS
DAVID C. DEMBERT*

of counsel
CAROLYN JACOBS

* Also Admitted in PA



Writer's E-mail:
cjacobs@jdlaw.com

2800 Quarry Lake Drive
Suite 320
Baltimore, Maryland
21209-3764

(410) 727-4433 (v)
(410) 752-8105 (f)

July 11, 2022

VIA HAND-DELIVERY & PDF

Mr. William D. Chan, Program Manager
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

**Re: Avenues Recovery Center of Maryland
Establishment of 20 bed Track One Intermediate
Care Facility providing ASAM Level III.7 and
Level III.7-WM services
Matter # 22 -04-2455**

Dear Mr. Chan:

Attached please find four (4) copies of the responses to your June 27, 2022, completeness questions and the additional information provided by the Avenues Recovery Center in connection with its Certificate of Need application for the establishment of a 20 bed Track One ASAM Level III.7-WM and Level III.7 medically monitored intensive inpatient treatment program in Prince Frederick, Maryland (Calvert County). These responses also have been submitted as of this date electronically, in both Word and PDF format, to Ruby Potter at ruby.potter@maryland.gov.

1. The response to Question #3, please provide detail on the current use of the space that is planned to be used for the three 6-bed inpatient rooms located on the first floor of the Prince Frederick facility.

RESPONSE:

The three 6-bed inpatient rooms (and the one double room) located on the first floor of the Prince Frederick facility are currently being used for 3.5 and 3.3 residential beds. After CON approval, those beds will be available to accept 3.7 and 3.7WM patients.

2. In the response to Question #6, please provide the link to the website, and clearly show where on the Avenues Recovery Center website page the link that discusses that 15% or more that will be set aside for indigent or gray area patients. This notice should be available for all Maryland facilities.

Regarding Exhibit 31, the notice only states "Avenues provides scholarship to those who qualify." Please resubmit a notification that provides plain language informing the public

that Avenues Recover Center of Maryland will provide services to patients who are either indigent (persons who qualify for services under the Maryland Medical Assistance Program, regardless of whether Medical Assistance will reimburse for alcohol and drug abuse treatment) or meets the [] of a gray area patient (persons who do not qualify for services under the Maryland Medical Assistance Program but whose annual income from any source is no more than 180 percent of the most current Federal Poverty Index, and who have no insurance for alcohol and drug abuse treatment services).

RESPONSE:

Below is a link to the website for Prince Frederick with the requested verbiage:

<https://www.avenuesrecovery.com/locations/dc-metro-drug-rehab-center/>

The link to the website for Cambridge is as follows:

<https://www.avenuesrecovery.com/locations/eastern-shore-md-drug-rehab-center/>

See attached post at Exhibit 36.

3. The response to Question #10, please provide copies of the transfer and referral agreements for the following facilities listed in the table on p. 8 of your response:

RESPONSE:

- a. Second Chance Addiction Center

Please see Exhibit 22.

- b. Turning Corner

Please see Exhibit 22.

- c. Freedom Center

Please see Exhibit 37.

4. The response to Question #11a did not provide the requested documents and is non-responsive. As previously requested, provide copies of referral agreements that complies with Paragraph .05K(2) of this regulation.

RESPONSE:

Please see Exhibits 22 and 37. The executed transfer and referral agreements demonstrate that 15 percent of the facility's annual patient days required by Regulation .08 of this Chapter will be utilized by the indigent or gray area populations.

5. The response to Question #12, please provide either documentation or evidence of the applicant's research that other states such as Pennsylvania allow "each shared bedroom shall have at least 60 square feet of floor space per resident measured wall to wall."

RESPONSE:

See attached Regulation from 28 Pa. Code 705.5 in Exhibit 38. Section 705.5(b) states:

Each shared bedroom shall have at least 60 square feet of floor space per resident measured wall to wall, including space occupied by furniture. When bunk beds are used, each bedroom shall have at least 50 square feet of floor space per resident measured wall to wall. Bunk beds shall afford enough space in between each bed and the ceiling to allow a resident to sit up in bed. Bunk beds shall be equipped with a securely attached ladder capable of supporting a resident. Bunk beds shall be equipped with securely attached railings on each open side and open end of the bunk. The use of bunk beds shall be prohibited in detoxification programs. Each single bedroom shall have at least 70 square feet of floor space per resident measured wall to wall, including space occupied by furniture.

Please note that the Floor Plan submitted in Exhibit 5 of the CON application shows that each of the 5 bed rooms exceeds 60 square feet of floor space per bed.

6. Staff has identified regulations addressing environmental requirements. COMAR 10.47 and COMAR 10.63 related to the accreditation and licensure of certain programs in Maryland. Please respond to the following:

- 7.

- a. COMAR 10.47.01.05, Environmental Requirements, states that patient beds are (i) at least 3 feet apart; (ii) are located more than 18 inches away from radiators and register; and (iii) are at least 36 inches wide and not rollaway-type beds, cots, or folding beds. Will the current design of the three bedrooms with six patient beds comply with these regulations;

RESPONSE:

Yes, the current design complies with COMAR 10.47.01.05 requirements.

- b. COMAR 10.63 proposes the following for SUD programs:

For each bedroom:

- (1) A minimum of 70 square feet for a single bedroom and a minimum of 120 square feet for a double bedroom;
- (2) An interior door, except for an efficiency apartment;
- (3) Closet space in or convenient to each bedroom for each individual using the bedroom;
- (4) Coverings for each window, for privacy;
- (5) A bed with a clean mattress and pillow for each resident using the bedroom;
- (6) At least two sets of bed linens per resident; and

- (7) Not more than two residents using the bedroom;

For each toilet and bathing area:

- (1) A minimum of one full bathroom for every four residents; and
- (2) At least one toilet, one basin, and one tub or shower connected to hot and cold water;
- (3) Easy access and conveniently located, not more than one floor level from living, dining, and sleeping rooms; and
- (4) Privacy for the individual using it;

RESPONSE:

The regulations at COMAR 10.63.04.02 Covered Programs apply to the following programs:

- A. Group Homes for Adults with Mental Illness;
- B. Residential Crisis Services (RCS) program; and
- C. Residential Rehabilitation Program (RRP).

Thus, the regulations referenced above are not applicable to the Prince Frederick facility. Therefore, Avenues-Prince Frederick looked at the requirements which apply to the same types of programs in other states.

QUESTION 7 CONTINUES: The design and layout standard for SUD programs is moving toward the use of either private or semi-private rooms, and no more than four patients sharing one bathroom. Please respond to the following:

- a. Provide evidence that supports the design and layout in having six beds for each patient room and a potential total of twelve patients that would share two toilets and two showers for the proposed Level 3.7WM/3.7 programs.

RESPONSE:

Please see architect letter at Exhibit 39.

- b. How will this current layout and use of six bed wards address and improve the (1) quality of care, (2) patient safety, and (3) outcome of patients who seek Level 3.7WM/3.7 services?

RESPONSE:

As evidenced during the pandemic and in previously submitted research in the CON application for Avenues-Cambridge, isolation leads to drug use and/or relapse. To reduce isolation and provide a peer supported atmosphere, Avenues-Prince Frederick firmly believes that when patients share a space with others who are going through the same experiences, they (i) are better adjusted to the environment, (ii) understand that it's okay to feel the way they are feeling, and (iii) understand that they are not alone while they go through rehab. Nurses will check in on the patients on an hourly basis enhancing quality of care. Patient safety can only increase with more eyes and support from a peer environment. Lastly, it is believed that because patients are not isolated while in 3.7 and 3.7WM, there will be less chances for AMA risks. Reduced isolation also will improve outcomes of patients who are receiving 3.7 and 3.7WM services.

See study "Psychiatric consultations in less than private places: Challenges and unexpected benefits of hospital roommates," published by Neir Eshel, Ph. D, MD candidate, David Marcovitz, MD, and Theodore Stern, MD. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4724323/>

However, the possible benefits of multi-bed rooms are often overlooked. In particular, several studies have shown that patients appreciate the social support that roommates provide. Roommates help mitigate feelings of loneliness or isolation, provide a ready companion at difficult moments, increase safety by keeping a close watch on the other patient's condition, and may be a source of useful information. Indeed, when patients are asked for their preference (i.e., single room or semi-private room) the majority of patients prefer multiple-bed rooms. In one small study, for example, 18 out of 20 Danish cancer patients preferred to be hospitalized in multiple-bed rooms unless they became too ill to interact."

and, from <https://talk.recovery.org/discussion/4373/why-roommates-in-inpatient-alcohol-treatment-are-often-required/>

One of the hang ups that people often have going into an inpatient alcohol treatment facility is the fact that they will likely have to have a roommate. The problem is that this is done by design. The people who set up the rehab likely made this choice consciously with the clients in mind. It is not to be able to fit more people into the facility to make more money. Instead, it is to help you succeed.

During alcohol treatment, many recovering alcoholics want to isolate themselves. They want to hide in a corner and wallow in their pain and misery. While this may be helpful for some, to some extent, it causes far more harm than good to most.

QUESTION 7 CONTINUES:

- c. Will this design and layout meet fire safety code regulations?

RESPONSE:

This design and layout have already met fire safety code regulations as evidenced by the State Fire Marshall inspection in December 2021, stating “No other violations/exceptions noted.” See Exhibit 40.

8. Please discuss how the design and use by Avenues – Prince Frederick of three patient rooms with six beds in each room addresses each of the following guidelines identified in reference with the Facility Guidelines Institute’s Guidelines for Design and Construction of Residential Health, Care, and Support Facilities:
 - c. Resident room capacity that limits bedrooms to single or double occupancy;
 - d. Toilets used by residents should have sufficient clearance on both sides of the toilet to enable physical access and maneuvering by staff;
 - e. Since the design of the program utilizes communal bathrooms, the use of privacy locks;
 - f. The use of grab bars to enable independent transfers of mobility-challenged and bariatric residents within the patient room and bathrooms;
 - g. Storage space with an individual wardrobe or closet for each resident;
 - h. The need for patients to have sufficient space to move about the room with the assistance of a resident-operated mobility device, allowing access to at least one side of a bed, window, closet or wardrobe, chair, dresser, and nightstand;
 - i. The provision of a quiet room to accommodate a resident experiencing personal conflicts, agitation, episodic mental disturbances, or similar conditions; and
 - j. Isolation space for patients with infectious diseases such as HIV/AIDs, Hepatitis B/C, and tuberculosis.

RESPONSE:

First, unlike the State Health Plan standards for Emergency Department Design, there is no requirement that Avenues-Prince Frederick must meet the FGI guidelines in the State Health Plan (nor in COMAR 10.63 or COMAR 10.47). Second, the FGI guidelines for Design and Construction of Residential Health, Care, and Support Facilities are specific to: Nursing Homes, Hospice Facilities, Assisted Living Facilities, Independent Living Settings, **Long-Term Residential Substance Abuse Treatment Facilities**, Individuals with Intellectual and/or Developmental Disabilities, Adult Day Care and Adult Day Health Care Facilities, Wellness Centers, and Outpatient Rehabilitation Therapy Facilities. (See https://www.fgiguideines.org/wp-content/uploads/2018/01/FGI-Guildelines-Residential-2018_AddRev.pdf)

Avenues-Prince Frederick does not provide any Chapter 4.3 Long-Term Residential Substance Abuse Treatment Facilities. Furthermore, 3.7 or 3.7WM programs are not “long-term residential” programs.

Please also see Exhibit 39.

9. Please discuss whether the applicant considered private or semi-private patient rooms and the allocation of one full bathroom for every four patients in the design and layout for the proposed Level 3.7WM/3.7 program. Explain the decision.

RESPONSE:

Avenues-Prince Frederick considered using the second floor for 3.7 and 3.7WM beds which floor could have accommodated private or semi-private rooms. The second floor, however, is occupied by recreational areas, such as a gym, lounge, etc. The second floor is where the patients spend their free time. Because 3.7 and/or 3.7WM patients may be experiencing withdrawal, it was determined that the quiet, tranquil atmosphere on the first floor would be more beneficial to their recovery. Additionally, the first floor is where the nurses station is located for easier access to these patients.

10. Regarding Table 4 on p. 17, please clarify the waiting list for Avenues – Prince Frederick. Please be specific on the level of care, and the breakdown of persons seeking Level 3.7WM and Level 3.7 services and those seeking the existing SUD (Level 3.5 or lower) services at this facility.

RESPONSE:

The waitlist provided to the Commission was specific to patients seeking 3.5 or 3.3 residential treatment because at this time, Avenues at Prince Frederick does not offer 3.7 or 3.7WM. Those patients seeking treatment for 3.7 or 3.7WM, are immediately referred out to programs that are currently able to treat them.

11. Please provide the source of the Google ratings stated in your response on top of p. 19 for the SUD facilities.

RESPONSE:

In the CON application, just below the table on page 40 that includes the Google ratings for the other 3.7 and 3.7-WM facilities, Avenues stated that the source was: “Google search for each facility. 3/1/22.” The Google ratings are shown on the page resulting from the Google search. The URLs for the resultant pages for each Google search for these facilities are provided below.

RCA Capital Region - Waldorf:

<https://www.google.com/search?q=RCA+Capital+Region&oq=RCA+Capital+Region&aqs=edge..69i57.8410507j0j1&sourceid=chrome&ie=UTF-8>

Maryland Treatment Centers, Inc. – Rockville: This facility appears to have now changed its name to Avery Road Combined Care. It also appears to have deleted the ratings for Maryland Treatment Centers, Inc. – Rockville. It now has one (1) Google review, which is

5 stars, rather than the 2.7 rating based on 29 reviews that it had at the time of the CON application and the Completeness response. (Avenues confirmed the ratings when writing the Completeness responses.) Avenues can no longer find this rating when it searches for Maryland Treatment Centers, Inc. – Rockville. The URL for Avery Road Combined Care is:

[https://www.google.com/search?q=Avery+Road+Treatment+Center+\(ARTC\)&oq=Avery+Road+Treatment+Center+\(ARTC\)&aqs=edge..69i57.442202j0j9&sourceid=chrome&ie=UTF-8](https://www.google.com/search?q=Avery+Road+Treatment+Center+(ARTC)&oq=Avery+Road+Treatment+Center+(ARTC)&aqs=edge..69i57.442202j0j9&sourceid=chrome&ie=UTF-8)

Hope House – Laurel:

<https://www.google.com/search?q=Hope+House+Treatment+Center+Laurel&oq=Hope+House+Treatment+Center+Laurel&aqs=edge..69i57.8825405j0j9&sourceid=chrome&ie=UTF-8>

Pyramid Walden, LLC - Charlotte Hall:

<https://www.google.com/search?q=Pyramid+Walden%2C+LLC+-+Charlotte+Hall&oq=Pyramid+Walden%2C+LLC+-+Charlotte+Hall&aqs=edge..69i57.8930289j0j9&sourceid=chrome&ie=UTF-8>

Avenues-Prince Frederick:

<https://www.google.com/search?q=Avenues-Prince+Frederick&oq=Avenues-Prince+Frederick&aqs=edge..69i57.2029854j0j4&sourceid=chrome&ie=UTF-8>

Avenues-New Orleans:

<https://www.google.com/search?q=Avenues-New+Orleans&oq=Avenues-New+Orleans&aqs=edge..69i57.2410541j0j4&sourceid=chrome&ie=UTF-8>

Townsend Recovery Center:

<https://www.google.com/search?q=Townsend+Recovery+Center&oq=Townsend+Recovery+Center&aqs=edge..69i57.2460796j0j9&sourceid=chrome&ie=UTF-8>

Avenues-Fort Wayne:

<https://www.google.com/search?q=Avenues-Fort+Wayne&oq=Avenues-Fort+Wayne&aqs=edge..69i57.2571215j0j9&sourceid=chrome&ie=UTF-8>

Avenues-Lake Ariel:

<https://www.google.com/search?q=Avenues-Lake+Ariel&oq=Avenues-Lake+Ariel&aqs=edge..69i57.2706123j0j9&sourceid=chrome&ie=UTF-8>

Avenues Recovery Center at Eastern Shore:

<https://www.google.com/search?q=Avenues+Recovery+Center+at+Eastern+Shore&oq=Avenues+Recovery+Center+at+Eastern+Shore&aqs=edge.0.69i59.11640j0j9&sourceid=chrome&ie=UTF-8>

William Chan
July 11, 2022
Page 9

Sincerely,

A handwritten signature in blue ink that reads "Carolyn Jacobs" followed by a stylized flourish.

Carolyn Jacobs

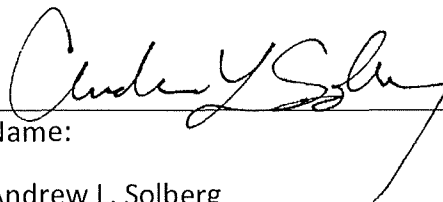
Please see attached attestations.

cc: Laurence Polsky, M.D., Calvert County Health Department
Paul Parker
Wynee Hawk, Esq.
Ruby Potter
Hudi Alter
Andy Solberg

I hereby declare and affirm under the penalties of perjury that the facts stated in the DWI Services, Inc. (d/b/a Avenues Recovery Center of Maryland) Certificate of Need Application completeness response are true and correct to the best of my knowledge, information, and belief.

7/5/2022

Date



Name:

Andrew L. Solberg

Title:

President, A.L.S. Healthcare Consultant Services

I hereby declare and affirm under the penalties of perjury that the facts stated in the DWI Services, Inc. (d/b/a Avenues Recovery Center of Maryland) Certificate of Need Application completeness response are true and correct to the best of my knowledge, information and belief.

07/05/2022

Date

Yehuda Alter

Name:

CEO

Title:

A handwritten signature in black ink, appearing to read 'Y. Alter', is written over a horizontal line.

I hereby declare and affirm under the penalties of perjury that the facts stated in the DWI Services, Inc. (d/b/a Avenues Recovery Center of Maryland) Certificate of Need Application completeness response are true and correct to the best of my knowledge, information and belief.

07/5/2022

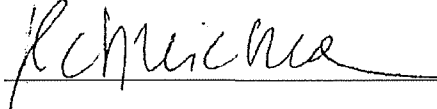
Date

Jamie Schleicher

Name:

Director of Regulatory Compliance

Title:



EXHIBITS REVISED - 7/11/2022

AVENUES RECOVERY CENTER OF MARYLAND

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EXHIBIT 36



Avenues Recovery Center of Maryland will provide scholarships services to certain patients who:

- (i) are indigent (persons who qualify for services under the Maryland Medical Assistance Program) or
- (ii) meet the definition of a gray area patient (persons who do not qualify for services under the Maryland Medical Assistance Program but whose annual income from any source is no more than 180 percent of the most current Federal Poverty Index, and who have no insurance for alcohol and drug abuse treatment services)

Information on range, types of services and charges will be available upon request.

See the administrative assistant at the front desk or call the business office at 410-535-8930 if applicable.

Thank you.

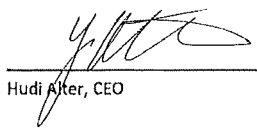
EXHIBIT 37

TRANSFER AND REFERRAL AGREEMENT

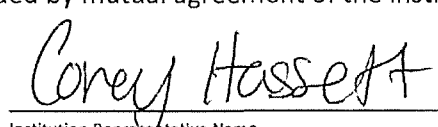
This drug abuse and alcoholism transfer, referral, and supportive service agreement (the "Agreement") seeks to facilitate continuity of care, availability of treatment resources, and efficient and timely referral and transfer of clients. This Agreement is effective as of 5/5/22, between DWI Services Inc, DBA Avenues Recovery Center of Maryland and The Freed Center LLC (each an "Institution" and together the "Institutions").

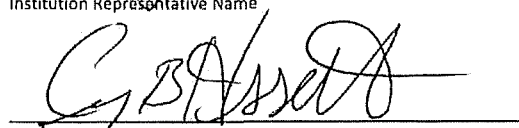
Both Institutions understand and agree that:

1. Each Institution maintains the freedom to operate independently.
2. When there is a need for transfer or referral from one Institution to the other, both Institutions shall comply with all applicable legal confidentiality requirements and a Release of Confidential Information will be signed by the client (or the client's legally authorized representative) prior to the transfer.
3. When there is a need for transfer or referral from one Institution to the other, the referring Institution will provide complete, accurate, and legible documents that are mutually agreed upon to assure continuity of care for the client, and information necessary to facilitate transfer and to assure the appropriateness of treatment at the receiving Institution.
4. When there is a need for transfer or referral from one Institution to the other and the receiving Institution has agreed to accept the client, the receiving Institution agrees to admit the client as promptly as possible, provided the client meets the admission requirements per the receiving Institution's policies and procedures and provided the client agrees voluntarily.
5. All fees are the responsibility of the client, the client's guarantor, or the client's third-party payor source.
6. The client is responsible for any and all transportation requirements and the cost for same.
7. Each Institution shall have the right to enter into referral and transfer agreements with other institutions.
8. Neither Institution may use this agreement for any form of marketing, publicity, or advertisement unless there is written consent.
9. Each Institution agrees to comply with all confidentiality laws, rules, regulations, and standards including: Local, State, HIPAA, 42 CFR Part 2, Federal, and Accreditation requirements.
10. This Agreement shall remain in effect for two (2) years from the date of signature.
11. This Agreement may be terminated by either Institution upon thirty (30) days written notice and shall be automatically terminated should either institution fail to maintain its present licensing or accreditation or standards.
12. This Agreement may be only modified or amended by mutual agreement of the institutions.


Hudi Alter, CEO

5/5/22
Date


Corey Hassett
Institution Representative Name


Institution Representative Signature

5/5/22
Date

EXHIBIT 38

[Close Window](#)

§ 705.5. Sleeping accommodations.

(a) In each residential facility bedroom, each resident shall have the following:

- (1) A bed with solid foundation and fire retardant mattress in good repair.
- (2) A pillow and bedding appropriate for the temperature in the facility.
- (3) A storage area for clothing.

(b) Each shared bedroom shall have at least 60 square feet of floor space per resident measured wall to wall, including space occupied by furniture. When bunk beds are used, each bedroom shall have at least 50 square feet of floor space per resident measured wall to wall. Bunk beds shall afford enough space in between each bed and the ceiling to allow a resident to sit up in bed. Bunk beds shall be equipped with a securely attached ladder capable of supporting a resident. Bunk beds shall be equipped with securely attached railings on each open side and open end of the bunk. The use of bunk beds shall be prohibited in detoxification programs. Each single bedroom shall have at least 70 square feet of floor space per resident measured wall to wall, including space occupied by furniture.

EXHIBIT 39

ARCHITECT LETTER

Property address:

125 Fairground Road, Prince Frederick MD 20678 (Calvert County) – Existing First Floor

1. The design and layout of the existing first floor, where two six-patient bedrooms share a bathroom (which has 2 toilets and 2 showers) is appropriate for this building type and common amongst residential treatment facilities. In fact, per the International Building Code, only 1 shower and 1 toilet is required per 15 residents. Which means that, per the building code, for a 48-bed facility on the first floor, only 4 toilets and 4 showers are required. As seen on the floor plan, 10 toilets and 17 showers are being provided which is well above the building code minimum.
2. From my knowledge, the facility at 125 Fairground Road is not required to follow the Facility Guidelines Institute's Guidelines for Design and Construction of Residential Health, Care, and Support Facilities. As per chapter 4.3, these guidelines are specific to long-term facilities only. The facility located at 125 Fairground Road, does not offer long-term care, they offer short-term care only.

Sincerely,

Donny Ankri

Architect and Founder | Donny Ankri Architects

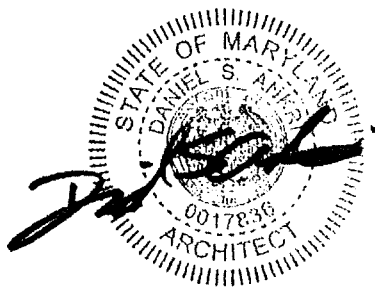


EXHIBIT 40

FIRE SAFETY INSPECTION

NAME Avenue Recovery
ADDRESS 125 Fairgrounds Rd
Frederick, MD ZIP 20678
OCCUPANCY Board & Care
TELEPHONE 443.745.9621

MARYLAND STATE
FIRE MARSHAL'S
OFFICE

www.firemarshal.mdsp.org



SUPPLEMENTAL INSPECTION REPORT

DATE 11-9-21

Final UAC inspection

- The office has no objection to the issuance of use & occupancy permit # C 2455399.

- 2nd Floor / Sleep area fit out.

- The following items are noted for your attention & compliance within 7 days:

① Provide annual inspection, testing and maintenance for sprinkler system.

② Repair/replace emergency light / exit sign in basement / sprinkler room.

- No other violations observed.

RECEIVED BY

INSPECTOR

[Signature]
1st Joseph T. Faunce, #5713

443-771
2539

Joseph. Faunce
@maryland.gov



Title 6
State Fire Prevention Commission and State Fire Marshal

Subtitle 2 Fire Prevention Commission

Authority: Public Safety Article, Title 6, §6-206 and §6-501, Maryland Code

Chapter 02 Procedural Regulations, State Fire Prevention Code

.01 Hearings--- Contested Cases Before the State Fire Prevention Commission.

A. Appeals.

- (1) When a person is aggrieved by an order or decision of the State Fire Marshal, made in the course of the administration or enforcement of the State Fire Prevention Code and the Public Safety Article of the Maryland Code, the person shall file within 20 days a written petition of appeal with the State Fire Prevention Commission, setting forth the reason for the appeal.
- (2) The 20-day period during which an appeal may be taken begins on the date the notice of the Fire Marshal's order or decision was received by the person or agency in accordance with Public Safety Article, Title 6, §6-318 and §6-319 of the Maryland Code.
- (3) The original petition for appeal and nine copies of it shall be filed with the State Fire Prevention Commission, 18345 Colonel Henry K. Douglas Drive, Hagerstown, Maryland 21740

B. Upon receipt of the petition for appeal, the secretary of the State Fire Prevention Commission shall mail a copy of the petition for appeal to each member of the Commission. The appellant shall be notified of the time and date of the hearing before the Commission at least 10 days before the hearing. At the hearing, there shall be at least five members of the Commission present, one of which shall be either the chairman or the vice- chairman.

C. Before the hearing and upon specific written request of any party or counsel, the State Fire Marshal may furnish for copying at the State Fire Marshal's office documents or other material in the State Fire Marshal's file relating to the matter at issue. Upon written request, the State Fire Marshal shall furnish the names of witnesses who have personal knowledge of matters material to the matter at issue.

D. The Commission shall provide for transcription of the hearing by electronic recording device or by a stenographer.

E. At the hearing, the State Fire Marshal, or the State Fire Marshal's agent or attorney, shall present to the Commission the evidence upon which the decision or order was based. The other party or counsel may cross-examine witnesses. The party aggrieved shall then present witnesses to testify, subject to cross-examination, and other evidence relative to the matter at issue. The State Fire Marshal and the party aggrieved shall be permitted to present:

- (1) Additional evidence at any time during the hearing; and
- (2) Oral arguments at the close of all of the evidence.

F. Upon request of a party, a party's counsel, or State Fire Marshal personnel, the Commission may postpone the hearing for any reason.

G. Unless the hearing is postponed, failure to appear at the time and place designated in the notice shall be deemed a default on the part of a party.

H. A decision shall be rendered by the Commission within 30 days of the hearing. Within that time the Commission shall notify all parties in writing of the decision. The decision shall be mailed to the last known address of each party. The mailing of the decision by the Commission is prima facie evidence of notification to a party of the Commission's decision.

02. Administrative Procedure Act.

In addition to this chapter, State Government Article, Title 10, Subtitle 2, Maryland Code, governs practice and procedure in a hearing before the Commission and an appeal from a hearing.