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AGENDA REGULAR MEETING

**HISTORIC PRESERVATION COMMISSION
MUNICIPAL BUILDING, 16 SOUTH MAIN STREET
JANUARY 3, 2024
WEDNESDAY – 2:00 PM**

A. CALL TO ORDER

1. Welcome/Announcements
2. Approval of December 6, 2023 Minutes

B. BUSINESS ITEMS

1. Local Landmark Public Hearing – Haywood County Hospital
2. Discussion of Greenhill Cemetery Tour – April 20
3. Historic Signage

C. OTHER BUSINESS

1. Preservation Plan to be presented to Town Council on January 9, 2024

D. ADJOURN



TOWN OF WAYNESVILLE

Historic Preservation Commission

9 South Main Street

Waynesville, NC 28786

Phone (828) 456-8647 • Fax (828) 452-1492

www.waynesvillenc.gov

Development Services

Director

Elizabeth Teague

Alex McKay-Chairman
Rodney Conard-Vice-Chair
Clare Bass
Judi Donovan
Glenn Duerr
Linda Ann Lee
Anne Marie Miller
Bill Revis
Caroline Williamson

Regular Meeting

Municipal Building - 16 South Main Street, Waynesville, NC 28786

Wednesday, December 6th, 2023, 2:00 PM

The **WAYNESVILLE HISTORIC PRESERVATION COMMISSION** held a regular meeting on Wednesday, December 6th, 2023, at 2:00 PM in the Conference Room of the Municipal Building.

A. CALL TO ORDER:

Chairman Alex McKay welcomed everyone and called the meeting to order at 2:06 PM.

The following members were present:

Alex McKay
Clare Bass
Judi Donovan
Glenn Duerr
Linda Ann Lee
Anne Marie Miller
Bill Revis (on phone)
Caroline Williamson

The following members were absent:

Rodney Conard

The following emeritus members were present:

Sandra Owen

The following staff members were present:

Byron Hickox, Land Use Administrator

A motion was made by Commission Member Glenn Duerr, seconded by Commission Member Bill Revis, to approve the November 1, 2023, minutes as presented or amended. The motion passed unanimously.

B. BUSINESS ITEMS:

1. Preservation Plan

Land Use Administrator Byron Hickox explained to the HPC that the Preservation Plan will be presented to the Town Council at the January meeting. The Town Council then will call for a Public Hearing to consider its adoption.

2. Historic Signage

Mr. Hickox said that he talked with The Print House and A to Z Signs to request quotes for tilted table style signage. Because the HPC has already done a considerable amount of design work, the overall cost should be lower than hiring a company to perform this part of the job.

3. Local Landmark Application – Haywood County Hospital

Mr. Hickox read the draft ordinance that will be presented at the public hearing on January 3rd, 2024. The HPC agreed to the wording of the document.

C. OTHER BUSINESS

Chairman Alex McKay gave an update on the Main Street Arch project. Rock work on the support columns should begin after the first of the year. The actual arch installation will be done in April or May.

D. ADJOURN

With no further business, a motion was made by Commission Member Judi Donovan, seconded by Commission Member Bill Revis to adjourn at 3:44 pm. The motion carried unanimously.

Alex McKay, Chairman

Esther Coulter, Administrative Assistant

ORDINANCE NO. _____

**AN ORDINANCE DESIGNATING
THE HISTORIC HAYWOOD COUNTY HOSPITAL
AS A LOCAL HISTORIC LANDMARK**

WHEREAS, the Historic Preservation Commission of the Town of Waynesville has taken into full consideration all statements and information presented at a public hearing held on the 3rd day of January, 2024 on the question of designating a property known as the Historic Haywood County Hospital (PIN 8615-79-8480) as a Local Historic Landmark; and

WHEREAS, the Historic Preservation Commission agrees that the property known as the Historic Haywood County Hospital possesses special significance in terms of its historical, architectural, and cultural importance; and

WHEREAS, the Historic Preservation Commission agrees that the property known as the Historic Haywood County Hospital possesses integrity of design, setting, workmanship, and materials; and

WHEREAS, the property known as the Historic Haywood County Hospital is owned by Brookmont Lofts LLC; and

WHEREAS, after notice duly given, a public hearing was held by the Historic Preservation Commission on January 3, 2024.

NOW, THEREFORE, BE IT ORDAINED BY THE HISTORIC PRESERVATION COMMISSION OF THE TOWN OF WAYNESVILLE, MEETING IN REGULAR SESSION ON JANUARY 3, 2024 AND WITH A MAJORITY OF THE COMMISSION MEMBERS VOTING IN THE AFFIRMATIVE, THE FOLLOWING:

That the property known as the Historic Haywood County Hospital (PIN 8615-79-8480), which includes the land on this property and the stone retaining walls located in the public right-of-way, is hereby designated as a Local Historic Landmark pursuant to Chapter 160D-945 of the General Statutes of North Carolina.

ADOPTED this _____ Day _____ of 2024.

Alex McKay, HPC Chairman

Esther Coulter, Administrative Assistant

LOCAL HISTORIC LANDMARK DESIGNATION REPORT



**Prepared by:
Heather Fearnbach
Fearnbach History Services, Inc.
3334 Nottingham Road
Winston-Salem, NC 27104**

August 2023

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Statement of Significance

Haywood County Hospital, erected in 1927 with sizable rear additions in 1952 and 1958, possesses the requisite significance and architectural integrity for local historic landmark designation in the areas of health and medicine and architecture. The Waynesville, North Carolina, institution is locally significant for the medical care it provided as one of the region's largest hospitals during its operation from 1927 until 1979. The Classical Revival-style and Modernist buildings are also architecturally important as they feature distinctive characteristics of 1920s and 1950s hospital design.

Waynesville Hospital began as a small privately-owned facility in a Queen Anne-style residence on Pigeon Street in 1917 and quickly grew in physical size and mission. Upon Waynesville Hospital, Inc.'s June 1922 dissolution due to financial difficulties, Haywood County assumed the hospital's administration. By December 1927, when Haywood County Hospital occupied the state-of-the-art three-story building at 1230 North Main Street, the institution was the primary source of inpatient and outpatient medical treatment for area residents. In order to fund the hospital's construction, Haywood County sold \$100,000-worth of bonds and expended an additional \$6,516.08 from the county's budget. As a result of this revenue source, Haywood County Hospital became North Carolina's first publicly funded county hospital. It was also the first of many North Carolina and South Carolina hospitals subsidized by a grant from the Duke Endowment, which supported the effort with a \$10,000 donation. Bequests from individuals and organizations supplied the final \$2,209.96 necessary to complete the project.¹

The institution was in dire need of additional space by the mid-1930s, but improvements were not feasible until the passage of the 1946 Hill-Burton Act, which provided federal, state, and local funding for health care facility improvements throughout the nation. Haywood County Hospital's 1952 and 1958 additions were erected as part of the ensuing hospital modernization campaign. In October 1949, a \$225,000 bond referendum provided the local government match for the federal and state funding allotted for the 1952 wing's construction. County commission chair George A. Brown Jr. estimated that the addition cost would be around \$510,000, but expenses totaled approximately \$750,000.²

Haywood County Hospital reflects both the design standards of the 1920s, intended to result in buildings that were commanding in appearance as well as fireproof and hygienic, and changes in medical technology, theory, and practice that coalesced with the desire for a fresh, progressive image for new facilities in the 1950s. In his design for the 1927 hospital, Charlotte architect Louis H. Asbury employed classical architectural elements that evoke a sense of tradition and permanence. The imposing brick edifice features a stepped parapet, Indiana limestone cornice and water table, and double-hung multi-light wood sash. Interior finishes such as terrazzo floors and ceramic-tile wainscoting and floors were durable and easy to disinfect.

Asheville architect Lindsey M. Gudger rendered drawings for the five-story, brick, Modernist 1952 addition, while Foy and Lee Associates, Architects, of Waynesville, designed the 1958 addition that doubled the rear wing's size. The long rectangular form, horizontal massing, flat roof, sleek lines, smooth

¹ W. S. Rankin, H. Eldridge Hannaford, and H. P. Van Ardsall, *Bulletin No. 3: The Small General Hospital* (Charlotte, N. C.: The Trustees of the Duke Endowment, February 1928, revised January 1932), 116; "Work to Begin on New Hospital Soon," *Waynesville Mountaineer* (hereafter abbreviated *WM*), Nov. 25, 1926, p. 1; Nina L. Anderson and William L. Anderson, *A Heritage of Healing: The Medical History of Haywood County* (Waynesville, N.C.: Waynesville Historical Society, 1994), 130, 134.

² "Hospital Granted 51-Bed Addition," *WM*, Nov. 3, 1949, 1.

brick facades, and large multipane steel sash express Modernist tenets in a pragmatic manner. The architects selected economical materials due to the limited construction budget. The contrasting texture and color of the 1958 wing's red brick walls, orange-brick stretcher-course accents, and cream concrete-block spandrels was an affordable means of adding interest and dimension. Large windows in every room and the southeast stair tower's full-height curtain wall supply abundant light and ventilation while creating a sense of openness and connectivity between the building interior and the surrounding landscape.

The additions encompassed air-conditioned operating and delivery rooms, private and semi-private rooms for up to four patients, nursing stations on each floor, a third-floor nursery, a medical library, a kitchen, and a morgue. Finishes such as ceramic-tile wainscoting, floors, and baseboards in the surgical suite, restrooms, kitchen, and morgue facilitated a hygienic environment. Built-in closets, cabinets, and lockers provided efficient storage and reduced furnishing costs. In the 1958 corridors, angled baseboards and aluminum handrails protected the walls from repeated strikes from gurneys and other equipment.

The hospital's period of significance begins in 1927 with the construction of the Classical Revival-style building and continues through 1968, encompassing the completion dates of the 1952 and 1958 additions. Haywood County Hospital continued to function at this location until moving to a new facility in 1979. However, the period after 1968 is not of exceptional importance. Therefore, the period of significance ends at the fifty-year cut-off date for the historic time period.

The building housed the Haywood County school system's administrative offices when Landmark Development began exploring its rehabilitation potential in 2016. The hospital was listed in the National Register of Historic Places in 2018 in conjunction with the planning process. The rehabilitation commenced after the school system vacated the property in December 2020 and was completed in 2022. The complex called Brookmont Lofts provides fifty-four efficiency, one-, and two-bedroom apartments approximately one mile northeast of Waynesville's central business district. Rowhouse Architects of Asheville rendered drawings for the work executed by Davie Construction Company. The grounds feature amenities including outdoor seating, a playground, and a picnic shelter.

Brookmont Lofts meets a critical need for below-market-rate housing in Waynesville. All units were leased soon after completion. The hospital's rehabilitation exemplifies the manner in which historic preservation initiatives have transformative and long-lasting economic and social impacts while facilitating appreciation of history and architecture.

Setting

Haywood County Hospital is located at 1230 North Main Street in Waynesville, the county seat. The expansive edifice occupies a 3.02-acre parcel on the street's south side approximately one mile northeast of the central business district. The concrete curb lining North Main Street serves as the tax parcel's north boundary, East Street its east boundary, and East Marshall Street its west boundary. The 1.79-acre lot south of the hospital, which extends south to Broadview Road, was originally part of the hospital tract. The dividing line between the two parcels now constitutes the hospital tract's south boundary. The south lot, currently owned by Smoky Mountain Center, contains the two-story-on-basement, brick, 1933 nurses' dormitory as well as a frame office building erected in 1997.³ The surrounding area is primarily residential, but also contains commercial, institutional, and religious buildings.



Looking southeast from East Marshall Street

All photographs taken by Heather Fearnbach on July 25, 2022 unless otherwise noted

Site

The T-shaped building encompasses a three-story-on basement, Classical Revival-style, 1927 north building with east-west orientation and five-story Modernist 1952 and 1958 rear additions with north-south alignment. The hospital's primary façade faces north and has an approximately 185-foot setback from North Main Street. The 1927 building stands at the highest point on the lot. The dramatic decrease in elevation to the south and west allows the 1952 and 1958 additions to have three upper floors as well as a ground floor and basement situated at a lower level than the original building.

³ Smoky Mountain Center is an organization that manages health care services for recipients of Medicaid or state and local subsidies. The Smoky Mountain Center is not interested in including the former nurses' dormitory in the nomination and to protect the privacy of patients, no access was granted to the interior of the building.

An asphalt-paved parking lot and a lawn that span the parcel's width separate the hospital from North Main Street. Retaining walls of local stone, which are a combination of 1927, 1933-1935, and pre-1968 construction dates, ameliorate elevation changes between the landscaped areas, parking lots, and streets surrounding the building. Due to the site's rolling topography, the east section of the stone retaining wall that borders the front lawn is much taller than the west section, which rises only a few feet above grade. The wall curves at the East Marshall and East Street intersections and continues south. The north parking lot entrance is on East Street, while a curved drive that connects to East Marshall Street serves as the egress. Foundation plantings line the north and east elevations. Deciduous and evergreen trees and shrubs punctuate the grass front lawn and banks adjacent to the side and rear elevations.

In the former parking lot near the parcel's northwest corner, which is at a lower elevation than the hospital, a square stone post capped with a flat circular stone marks the stone wall's southwest terminus. This area and the parking lot west of the 1952 and 1958 additions are at the same grade as East Marshall Street. Concrete sidewalks and steps with metal-pipe railings lead from both areas to hospital entrances. The parking lot east of the 1952 and 1958 additions has a significantly lower grade than East Street and the 1927 building, resulting in steep embankments that necessitate a straight run of concrete steps at the parking lot's north end and tall stone retaining walls to the east and south.

The landscape and hardscape configuration remained substantially intact during the 2022 rehabilitation. Mature trees, landscaped beds, and grass lawn were maintained and deciduous and evergreen trees and shrubs installed. Asphalt drives, parking areas, and concrete sidewalks were repaired or replaced, resurfaced, and restriped. Metal railings were repaired, prepped, primed, and painted. Improvements such as parking space modifications and additions, curb cuts, painted crosswalks, signage, and sidewalk and ramp construction facilitate handicap accessibility. A central landscaped median and perimeter concrete sidewalks were added in the southwest parking lot. The northwest parking lot was replaced with grass lawn.

The concrete ramps flanking the concrete loading dock adjacent to the west 1952/1958 elevation were removed. The loading dock remains with added tubular metal railings and a new flat steel canopy with square steel posts. A concrete accessible ramp with low brick walls and tubular metal railings provides egress. Playground equipment was installed in a mulched area north of the loading dock.

An early 1980s storage building, two-section vinyl fence on a formed-concrete pad west of the storage building, and concrete-block enclosure southwest of the hospital were removed. An eight-foot-tall, three-sided, split-face-concrete-block, two-dumpster enclosure was constructed at the southwest parking lot's south edge just north of the existing enclosure site. An eight-foot-tall double-leaf metal gate secures the dumpster enclosure's north side. A prefabricated twenty-foot-square picnic shelter with square steel posts, a low hip steel roof, and a concrete floor was erected in the parking area east of the 1958 addition.

A steel canopy was installed above the 1958 addition's east entrance. Concrete steps with simple tubular metal railings lead to the landing. Existing concrete steps at the east parking lot's north end were retained to ameliorate the grade change. New concrete steps with a metal railing were constructed east of the three-story connector between the 1927 hospital and the rear wing. New concrete sidewalks wrap around the building.

Description



Northeast oblique

Haywood County Hospital, 1927, 1952, 1958, 1966, 2022

Exterior, 1927 building; 1966 stair tower and garage additions

The Classical Revival-style hospital's main block is eleven bays wide and three bays deep. The walls are comprised of pressed red brick laid in running bond. The offset, two-story, one-bay-wide and two-bay-deep wings that extend from the east and west elevations initially served as solariums. The flanking three-story stair towers and the east solarium's third story were constructed in 1966. The one-story, flat-roofed, single-bay ambulance garage, also erected in 1966, that projected north from the west solarium wing and stair tower was removed in 2021.

The simply executed 1927 building's primary character-defining features include a stepped parapet spanning the central three bays and a classical Indiana limestone cornice with square modillions. Three diamond-shaped limestone panels ornament the parapet's center. A tall limestone water table wraps around the building and limestone coping caps the parapet. Flat brick lintels and slightly projecting header-course sills frame the window openings. A header course topped by a soldier course spans the distance between the third-story windows. Brick and limestone were thoroughly cleaned during the rehabilitation.

Windows are typically eight-over-one, double-hung, wood sash, although the paired windows at the façade's center contain six-over-one sash. In a few instances, small four-over-one sash windows light storage rooms and restrooms. Large tripartite windows in the third story's west bay on the north and south elevations served the operating rooms within. Both of those windows were replaced with central, fixed, single-pane, wood sash and sidelights during the late-twentieth century. Double-hung windows flanked by narrow double-hung sidelights remain in the solariums. Prior to rehabilitation, plywood panels enclosed three windows on the north elevation. Some sash had been replaced with aluminum-frame windows in the late-twentieth century. Air conditioning vents pierced the wall beneath the first- and second-story windows.

Existing window and door openings were preserved and original double-hung wood sash windows in good condition were refurbished. Missing sash and those that were beyond repair were replaced with new double-hung, aluminum-clad wood, thermal-insulated sash of the same size and pane configuration. Wood window surrounds were repaired or replaced as needed. An eight-over-one, double-hung, aluminum-clad-wood window was added to the east solarium wing's 1966 blind brick third-story wall. Air conditioning vents beneath the windows were removed and missing wall sections were reconstructed.



North portico, February 19, 2016



July 25, 2022

The original flat-roofed Classical Revival-style portico featured a stepped brick parapet, a tall cornice, brick pilasters, square brick posts, and fluted columns flanking the entrance bay. A five-pane transom surmounted the double-leaf wood door, which had paneled bases and multipane upper sections. The brick posts and pilasters remained, but the door, transom, and columns had been removed and a double-leaf aluminum-frame door, vinyl-sided front-gable roof, and square terra-cotta floor tiles added.⁴ These modifications likely occurred in late 1980 or early 1981 when Haywood County renovated the building for use as the school system's administrative offices.⁵

Original portico elements and the concrete steps with metal railings were refurbished. The vinyl-sided front-gable roof was removed and a stepped brick parapet with a robust molded wood cornice and cast-stone coping was constructed to mimic the original parapet. The granite plaques in the parapet incised with "Haywood County Hospital" were fabricated based on historic photographs. Fiberglass Tuscan columns emulating the original columns were installed.

Pressed-red-brick running-bond veneer sheathes the concrete-block 1966 east and west stair towers. Metal coping caps the flat parapets. In the west tower, two eight-over-one, double-hung, wood sash windows pierce the north elevation and three matching windows the west elevation. A single-leaf steel door on the west elevation provides access to the base of the stairs as well as the basement. The south elevation is blind. Paired aluminum-frame windows, each with three horizontal panes, illuminate the east stair tower. On its south elevation, a double-leaf steel door with glazed upper sections allows entrance from the rear parking lot. A two-level flat metal canopy supported by square metal posts shelters the door and adjacent sidewalk. Concurrently with the stair tower construction, masons added a one-bay wide and deep third story to the east solarium wing. A single eight-over-one, double-hung, wood sash window on the north elevation illuminates the room.

⁴ Louis H. Asbury, "Haywood County Hospital," Sheet 5, Front (North) Elevation, Job #668, March 9, 1927.

⁵ Haywood County Board of Education Minutes, 1980-1981, Haywood County Schools, Waynesville, North Carolina.



South elevations of the 1927 hospital's west (above) and east (below) wings



Although the 1952 addition covers the south elevation's central section, four bays of the 1927 building's main block remain exposed on the wing's west side and five bays are visible on its east side. The fenestration is identical to the north elevation. The original three-bay-wide brick elevator and stair tower rises above the roof at the south wall's center.

Interior, 1927 building

The 1927 building's interior was remodeled in conjunction with the 1952 addition's construction and subsequently updated several times during the school system's tenure, which lasted from 1981 until December 2020. The following narrative details original conditions and pre-rehabilitation appearance followed by the renovation scope of work.

The original floor plan—a long, double-loaded, east-west corridor lined by rooms of various sizes—remains intact. The primary entrance on the north elevation opens into a small foyer that is a few steps lower in elevation than the main corridor. The large rooms flanking the foyer initially served as the reception area (west) and office (east). These rooms were once accessible from the foyer, but the wide entrances were enclosed with frame walls to create school system offices served by corridor entrances.

Directly south of the foyer, a central stair and an elevator to the west provided access to the two upper floors and the basement. The stairwell was enclosed upon the east and west stair towers' 1966 completion, but the elevator remains in use. A reception desk occupied part of the hall adjacent to the former central stair location. Offices, restrooms, storage rooms, a utility room, and a small kitchen lined the double-loaded corridor. When first placed into service, the offices functioned as four two-bed wards, two four-bed wards, a private room, an examination room, a superintendent's room, and a chart room.

Internal stairs connected the first-floor east and west solariums to identical second-floor solariums. A partition wall divided the east first-story solarium into two rooms, but the other three solariums had open plans. Stairs led from the east second-story solarium to a rooftop terrace.⁶ The steps were removed and partition walls added to create offices on either side of a center hall.

Original plaster walls remain throughout much of the interior. Wood door surrounds with molded outer edges and transoms that hinged open from the bottom are also intact, but only a few 1927 horizontal-paneled wood doors survive. Some transoms were painted or covered. Blonde-wood mid-twentieth-century doors were installed in many original openings as well as in steel-frame door openings created in conjunction with mid- and late-twentieth-century renovations.

A few bathrooms had tall, white-glazed, square-ceramic-tile wainscoting. Small-square-ceramic-tile floors, light-colored square-ceramic-tile wainscoting, vinyl-composition-tile floors, and/or replacement white porcelain fixtures had been added in some restrooms. Mid- to late-twentieth century modifications throughout the building included the installation of dropped-acoustical-tile ceilings, fluorescent lighting, commercial-grade carpeting, vinyl baseboards, and wallcoverings ranging from wallpaper to faux-wood sheet paneling. Blonde-wood cabinets, shelves, desks, and counters with laminate tops were constructed in the late twentieth century to facilitate the administrative office function.

Steel staircases with slender square balusters, narrow handrails, and rubber treads facilitate access between floors in the 1966 east and west stair towers. Double-leaf steel doors secure the stair hall entrances.

The second story maintains a double-loaded corridor plan. Original terrazzo floors are exposed in the corridor. The offices initially served as twelve private patient rooms, a mental health ward, a chart room, a linen storage room, and a utility room. Most room sizes remained the same. The four east rooms and

⁶ Louis H. Asbury, "Haywood County Hospital," Sheet 2, First Floor Plan, Job #668, March 9, 1927.

the four west rooms all had private toilets, but each pair shared a bathroom. Patients housed in the remaining rooms utilized one bathroom and two toilets on the corridor's south side east of the stair.⁷ The kitchen west of the elevator had replacement blonde-wood cabinets.

On the third floor, the four offices flanking the central corridor's east end originally served as patient rooms with private toilets and shared bathrooms. A nursery, utility room, two closets, and a restroom filled the corridor's south side east of the stair and elevator. The small kitchen west of the elevator retained white-glazed square-ceramic-tile wainscoting and some original painted-wood shelves and upper cabinets with glazed doors. A dumbwaiter connected the basement pantry to the kitchens on the upper three floors.

Moving west on the corridor's north side, the floor plan comprised two patient rooms, a chart room, a bathroom and toilet, and interconnected labor and delivery rooms. A partition wall west of the delivery room entrance enclosed the lobby between the north work room, south nurses' and doctors' bathrooms, and north and south operating rooms with a central equipment sterilizing room.⁸ The lobby's terrazzo floor is intact. The adjacent nurses' bathroom had a small white square-ceramic-tile floor and white-glazed square-ceramic-tile wainscoting.

The school system removed the sterilizing room walls to create a large conference room that encompassed both the former sterilizing room and the south operating room. The partition wall between the north operating room and the adjacent workroom was demolished to create a long meeting room. To the east, plate-glass windows were installed in sections of the partition walls flanking the corridor.

The basement was accessible from the 1966 east stair tower and the 1966 ambulance garage. The large kitchen and dining room at the basement's southwest corner retained their original function. Mid-twentieth-century painted-wood cabinets hung on the kitchen's east wall. The upper cabinets had glazed doors. A small storage room and a pantry filled the space to the east between the kitchen and the elevator. A large storage room was east of the elevator. The boiler room and a coal storage room occupy the basement's southeast corner. The concrete floor in these rooms is at a lower level to accommodate mechanical equipment. Three formed-concrete steps with a metal railing connect the two floor levels.

The space at the basement corridor's east end originally functioned as a locker room. From east to west, the open storage rooms on the hall's north side initially served as a classroom, laundry, morgue, dressing room, dark room, X-ray room, laboratory, and examination room. The basement under the west solarium wing contained a central waiting room flanked by two examination rooms.⁹ Vinyl-composition-tile floors were removed during the late twentieth century, exposing the concrete floor. Portions of the corridor walls were replaced with wood studs sheathed with plywood lower sections and wire-screen upper sections. Matching plywood and screen doors secured the storage rooms.

In the 1966 ambulance garage, the brick walls of the adjacent 1927 solarium were unpainted, but the concrete-block exterior walls were painted white. The garage had a gypsum-board ceiling and a concrete-slab floor.

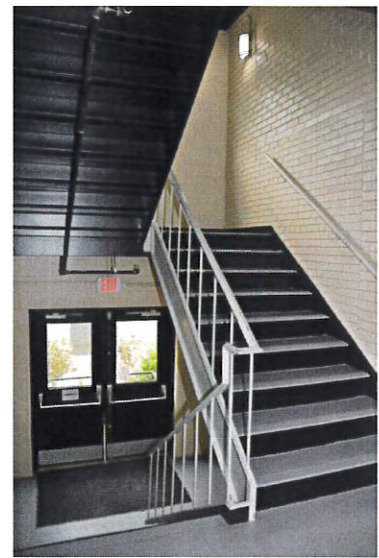
⁷ Ibid., Sheet 3, Second Floor Plan.

⁸ Ibid., Sheet 4, Third Floor Plan.

⁹ Ibid., Sheet 1, Basement Plan.

The corridor configuration and many original corridor entrances were preserved during the renovation. Plaster walls and ceilings were repaired and repainted and historic ceiling height maintained to the greatest possible extent. Dropped smooth painted gypsum-board ceilings and soffits conceal plumbing and HVAC ductwork. Original doors and surrounds were refurbished. Flat-panel wood doors were installed where doors have been replaced and in new openings with flat-board surrounds.

The terrazzo floors were repaired and polished. Green-and-white-patterned tile floors and white-glazed square-ceramic-tile wainscoting were retained. Vinyl composition tile and commercial-grade carpeting was removed throughout the building. Twelve-inch-square vinyl composition tile was installed in corridors where terrazzo does not exist, apartment kitchens and bathrooms, and storage, maintenance, and mechanical rooms. Commercial-grade carpeting covers apartment bedroom and living room floors. The existing stairs were refurbished. The elevator was removed.



**Level four corridor with refurbished terrazzo floors (above left) and east stair tower (above right)
Unit 509 kitchen and corridor (below)**





**1927 hospital, Unit 510, kitchen and corridor (above) and
Unit 511, original tile floors in bedroom (below left) and bathroom**



Exterior, 1952 addition

The expansive, Modernist, five-story, flat-roofed, 1952 addition has three upper floors as well as a ground floor and basement situated at a lower level than the original building. A two-bay-deep, three-story connector links the 1927 hospital to the addition. The connector occupies the site of the rear porte cochere that served the 1927 hospital. The 1952 addition's south wall was removed in conjunction with the 1958 addition's construction.

The eleven-bay-long pressed-red-brick addition features five-to-one common bond with a cast-stone cornice. The basement and ground floor walls are approximately four inches thicker than the upper walls. A cast-stone water table caps the slight projection. The window sills are also angled to move water away from the structure.



1952 addition, west elevation

The interior configuration is evident from the exterior. On the west elevation, paired eight-pane steel sash windows with four-pane central hoppers light the three-story connector's short corridor. To the south, two single matching windows illuminate the stair tower, piercing the wall in between floors. Concrete steps with brick side walls and a metal-pipe railing lead to the single-leaf steel door at the tower's base. On the stair's south side, the elevator shaft's blind wall rises above the roof to house mechanical equipment. Most of the remaining nine bays contain paired eight-pane sash with four-pane central hoppers. However, single windows pierce the fourth bay from the north end—steel sash with four-pane hoppers above two fixed panes on the upper three stories and eight-pane steel sash with four-pane central hoppers on the lower two floors. In the second bay from the south end, paired, narrow, three-pane, steel sash have two-pane upper hoppers. The ground-floor and basement fenestration is irregular. All original sash were refurbished during the renovation. The air conditioning vents that had been installed beneath the first-, second-, and third-story windows were removed and the openings infilled with brick. Window-mounted air conditioning units that served the lower levels were also removed.

Prior to rehabilitation, a roll-up garage door in the third bay from the west elevation's north end and a single-leaf steel door in the south bay provided basement access. An aluminum-frame storefront with six large rectangular panes replaced the roll-up garage door. The entrance to the south is sheltered by a one-story flat-roofed addition that projects from the 1952 addition's south two bays and the 1958 addition's north bay. Storage and equipment rooms flanked the open central section. The north room originally housed a can wash and the south room an incinerator. An aluminum-frame storefront with six large square panes was installed in the central opening.

The three-story connector is slightly recessed on the 1952 addition's east elevation, allowing the neighboring windows on the 1927 building to remain fully exposed. A two-level, one-bay-deep addition wraps around the intersection of the 1927 building and the 1952 connector. The one-story, flat-roofed, running-bond, red-brick, 1966 addition that projected from the taller addition's lower level, which was constructed to provide ground-floor access to the surgical suite, was removed in 2021. The 1966 addition's roof covered the lower portion of the taller addition's wide upper-level window opening, which contained four late-twentieth-century one-over-one aluminum sash in poor condition. Therefore, the windows were replaced with an eight-section aluminum-frame thermal-insulated clear-glass storefront. A comparable storefront was installed at ground level.



1952 addition, east elevation, north bays and hyphen

Tracey Levine, photographer, May 6, 2021 (above left) and Heather Fearnbach, July 25, 2022 (right)

Most of the east elevation's four north and two south bays contain paired eight-pane steel sash with four-pane central hoppers. Single matching sash pierce the central bay's upper three stories and the ground floor. The third and fourth bays from the south end contain paired, narrow, three-pane, steel sash with two-pane upper hoppers. Below them, three matching windows light the basement. All original sash were refurbished during the renovation. The air conditioning vents that had been installed beneath the first-, second-, and third-story windows were removed and the openings infilled with brick. HVAC equipment and ductwork that projected from some of the lower-level windows were also removed. The

tall, square, brick chimney stack that rises above the roof at the wing's southeast corner serves the basement boiler room.



1952 addition, east elevation (above) and 1952 and 1958 additions, west elevation (below)



Exterior, 1958 addition

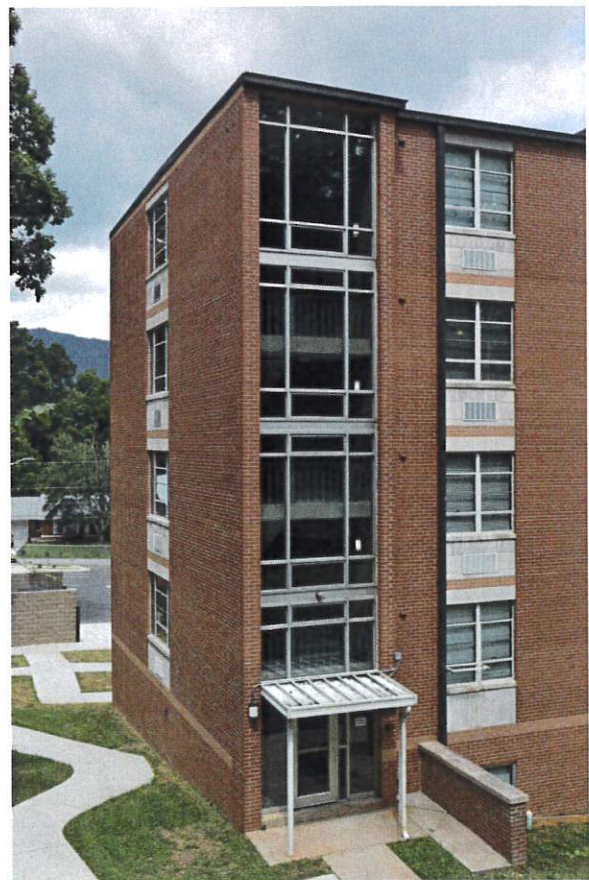
A Modernist five-story, flat-roofed, nine-bay-long and three-bay-wide addition extends from the 1952 building's south end, doubling the rear wing's square footage. The 1958 addition is similar in character to the 1952 addition, but differs in masonry execution and has more regular fenestration than the 1952 building. The pressed-red-brick veneer is laid in a distinctive common bond comprising five courses of stretchers and course of alternating headers and stretchers. Three courses of orange-brick stretchers wrap

around the building above the basement and fourth floors. A three-course band of the same orange brick punctuates the cream concrete-block spandrels beneath each window on the upper four stories. A single concrete-block course tops the window bays. The tall wide elevator tower rises from the west elevation's center. The projecting square brick flue between the north two bays vented basement kitchen equipment.

The west elevation's eight window bays contain paired four-horizontal-pane steel sash windows with two-pane centraloppers. A single matching window pierces the ground-floor wall in the second bay from the south end. Air conditioning unit vents installed during the late-twentieth-century beneath the windows on the upper four levels remain. Single-leaf aluminum-frame doors in the second and fourth bays from the north end allow basement access.

The wide central window bay in the south elevation lights the corridors. Each six-pane steel sash window comprises a large central rectangular section, narrow rectangular sidelights, and a single-pane lower hopper. The flanking brick walls are blind.

An aluminum-frame curtain wall illuminates the stair tower at the building's southeast corner. The six-section windows in the upper three stories feature single-paneoppers above and below a large central rectangular pane. Sidelights flank the single-leaf aluminum-frame door at the tower's base. Slender square posts support the flat-roofed steel canopy that shelters the entrance and adjacent concrete sidewalk.



1958 addition, west elevation, south bays (left) and southeast oblique, stair tower and east entrance (right)



1958 addition, east elevation (above), and 1952 and 1958 additions, east elevation (below)



Five of the east elevation's eight remaining bays contain paired four-horizontal-pane steel sash with two-pane central hoppers. Matching single sash fill the north bay and the fourth and fifth bays from the north end. The windows in the north bays are slightly wider than the other single sash. Air conditioning unit vents remain beneath the windows on the upper four levels. The roll-up garage door in the third bay from the north end that provided basement mechanical room egress was replaced with an aluminum-frame storefront with six large rectangular panes. Metal louvers were removed from two short rectangular basement window openings at the east elevation's south end and paired two-pane aluminum-clad-wood windows were installed in the existing openings.

Interior, 1952 and 1958 additions

A double-loaded, central, north-south corridor extends the full length of the 1952 and 1958 additions. Due to this connectivity and the similarity of interior finishes, the following description covers both buildings before and after the 2022 rehabilitation.

Most of the rooms on the upper three stories, which housed the Haywood County Department of Social Services until January 2012, initially served as one-, two-, and four-bed patient rooms. Private rooms, the majority of which were located on the 1958 addition's west side, and two-patient rooms shared central bathrooms. The two single-patient rooms at the building's southwest corner on each floor were designated "isolation rooms." Each floor also contained nurses' stations and work rooms, a visitor lounge and restroom, treatment rooms, and storage rooms. The nursery occupied a suite of rooms at the third floor's northeast corner.¹⁰

The ground floor's north section originally functioned as the surgical suite, containing four operating rooms, a scrub room, a fracture room, a cytology room, and a doctors' lounge and bathroom.¹¹ Intact finishes include the surgical suite's small, square, green-and-white-patterned tile floors and the white-glazed square-ceramic-tile wainscoting that sheathes the lower three quarters of the adjacent corridor walls as well the fracture room walls. The fracture room had a large wall-mounted porcelain sink and built-in wood wall and base cabinets with stainless-steel countertops. Tall inset cabinets with glazed doors spanned a wall of the solution storage room west of the corridor. The large operating room to the north featured original painted-wood wall and base cabinets with stainless-steel countertops and sinks on its north and west walls. In the wing's south section, a surgical recovery room, pharmacy, and drug storage room occupied the space east of the corridor. Physical therapy, exercise, and storage rooms lined the corridor's west side.

Some 1952 bathrooms had green-and-white-patterned tile floors, white-glazed square-ceramic-tile baseboards and shower walls, and white porcelain fixtures. Green-and-white-patterned tile floors and white-glazed square-ceramic-tile baseboards were also intact in some treatment and storage rooms. Bathrooms in the 1958 wing were characterized by light-colored square-ceramic-tile wainscoting, small square-ceramic-tile floors, marble-slab shower walls, and white porcelain fixtures. Wall-mounted white porcelain sinks and aluminum-frame mirrors remained in a few patient rooms. The hall restrooms had light-colored square-ceramic-tile wainscoting, vinyl-composition-tile floors, metal partitions, and replacement white porcelain fixtures.

The 1952 and 1958 additions were vacated in 2012 with the exception of basement storage and mechanical rooms, which maintained their original function. Intact elements included plaster walls, molded wood window sills, steel-frame blonde-wood doors, steel stair hall entrance and elevator doors, and built-in closets, cabinets, and lockers. Angled baseboards and aluminum handrails that protected the walls from repeated strikes from gurneys and other equipment remained in the 1958 corridors. Remodeling undertaken as part of the 1980-1981 conversion to county offices involved the installation of dropped-acoustical-tile ceilings, fluorescent lighting, commercial-grade carpeting, vinyl-composition-tile floors, vinyl baseboards, and wallcoverings ranging from wallpaper to faux-wood sheet paneling. Most rooms maintained their original size, although in a few cases partition walls were removed or added.

¹⁰ Foy and Lee Associates, Architects, and Associated Engineers, Inc., "A Chronic Disease Addition to the Haywood County Hospital," Sheet P-7, June 2, 1958.

¹¹ *Ibid.*

The basement's north section encompasses areas that originally served as a boiler room, maintenance shop, large general storage room, large food storage room with a metal walk-in cooler, small storage room, morgue, oxygen storage and cooling room, and machine room.¹² The morgue had turquoise-glazed square-ceramic-tile wainscoting and small square turquoise floor tiles. The boiler room is at a lower grade to accommodate mechanical equipment. Three formed-concrete steps and a metal railing connect the two floor levels.

The 1952 addition's basement included an expansive kitchen with a large pantry at its southeast corner and three metal walk-in coolers adjacent to the south wall. Thick doors with wood-paneled outer layers, horizontal-board interior surfaces, and substantial metal strap hinges and handles secured the coolers. Stainless-steel sinks lined the west wall. Rectangular gray-glazed-ceramic tile wainscoting sheathed the lower half of the kitchen walls and square red terra-cotta tile covered the floors. A dumbwaiter with stainless-steel doors rose from the kitchen to work rooms on the upper three floors. Original pendant light fixtures with opaque white-glass globes were intact throughout the basement.

The elevator tower and stair hall in the 1952 addition's northwest section provide access to all five levels. The steel stair has slender square balusters, narrow handrails, and rubber treads. The elevator on the west side of the 1958 addition's corridor also serves five floors, but the stair hall at the building's southeast corner rises from a ground-floor entrance to the third floor. The steel stair comprises slender square balusters, wood handrails, and rubber non-skid strips at the edge of each tread.

The corridor plan and many original corridor entrances were preserved during the renovation. Plaster walls and ceilings were repaired and repainted and historic ceiling height was maintained to the greatest possible extent. Dropped smooth painted gypsum-board ceilings and soffits conceal plumbing and HVAC ductwork. Original doors and surrounds were refurbished. Flat-panel wood doors were installed where doors have been replaced and in new openings with flat-board surrounds.

Character-defining features such as white-glazed square-ceramic-tile wainscoting; small, square, green-and-white-patterned tile floors; built-in wood wall and base cabinets with stainless-steel countertops in the surgical suite; turquoise-glazed square-ceramic-tile wainscoting and small square turquoise floor tiles in the morgue; angled baseboards and aluminum handrails in corridors; and built-in closets, cabinets, and lockers in patient rooms were retained. The tall inset cabinets with glazed doors were moved from the solution storage room to the corridor.

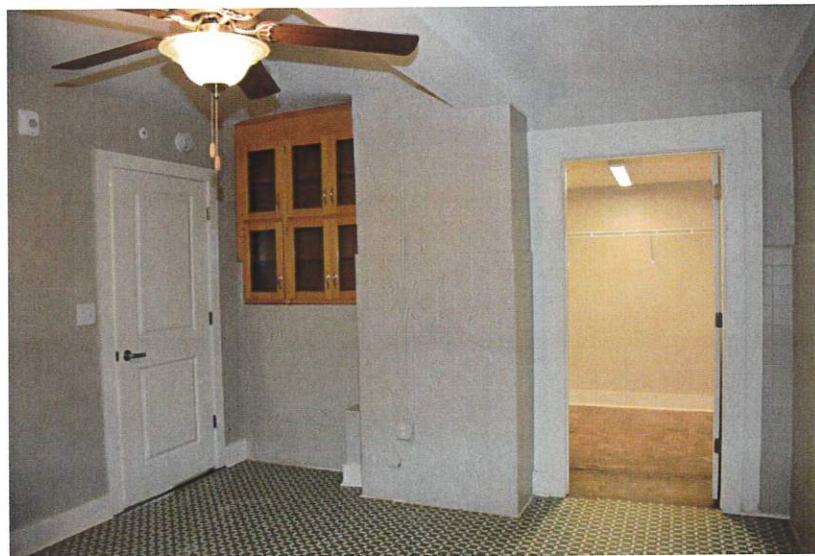
Original tile floors remain in the basement kitchen, multi-purpose room, sitting area, and most of one apartment. Much of the 1952 addition's first floor and three bathrooms on its upper floors also have original tile floors. In the 1958 addition, one first-floor bedroom and a bathroom and utility room on each upper floor retain original tile. Vinyl composition tile and commercial-grade carpeting were removed throughout the building. Twelve-inch-square vinyl composition tile was installed in corridors where original tile does not exist, apartment kitchens and bathrooms, and office, computer, exercise, storage, maintenance, and mechanical rooms. Commercial-grade carpeting covers apartment bedroom and living room floors.

The existing stairs were refurbished. The 1952 elevator was removed. The 1958 elevator doors remain; internal components were replaced.

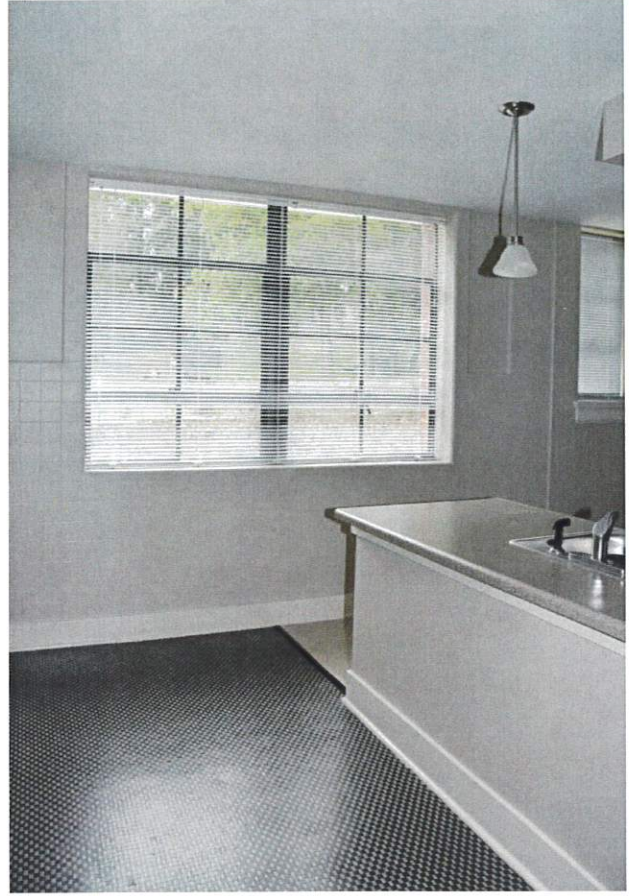
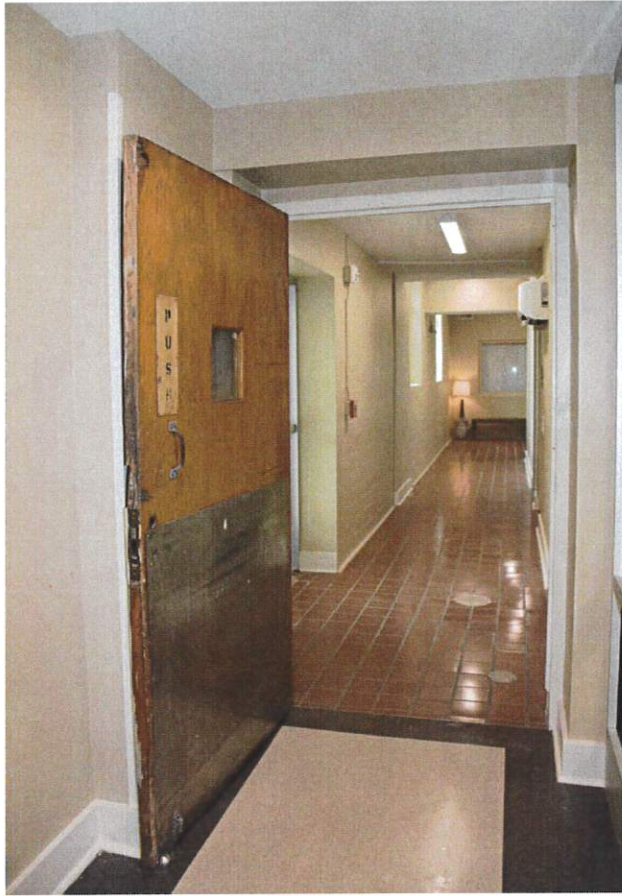
¹² Ibid.



**Level one community room with original tile floor (top) and office and computer room vestibule (center)
Level four 1958 corridor with original angled baseboards and aluminum handrails (bottom)**



**1952 addition, Units 105 (top) and 205 (center) kitchens with original tile floors
Unit 209 bedroom with original tile floor, wainscoting, and wall cabinet**



**Level one original corridor door, looking north into 1952 addition (above left)
1952 addition, Unit 206 kitchen and dining room (above right) and corridor (below) with original tile floor
and wainscoting**





1958 addition, Unit 304, original shelves in kitchen and living room (below)
 1958 addition, southeast stair tower, looking east (above left) and level one elevator (above right)





Northeast wall

Stone Walls, 1927, 1933-1935, pre-1968, Contributing Structure

Local stone retaining walls ameliorate elevation changes between the landscaped areas, parking lots, and streets surrounding the building. The walls are likely the result of three different building efforts. Some of the walls were erected in conjunction with the site's 1927 landscaping, while others followed when funds became available in the 1930s. Still other portions were altered at an unknown date, likely pre-1968. While it is not possible to differentiate each distinct construction/repair period within the retaining walls, all of the work appears early and well within the period of significance. All work was completed in the same location of the original walls with local stone. The most prominent wall, which borders the front lawn and concrete sidewalks on North Main and East Streets, was likely built in 1934 or 1935, when the federal Civil Works Administration (CWA) and the North Carolina Emergency Relief Administration (NCERA) contributed \$3,601.83 toward improving the Haywood County Hospital grounds. A photograph taken upon the work's completion illustrates the wall's north section and the front lawn.¹³ Rows of stone were added to increase the wall's height at an unknown date prior to 1968.¹⁴ The east section curves at the East Marshall and East Street intersections and continues south. Masons set multi-colored, broad, flat stones in random courses with concrete mortar. The flat stone cap projects about an inch from the wall plane. Due to the site's rolling topography, the wall's east section is much taller than the west section, which rises only a few feet above grade to its termination at East Marshall Street.

A short curved wall, originally constructed in 1927, is located at the northwest corner and continues south to line the drive that connects the hospital's north parking lot to East Marshall Street. The wall is more roughly executed, comprising various sizes, shapes, and colors of smooth and rough-face stones topped with flat rounded stones laid in concrete mortar. Wide mortar joints, some of which have been repointed, separate the stones.

¹³J. S. Kirk, Walter A. Cutter, and Thomas W. Morse, eds., *Emergency Relief in North Carolina: A Record of the Development and Activities of the North Carolina Emergency Relief Administration, 1932-1935* (Raleigh: North Carolina Emergency Relief Administration, 1936), 487; "Haywood County Hospital," Haywood County Project 2452, Images 34-36 (all the same view), Box 141, Folder 9, North Carolina Emergency Relief Administration Photograph Collection, 1934-1936, State Archives of North Carolina, Raleigh.

¹⁴This is known due a comparison between historic photographs and current photographs, as well as physical observation.

A similar retaining wall wraps around the north, east, and south edges of the landscaped area that was a parking lot on the East Marshall Street access drive's south side near the parcel's northwest corner. Since the area is at a much lower elevation than the hospital, a metal-pipe guard rail is mounted on the concrete footing that tops the wall's north section. The guard rail extends farther east than the wall's northeast corner along the access drive. The dramatic grade change also required a straight run of concrete steps flanked by stone walls on the parking lot's east side. A square stone post capped with a flat circular stone marks the wall's southwest terminus. The retaining wall and the steps appear in circa 1927 photographs of the hospital.¹⁵ The guard rail and metal-pipe stair railing installation date is unknown.



Northwest wall looking northeast (above) and east (below)



¹⁵ "Haywood County Hospital (Waynesville, N.C.)," undated photograph, circa 1927, Box 1, Folder B, photograph P145/51, Louis H. Asbury Papers (MS0145), Murrey Atkins Library Special Collections, University of North Carolina at Charlotte; "Haywood County Hospital, Waynesville, North Carolina," circa 1927 photograph from Rankin, et. al., *The Small General Hospital*, 119.



Southeast wall, looking south (above) and east (below)



The parking lot east of the 1952 and 1958 additions has a significantly lower grade than East Street and the 1927 building. The resulting steep embankments necessitate a tall stone retaining wall on the lot's east edge. The wall extends to the south and then turns west halfway up the embankment on the north side of the nurses' dormitory driveway. This wall, which matches the northwest parking lot wall, may have been built in 1927, or it could have been part of the site improvements subsidized by a \$6,000 Duke Endowment grant that funded the 1933 nurses' dormitory's erection. Stone wall construction is mentioned in that project's scope of work.¹⁶ Additionally, it may have some pre-1968 additions or repairs. Any damaged or missing stone was replaced with stone of similar material, color, and size in 2022.

¹⁶ Hilda Way Gwyn, *The Haywood County Hospital: Ten Years of Service, 1927–1937* (Waynesville, N.C.: n.p., 1938), 17.

Integrity Statement

Haywood County Hospital possesses integrity of location, setting, feeling, association, design, materials, and workmanship from its period of construction and historic modification to accommodate continued use. The building occupies its original site. The 3.22-acre local historic landmark boundary encompasses stone retaining walls constructed in 1927 and 1933-1935 with pre-1968 alterations. The landscape and hardscape configuration remained substantially intact during the 2022 rehabilitation. Mature trees, landscaped beds, and grass lawn were maintained and deciduous and evergreen trees and shrubs installed. Asphalt drives, parking areas, and concrete sidewalks were repaired or replaced, resurfaced, and restriped.

The hospital displays high integrity of design, materials, and workmanship as original structural components, features, and finishes are intact. The 1927 building is characterized by a stepped parapet, Indiana limestone cornice and water table, red brick walls, and double-hung multi-pane wood sash, all of which were refurbished. Alterations that occurred in early 1981 when Haywood County renovated the building were reversed. A particularly striking aspect of the rehabilitation was reconstruction of the primary entrance portico's flat roof, stepped brick parapet, and cornice. On the interior, plaster walls, ceramic-tile wainscoting and floors, terrazzo floors, horizontal-paneled wood doors, glazed transoms, door surrounds with molded outer edges, and molded wood window sills were preserved.

Rehabilitation of the five-story, brick, Modernist, 1952 and 1958 rear wing was equally sensitive. Original multi-pane steel sash windows pierce red and orange brick-veneered walls with cast-stone and concrete-block accents. Interior features including plaster walls; molded wood window sills; built-in closets, cabinets, and lockers; and ceramic-tile wainscoting, floors, and baseboards were retained. Angled baseboards and aluminum handrails that protected the walls from repeated gurney strikes remain in the 1958 corridors.

Historical Background and Health/Medicine Context

Waynesville's late-nineteenth-century growth encouraged six physicians—G. D. S. Allen, Rufus L. Allen, R. C. Ellis, H. L. McFayden, H. M. Rogers, and Joseph Howell Way—to operate practices in Haywood County's seat during the 1880s. Area residents requiring more extensive medical care traveled to Asheville's Mission Hospital, which opened in 1885. Dr. Way orchestrated the 1889 initiative to create the Haywood County Medical Society and functioned in a leadership capacity in that organization and the North Carolina Medical Society for decades. R. L. Allen, J. R. McCracken, and many other Haywood County doctors were also active in both groups.¹⁷

During the early twentieth century, industrial concerns and municipalities commonly hired physicians to oversee community health initiatives. Mill and factory workers benefited from programs intended to improve employee health and productivity. Two Haywood County plants, Champion Fibre Company in Canton and Cataloochee Lumber Company in Crestmont, implemented safety programs and staffed on-site clinics. The Richmond and Danville Railway/Southern Railroad commissioned physicians including Dr. Way to provide emergency medical care for travelers and employees and to conduct sanitation inspections. In 1910, Haywood County commissioners deemed a Superintendent of Health position necessary and appointed Dr. R. L. Allen to the position. He maintained the role for three years, followed by Dr. McCracken.¹⁸

¹⁷ Levi Branson, ed., *Branson's North Carolina Business Directory 1890* (Raleigh: Levi Branson, 1889), 356.

¹⁸ Anderson and Anderson., *Heritage of Healing*, 107, 111-113.

Although Waynesville's professional contingent included seven doctors in 1916, Haywood County was still without a hospital, which was not unusual for rural communities. Reflecting its goal to remedy such health care disparities, the North Carolina Medical Society commissioned High Point physicians J. T. Burrus and H. W. McCain to undertake a statewide medical facility survey. In their 1917 report, the men chronicled a dramatic increase in hospital quantity and quality from the eleven institutions that had been established in the state before 1895 to sixty-five hospitals existing in 1916. The vast majority (fifty-four) of those facilities were "stock" hospitals, which were chartered and owned by physicians rather than secular, religious, or military entities. In such cases, a board of trustees provided management oversight and vetted hospital staff. Three facilities—Charlotte's Presbyterian Hospital, Wilmington's James Walker Memorial Hospital, and Washington Hospital (which became Beaufort General Hospital)—handled notably large numbers of surgeries.¹⁹

Haywood County physicians finally succeeded in their quest to improve accessibility to medical care when investors incorporated the privately-funded Waynesville Hospital. The institution commenced operating in early 1917, occupying a two-and-a-half story, weatherboarded, Queen Anne-style dwelling on Pigeon Street that had formerly functioned as the Bonnie Castle Hotel. Although administrators purchased some equipment and area residents contributed furnishings, budget constraints resulted in the facility being sparsely equipped. However, the hospital effectively provided county residents with emergency medical treatment and preventative health care, treating 170 patients during its inaugural year. Claudia K. Hubbard served as the institution's first superintendent. Her duties included overseeing the nurses training school established in conjunction with the hospital's founding. Leila Daniels became the program's first graduate in August 1918. Nurses, including Annie Crisp, Maggie Underwood, and sisters Ethel Palmer McCracken and Myrtle Palmer Camp, lived on the hospital's third floor. They earned fifteen dollars each month for services that ranged from providing medical care to sterilizing operating and patient rooms and surgical equipment. Nursing supervisors received thirty dollars, while the hospital superintendent's monthly salary was one hundred dollars.²⁰

Waynesville Hospital's opening coincided with a spring 1917 typhoid outbreak in Canton, but the facility was not large enough to accommodate everyone in need of treatment. Therefore, Champion Fibre Company invested approximately five thousand dollars in an emergency renovation that converted Canton's Mission School into a hospital. The facility was so well-received that the institution incorporated and elected a management committee. Both hospitals served area residents as the 1918 influenza epidemic escalated. The local chapter of the Red Cross supplemented the work of hospital staff by providing food, transportation, and coordinating volunteer nurses during the crisis. Waynesville Hospital nursing student Lillian Marion Johnson was among those who died from the disease in October 1918.²¹

Area physicians including J. F. Abel, F. M. Davis, J. M. Russell, and J. H. Way enlisted in the military, serving on United States bases and overseas during World War I. At home and abroad, the doctors treated

¹⁹ Haywood County Historical Society, *The 1916 Pictorial Story of Haywood County* (undated reprint of a Special Industrial and Resort Edition of the *Carolina Mountaineer*), 5; Warner L. Wells, "Pioneer Hospitals in North Carolina," in *Medicine in North Carolina: Essays in the History of Medical Science and Medical Service, 1524-1960*, ed. Dorothy Long (Raleigh: The North Carolina Medical Society, 1972), 280-283.

²⁰ "Waynesville Hospital Notes," *Carolina Mountaineer and Waynesville Courier* (hereafter abbreviated *CMWC*), August 8, 1918, p. 4; Louise K. Nelson, *Historic Waynesville and Haywood County, North Carolina* (Waynesville, N.C.: Louise K. Nelson, 1999), 137; Anderson and Anderson, *Heritage of Healing*, 116-117, 125-126.

²¹ "Campaign Against Influenza," and "Waynesville Hospital," October 24, 1918, p. 1; "Memorial Room at Waynesville Hospital," *CMWC*, June 19, 1919, p. 2; Anderson and Anderson, *Heritage of Healing*, 117-118, 122-123.

servicemen suffering from injuries including poisonous gas exposure, which frequently triggered tuberculosis. In response to a need for convalescent hospitals, the United States Army leased properties including White Sulphur Springs Hotel near Waynesville. The military orchestrated the building's April 1918 remodeling to create a 250-bed facility known as General Hospital No. 18 and admitted the first nine patients on July 18th. In September, staff erected tents to provide additional housing. Army personnel staffed the hospital. By January 1919, the facility had admitted approximately six hundred patients, all of whom were soldiers or veterans. Local volunteers bolstered patient morale by organizing concerts, dances, and movies. General Hospital No. 18 closed in March 1919.²²

Waynesville Hospital continued to serve area civilians. Administrators hired Joshua Fanning Abel to manage the facility upon his return from military service in January 1919. Dr. Abel, a Haywood County native, was ideally suited for the position. After graduating from Baltimore University Medical School in 1892, he completed a year-long surgical internship at Johns Hopkins Medical School prior to returning home, where he established a Canton practice in May 1893. He moved his practice to Waynesville in 1900, and, other than brief tenures in Baltimore and Johns Hopkins for clinical study, remained in residence until his 1938 death.²³

Upon Waynesville Hospital, Inc.'s June 1922 dissolution due to financial difficulties, Haywood County assumed the institution's administration. Individuals and organizations such as women's clubs, the Civic League, and the Dorcas Bell Love Chapter of the Daughters of the American Revolution continued to subsidize the operation through donations of cash, linens, supplies, and services. In addition to hospital staff, local physicians including R. L. Allen, J. R. McCracken, K. E. Montgomery, Sam Stringfield, Thomas Stringfield, J. H. Way, and J. E. Wilson, and Jackson County doctors C. Z. Chandler and H. W. Tidmarsh of Sylva utilized exam rooms and surgeries to treat patients.²⁴

During the early 1920s, as North Carolina's burgeoning economy encouraged the construction of many new hospitals and the expansion of existing facilities, Haywood County physicians and residents advocated for a modern hospital. However, county commissioners, despite receiving dispensation from the state legislature in 1922 to sell the existing facility and hold a bond referendum to erect a new building, did not support the initiative. Doctors therefore continued to treat patients in homes, offices, and at the Waynesville and Canton hospitals. Both locations provided care for paying and indigent clients, frequently hosting clinics to address tonsillitis, tuberculosis, and other illnesses. In June 1923, Haywood County Hospital streamlined operations and appointed a board of directors led by county commissioner H. A. Osborne, Dr. J. F. Abel, and former sheriff J. R. Hipps. Walter Ferguson served as the institution's business manager. In September, the hospital's nurses' training school, managed by superintendent Gwendoline Jones, a native of Wales, admitted eight nurses.²⁵

Local newspapers reported that Haywood County Hospital was often full to capacity, requiring area residents to seek treatment at other area facilities. In response to this conundrum, Dr. McCracken in 1925

²² Tobias Larson, "Sulphur Springs Hotel Property at Waynesville Now United States Army General Hospital," *CMWC*, April 4, 1918, p. 1; Anderson and Anderson, *Heritage of Healing*, 118-119; Curtis W. Wood, Jr., ed. *Haywood County, Portrait of a Mountain Community: A Bicentennial History* (Waynesville, N.C.: Historical Society of Haywood County, 2009), 202.

²³ E. W. Gudger, "Joshua Fanning Abel, Doctor of the Old School, Surgeon of the New, 1868-1938," *Southern Medicine and Surgery*, Volume 102, No. 7 (July 1940), 355-356.

²⁴ "Christmas Sale of Tuberculosis Seals," December 8, 1920, p. 7; "Certificate of Dissolution," June 29, 1922, p. 3; "Report of the Haywood County Hospital," *CMWC*, May 4, 1923, p. 1; Anderson and Anderson, *Heritage of Healing*, 124.

²⁵ "The Haywood County Hospital," *CMWC*, February 2, 1922, p. 1; June 21, 1923, p. 1; July 6, 1922, p. 5; August 3, 1922, p. 8; August 23, 1923, p. 1; September 20, 1923, p. 1; Anderson and Anderson, *Heritage of Healing*, 129-130.

equipped several rooms in an office building he owned on Main Street in Waynesville to function as a small hospital, staffing the two-bed facility with registered nurses who provided daily and overnight care.²⁶

By 1926, 153 hospitals in fifty-nine counties served North Carolina residents. However, access to convenient and affordable medical care was still particularly problematic for rural dwellers, and the ratio of doctors to patients was extremely low—only one physician to every 1,500 people according to a University of North Carolina survey. Efforts to replace Haywood County Hospital resumed in April 1926, when petitioners urged the issuance of a \$100,000 bond to erect and maintain a new edifice. With voter approval, county administrators purchased a five-acre wooded lot in the Brookmont subdivision on North Main Street upon which to build the hospital. Planners selected the spacious tract in order to allow ample room for later expansion. The county began selling construction bonds and supplied an additional \$6,516.08. As a result of this revenue source, Haywood County Hospital became North Carolina's first publicly funded county hospital. It was also the first of many hospitals subsidized by a grant from the Duke Endowment, which supported the effort with a \$10,000 donation. Bequests from individuals and organizations totaled \$2,209.96. Local industrial concerns, churches, civic groups, and citizens also assisted with equipment and furnishing costs.²⁷

The *Charlotte Observer* announced in February 1927 that prolific Charlotte architect Louis H. Asbury had been awarded the hospital design contract. The Haywood County Medical Society and physician W. S. Rankin, director of the Duke Endowment's Hospital Section, provided input during the planning process. The hospital's building committee solicited contractor bids in March and selected Phillips Construction Company of Waynesville to execute the work. When the forty-five-bed (including eight bassinets in the nursery) hospital admitted its first patient on January 1, 1928, it offered the most up-to-date medical facilities. Administrative and doctors' offices, examination rooms, private and multiple-bed wards filled the first floor, while the second floor primarily housed patients. The third floor included patient rooms and a nursery as well as labor and delivery, operating, and equipment sterilizing rooms. A classroom, laundry, morgue, dressing room, dark room, X-ray room, laboratory, and outpatient waiting and examination rooms occupied the basement. Four solariums in the two-story wings extending from the east and west elevations provided patients with light-filled respites. Other amenities included an Otis elevator, drinking fountains, linen and trash chutes, a dumb-waiter system, steam heat, and an incinerator. African American patients were initially seen in a first-floor examination room, but later received outpatient treatment and inpatient care in basement facilities.²⁸

Dr. J. F. Abel remained the hospital's chief of staff until his 1938 death. Eleanor Parrott served as the institution's superintendent from 1927 until 1929, followed by Ruth Hampton. Parrott, trained at the Woman's Hospital of Maryland and the Sheppard Enoch Pratt Hospital in Baltimore, had previously supervised nurses at James Walker Hospital in Wilmington, North Carolina. The contingent of physicians

²⁶ "Haywood County Hospital," *CMWC*, August 24, 1922, p. 1; Anderson and Anderson, *Heritage of Healing*, 130.

²⁷ *News Letter*, July 7, 1926, vol. XII, no. 34 (Chapel Hill: University of North Carolina, 1926); Rankin, et. al., *The Small General Hospital*, 116; "Work to Begin on New Hospital Soon," *WM*, Nov. 25, 1926, p. 1; Hilda Way Gwyn, "First in State to be Built by Vote of People," *Sunday Citizen* (Asheville), March 3, 1929; Anderson and Anderson, *Heritage of Healing*, 130, 134.

²⁸ Gwyn, "First in State to be Built by Vote of People;" "Haywood Hospital to be Modern Structure," *Charlotte Sunday Observer*, February 27, 1927, Section 4, p. 1; "Notice to Contractors," *Charlotte Observer*, March 11, 1927, p. 21; Rankin, et. al., *The Small General Hospital*, 116; Louis H. Asbury, "Haywood County Hospital," Job #668, March 9, 1927; Duke Endowment, *Fourth Annual Report of the Hospital Section* (Charlotte: Duke Endowment, 1928), 166.

and registered nurses who staffed Haywood County Hospital in the early 1930s successfully pursued accreditation from the American College of Surgeons.²⁹

In 1933, a \$6,000 grant from the Duke Endowment subsidized the construction of a two-story-on-basement brick nurses' dormitory that stands south of the hospital.³⁰ The sizable edifice encompassed eleven bedrooms, four bathrooms, and a living room, kitchen, solarium, and basement laundry. Measures such as utilizing county welfare recipients to excavate the foundation and recycling brick from the county jail as it was demolished that year kept the total cost to \$12,000. Simultaneous improvements included landscaping, stone retaining walls, and a tennis court. In addition to trees and shrubs, a grape arbor was planted.³¹

During the Great Depression, the hospital benefited from government-funded New Deal initiatives that created work for unemployed citizens by executing public improvement projects. In 1934-1935, the federal Civil Works Administration (CWA) and the North Carolina Emergency Relief Administration (NCERA), the state's first such program, contributed \$3,601.83 toward improving the Haywood County Hospital grounds. Some of that work likely involved constructing the stone retaining wall fronting North Main and East Streets. The CWA also allocated \$84.00 to pay the salaries of two nurses.³²

Between 1927 and 1937, Haywood County Hospital staff treated 13,816 patients, 10,410 of whom were admitted for overnight stays, and delivered 810 babies. The Duke Endowment subsidized the care of indigent patients at a rate of \$1.00 per day. The institution was in such dire need of additional space by 1936 that the solariums had been converted into patient rooms. The hospital then contained seventy-five beds, but could admit up to ninety-three patients in emergency situations. County commissioners agreed to explore the feasibility of constructing a rear wing, but could not identify a funding source.³³

In 1940, thirty physicians served 34,804 Haywood County residents, 4,220 of whom enlisted in the armed forces during World War II. Doctors including N. F. Lancaster, Marvin H. McCracken, Roy H. Moore, William S. Sloan, Dudley W. Smith, and Tom Stringfield, and Haywood County Hospital nurses Mary Evelyn Crenshaw, Grace C. Fisher, Mary Francis, Betty Phelps, Lucille Plott, and Lillian Ross volunteered for military service. The ensuing dearth of medical care providers precipitated the county's mayors to request citizens to utilize physicians' time as efficiently as possible by reducing house call requests.³⁴

Haywood County Hospital functioned at full capacity throughout World War II. The War Production Board deemed the building a penicillin distribution depot. Area women met at the facility to make bandages to support the war effort. Servicemen's wives received free maternity care, delivery, and ten days of inpatient convalescence after birth. The facility filled beyond capacity in 1945, when nurses'

²⁹ Gwyn, "First in State to be Built by Vote of People;" Edward Matson Hand (Dr. Fanning's grandson), "Joshua Fanning Abel, M. D.," in *Haywood County Heritage, North Carolina, Vol. I* (Waynesville, N. C.: Haywood County Genealogical Society, 1994), 62; Anderson and Anderson, *Heritage of Healing*, 132.

³⁰ The dormitory building, and 1.79-acre parcel south of the hospital upon which the dormitory stands, is currently owned by Smoky Mountain Center, an organization that manages health care services for recipients of Medicaid or state and local subsidies. The Smoky Mountain Center is not interested in including the former nurses' dormitory in the nomination. To protect the privacy of the patients, no access was granted to the interior of the building.

³¹ Gwyn, *Haywood County Hospital*, 11, 17.

³² Kirk, Cutter, and Morse, *Emergency Relief in North Carolina*, 487.

³³ Ibid., 23; Anderson and Anderson, *Heritage of Healing*, 132.

³⁴ Spencer B. King Jr., *Selective Service in North Carolina in World War II* (Chapel Hill: University of North Carolina Press, 1949), 321; Anderson and Anderson, *Heritage of Healing*, 154-155.

superintendent Mrs. Richard L. Rogers remarked upon the delivery of twenty babies in one week that “We have put them in drawers, in boxes, out in the hall.” The shortage of registered nurses was so problematic that the hospital shortened shifts to eight hours in hopes of recruiting staff.³⁵

The overcrowded and understaffed situation at Haywood County Hospital was not an anomaly. A statewide initiative to update North Carolina’s medical facilities began in 1945 in response to the Medical Care Commission’s findings that most hospitals were inadequate. The Hill-Burton Act, a 1946 federal law also known as the Hospital Survey and Construction Act, provided the means to facilitate hospital improvements nationally through a federal grant and loan program. The North Carolina General Assembly supplied matching funds in 1947 and 1949, and the North Carolina Medical Care Commission delineated statewide needs, determining that thirty-three counties had no hospitals and more than fifty percent of the state’s counties contained insufficient facilities. With a goal of providing convenient and affordable treatment to all residents, regardless of their location or ability to pay for care, the Medical Care Commission created 103 hospital districts and approved 57 hospital expansion or construction projects by June 30, 1951 under the auspices of the Good Health Plan. Communities including Lenoir, Burlington, North Wilkesboro, Smithfield, Greenville, Laurinburg, and Albemarle erected new 100-bed hospitals, most of which were executed in a streamlined Modern architectural style in an attempt to convey the most up-to-date image.³⁶ Haywood County Hospital received funds to erect a rear wing.

The Hill-Burton Act also provided financing for the construction of small community health centers and nurses’ residences. Local municipal and county governments were required to provide funds to supplement the federal and state construction grants and loans, as well as to demonstrate their ability to maintain the proposed facilities. In addition to these initiatives to improve physical plants, the North Carolina General Assembly sponsored the University of North Carolina at Chapel Hill’s medical school expansion and established a revolving loan program to subsidize the salaries of young medical, dental, and nursing school students who made commitments to practice in rural areas for four years.³⁷

The Good Health Plan’s success depended upon the collaborative efforts of medical professionals, community and political leaders, and private citizens. Big band leader Kay Kyser recorded a song called “It’s All Up To You” with Frank Sinatra and Dinah Shore to generate public support for the plan and the tune dominated radio station playlists.³⁸ Private donations were a significant component of the initiative.

In Haywood County, an October 1949 bond referendum of \$225,000 provided the local government match for the federal and state funding allocated toward the rear wing’s construction. County commission chair George A. Brown Jr. estimated that the addition cost would be around \$510,000, but the final project expenditure totaled approximately \$750,000. Asheville architect Lindsey M. Gudger designed the five-story, brick, Modernist structure.³⁹

After the 1952 addition’s completion, Haywood County Hospital had a 100-bed capacity, with three beds designated for African American patients. The rear wing featured air-conditioned operating and delivery

³⁵ Anderson and Anderson, *Heritage of Healing*, 155, 162.

³⁶ Marjorie Hunter, “Rural Areas Benefit Most from Big Hospital-Building Program,” *Raleigh News and Observer*, Annual Farm Edition, February 20, 1950, p. 20; *North Carolina Almanac and State Industrial Guide, 1952-1953* (Raleigh: Almanac Publishing Company, 1952), 515-516; Medical Foundation of North Carolina, fundraising brochure, 1953.

³⁷ *Ibid.*

³⁸ Dick Broom, *Jubilee: North Carolina Memorial Hospital UNC School of Medicine, A 50-Year Illustrated Retrospective* (Chapel Hill: Medical Foundation of North Carolina, 2002), 13.

³⁹ “Hospital Granted 51-Bed Addition,” *WM*, Nov. 3, 1949, 1.

rooms, private and semi-private rooms for up to four patients, nursing stations on each floor, a third-floor nursery, a medical library, and a kitchen. When services shifted to the 1952 building, the 1927 hospital received fresh paint and furniture installation. A \$10,000 donation from Champion Fibre Company subsidized the acquisition of equipment for the basement X-ray room. Since the 1952 surgical suite made the 1927 building's two third-floor operating rooms redundant, the labor and delivery department expanded into that space.⁴⁰

During the 1950s, the American Hospital Association, American Medical Association, American College of Physicians, and Canadian Medical Association accredited the facility. Hospital administrator Lee Davis supervised personnel including physicians, nurses, nurses' aides, orderlies, technicians, laboratory workers, pharmacists, dieticians, clerical staff, cooks, and kitchen assistants. In 1959, the medical team included physicians Allen Brown and Sims S. Hindman and nurses Nancy Abel, Ruth Bates, Agnes Blanton, Beatrice Davis, Frances Davis, Jay Gaynon, Beth Harris, Ruth Hicks, Mary Holder, Effie Howell, Martha Mehaffy, Mary Springer, and Shirley Young. James Crawford managed the hospital's office and Odell Ross supervised the maintenance crew.⁴¹

Despite the 1952 wing's size, the institution soon required additional space. Foy and Lee Associates, Architects, of Waynesville, designed the five-story, brick, Modernist addition that doubled the wing's square footage. When completed in 1958, patient rooms flanked the central corridors of the upper three floors, expanding the hospital's capacity by forty-eight beds. In 1960, the Duke Endowment reported that Haywood County Hospital contained 154 beds.⁴²

Several minor exterior alterations intended to improve the building's functionality occurred in 1966. The three-story brick east and west stair towers were added to the 1927 building, as well as the third-story addition on the east solarium wing, the one-story brick ambulance garage that projects north from the west solariums and stair tower, and the one-story wing on the 1952 building's east elevation that created a new emergency room entrance.

In 1969, Haywood County Hospital was one of eight southwestern North Carolina facilities to participate in pilot acute coronary care program implemented by Bowman Gray School of Medicine in Winston-Salem. Due to the region's dearth of heart specialists, the medical school supplied the hospital network with unlimited telephone consultation. Haywood County Hospital had a fourteen-bed coronary care unit and one of the network's two ambulances equipped for mobile intensive care. Significant federal funding cuts during the 1970-1971 fiscal year limited hospital operation.⁴³

Haywood County leaders began to plan for the construction of a replacement hospital in 1975. The resulting Haywood Regional Medical Center in Clyde, which opened in 1979, includes a 169-bed hospital. Haywood County maintains ownership of the former hospital at 1230 North Main Street, which

⁴⁰ *WM*, Dec. 4, 1952, p. 1; *North Carolina Almanac and State Industrial Guide*, 518; Anderson and Anderson, *Heritage of Healing*, 163.

⁴¹ Anderson and Anderson, *Heritage of Healing*, 164.

⁴² Foy and Lee Associates, Architects, and Associated Engineers, Inc., "A Chronic Disease Addition to the Haywood County Hospital," Sheet P-7, June 2, 1958; Duke Endowment, *Annual Reports of the Hospital and Orphan Sections* (Charlotte: Duke Endowment, 1960), 27.

⁴³ "First in Nation: Network of Coronary Units Dedicated," *High Point Enterprise*, April 28, 1969, p. 5A; "Hospital Projects Curtailed," *Statesville Record and Landmark*, March 21, 1970, 1.

has housed the school system's administrative offices in the 1927 building since 1981. The Haywood County Department of Social Services vacated the rear wing in January 2012.⁴⁴

Landmark Development began exploring the rehabilitation potential of Haywood County Hospital in 2016. The hospital was listed in the National Register of Historic Places during the subsequent four-year planning period. The rehabilitation commenced after the school system vacated the property in December 2020 and was completed in 2022. The complex called Brookmont Lofts provides fifty-four efficiency, one-, and two-bedroom apartments approximately one mile northeast of Waynesville's central business district. Rowhouse Architects of Asheville rendered drawings for the work executed by Davie Construction Company.

Architecture Context

Most North Carolina hospitals operating during the early twentieth century were privately funded institutions and few were housed in structures erected specifically to serve as medical facilities. By the 1920s, however, hospitals, like consolidated schools and other public edifices, manifested new design standards intended to result in buildings that were commanding in appearance as well as fireproof and hygienic. H-, U-, and T-shaped floor plans allowed for large windows, often paired or grouped in wide bands, to illuminate and ventilate interior spaces. The new buildings also featured central heating plants and multiple bathrooms, previously rare amenities. Most displayed Classical Revival-style features, a popular choice since the turn of the twentieth century for buildings intended to symbolize "democratic ideals, inspire patriotism, and elevate public taste."⁴⁵

J. T. Burrus and H. W. McCain's 1917 report on North Carolina hospitals included photographs of fifty-eight buildings of disparate appearance. Surgeon Warner Wells analyzed the images in 1972 and concluded that fifteen facilities occupied residences that had been adapted for use as hospitals, twelve had "conventional sanatorium design," and four were located on the upper floors of commercial buildings. Institutions such as Durham's Watts Hospital and Raleigh's Rex Hospital had H- or E-shaped plans that provided maximal light and air circulation and encompassed open wards or "pavilions" intended to house patients with the same disease, thus discouraging the spread of infection. The pavilion plan, first employed in mid-nineteenth century France and England and promoted by nurse Florence Nightingale, remained common through the 1930s, although the more compact block plan, which featured smaller patient rooms flanking central corridors, was also popular during the period. Block-plan hospitals allowed for efficient staff interaction, increased patient privacy, and reflected a focus on medical technology rather than building form as the mechanism of patient healing. Such facilities were executed in a variety of architectural styles including Classical, Colonial, and Renaissance Revival. Both pavilion- and block-plan facilities reflected a concern with "fastidious and universal cleanliness" as promoted by hospital sanitation expert John Simon, who stressed that sterile conditions and ample ventilation were critical components of patient care.⁴⁶

⁴⁴ *Hill's Waynesville, Hazelwood, and Lake Junaluska City Directory* (Richmond, V. A.: Hill Directory Company, Inc., 1959); Haywood County Board of Education Minutes, 1980-1981, Haywood County Schools, Waynesville, North Carolina; Dale Burrus, Haywood County Facilities and Maintenance Director, email correspondence with Heather Fearnbach, August 2015.

⁴⁵ Catherine W. Bishir, *North Carolina Architecture*, portable edition (Chapel Hill: University of North Carolina Press, 2005), 457.

⁴⁶ Warner L. Wells, "Pioneer Hospitals in North Carolina;" Annmarie Adams, *Medicine By Design: The Architect and the Modern Hospital, 1893-1943* (Minneapolis: University of Minnesota Press, 2008), xvii-xix.

Early-twentieth-century North Carolina examples include Classical Revival-style hospitals in Burlington, Elizabeth City, Morehead City, and Wilson rendered by architect Charles C. Benton of Wilson, as well as Gastonia's City Hospital, designed by Columbia, South Carolina, architect Charles Coker Wilson. Elizabeth City Hospital (1915) at 1301 Carolina Avenue has been altered. Moore-Herring Hospital (1914) in Wilson and Morehead City Hospital (1918) are no longer extant. However, Mercy Hospital (1913), erected at 504 East Green Street to serve Wilson's African American residents, and Rainey Hospital (1916) at 1308 Rainey Street in Burlington are intact. Each features a monumental tetrastyle portico. Mercy Hospital has been renovated to serve as offices for the Wilson Community Improvements Association, Inc., while Rainey Hospital houses Carolina Biological Supply Company.⁴⁷ Gastonia's four-story, brick, 1924 City Hospital (NR 2011) at 401-405 North Highland Street manifests a Classical Revival influence in its flat-roofed east entrance portico with a denticulated cornice and paired Tuscan columns and metal cornice with a tall frieze below square modillions. The Landmark Group and Rehab Builders renovated the building in 2013 to function as Highland Memorial Apartments.

In his design for the 1927 Haywood County Hospital, Charlotte architect Louis H. Asbury employed classical architectural elements to evoke a sense of tradition and permanence. Character-defining features include symmetrical fenestration, double-hung multilight wood sash, the Indiana limestone modillion cornice and water table, the stepped parapet that rises above the flat roof, and the portico's brick posts and pilasters. The imposing brick edifice also reflects 1920s design standards in its fireproof structure: reinforced-concrete floors and roof decking, four-inch-thick hollow-terra-cotta-block partition walls, and pressed-red-brick exterior walls laid in running bond. The double-loaded corridor plan allowed for efficient room arrangement and provided ample light and ventilation. Asbury specified durable and easy to disinfect finishes such as terrazzo floors, ceramic-tile wainscoting and floors, and slate treads for the steel-frame central stair. All were commonly utilized in hospital interiors during this period.⁴⁸

The Duke Endowment profiled Haywood County Hospital in its 1928 bulletin, *The Small General Hospital*, which was intended to provide guidance for rural institutions seeking to erect facilities with twenty- to forty-five-bed capacities. Amply illustrated with architectural drawings provided by the Hospital Library and Assistance Bureau in Chicago, Illinois, the publication outlined the planning process and provided specifications regarding building materials, equipment, and room arrangement and function. The 1932 edition also includes photographs and renderings of ten North Carolina and South Carolina hospitals that the Duke Endowment had subsidized. Haywood County Hospital was the first such institution to which the organization supplied a grant. The Duke Endowment's Hospital Section, under the direction of physician W. S. Rankin, guided local architects as they adapted the endowment's standard hospital plans to a particular site and the community's needs. Two examples highlighted in the bulletin were almost identical to Haywood County Hospital: Conway Hospital (1930) in Conway, South Carolina, designed by Florence, South Carolina, architects Wilkins and Hopkins; and Lee County Hospital (1931) in Sanford, North Carolina, rendered by Henderson, North Carolina, architect Eric G. Flannagan.⁴⁹

Many hospitals had associated nursing schools. Whenever possible, separate dormitories located on the grounds provided students with quiet, convenient, and private residential space. Nursing and education, which were among the few professional career opportunities available to women through the early twentieth century, perpetuated women's traditional roles as nurturers and teachers while allowing for autonomy and the opportunity for women to work outside the home. The rigorous demands of academic

⁴⁷ Kate Ohno, "Charles C. Benton Sr.," *North Carolina Architects and Builders: A Biographical Dictionary*, 2012, <http://ncarchitects.lib.ncsu.edu/people/P000420> (accessed August 2023).

⁴⁸ Rankin, et. al, *The Small General Hospital*, 116, 119-120.

⁴⁹ *Ibid.*, 99-106, 116, 119-120.

coursework and practical training left little time for young women to run a household, making residential dormitories a perfect solution.

Nurses' residences typically encompassed an apartment for the school superintendent, reception areas, a dining room, a kitchen, classrooms, and bedrooms.⁵⁰ These buildings were usually erected in an architectural style in keeping with the adjacent hospital. The lack of architectural embellishment in the two-story-on-basement, brick, 1933 Haywood County Nurses' Dormitory reflects the depression era during which it was constructed. The sizable edifice encompassed eleven bedrooms, four bathrooms, and a living room, kitchen, solarium, and basement laundry. The dormitory building, and 1.79-acre parcel south of the hospital upon which the dormitory stands, is currently owned by Smoky Mountain Center, an organization that manages health care services for recipients of Medicaid or state and local subsidies. The Smoky Mountain Center is not interested in including the former nurses' dormitory in the nomination. Due to the building's function, no access was granted to the interior of the building to protect the privacy of the patients.

North Carolina hospital design changed dramatically in the late 1940s, when the Medical Care Commission evaluated facilities statewide and found that many, even those constructed in the 1920s and 1930s, were unable to meet capacity demands given rapid postwar population growth. Utilizing federal grants and loans made available by the Hill-Burton Act and matching funds allocated by the North Carolina General Assembly and local governments in conjunction with public donations, 97 health care facilities in 60 counties were improved at a cost of \$47 million between 1947 and 1951. The majority of these projects involved the construction of new hospitals.⁵¹

Changes in medical technology, theory, and practice coalesced with the desire for a fresh, progressive image for the new facilities. Modern architecture, in addition to being a predominant mid-twentieth-century design aesthetic, proved to be the most affordable option for the hospital building program. Modernist principles such as simplicity, efficiency, affordability, and intrinsic material expression were inherently applicable to educational buildings, which typically display a functionalist approach in their form, horizontal massing, articulated structures, spare detailing, and fenestration that is dictated by spatial use rather than symmetry. The availability of new building materials and technology allowed for structures that employ concrete, steel, and glass in innovative ways. Curtain walls containing large steel-frame windows replaced traditional load-bearing walls and facilitated visual connectivity between interior and exterior spaces. Such design provides large, well-ventilated, and amply lit interiors. Steel and precast-, formed-, and slab-concrete structural systems, often exposed on the exterior and interior, allow for expansive, open spaces such as auditoriums and gymnasiums. Concrete floors and wall panels, available in a wide variety of colors, textures, and finishes, were pragmatic and durable. Concrete block was often a less expensive alternative for structural walls than brick. Materials including structural and spandrel glass, glass block, anodized aluminum, natural and cast stone, textured concrete masonry units, and long, thin Roman brick were used to embellish facades during this period. Steel-frame doors and windows and ceramic-tile wainscoting and floors were durable, hygienic, and cost-effective.

Such elements were well-represented in the contemporary architecture exhibit in 1932 at the Museum of Modern Art in New York, which exposed the American public to Modernist architectural tenets. The exhibit catalog, authored by art historian Henry-Russell Hitchcock Jr. and architect Philip Johnson, identified noteworthy buildings constructed in what was called the International Style given its European

⁵⁰ W. Gill Wylie, *Hospitals: Their History, Organization, and Construction* (New York: D. Appleton and Company, 1877), 162-163.

⁵¹ *North Carolina Almanac*, 1952-1953, 515.

genesis and subsequent diffusion throughout the world. They also profiled the movement's leading architects: Walter Gropius and Ludwig Mies van der Rohe of Germany, Le Corbusier of France, and J. J. P. Oud of Holland.⁵² Walter Gropius and Mies van der Rohe were among the European architects and designers who immigrated to the United States in the late 1930s and espoused Modernist principles to a new audience. Gropius, the highly influential founder of the German design school known as the Bauhaus, promoted the central tenets of Bauhaus philosophy—maximum efficiency and simplicity of design—in the courses he taught at Harvard's Graduate School of Design beginning in 1937. Both men inspired generations of architects.

The popularity of Modernist design coincided with the hospital construction boom initiated by the Hill-Burton Act and the 1948 creation of the School of Design at North Carolina State College (NCSC) in Raleigh. Campus administrators hired architecture professor Henry Kamphoefner, who recruited George Matsumoto, James Walter Fitzgibbon, Edward W. Waugh, and other University of Oklahoma faculty to help him establish the NCSC School of Design. The men, all strong proponents of Modernism, employed the style in commercial, educational, industrial, institutional, religious, and residential commissions throughout the state. The design school's collaboration included a partnership with the North Carolina Division of School Planning that involved developing design standards and advocating contemporary architecture at workshops for local officials and architects in 1949 and 1950. School of Design professors and visiting lecturers including Frank Lloyd Wright, Walter Gropius, and Mies van der Rohe had a significant impact on North Carolina's mid-century built environment, both through the buildings they designed and the students they trained.⁵³

A few mid-twentieth-century North Carolina medical facilities, such as the 1958 Presbyterian Hospital in Charlotte and the Northrup and O'Brien-designed University of North Carolina at Chapel Hill Hospital were Classical Revival in style, but the vast majority reflected a Modernist influence in their use of materials, construction techniques, and spatial arrangements. A two-page collage in a fundraising brochure published by the Medical Foundation of North Carolina around 1953 illustrates sixteen Modernist hospitals, but the facility locations are only visible on a few: Alamance, High Point Memorial, Kinston Memorial, and Bertie.⁵⁴ All display sleek lines, smooth facades, flat-roofed entrance canopies, and aluminum-frame plate-glass windows, doors, and curtain walls characteristic of Modernist design.

High Point Memorial Hospital (1950) was enlarged numerous times before being replaced in 1986 with a contiguous facility, High Point Regional Hospital, at 601 North Elm Street. Kinston Memorial Hospital, now Lenoir Memorial Hospital, has been expanded and remains in operation at 100 Airport Road. After Alamance County Hospital (1951) at 319 Graham Hopedale Road closed in 1995, the county moved offices for departments including health and social services into what is now known as the Alamance County Human Services Center. Bertie County Memorial Hospital (1952; NR 2004) at 401 Sterlingworth Street in Windsor retained its original function until 2000, after which The Landmark Group and Rehab Builders renovated the structure to function as Cashie Apartments. The same developers rehabilitated Gaston Memorial Hospital (1951) at 401-405 North Highland Street in Gastonia, designed by Walter Hook and Associates of Charlotte, a firm with many mid-twentieth-century hospital commissions.

⁵² Henry-Russell Hitchcock, Jr., and Philip Johnson, *The International Style: Architecture since 1922* (New York: W. W. Norton & Company, 1932), 20.

⁵³ Edward Waugh and Elizabeth Waugh, *The South Builds: New Architecture in the Old South* (Chapel Hill: The University of North Carolina Press, 1960), preface, 8; David R. Black, "Early Modern Architecture in Raleigh Associated with the Faculty of the North Carolina State University School of Design, Raleigh, North Carolina," National Register of Historic Places Multiple Property Documentation Form, 1994, E15-16.

⁵⁴ Medical Foundation of North Carolina, fundraising brochure, 1953.

Like the aforementioned buildings, the long rectangular form, horizontal massing, flat roof, sleek lines, smooth brick facades, and large multipane steel sash of the 1952 and 1958 Haywood County Hospital additions, designed respectively by Asheville architect Lindsey M. Gudger and Foy and Lee Associates, Architects, of Waynesville, express Modernist tenets in a pragmatic manner. The architects selected economical materials due to the limited construction budget. The contrasting texture and color of the 1958 wing's red brick walls, orange-brick stretcher-course accents, and cream concrete-block spandrels was an affordable means of adding interest and dimension. Large windows in every room and the southeast stair tower's full-height curtain wall supply abundant light and ventilation while creating a sense of openness and connectivity between the building interior and the surrounding landscape.

The efficient double-loaded corridor plan maximizes spatial use. The ground floor's north section functioned as the surgical suite, containing four operating rooms, a scrub room, a fracture room, a cystology room, and a doctors' lounge and bathroom. One-, two-, and four-bed patient rooms filled most of the upper three stories. Each floor also contained nurses' stations and work rooms, a visitor lounge and restroom, treatment rooms, and storage rooms. A suite of rooms at the third floor's northeast corner served as the nursery. The basement's north section encompassed a boiler room, maintenance shop, large general storage room, large food storage room with a metal walk-in cooler, small storage room, morgue, oxygen storage and cooling room, and machine room.⁵⁵

Finishes such as ceramic-tile wainscoting, floors, and baseboards in the surgical suite, restrooms, kitchen, and morgue facilitated a hygienic environment. Built-in closets, cabinets, and lockers provided efficient storage and reduced furnishing costs. In the 1958 corridors, angled baseboards and aluminum handrails protected the walls from repeated strikes from gurneys and other equipment.

Louis Humbert Asbury Sr. (1877-1975)

Prolific Charlotte architect Louis Humbert Asbury Sr. had the distinction of becoming the first North Carolina native to pursue professional architectural training, return to establish a successful practice in his home state, and attain American Institute of Architects (AIA) membership. Prior to attending Trinity College, which became Duke University, Asbury learned about the building trades while assisting his father, Charlotte general contractor S. J. Asbury. After finishing studies at Trinity College, he was accepted to Massachusetts Institute of Technology's Department of Architecture, where he was a special student from October 1901 until May 1903. He then gained experience as a draftsman working for New York architects Rossiter and Wright (1903) and Boston architects Cram, Goodhue, and Ferguson (1904-1908). A 1906 European architectural study tour imbued him with an international perspective. In 1908, Asbury established an independent Charlotte architecture firm and successfully applied for AIA membership. He was one of five North Carolina architects instrumental in founding the North Carolina chapter of the AIA in 1913 and served as its first vice-president.⁵⁶

Asbury's oeuvre spanned the state and encompassed myriad building types and architectural styles. He completed numerous Classical Revival style commissions, some of which, such as the Professional Building (1925), First National Bank (1927), Mecklenburg County Courthouse (1928), and Mayfair

⁵⁵ Ibid.

⁵⁶ Louis Humbert Asbury, "Application for Membership," 1908, AIA membership file, AIA Archives, Washington, D. C.; George S. Koyl, ed., *American Architects Directory*, 2nd ed. (New York: R. R. Bowker, 1962), 21; William B. Bushong and Catherine W. Bishir, "Louis H. Asbury," *North Carolina Architects and Builders: A Biographical Dictionary*, 2009, <http://ncarchitects.lib.ncsu.edu/people/P000449> (accessed August 2023).

Manor Hotel (1929), all located in Charlotte, and the Rutherford County Courthouse (1926) in Rutherfordton, were extremely sophisticated. However, as seen at the Hotel Albemarle (1923) in Stanly County and Haywood County Hospital (1928), Asbury also utilized Classical elements such as modillion cornices, symmetrical fenestration, large double-hung sash, and porticos supported by columns and pilasters to embellish much simpler buildings. His institutional work included four 1920s consolidated schools in Mecklenburg County—Morgan, Parks Hutchinson, Seversville, and Wilmore—as well as Cliffside School, Cool Springs High School, and the Norris Public Library in Rutherford County and Stonewall Jackson Training School, located in Cabarrus County near Concord. He also designed a building in 1927 for the North Carolina Orthopedic Hospital at 901 South New Hope Road in Gastonia.⁵⁷

Asbury's business burgeoned until the Great Depression, when he filed bankruptcy due to economic challenges. He found employment at Federal Housing Authority offices in Asheville and Greensboro during 1935 and 1936. The following year, Asbury reopened his private practice. His son Louis H. Asbury Jr., who attended Duke University (1931-1933) and North Carolina State College (1935-1939), joined his father's firm after graduation. When Asbury Jr. was elevated to partner status in 1945, the business's name became Louis H. Asbury and Son. Following Asbury Sr.'s 1956 retirement, Asbury Jr. incorporated the firm as Louis H. Asbury and Associates.⁵⁸

Lindsey Madison Gudger (1904-1964)

Asheville, North Carolina, native Lindsey Madison Gudger graduated from Asheville High School in 1921. He attended the University of North Carolina at Chapel Hill for two-and-a-half years, followed by the same period of study at Georgia School of Technology in Atlanta. During that period, he gained experience as a junior draftsman in architect Douglas D. Ellington's Asheville office (1921-1923) and as a senior draftsman with a Chapel Hill architecture firm, Atwood and Nash (1923-1925). After attaining a B. S. in Architecture in 1926, he managed Atwood and Nash's Asheville office for a year, departing in 1927 after accepting a position as a designer for the State of New York. He remained in Albany until 1929, when he returned to North Carolina as a designer for the Durham-based firm Atwood and Weeks. In 1932, Gudger established an independent Asheville architectural practice. By 1938, his commissions included Crabtree Consolidated School in Clyde, Waynesville High School, Old Fort High School, the Asheville Auditorium, and residences in Asheville and Rocky Mount. Gudger was active in the Asheville Chamber of Commerce and Kiwanis Club. A well-regarded painter, he enjoyed the fellowship of the American Artists Professional League.⁵⁹

The American Institute of Architects (AIA) awarded Gudger membership in 1938. Three years later, he was elected to serve as secretary-treasurer of a sister professional organization, the North Carolina Association of Architects, then led by Greensboro architect Charles C. Hartmann. Gudger partnered in 1958 with Jack Baber and John T. Wood Jr. to establish Gudger, Baber, and Wood.⁶⁰ Gudger's design for the Modernist 1952 Haywood County Hospital addition is a sensitively executed complement to the 1927

⁵⁷ Ibid.

⁵⁸ Ibid.

⁵⁹ Lindsey Madison Gudger, "Application for Membership," 1938, AIA membership file, AIA Archives, Washington, D. C.

⁶⁰ "Greensboro Main Architects Chief," *High Point Enterprise*, July 13, 1941, p. 12; C. David Jackson and Charlotte V. Brown. *History of the North Carolina Chapter of the American Institute of Architects, 1913-1998: An Architectural Heritage* (Raleigh: North Carolina Chapter of the American Institute of Architects, 1998), 198; *Hill's Asheville City Directory* (Richmond, V. A.: Hill Directory Company, Inc., 1959), 214.

hospital. Because so few commissions have been identified, the scope of his oeuvre is unknown. Gudger's death at the age of sixty on September 28, 1964, cut short a full career.

Henry Bowman Foy III (1924-2015)

Waynesville native Henry Bowman Foy graduated from Waynesville Township High School and studied at Mars Hill College for one year prior to enlisting in the United States Army. He undertook training in California at Stanford University, Camp Cooke, and Fort Ord, in 1943 and 1944 before serving in the Southwest Pacific. Upon completing his tour of duty in January 1946, he returned to Mars Hill College to finish his engineering coursework, after which he enrolled in Clemson University's School of Architecture. Following his 1950 graduation, he accepted an apprenticeship with Asheville architecture and engineering firm Six Associates, Inc., where he remained until founding an independent architecture firm in March 1955. The following year, he partnered with former Six Associates, Inc., colleague Tai Young Lee to establish the Waynesville-based practice Foy and Lee Associates.⁶¹

The firm's commercial, educational, institutional, religious, and residential commissions for which Foy was the principal architect included the Federal Building (1966) in Waynesville; the Jackson County Public Library (1969) in Sylva; and the Killian Building (Education and Psychology, 1966), Killian Annex (Mental Health Center, 1968), Forsyth Business Building (1970), and Ramsey Center (8,000-seat arena, 1986) at Western Carolina University in Cullowhee. The buildings all express Modernist tenets in their rectangular forms, horizontal massing, flat roofs, sleek lines, and large windows. After retiring in 1989, Foy served as Waynesville mayor from 1991 until 2007. He supported the Rotary Club, Boy Scouts, and the Waynesville Historical Society, which he helped found.⁶²

Tai Young Lee (1925-1993)

Tai Young Lee, born in Kirin, China, graduated from Asheville's Hall Fletcher High School and Asheville-Biltmore Junior College prior to enrolling at Georgia School of Technology, where in 1951 he earned a B. S. in Architecture. In February of that year, Lee began working as a draftsman for Six Associates, Inc. He attained membership in The American Institute of Architects (AIA) in 1956, the same year that Lee and Henry Bowman Foy created Foy and Lee Associates. Lee was the supervising architect for the firm's commissions including Tuscola Senior High School (1966) and Waynesville Junior High School (1970) in Waynesville, North Canton Elementary School (1966) and Pisgah High School (1966) in Canton, and the Pisgah Inn (1967) on the Blue Ridge Parkway, all of which are Modernist in style.⁶³

Six Associates, Inc.

Foy and Lee's experience with hospital design while at Six Associates, Inc. undoubtedly influenced their selection as the architects of the Haywood County Hospital's 1958 wing. Western North Carolina architects William Waldo Dodge Jr., Henry Irvin Gaines, Anthony Lord, William Stewart Rodgers, Erle G. Stillwell, and Charles Waddell incorporated Six Associates in 1942 in order to bolster their chances of

⁶¹ "Henry Bowman Foy III," <http://www.wellsfuneralhome.com/obituary/Henry-Bowman-Foy-III/Waynesville-NC/1500196> (accessed August 2023); George S. Koyl, ed., *American Architects Directory*, 2nd ed. (New York: R. R. Bowker, 1962), 223; George S. Koyl, ed., *American Architects Directory*, 3rd ed. (New York: R. R. Bowker, 1970), 292.

⁶² Ibid.; Western Carolina University, "Our History," <http://www.wcu.edu/celebrate125/history.html> (accessed in August 2023).

⁶³ Tai Young Lee, "Application for Membership," 1956, AIA membership file, AIA Archives, Washington, D. C.; Koyl, *American Architects Directory*, 2nd ed., 412; Koyl, *American Architects Directory*, 3rd ed., 533.

obtaining government contracts. The approach succeeded, and the firm subsequently designed commercial, educational, institutional, and industrial buildings in North Carolina and throughout the southeast. Six Associates' institutional oeuvre includes two Buncombe County commissions—Moore General Hospital (1942) in Swannanoa and Memorial Mission Hospital (1952) in Asheville—as well as Pardee Memorial Hospital (1957) in Hendersonville, Henderson County. Much of the firm's work manifests a Modernist influence. Six Associates operated under its original name until the mid-1990s. Following several subsequent mergers, Callaway Johnson Moore and West, now CJMW, acquired the practice in 2002.⁶⁴

Boundary Description and Justification

The local historic landmark boundary encompasses Haywood County tax parcel #8615-79-8480 and the adjacent city right-of-way containing historic stone retaining walls as indicated by the heavy solid line on the following map. Scale 1" = 100'

The boundary follows the tax parcel line along East Marshall Street, south of the hospital, and along East Street, where the parcel line runs adjacent to the street. It continues beyond the parcel line following the curb along East Street to meet North Main Street. It then follows the curb west along North Main Street to meet East Marshall Street and continues along East Marshall Street until it meets the northwest corner of the parcel.

The boundary includes the entirety of the Haywood County Hospital, erected in 1927 with sizable rear additions in 1952 and 1958. In order to encompass the 1927 and 1933-1935, with pre-1968 alterations, stone retaining walls that border the front lawn and concrete sidewalks on North Main and East Streets, an approximately 0.2-acre section of city right-of-way was added to the boundary, resulting in a boundary that includes 3.22-acres.

The 1.79-acre parcel south of the hospital, which extends south to Broadview Road, was originally part of the hospital tract. The dividing line between the two parcels now constitutes the hospital tract's south boundary. The south lot contains the two-story-on-basement, brick, 1933 nurses' dormitory as well as a frame office building erected in 1997. The dormitory building is currently owned by Smoky Mountain Center, an organization that manages health care services for recipients of Medicaid or state and local subsidies. The Smoky Mountain Center is not interested in including the former nurses' dormitory in the nomination and to protect patient privacy, no access was granted to the interior of the building. It has therefore been excluded from the local historic landmark boundary. The surrounding area is primarily residential, but also contains commercial, institutional, and religious buildings.

⁶⁴ Charlotte V. Brown and William B. Bushong, "Six Associates," *North Carolina Architects and Builders: A Biographical Dictionary*, 2010, <http://ncarchitects.lib.ncsu.edu/people/P000099> (accessed August 2023).

**Haywood County Hospital
Waynesville, Haywood County, North Carolina
Local Historic Landmark Boundary Map**



Heather Fearnbach, Fearnbach History Services, Inc. / August 2023
Base 2019 aerial photo courtesy of Haywood County GIS at <http://maps.haywoodnc.net/gisweb//>



Scale: 1" = 100'

Designation Parameters

Property owner Brookmont Lofts LLC is seeking local historic landmark designation for the entire exterior, interior, and site to recognize the property's architectural significance. Character-defining features are enumerated below. The Historic Resources Commission's jurisdiction over interior spaces is limited to the features delineated in the following list.

Exterior, 1927

- stepped parapet spanning the central three bays of the north elevation
- three diamond-shaped limestone panels at the parapet's center
- classical Indiana limestone cornice with square modillions
- tall limestone water table
- limestone parapet coping
- flat brick lintels and slightly projecting header-course sills framing window openings
- double-hung multi-pane wood sash
- north entrance portico with flat roof, stepped brick parapet, cast-stone copies, granite plaques in the parapet incised with "Haywood County Hospital," robust molded cornice, brick pilasters, square brick posts, and Tuscan columns

Interior, 1927

- plaster walls
- ceramic-tile wainscoting and floors
- terrazzo floors
- horizontal-paneled wood doors
- glazed transoms
- door surrounds with molded outer edges
- molded wood window sills

Exterior, 1952, 1958

- red and orange brick-veneered walls with cast-stone and concrete-block accents
- multi-pane steel sash windows

Interior, 1952, 1958

- plaster walls
- molded wood window sills
- built-in closets, cabinets, and lockers
- ceramic-tile wainscoting, floors, and baseboards
- angled baseboards and aluminum handrails in the 1958 corridors.

Stone walls

- retaining walls of local stone constructed in 1927 and 1933-1935 with pre-1968 alterations

Tax Value

The assessed tax value of Haywood County tax parcel # 8615-79-8480 in 20222 was \$1,644,400 (\$1,104,400 building and \$540,000 land).

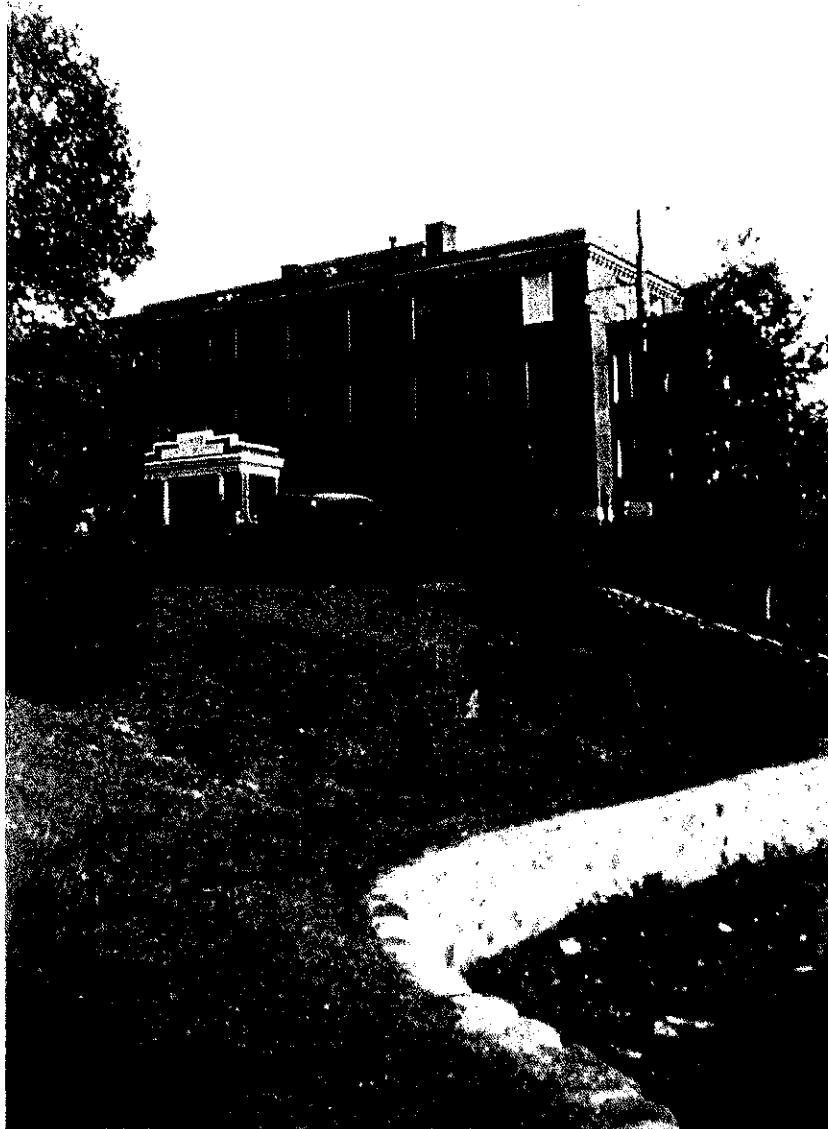
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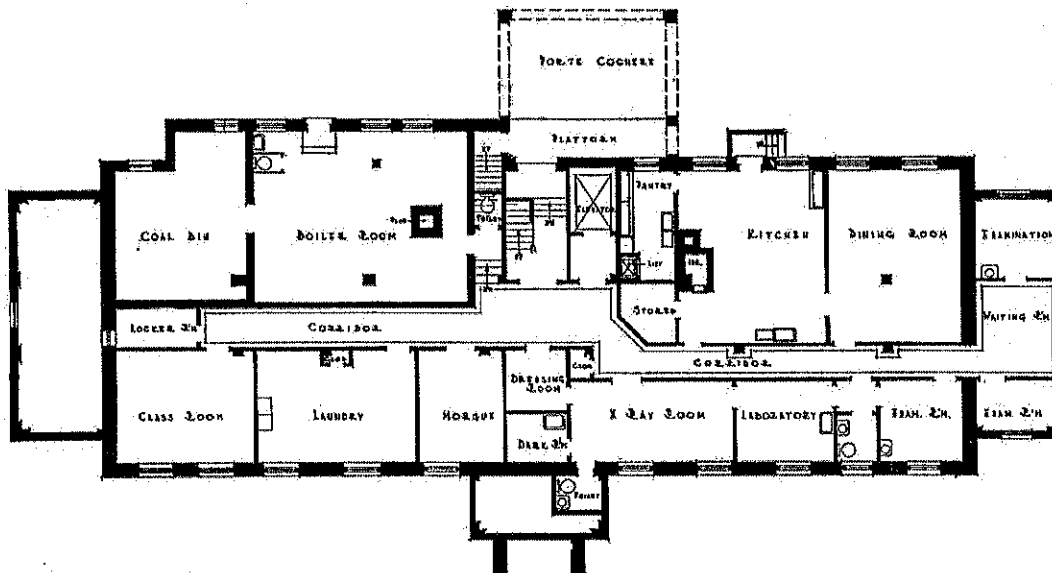
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Historic Images



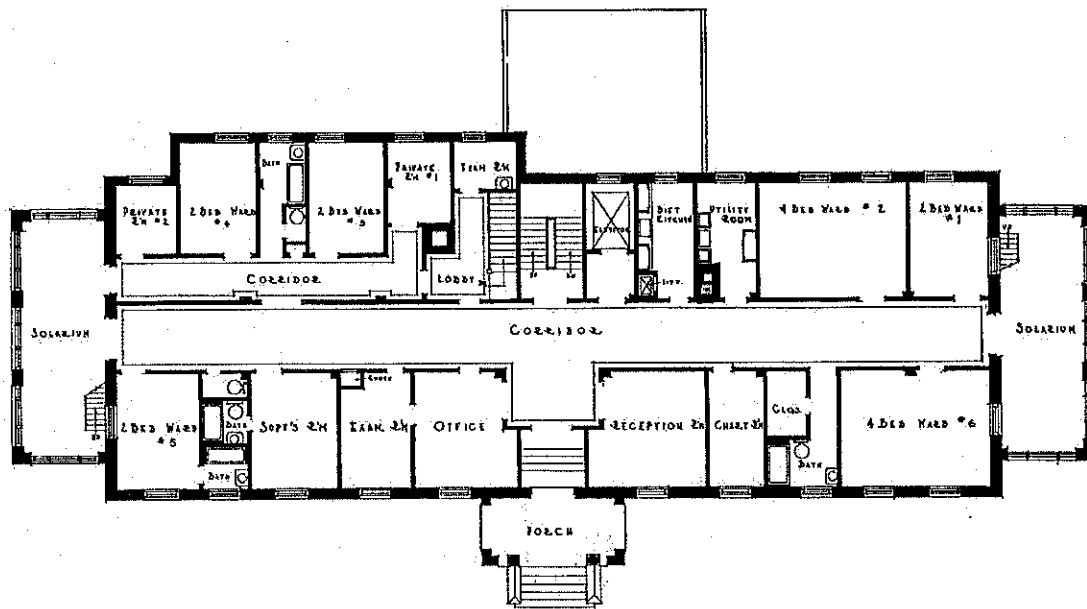
Haywood County Hospital, northwest oblique, undated photograph, circa 1927
Box 1, Folder B, photograph P145/51, Louis H. Asbury Papers (MS0145)
Murrey Atkins Library Special Collections, University of North Carolina at Charlotte



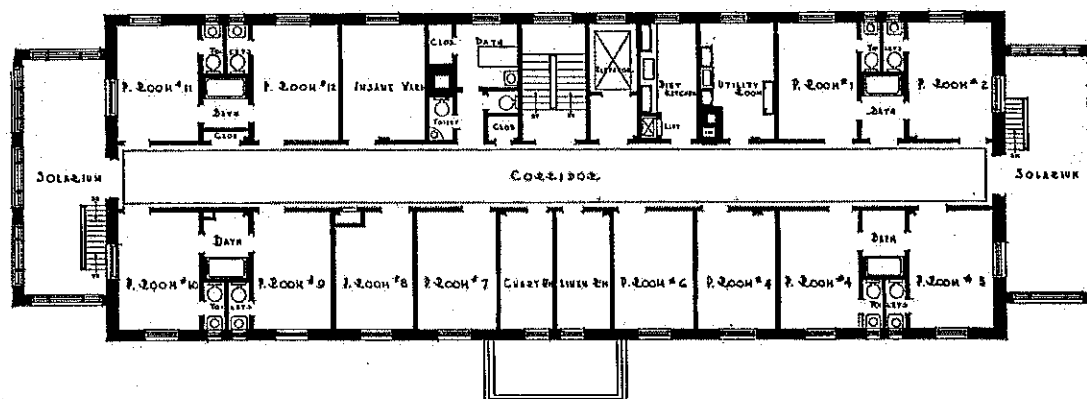
• BASEMENT FLOOR PLAN •

• HAYWOOD COUNTY HOSPITAL •
 • LOUIS H. ASSBURY ARCHT. FECT. CHARLOTTE, N. C. •

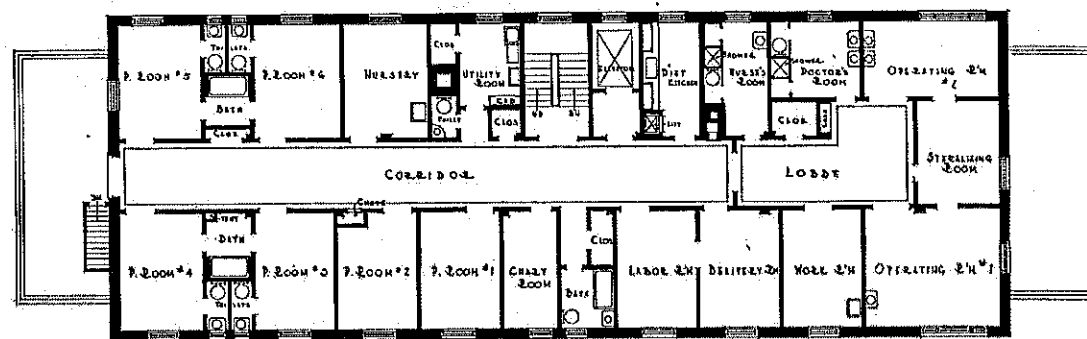
Haywood County Hospital, Waynesville, North Carolina, circa 1927 photograph and floorplan from W. S. Rankin, H. Eldridge Hannaford, and H. P. Van Ardsall, *Bulletin No. 3: The Small General Hospital* (Charlotte, N. C.: The Trustees of the Duke Endowment, February 1928, revised January 1932), p. 119



• FIRST FLOOR PLAN •



• SECOND FLOOR PLAN •



• THIRD FLOOR PLAN •

HAYWOOD COUNTY HOSPITAL, WAYNESVILLE, NORTH CAROLINA

Haywood County Hospital, Waynesville, North Carolina, circa 1927 photograph and floorplan from Rankin et. al., *Bulletin No. 3: The Small General Hospital*, p. 120



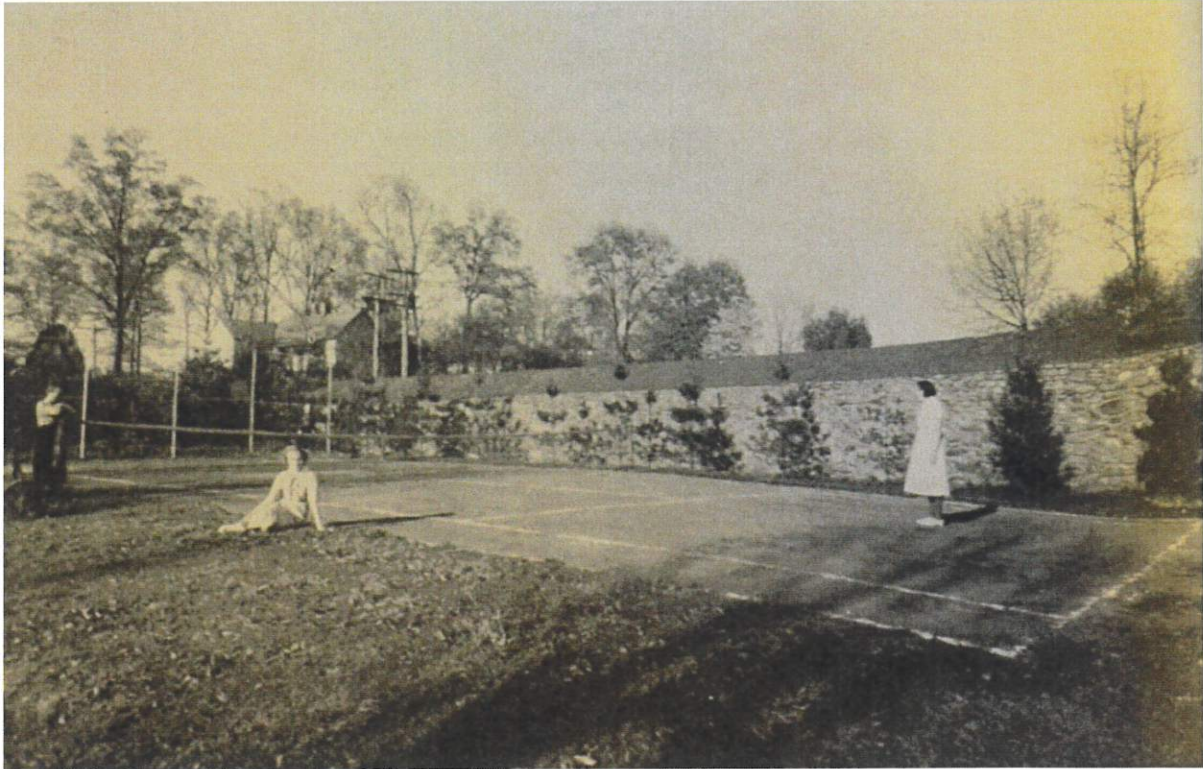
1927 hospital, northeast oblique

photograph from Hilda Way Gwyn, *The Haywood County Hospital: Ten Years of Service, 1927–1937* (Waynesville, N.C.: n.p., 1938)
This publication also contains many images of interior rooms.

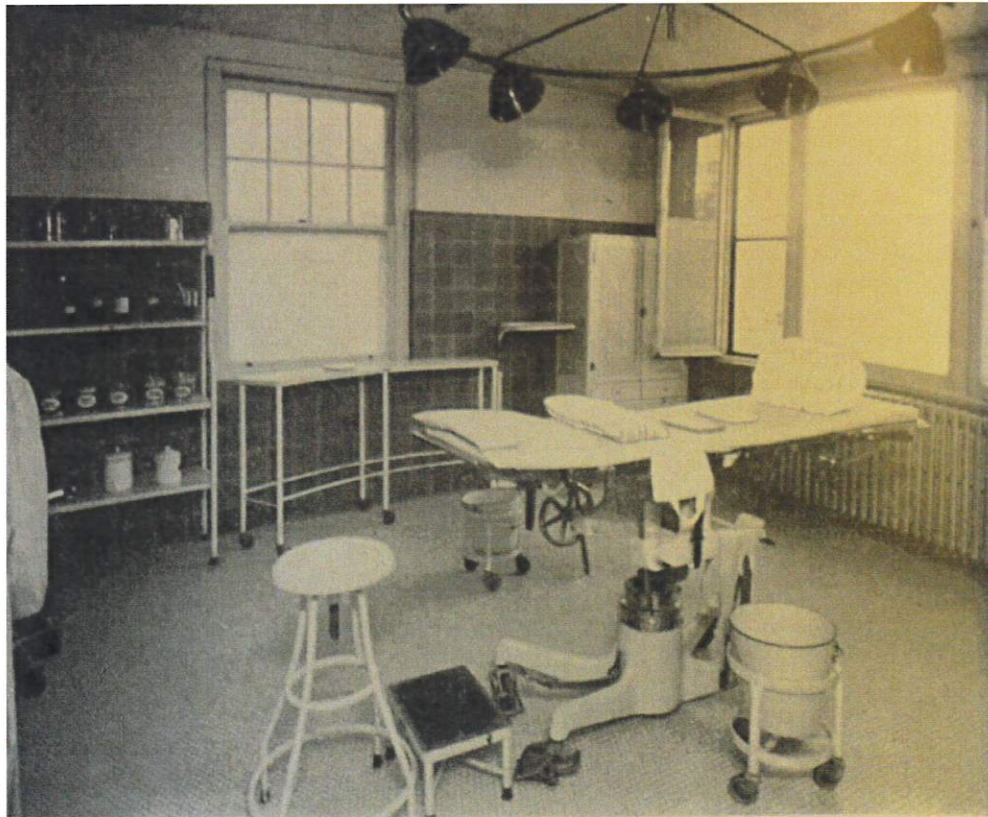


Haywood County Hospital, north elevation

Haywood County Project 2452, Images 34-36 (all the same view), Box 141, Folder 9
 North Carolina Emergency Relief Administration Photograph Collection, 1934-1936
 State Archives of North Carolina, Raleigh



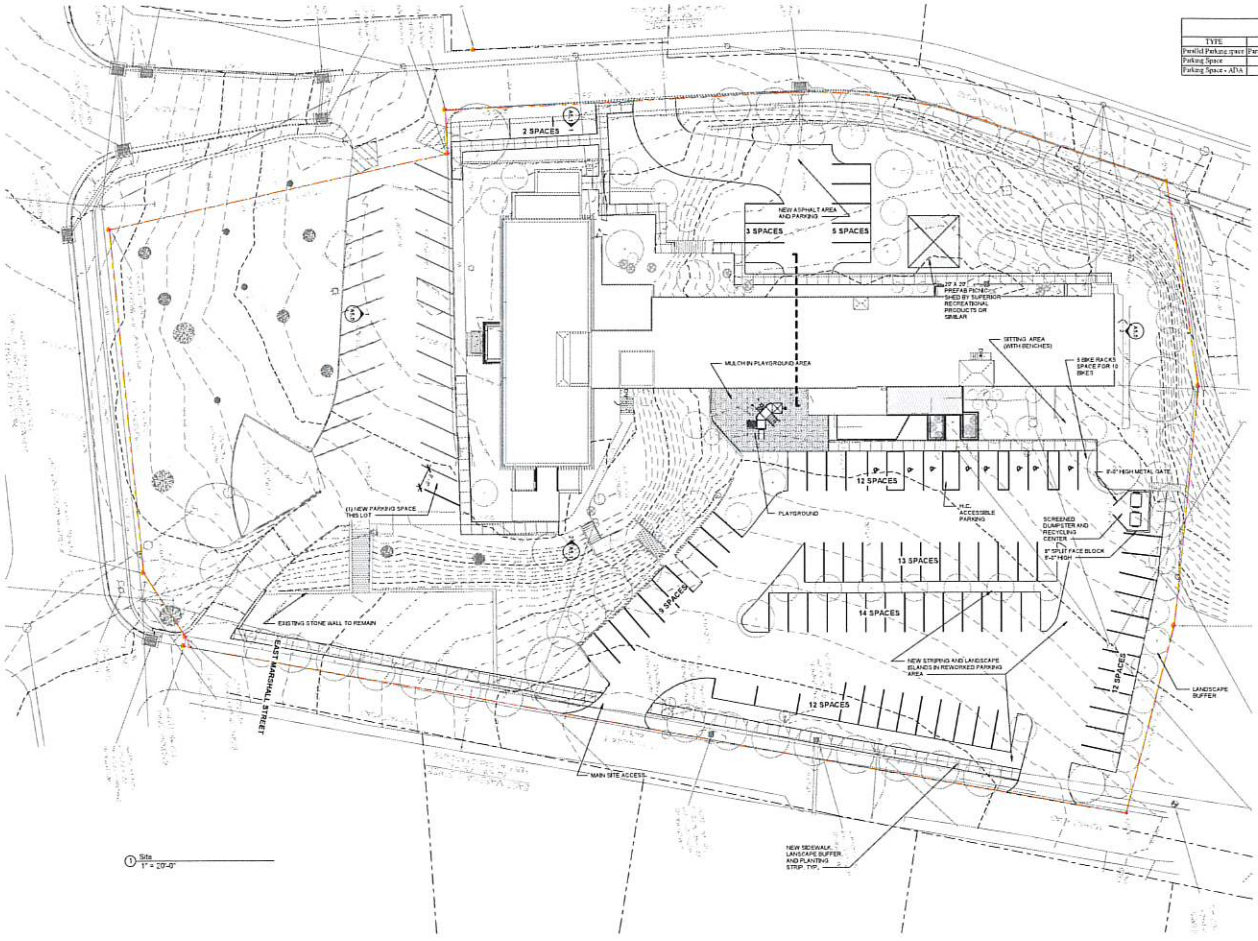
Tennis court (above) and operating room (below)
 photographs from Gwyn, *The Haywood County Hospital*, pp. 16 and 18





Haywood County Hospital, date unknown

North Carolina Postcard Collection (P052), North Carolina Collection Photographic Archives
Wilson Library, UNC-Chapel Hill



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Parking Space	100	Parking Space
Parking Space - Other	100	Parking Space - Other



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BROOKMONT LOFTS
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WAYNESVILLE, NC

Revision/Revision Date

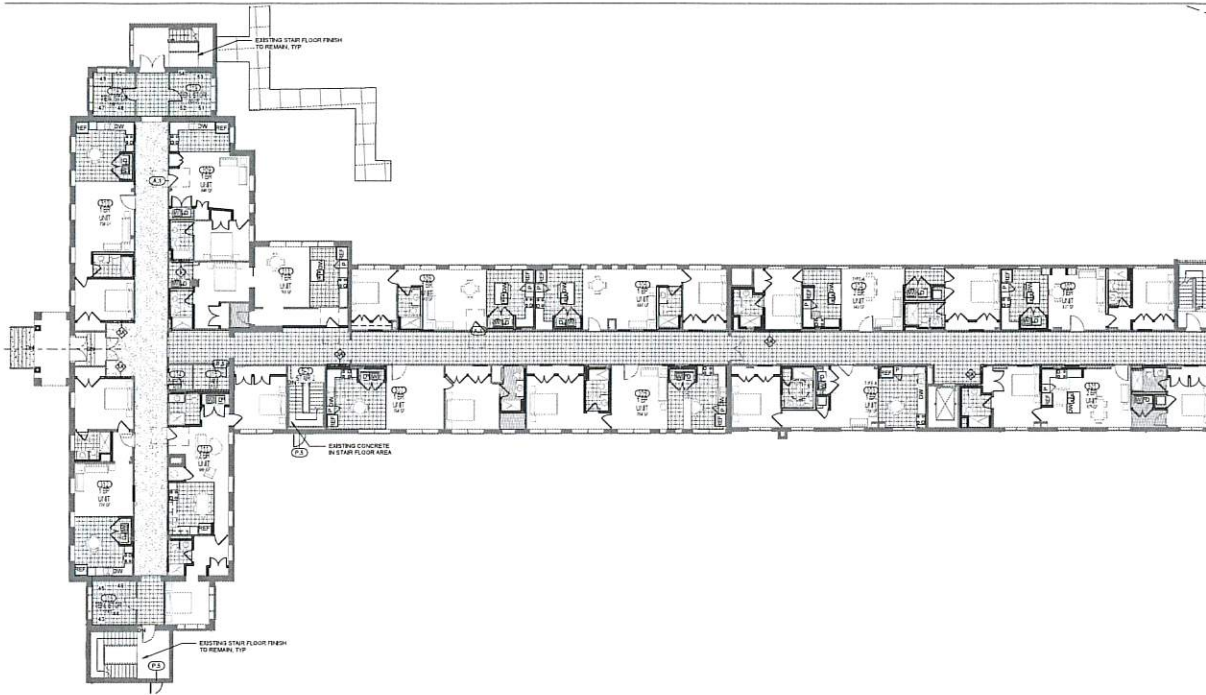
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Permit Submittal Date
3.30.2020

Sheet Title
SITE PLAN

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LEVEL 3
30'0" x 1'-0"

FLOOR LEGEND	
[Symbol]	12" SQUARE VCT
[Symbol]	COMMERCIAL GRADE CARPETING
[Symbol]	EXISTING CERAMIC TILE TO REMAIN
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DOOR LEGEND	
[Symbol]	CASED OPENING (WOOD TRIM SURROUND)
[Symbol]	DOUBLE DOOR
[Symbol]	ALUM. CLAD WOOD DECK DOOR (TRIPLE SLIGHT)
[Symbol]	SINGLE DOOR
[Symbol]	INTERIOR WOOD SLIDER

PARTITION KEY	
[Symbol]	UNRATED WALL SEE SHEET A4.3 FOR WALL TYPE, PARTITION, BEDROOM WALLS AND CEILING FINISHES
[Symbol]	2 HOUR RATED WALL SEE SHEET A4.3 FOR WALL TYPE
[Symbol]	1 HOUR RATED CEILING WALL SEE SHEET A4.3 FOR WALL TYPE
[Symbol]	EXISTING MASONRY WALL

NOTE: RUNS GREATER THAN 12' IN LENGTH REQUIRE A CONTROL JOINT.

ANNOTATION KEY	
SYMBOL	DESCRIPTION
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[Symbol]	COMPONENT TYPE
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[Symbol]	WINDOW TYPE
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[Symbol]	WALL SECTION VIEW & SHEET #
[Symbol]	CLO. HEIGHT
[Symbol]	WALL TYPE
[Symbol]	ENLARGED DETAIL OR CALL-OUT

- GENERAL UNIT NOTES**
- DIMENSIONS ARE FROM FACE OF STUD OR FACE OF CONCRETE UNLESS NOTED OTHERWISE. DIMENSIONS TO EXISTING WALLS ARE TO FACE OF WALL. "CLEAR" DIMENSIONS CLEAR DIMENSION BETWEEN FACE OF WALLS. "TOTAL" VERIFY ALL DIMENSIONS PRIOR TO BEGINSING CONSTRUCTION. THE ARCHITECT'S INTENT IS TO PROVIDE A CLEAR AND OPEN SPACE FOR THE CONSTRUCTION WORK. DIMENSIONS AND FIELD CONDITIONS FOR THE CONSTRUCTION WORK.
 - S.C. TO INSTALL BLOCKING FOR ALL BATHROOM FEATURES. ACCESSIBLE GRAB BARS AND CABINETS. GRAB BARS TO BE INSTALLED UPON REQUEST OF OCCUPANT TRAVEL.
 - S.C. TO SUPPORT ALL ROOF AND SHELVES WITH ADEQUATE BRACKETS.
 - PROVIDE VENTILATION UNITS FOR ALL BATHROOMS PER MECHANICAL SPECIFICATIONS.
 - PROVIDE ACCESSIBLE THRESHOLDS AT ALL EXTERIOR DOORS. ACCESSIBLE THRESHOLDS MUST NOT EXCEED 1/4" AFF. IN HEIGHT. IN A CASE NOT EXCEEDING 1/4" AND UNLESS LEVEL. CHANGES MUST NOT EXCEED 1/4" AFF.
 - PROVIDE DOOR AND DOOR FRAME WHERE INSTALLED ADJACENT TO RATED WALLS.
 - FIELD VERIFY AND CORRECTLY LOCATE TOP OF PLUMBING PENETRATIONS & FLOOR BRICES PRIOR TO COMMENCING WORK.
 - VERIFY SUBMITTAL WIDTH & LENGTH FOR ROUGH FRAMING DIMS.
 - SHOE WOULD AT ALL HARD SURFACE AREAS AND AT CABINETS.
 - INSTALL LEVER OPERATOR HANDLE FOR ALL DOORS. DOOR SEES ON ACCESSIBLE UNITS. DOOR AT UNITS MUST HAVE LEVER OPERATOR ON THE SIDE OF THE DOOR UNITS.
 - PROVIDE 1/4" PAINT GRADE, FLAT STOCK BASEBOARD TRIM AT ALL UNITS. NO SPEED BASE.
 - PROVIDE 1/4" PAINT GRADE DOOR SURROUND TRIM AT ALL UNITS.
 - PROVIDE SMOOTH LEVEL, 4 PAINT GRADE FINISH ON ALL OFFSHORE WALLS & CEILING UNLESS OTHERWISE SPECIFIED.
 - ALL TRIM ARE TO BE 1/4" MAX. TO 1/4" MAX. CENTERLINE OF FEATURE TO THE WALL.



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BROOKMONT LOFTS
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Rev.	Description	Date

Form 8-2014 Date: 3.30.2020

Sheet Title: OVERALL PLAN - LEVEL 3

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