



RI Department of Health

License Application and instructions for

Freestanding Ambulatory Surgical Center

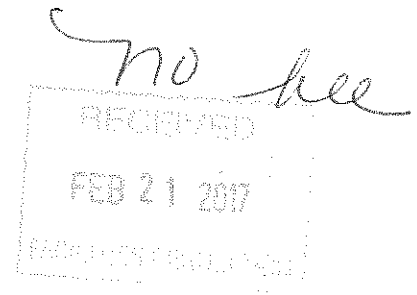
RI General Laws Chapter 23-17-10

Licensee Name: Planned Parenthood of Southern New England *FAS 01031*

Licensee Number: FAS01025 -closed

Reason for application (Please check all that apply):

1. Initial Licensure
2. Change of address: What is your current license number: FAS01025 -closed
3. Change of ownership: What is your current license number: _____
4. Licensee Name Change





State of Rhode Island and Providence Plantations
Department of Health

INSTRUCTIONS

- Please answer all questions. Do not leave blanks. Incomplete forms will be returned to you and your license/permit will not be issued. Please use a ball point pen.
There is no fee for this application.
Sign the completed application and return to:

Rhode Island Department of Health
3 Capitol Hill, Room 306
Providence, RI 02908-5097.

- If you have any questions concerning this application, call the office of Facilities Regulations at (401) 222-2566.
Licensure application materials are public records as mandated by Rhode Island law and may be made available to the public, unless otherwise prohibited by State or Federal law.

You must attach a current printed list of all direct and indirect owners whether individual partnership, limited partnership, limited liability company, or corporation with percent of ownership. If a corporation, this list must also include all officers, directors and other persons of any subsidiary corporation owning stock.

Attachments: If you have been requested to submit attachment(s) with this application, please label and staple each separate attachment and securely affix any and all attachments to this application.

Postage: The amount of postage required for mail delivery will vary depending upon the total weight of your attachment(s) and application. Please be careful to include the appropriate postage necessary to mail your completed application.

Please complete the following:

Form with fields for Federal Provider Number, License Sub-Type, and Medical Director Information. Includes handwritten notes: TAX ID, ND Real Prop ID, RFE, 4/55/17.



State of Rhode Island and Providence Plantations
Department of Health

<p>Ownership Address Information:</p> <p>Please provide the address and telephone number(s) of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.</p>	<p>Address Line 1 <u>Planned Parenthood of Southern New England</u></p> <p>Address Line 2 <u>345 Whitney Ave</u></p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code <u>New Haven, Ct 06511</u></p> <p>Phone: <u>203 752-2832</u></p> <p>Fax: <u>203 7523258</u></p> <p>Email Address: <u>mary.bawza@ppsne.org</u></p>					
<p>Parent Organization, Group Affiliation:</p> <p>Please complete this section if there is any parent organization, group affiliation or other entity that is on the top of the Facility/agency control</p>	<p>Corporation Type _____</p> <p>Name of Organization _____</p> <p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>					
<p>Land/Building Info:</p> <p>If the owner of the land and building is other than the operator of this agency/facility, please complete the following:</p>	<p>Name: _____</p> <p>Address Line 1 _____</p> <p>Address Line 2 _____</p> <p>Address Line 3 _____</p> <p>Address City, State, Zip Code _____</p> <p>Phone : _____</p>					
<p>Number of Operating Rooms: (Please write the number of operating rooms in your facility)</p>	<p>Number of Operating Rooms:</p> <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:20px;">0</td> <td style="width:20px;">2</td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> </tr> </table>	0	2			
0	2					
<p>Number of Recovery Beds: (Please write the number of treatment stations in your facility)</p>	<p>Number of Recovery Beds:</p> <p style="text-align: right; font-size: 1.2em;"><i>Bill S 4/25/17</i></p> <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width:20px;">0</td> <td style="width:20px;">6</td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> </tr> </table>	0	6			
0	6					
<p>Services Provided:</p> <p>Please check which services are provided in your facility.</p>	<table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <p>Surgical:</p> <p><input type="checkbox"/> Orthopedic</p> <p><input type="checkbox"/> Plastic</p> <p><input type="checkbox"/> Urology</p> <p><input type="checkbox"/> Ear, Nose and Throat</p> <p><input checked="" type="checkbox"/> Ophthalmology</p> <p><input checked="" type="checkbox"/> Other: List Additional Services <small>surgical abortion, colposcopy, and LEEP procedures</small></p> </td> <td style="width:50%; vertical-align: top;"> <p>Non-Surgical:</p> <p><input type="checkbox"/> Radiology</p> <p><input type="checkbox"/> Nursing Services</p> <p><input checked="" type="checkbox"/> Anesthesia</p> <p><input checked="" type="checkbox"/> Conscious Sedation</p> <p><input type="checkbox"/> Laboratory</p> <p><input checked="" type="checkbox"/> Other: List Additional Services <small>family planning services</small></p> </td> </tr> </table>	<p>Surgical:</p> <p><input type="checkbox"/> Orthopedic</p> <p><input type="checkbox"/> Plastic</p> <p><input type="checkbox"/> Urology</p> <p><input type="checkbox"/> Ear, Nose and Throat</p> <p><input checked="" type="checkbox"/> Ophthalmology</p> <p><input checked="" type="checkbox"/> Other: List Additional Services <small>surgical abortion, colposcopy, and LEEP procedures</small></p>	<p>Non-Surgical:</p> <p><input type="checkbox"/> Radiology</p> <p><input type="checkbox"/> Nursing Services</p> <p><input checked="" type="checkbox"/> Anesthesia</p> <p><input checked="" type="checkbox"/> Conscious Sedation</p> <p><input type="checkbox"/> Laboratory</p> <p><input checked="" type="checkbox"/> Other: List Additional Services <small>family planning services</small></p>			
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State of Rhode Island and Providence Plantations
Department of Health

Facility Name: Please provide the name of the facility (as known to the public).	Name: <u>Planned Parenthood of Southern New England</u>
Facility Contact Person: Please provide the name and telephone number of a person we can contact concerning this facility.	Name: <u>Mary Bawza</u> <i>FR WSPEN DANA</i> Phone Number: <u>(203) 752-2832</u> <i>Danna Freedman,</i> <i>Site Manager</i>
Facility Mailing Information: Please provide the mailing information for all communication regarding this license. (Not published on HEALTH website).	Address Line 1 <u>345 Whitney Avenue</u> Address Line 2 _____ Address Line 3 _____ Address City, State, Zip Code <u>New Haven, CT 06511</u> Address Country _____ Phone: <u>203 752-2832</u> Fax: <u>203 752-3258</u> Email Address: <u>mary.bawza@ppsne.org</u>
Facility Location Information: Please provide the location information for this facility. (Published on HEALTH website).	Address Line 1 <u>111 Point Street 175 BROAD STREET</u> <i>DM</i> Address Line 2 _____ Address Line 3 _____ Address City, State, Zip Code <u>Providence, RI 02903</u> Address Country _____ Phone: <u>401 421-9620</u> Fax: <u>401 369-8924</u> Email Address: <u>mary.bawza@ppsne.org</u>
Ownership Type: Please check ONE	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Partner
Ownership Information: (Licensee) Please provide ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.	Name: <u>Planned Parenthood of Southern New England</u> (License Holder) DBA: <u>same</u>



State of Rhode Island and Providence Plantations
Department of Health

Acknowledgements

I am aware of Chapter 23-17-10 of the General Laws of Rhode Island, 1956, as amended, and the standards, rules and regulations prescribed thereunder, which regulate the operation of this facility.

I acknowledge that authorized representative of the Licensing Agency shall, in conformity with the authority continued under Chapter 23-17-10 of the General Laws of Rhode Island, as amended, have the right to enter without prior notice to inspect the entire premises and services, including all records of any facility/residence.

FEIN Number:
(Federal Employer
Identification Number)

Note: If you are a sole
proprietor this number may
be your Social Security
Number.

Pursuant to Chapter 76 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

Please provide below SSN/FEIN for this license:

SSN/F.E.I.N. Number: _____

Affidavit of Applicant

Read, sign, and date this
affidavit.

AFFIDAVIT AND SIGNATURE

This Application Must be Signed

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Judy Tabak
Signature of Authorized Person

2/16/17
Date of Signature
(MM/DD/YY)

Judy Tabak
Printed Name of Authorized Person

President & CFO
Title of Authorized Person

Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 76 of Title 5 of the Rhode Island General Laws, as amended.



RHODE ISLAND DEPARTMENT OF PUBLIC SAFETY

State Fire Marshal

*560 Jefferson Boulevard, Warwick, RI 02886
Telephone: (401) 889-5555— Fax: (401) 889-5533*

Colonel Ann C. Assumpico
Director, Rhode Island Department of Public Safety
Superintendent, Rhode Island State Police

John E. Chartier, EFO, CFI
State Fire Marshal
Division of the State Fire Marshal

To Whom It May Concern,

All fire safety inspections have passed at 175 Broad Street Providence RI 02903, if you need any additional information please call me at 889-5442.

Thank you
Michael Macaruso
Deputy State Fire Marshal



Rhode Island Division of State Fire Marshal
Permit Report

Page: 1
06/02/2016

Permit #: 16-53.BR-PM

Type: Plan Review - Building Renovation
Description: Plan Review - Building Renovation

Local Reference #: DEMO OF EX. BLDG. & RENOVATION INTO MEDICAL FACILI
Renewal of permit #:

Applied: 04/12/2016 By: Gustafson, Kurt

Issued

CAHIR STREET
175 BROAD ST
PROVIDENCE, RI 02901

Owner

CAHIR STREET
175 BROAD ST
PROVIDENCE, RI 02901

Activity

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Witness</u>
06/02/2016	0758 - 0758	Plans Approved	2320
	THE PLANS ARE APPROVED BUT THE FOLLOWING SUBMITTALS ARE REQUIRED! THE FIRE ALARM CONTRACTOR SHALL SUBMIT SHOP DRAWINGS FOR THE LAYOUT OF THE DEVICES, AND CUT SHEETS FOR ALL DEVICES USED INCLUDING THE FIRE ALARM PANEL. THE BATTERY CALCULATIONS FOR 60 HOURS FOR A MUNICIPAL CONNECTION, AND ALL OTHER REQUIREMENTS. THE SPRINKLER CONTRACTOR SHALL SUBMIT SHOP DRAWINGS FOR THE COVERAGE OF THE SYSTEM, HYDRAULIC CALCULATIONS, AND THE CUT SHEETS FOR THE SPRINKLER HEADS AND DEVICES USED. THE ELECTRICAL CONTRACTOR WHO WILL INSTALL THE EMERGENCY GENERATOR SHALL ALSO SUBMIT CUT SHEETS ON THAT GENERATOR.		
06/02/2016	0748 - 0748	Documents Reviewed	2320
	G0.0 G1.101 C1.001 TO CC6.503 L1.101 L2.501 S1.101 TO S4.101 A0.100 TO A8.301 FP1.100 FP1.101 FP2.101 P1.100 PD1.100 P2.100 P3.100 M0.100 TO M8.100 E0.100 TO E6.101		

TectonArchitects

ARCHITECTURE
INTERIORS
LAND PLANNING

17 RAILROAD AVENUE
WESTERLY, RHODE ISLAND 02891
TELEPHONE 401.596.7555
FAX 401.596.7227

ONE HARTFORD SQUARE WEST
HARTFORD CONNECTICUT 06106
TELEPHONE 860 548 0802
FAX 860 249 2531
TECTONARCHITECTS.COM

April 13, 2017

Department of Inspection + Standards
444 Westminster Street
Providence, RI 02903

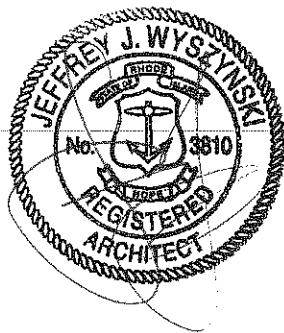
**RE: Statement of Professional Opinion
Renovations at Cahir Street, LLC
175 Broad Street
Providence, RI 02903**

To Whom It May Concern,

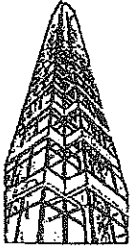
The renovations at 175 Broad Street for Cahir Street, LLC renovations at 175 Broad Street are substantially complete. In accordance with RI General Law §23-27.3-128.2.3, and based upon our periodic site visits and observations of the work, it is our professional opinion that the completed renovation is in substantial compliance with the approved plans on file, and accepted modifications to these documents.

Sincerely,

Jeffrey J. Wyszynski
Principal, Tecton Architects



cc: Kurt Gustafson, Case Construction
Linda Cote, Cahir Street, LLC



SZEWCAK ASSOCIATES
CONSULTING ENGINEERS

Richard M. Szevczak, P.E.
Alan R. Chandler, P.E.
Peter G. Cerella, P.E.
Jason W. Kilty, P.E.
William A. Fluhr, P.E.

April 10, 2017

Tecton Architects
17 Railroad Avenue
Westerly, RI 02891

Attn.: Mr. Justin Hopkins, AIA

Re: Cahir Street LLC
175 Broad Street
Providence, RI

Dear Justin:

In response to your request, we have provided structural consultation for the Renovations and Additions to the Cahir Street LLC, Rhode Island. We have provided Contract Documents and Contract Administration services.

Based upon our review of shop drawings and field observations of the erection and placement of the structural components for the building construction, we believe, to the best of our knowledge that the construction is in substantial compliance with the requirements of the Contract Documents and the Rhode Island State Building Code.

If you have any questions or require any additional information, please call.

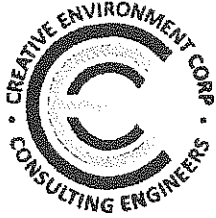
Very truly yours,

SZEWCAK ASSOCIATES
CONSULTING ENGINEERS

Richard M. Szevczak, P.E.

RMS:mkf





MAIN OFFICE
195 Frances Avenue, Building 2
Cranston, Rhode Island 02910
P: (401) 438-7733
www.cec-engineering.com

April 13, 2017

Department of Inspection + Standards
444 Westminster Street
Providence, RI 02903

**RE: Statement of Professional Opinion
Renovations at Cahir Street, LLC
175 Broad Street
Providence, RI 02903
CEC Project No. 20160005**

To Whom It May Concern:

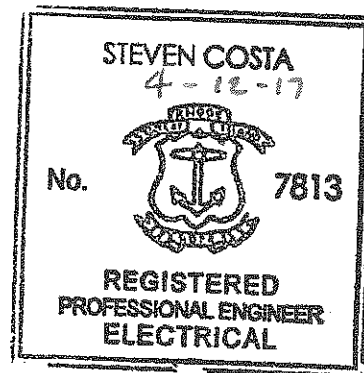
The renovations at 175 Broad Street for Cahir Street, LLC renovations at 175 Broad Street are substantially complete. In accordance with RI General Law §23-27.3-128.2.3, and based upon our periodic site visits and observations of the work, it is our professional opinion that the completed renovation is in substantial compliance with the approved plans on file, and accepted modifications to these documents.

Very truly yours,
Creative Environment Corp.

A handwritten signature in black ink that reads "Steven Costa".

Steven Costa, PE
Principal

cc: Kurt Gustafson, Case Construction
Linda Cote, Cahir Street, LLC





MAIN OFFICE
195 Frances Avenue, Building 2
Cranston, Rhode Island 02910
P: (401) 438-7733
www.cec-engineering.com

April 13, 2017

Department of Inspection + Standards
444 Westminster Street
Providence, RI 02903

**RE: Statement of Professional Opinion
Renovations at Cahir Street, LLC
175 Broad Street
Providence, RI 02903
CEC Project No. 20160005**

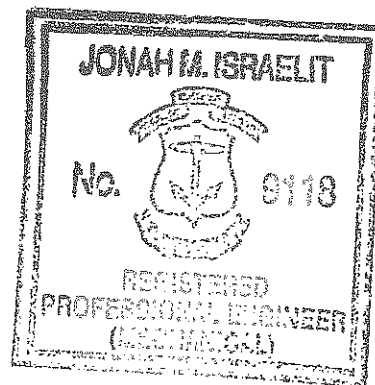
To Whom It May Concern:

The renovations at 175 Broad Street for Cahir Street, LLC renovations at 175 Broad Street are substantially complete. In accordance with RI General Law §23-27.3-128.2.3, and based upon our periodic site visits and observations of the work, it is our professional opinion that the completed renovation is in substantial compliance with the approved plans on file, and accepted modifications to these documents.

Very truly yours,
Creative Environment Corp.

A handwritten signature in black ink, appearing to read 'Jonah Israelit', is written over a large, faint, stylized 'C' that is part of the company's branding.

Jonah Israelit, PE
Mechanical Department Head



cc: Kurt Gustafson, Case Construction
Linda Cote, Cahir Street, LLC

Cranston

Springfield

Braintree

HVAC | ELECTRICAL | PLUMBING | FIRE PROTECTION | TELECOM | SECURITY

A Subsidiary of Thielsch Engineering, Inc.



Rhode Island Division of State Fire Marshal
Permit Report

Page: 1
06/02/2016

Reference Number: 16-53.BR-PM
Description: DEPARTMENT FORM
Entered: 2320-Cionfolo, David 06/02/2016 0820
Modified: 2320-Cionfolo, David 06/02/2016 0820

06/02/2016

KURT GUSTAFSON
CAHIR STREET
175 BROAD ST
PROVIDENCE, RI 02901

The plans that you have submitted for review have been reviewed for compliance with The Rhode Island Fire Code (RIFC), The Rhode Island Life Safety Code (RILSC) 2012 Editions, as amended, along with adopted referenced standards.

Due to the fact that no violations were noted during the course of this review the plans have been approved. The plans must now be brought to the appropriate agencies as is stamped on the plans. Any violation or requirement which may have been overlooked in the course of this plan review is also subject to correction under the provisions of any applicable codes or standards.

If you feel that there will be practical difficulties in complying with the violation(s) or if for any reason you wish to have a hearing on the violation(s) in this report, you may apply in writing to the State Fire Safety Board of Appeal and Review for a variation or to have your concerns addressed. Applications for variations are done on a separate form available from this office. If you wish to speak with me regarding this matter I can be reached Monday through Friday from 8:30 am - 4:30 pm at 401-383-7717.

Sincerely,

Chief of Plans David B Cionfolo



Meter and Waterworks Services
95 Turnpike Street W. Bridgewater, MA 02379
(ph.) 866-983-8080 (fax) 508-583-2249

PRESSURE TEST REPORT

DATE & WINWATER NAME:	12-12-16 EASTON WINWATER
CUSTOMER NAME:	WILCO DEVELOPMENT
JOB LOCATION	400 EXCHANGE ST., PROVIDENCE, RI.
WATER DISTRICT	PROVIDENCE WATER
TESTING SPECIFICATIONS	200 PSI 2 HRS
Length, Size & Material	90', 6", DIP
Static System Pressure:	70 PSI
Test Results	PASS
Test Conducted By	KEVIN WALSH
Witness	MIKE MALONE
Chlorination:	YES
Duration of Contact	24 HRS
Sample Taken By:	N/A
Results: See attached form, if applicable.	N/A

IZZO ELECTRIC & SON, INC.

COMMERCIAL • INDUSTRIAL • RESIDENTIAL • FIRE ALARM
22 MINNESOTA AVENUE
WARWICK, RI 02888
(401) 921-IZZO (4996) FAX (401) 921-2408

JOE IZZO
President

April 5, 2017

State of RI: Division of State Fire Marshal
118 Parade Street
Providence, RI 02909
Attn: John Chartier, State Fire Marshal

Re: Cahir, LLC., 175 Broad Street, Providence, RI

Dear Sir,

Please be advised that Izzo Electric & Son, Inc. performed a complete fire alarm pretest on April 5, 2017, at the above noted location and found system to be in complete working order.

If you have any questions, please contact me. Thank you.

Sincerely,

Joseph Izzo
President

Jl/sk

proposal

IZZO ELECTRIC & SON, INC.
22 Minnesota Avenue
Warwick, RI 02888

12909

(401) 921-IZZO (4996)
FAX (401) 921-2408

TO: Cahir
173 Broad Street
Providence, RI 02903

PHONE	DATE 3/23/2017
JOB NAME / LOCATION	
JOB NUMBER	JOB PHONE

We hereby submit specifications and estimates for:

> Yearly fire alarm testing contract per spec starting on 4/1/17 and ending on 4/1/18.

We Propose hereby to furnish material and labor — complete in accordance with the above specifications, for the sum of: _____ dollars (\$ _____).

Payment to be made as follows:

\$0.00

All material is guaranteed to be as specified. All work to be completed in a professional manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Worker's Compensation insurance.

Authorized Signature 

Note: This proposal may be withdrawn by us if not accepted within 90 days.

Acceptance of Proposal —The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature _____
Signature _____

Date of Acceptance: 3/30/2017

- under contract 1 year -

Providence 28
MUNICIPALITY

CERTIFICATE OF USE AND OCCUPANCY

No.

THIS IS TO CERTIFY that the RENOVATIONS AND IMPROVEMENTS TO 1,316 SQUARE FEET BASEMENT AND 11,606 SQUARE FEET FIRST FLOOR FOR SINGLE USE TENANT TO BE USED FOR AMBULATORY CARE FACILITY AND EDUCATIONAL TRAINING OF THE SEPARATED USE BUILDING

Plat: 024 Lot(s): 0603

Address: 175 BROAD STREET, PROVIDENCE, R.I.

Owner: CAHIR, L.L.C. Use Zone: C2 / TOD

Architect or Engineer: JEFFREY J. WYSZYNSKI

Contractor: RI CASE CONSTRUCTION CO. Reg. No. 9460

Building Permit No. B # 7204 / JUNE 02, 2016

has been inspected and the following occupancy thereof is hereby authorized: Use Group: B - BUSINESS/AMBULATORY CARE FACILITY

Construction Type: 3 B

Sprinkler 13: YES Sprinkler 13R: _____
Sprinkler 13 D: _____ Sprinkler NONE: _____

Occupancies: Max. Allowable floor live loads per sq. ft.

Occupancy Load

Basement: STORAGE/MECHANICALS/EDUCATIONAL ROOM 42

1st Floor: MEDICAL OFFICES/ AMBULATORY CARE FACILITY 120

2nd Floor: _____

3rd Floor: _____

4th Floor: _____

Other: _____

Remark:

Code Edition SRC-1-2002 WITH SBC-1-2013


This Certificate must be posted where required by the State Building Code, and permanently maintained in a conspicuous place at or close to the entrance of the building or structure referred to above.

Date: 20 APR 2017
Building Official: [Signature]
Expiration Date: 4/15

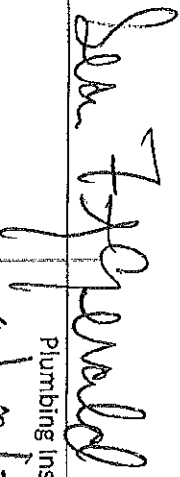
APPROVED FOR FINAL INSPECTION


Electrical Inspector

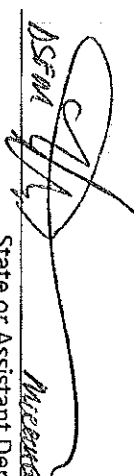
4/18/17
Date


Mechanical Inspector


4/18/17
Date


Plumbing Inspector


4/18/2017
Date


MICHAEL J. MARSHALL
State or Assistant Deputy
Fire Prevention

4/7/2017
Date


MICHAEL J. MARSHALL
State or Assistant Deputy
Fire Alarm

4/7/2017
Date


Structures

4/20/18
Date

**Planned Parenthood of Southern New England
Organizational Chart**

Board of Directors 2016-2017

OFFICERS:

Simone Joyaux, Chair
Gayle Capozzalo, Vice Chair
Karen Dubois-Walton, Secretary
Leigh Bonney, Treasurer
Frances Padilla, Assistant Treasurer

BOARD OF DIRECTORS:

Bridget Baird
Erica Buchsbaum
Chris Corcoran
Melissa Davis
Holland Dunn
Tekisha Everette
Sue Hessel
Sara Lulo
Susann Mark
Clay Pell
Susan Ross
Nancie Schwarzman
Brett Smiley
Fahd Vahidy

Planned Parenthood of Southern New England

February 16, 2017

Andrew Powers
Rhode Island Department of Health
3 Capitol Hill, Room 306
Providence, RI 02908-5097

Dear Mr. Powers,

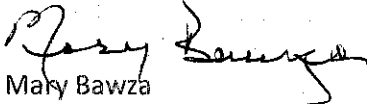
Please find enclosed the license application for a change of address for Planned Parenthood of Southern New England. Please note on page 3 of the application I have written our current address of 111 Point St as the question asks for the address posted on the HEALTH website. Please let me know if I should change the address to the location we will be moving to. Also included is a list of PPSNE's Board of Directors.

I will be securing the certificate of occupancy and the fire marshal certificate when construction is completed and the certificates are issued.

We anticipate opening the center on April 17th, I expect the center renovations to be completed on or around April 1st. Would it make sense to schedule a date for the inspection now for anytime that is convenient for your office after April 1st?

Thank you for your assistance.

Best regards,


Mary Bawza
COO

Enc.

FIRE ALARM AND EMERGENCY COMMUNICATION SYSTEM INSPECTION AND TESTING FORM

*To be completed by the system inspector or tester at the time of the inspection or test.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.*

Attach additional sheets, data, or calculations as necessary to provide a complete record.

Date of this inspection or test: 4/3/17

Time of inspection or test: 9AM

1. PROPERTY INFORMATION

Name of property: 175 BROAD ST

Address: 175 BROAD ST PROVIDENCE RI

Description of property: DOCTORS OFFICE

Occupancy type: COMMERCIAL

Name of property representative: STEVEN THERRIEN

Address:

Phone: 401-255-9300

Fax:

E-mail:

Authority having jurisdiction over this property: PROVIDENCE FD

Phone: 4012436060

Fax:

E-mail:

2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Service and/or testing organization for this equipment: CROWN SUPPLY

Address: 26 SILVERSPRING AVE PROVIDENCE RI

Phone: 4018616329

Fax:

E-mail:

Service technician or tester: STEPHEN HEANEY

Qualifications of technician or tester: FACTORY REP

A contract for test and inspection in accordance with NFPA standards is in effect as of:

The contract expires:

Contract number:

Frequency of tests and inspections:

Monitoring organization for this equipment: PROVIDENCE FD

Address:

Phone: 4012436329

Fax:

E-mail:

Entity to which alarms are retransmitted: N/A

Phone:

3. TYPE OF SYSTEM OR SERVICE

Fire alarm system (nonvoice)

Fire alarm with in-building fire emergency voice alarm communication system (EVACS)

Mass notification system (MNS)

Combination system, with the following components:

Fire alarm

EVACS

MNS

Two-way, in-building, emergency communication system

Other (specify):

NFPA 72, Fig. 14.6.2.4 (p. 1 of 11)

3. TYPE OF SYSTEM OR SERVICE (continued)

NFPA 72 edition: 10

Additional description of system(s): N/A

3.1 Control Unit

Manufacturer: GAMEWELL/FCI

Model number: S-3

3.2 Mass Notification System

This system does not incorporate an MNS.

3.2.1 System Type:

In-building MNS—combination

In-building MNS—stand-alone Wide-area MNS Distributed recipient MNS

Other (specify):

3.2.2 System Features:

Combination fire alarm/MNS MNS ACU only Wide-area MNS to regional national alerting interface

Local operating console (LOC) Direct recipient MNS (DRMNS) Wide-area MNS to DRMNS interface

Wide-area MNS to high-power speaker array (HPSA) interface In-building MNS to wide-area MNS interface

Other (specify):

3.3 System Documentation

An owner's manual, a copy of the manufacturer's instructions, a written sequence of operation, and a copy of the record record drawings are stored on site. Location: FACP

3.4 System Software

This system does not have alterable site-specific software.

Software revision number: N/A

Software last updated on: N/A

A copy of the site-specific software is stored on site. Location:

4. SYSTEM POWER

4.1 Control Unit

4.1.1 Primary Power

Input voltage of control panel: 120

Control panel amps: 9

4.1.2 Engine-Driven Generator

This system does not have a generator.

Location of generator: REAR BUILDING

Location of fuel storage: N/A

Type of fuel:

4.1.3 Uninterruptible Power System

This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours):

In alarm mode (minutes):

4. SYSTEM POWER (continued)

4.1.4 Batteries

Location: FACP Type: SLA Nominal voltage: 24 Amp/hour rating: 18

Calculated capacity of batteries to drive the system:

In standby mode (hours): 60 In alarm mode (minutes): 5

Batteries are marked with date of manufacture.

4.2 In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System

This system does not have an EVACS or MNS.

4.2.1 Primary Power

Input voltage of EVACS or MNS panel: EVACS or MNS panel amps:

4.2.2 Engine-Driven Generator

This system does not have a generator.

Location of generator:

Location of fuel storage: Type of fuel:

4.2.3 Uninterruptible Power System

This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): In alarm mode (minutes):

4.2.4 Batteries

Location: Type: Nominal voltage: Amp/hour rating:

Calculated capacity of batteries to drive the system:

In standby mode (hours): In alarm mode (minutes):

Batteries are marked with date of manufacture.

4.3 Notification Appliance Power Extender Panels

This system does not have power extender panels.

4.3.1 Primary Power

Input voltage of power extender panel(s): Power extender panel amps:

4.3.2 Engine-Driven Generator

This system does not have a generator.

Location of generator:

Location of fuel storage: Type of fuel:

4.3.3 Uninterruptible Power System

This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): In alarm mode (minutes):

4. SYSTEM POWER (continued)

4.3.4 Batteries

Location: _____ Type: _____ Nominal voltage: _____ Amp/hour rating: _____

Calculated capacity of batteries to drive the system: _____

In standby mode (hours): _____ In alarm mode (minutes): _____

Batteries are marked with date of manufacture.

5. ANNUNCIATORS

This system does not have annunciators.

5.1 Location and Description of Annunciators

Annunciator 1: N/A

Annunciator 2: _____

Annunciator 3: _____

6. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact: PROV FD	Time: _____
Building management	Contact: GC	Time: 9AM
Building occupants	Contact: N/A	Time: _____
Authority having jurisdiction	Contact: N/A	Time: _____
Other, if required	Contact: _____	Time: _____

7. TESTING RESULTS

7.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Power extender panels	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Isolation modules	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS *(continued)*

7.2 Control Unit Power Supplies

Description	Visual Inspection	Functional Test	Comments
120-volt power	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Generator or UPS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Load voltage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

7.3 In-Building Fire Emergency Voice Alarm Communications Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Primary power supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Secondary power supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Panel supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/A
System performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Sound pressure levels Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No Ambient dBA Alarm dBA (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
System intelligibility <input type="checkbox"/> CSI <input type="checkbox"/> STI (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS (continued)

7.4 Notification Appliance Power Extender Panels

Description	Visual Inspection	Functional Test	Comments
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Primary power supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Secondary power supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Panel supervision	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	N/A

7.5 Mass Notification Equipment

Description	Visual Inspection	Functional Test	Comments
Functional test	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Primary power supply	<input type="checkbox"/>	<input type="checkbox"/>	N/A
UPS power test	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	N/A
CCU security mechanism	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Prerecorded message content	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Prerecorded message activation	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Fire alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	N/A
MNS to fire alarm interface	<input type="checkbox"/>	<input type="checkbox"/>	N/A
In-building MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A

7. TESTING RESULTS (continued)

7.5 Mass Notification Equipment (continued)

Description	Visual Inspection	Functional Test	Comments
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Sound pressure levels Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No Ambient dBA Alarm dBA (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
System intelligibility <input type="checkbox"/> CSI <input type="checkbox"/> STI (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

7.6 Two-Way Communications Equipment

Description	Visual Inspection	Functional Test	Comments
Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Call-in signal	<input type="checkbox"/>	<input type="checkbox"/>	N/A
System performance	<input type="checkbox"/>	<input type="checkbox"/>	N/A
System audibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A
System intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Area of refuge communication system	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Elevator emergency communications system	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS (continued)

7.7 Combination Systems

Description	Visual Inspection	Functional Test	Comments
Fire extinguishing monitoring devices/system	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Carbon monoxide detector/system	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Combination fire/security system	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.8 Special Hazard Systems

Description (specify)	Visual Inspection	Functional Test	Comments
N/A	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

7.9 Emergency Communications System

- Visual
- Functional
- Simulated operation
- Ensure predischage notification appliances of special hazard systems are not overridden by the MNS.
See *NFPA 72*, 24.4.1.7.1.

7.10 Monitored Systems

Description (specify)	Visual Inspection	Functional Test	Comments
Engine-driven generator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fire pump	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Special suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS (continued)

7.11 Auxiliary Functions

Description	Visual Inspection	Functional Test	Comments
Door-releasing devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fan shutdown	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Smoke management/smoke control	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Smoke damper operation	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Door unlocking	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	N/A
MNS override of FA signals	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.12 Alarm Initiating Device

Device test results sheet attached listing all devices tested and the results of the testing

7.13 Supervisory Alarm Initiating Device

Device test results sheet attached listing all devices tested and the results of the testing

7.14 Alarm Notification Appliances

Appliance test results sheet attached listing all appliances tested and the results of the testing

7.15 Supervisory Station Monitoring

Description	Yes	No	Time	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	MASTERBOX
Alarm restoration	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Trouble signal	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		

8. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: PROVIDENCE FD	Time:
Building management	Contact: GC	Time: 12PM
Building occupants	Contact: N/A	Time:
Authority having jurisdiction	Contact:	Time:
Other, if required	Contact:	Time:

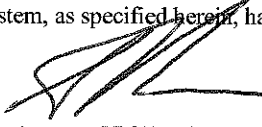
9. SYSTEM RESTORED TO NORMAL OPERATION

Date: 4/7/17 Time:

10. CERTIFICATION

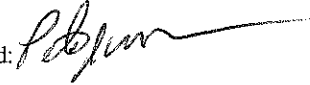
10.1 Inspector Certification:

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed:  Printed name: STEPHEN HEANEY Date: 4/7/17
Organization: CROWN SUPPLY Title: TECH Phone: 4018616329

10.2 Acceptance by Owner or Owner's Representative:

The undersigned has a service contract for this system in effect as of the date shown below.

Signed:  Printed name: Peter Mahan Date: 4/7/17
Organization: Title: Phone:

RIDOH ,Center of Health Facilities and Regulations
Travel Summary Report

Provider Info

Planned Parenthood Of Southern New England Inc
175 Broad Street
Providence, RI 02940

~~Minam Inocencio~~
FASC

Survey Info

April 24, 2017 to April 24, 2017 Event ID: (ZGBT11)
Health Survey - State Licensure, re-Licensure

Survey Team

David Marquis, Registered Nurse
Bill Finocchiaro, Social Worker

Team Coordinator

David Marquis

Off-Hours Survey

no

Resident Census/total bed count

NA

Travel Author / Date

Bill Finocchiaro, 4-~~25~~-17

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Reason for survey

Change of location- An on-site inspection was conducted at this Centers recently renovated new site located at 175 Broad Street, Providence, RI. This is an existing program using the same policy and procedures at the new site. The new facility has 6 exam rooms, 6 recovery bays and 2 procedure rooms. Site was a total buildout from existing building. All patient services are provided on the first floor. The site was ready for occupancy and approval was given to see patient's that were schedule for this afternoon. New license will be issued effective 4-~~25~~-17.

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Primary Contacts

Mary Bawza, COO, Danna Freedman, Site Manager.

Follow-up Issues

None