

WAIVER REQUEST FORM

DPH – CQAC – DHCQ, 99 Chauncy Street, 2nd Floor, Boston, MA 02111

All waiver requests regarding a PHYSICAL PLANT REQUIREMENT MUST BE ACCOMPANIED BY REDUCED PLANS on 8½" x 11" sheets for clarification of specific physical plant condition to be waived. Physical plant waiver requests received without accompanying plans will be returned as "DENIED".

NOTE: A SEPARATE WAIVER REQUEST FORM MUST BE SUBMITTED FOR EACH REQUIREMENT FOR WHICH A WAIVER IS REQUESTED.

PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS

Facility's Licensed Name or Proposed Name

Address, including zip code

WORCESTER HEALTH CENTER, 470 PLEASANT STREET, WORCESTER, MA

If Hospital/Clinic Satellite, Name

Address, including zip code

N/A

Hospital/Clinic Department

Building/Floor Location

I HEREBY REQUEST THE DEPARTMENT WAIVE COMPLIANCE WITH THE REGULATION OR REQUIREMENT:

1.A: FOUND AT: AIA Guidelines 2006, Section 3.7 - 2.2
(Regulation/Requirement Citation)

1.B: THAT REQUIRES (Text of Regulation/Requirement):

If patients will be admitted without recent and thorough examination, at least one room, ensuring both visual and acoustical privacy, shall be provided for examination and testing of patients prior to surgery. This may be an examination room or treatment room as described in Sections 3.1 -- 2.1.1 and 3.1 -- 2.1.3.

2.A: DESCRIPTION OF PROPOSED ALTERNATIVE TO COMPLIANCE WITH THE REQUIREMENT:

2.B: HOSPITALS AND LONG TERM CARE FACILITIES – WHAT WILL BE DONE TO COMPENSATE; CLINIC AND HOSPICE – HOW THE PROVIDER WILL REMAIN IN SUBSTANTIAL COMPLIANCE:

As described in the project narrative, the One-Rooms have been designed to accommodate the combined functions of examination, treatment, and phase II recovery. The One-Room provides visual and acoustical privacy and is fully compliant with the requirements for a general purpose examination room. While the regulations require a minimum of one examination room, the applicant is providing seven such rooms.

PLANNED PARENHOOD LEAGUE OF MASSACHUSETTS, WORCESTER HEALTH CENTER

Facility's Licensed Name or Proposed Name

Address, including zip code

Regulation/Requirement Citation: AIA Guidelines 2006, Section 3.7 - 2.2

3. PROVIDER'S EXPLANATION OF HOW MEETING THE REQUIREMENT AS WRITTEN WOULD CAUSE UNDUE HARDSHIP:

The seven One-Rooms have been designed to accommodate the combined functions of examination, treatment and phase II recovery. Providing separate rooms for examination would require unnecessary patient movement while providing no clinical benefit.

4. PROVIDER'S ASSURANCE THAT APPROVAL OF THE WAIVER: (A) WILL NOT LIMIT THE CAPACITY TO PROVIDE ADEQUATE CARE; AND, (B) DOES NOT JEOPARDIZE/AFFECT PATIENT OR RESIDENT HEALTH AND SAFETY:

All examinations will be undertaken in the seven One-Rooms. Potentially, the patient will remain in this location for their entire visit, improving patient experience, quality of care and staff efficiency. The capacity to provide adequate care is not limited or affected by this waiver.

FACILITY AUTHORIZED REPRESENTATIVE:

Name: Dianne Luby
Title: President/CEO
Mailing Address: 1055 Commonwealth Ave
Boston, MA 02215

Signature:

[Handwritten signature of Dianne Luby]

FACILITY CLINICAL REPRESENTATIVE:

Name: Karen Y. Caponi
Title: Health Services Director
Tel #: 508-854-3300, ext 1103

Signature:

[Handwritten signature of Karen Y. Caponi]

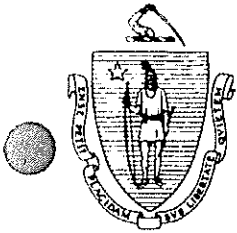
For DPH Use Only: The waiver identified above is approved, approved with conditions or denied as indicated below.

Evaluated by: [Signature] 06/09/08 [X] Approved [] Approved w/Conditions [] Denied

Reviewed by: [Signature] 7/17/08 [X] Approved [] Approved w/Conditions [] Denied

CONDITIONS:

Note: This waiver may be evaluated during on-site visits by Department staff at the facility. The Department reserves the right to revoke the waiver approvals if deficiencies are cited that indicate that the waivers adversely affect patient or resident health and safety.



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Hospital/Clinic Department _____ Building/Floor Location _____

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1.A: FOUND AT: _____ **AIA Guidelines 2006 , Section 3.7 - 2:3.1.1 (2)**
(Regulation/Requirement Citation)

1.B: THAT REQUIRES (Text of Regulation/Requirement): _____

There shall be a minimum clear distance of 3 feet 6 inches (1.07 meters) at each side, the head and the foot of the operating table.

2.A: DESCRIPTION OF PROPOSED ALTERNATIVE TO COMPLIANCE WITH THE REQUIREMENT:

2.B: HOSPITALS AND LONG TERM CARE FACILITIES – WHAT WILL BE DONE TO COMPENSATE; CLINIC AND HOSPICE – HOW THE PROVIDER WILL REMAIN IN SUBSTANTIAL COMPLIANCE:

The design of the One-rooms fully complies with the minimum clearance distances at the sides and foot of the patient treatment table but offers somewhat lesser clearance at the head. This is function of the geometry of the floor plan and does not affect health care delivery performed at the foot and sides of the table.

PLANNED PARENHOOD LEAGUE OF MASSACHUSETTS, WORCESTER HEALTH CENTER

Facility's Licensed Name or Proposed Name

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Regulation/Requirement Citation:

AIA Guidelines 2006, Section 3.7 - 2.3.1.1 (2)

3. PROVIDER'S EXPLANATION OF HOW MEETING THE REQUIREMENT AS WRITTEN WOULD CAUSE UNDUE HARDSHIP:

Functionally, PPLM is an outpatient exam and treatment facility, but is being reviewed to comply with outpatient surgery facilities requirements. Compliance with this provision places an unnecessary burden on the applicant. Providing the 3 feet 6 inches of clearance at the head of the table would necessitate a longer building which is impractical given the site boundaries and the required sideyard setbacks.

4. PROVIDER'S ASSURANCE THAT APPROVAL OF THE WAIVER: (A) WILL NOT LIMIT THE CAPACITY TO PROVIDE ADEQUATE CARE; AND, (B) DOES NOT JEOPARDIZE/AFFECT PATIENT OR RESIDENT HEALTH AND SAFETY:

Because the medical exams and procedures performed at Planned Parenthood are primarily performed on patient's lower bodies, or by approaching the patient from the side. There is no need for personnel or equipment to be located at the head of the patient. Therefore a 3'6" clearance is adequate.

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Name: Karen Y. Caponi
Title: Health Services Director
Tel #: 508-854-3300, ext 1103

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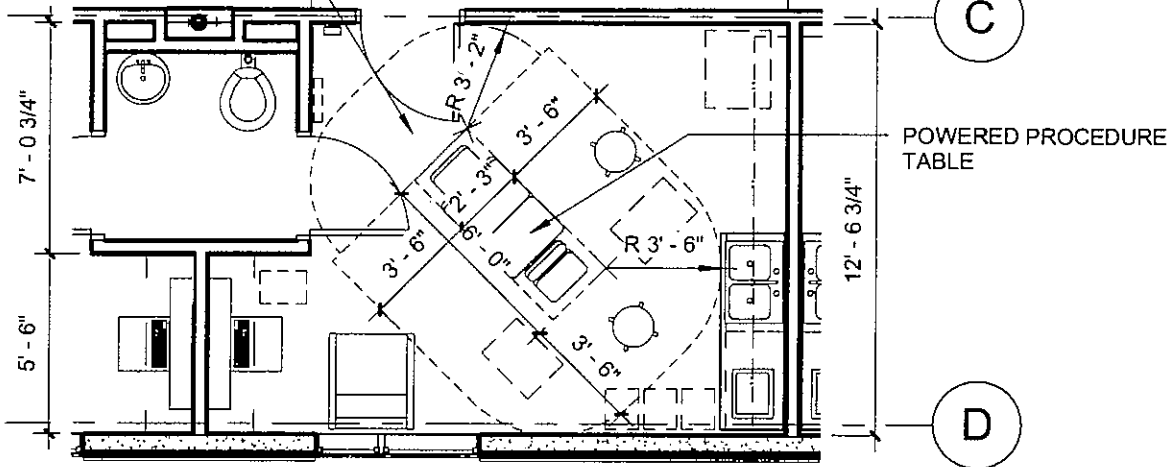
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3' - 2" CLEARANCE AT HEAD

14' - 6"

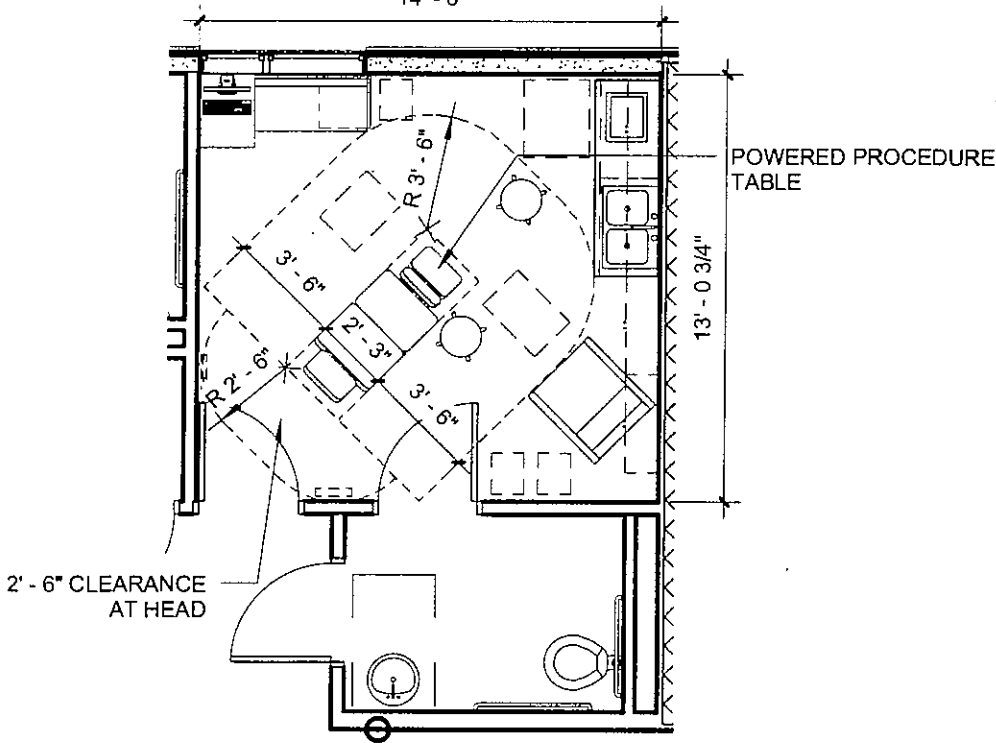


1

WAIVER FOR TYPICAL ONE-ROOM - TREATMENT MODE

3/16" = 1'-0"

14' - 0"



2

WAIVER FOR 7th ONE-ROOM - TREATMENT MODE

3/16" = 1'-0"

ARCHITERRA

PLANNED PARENTHOOD
WORCESTER HEALTH CENTER

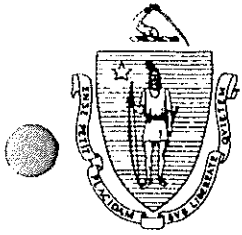
PROCEDURE ROOM CLEARANCES -
Section 3.7 - 2.3.1.1 (1)

Project number 2007-02

SK W-03

Date FEBRUARY 15, 2008

Scale 3/16" = 1'-0"



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1.A: FOUND AT:

AIA Guidelines 2006, Section 3.7 - 2.3.4

(Regulation/Requirement Citation)

1.B: THAT REQUIRES (Text of Regulation/Requirement):

See Table 3.1.2 for Medical Gas requirements

(Table 3.1.2 - Station Outlets for Oxygen, Vacuum and Medical Air in Outpatient Facilities)

3.1 - 2.3.1.1 - Class A - minor surgical procedure room to have 1 oxygen and 1 vacuum station outlet

2.A: DESCRIPTION OF PROPOSED ALTERNATIVE TO COMPLIANCE WITH THE REQUIREMENT:

2.B: HOSPITALS AND LONG TERM CARE FACILITIES – WHAT WILL BE DONE TO COMPENSATE; CLINIC AND HOSPICE – HOW THE PROVIDER WILL REMAIN IN SUBSTANTIAL COMPLIANCE:

The design provides a central vacuum pump room with separate vacuum station outlets in each One-room. Medical gases are not used so emergency oxygen tanks are provided in the recovery room with back-up tanks located in the storage room.

PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, WORCESTER HEALTH CENTER

Facility's Licensed Name or Proposed Name

Address, including zip code

Regulation/Requirement Citation: AIA Guidelines 2006, Section 3.7 - 2.3.4

3. PROVIDER'S EXPLANATION OF HOW MEETING THE REQUIREMENT AS WRITTEN WOULD CAUSE UNDUE HARDSHIP:

The design provisions are matched to the health care delivery needs. Functionally, PPLM is an outpatient exam and treatment facility, but is being reviewed to comply with outpatient surgery facilities requirements. Compliance with this provision places an unnecessary burden on the applicant.

4. PROVIDER'S ASSURANCE THAT APPROVAL OF THE WAIVER: (A) WILL NOT LIMIT THE CAPACITY TO PROVIDE ADEQUATE CARE; AND, (B) DOES NOT JEOPARDIZE/AFFECT PATIENT OR RESIDENT HEALTH AND SAFETY:

Oxygen is only used at Planned Parenthood in emergencies and is the only medical gas used in the facility. Keeping a tank in each one room as well as the recovery room will ensure quick access to oxygen in the rare event that it is needed.

FACILITY AUTHORIZED REPRESENTATIVE:

Name: Dianne Luby
Title: President/CEO
Mailing Address: 1055 Commonwealth Ave
Boston, MA 02215

Signature: [Handwritten Signature]

FACILITY CLINICAL REPRESENTATIVE:

Name: Karen Y. Caponi
Title: Health Services Director
Tel #: 508-854-3300, ext 1103

Signature: [Handwritten Signature]

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Evaluated by: [Signature] 06/09/08 [X] Approved [] Approved w/Conditions [] Denied

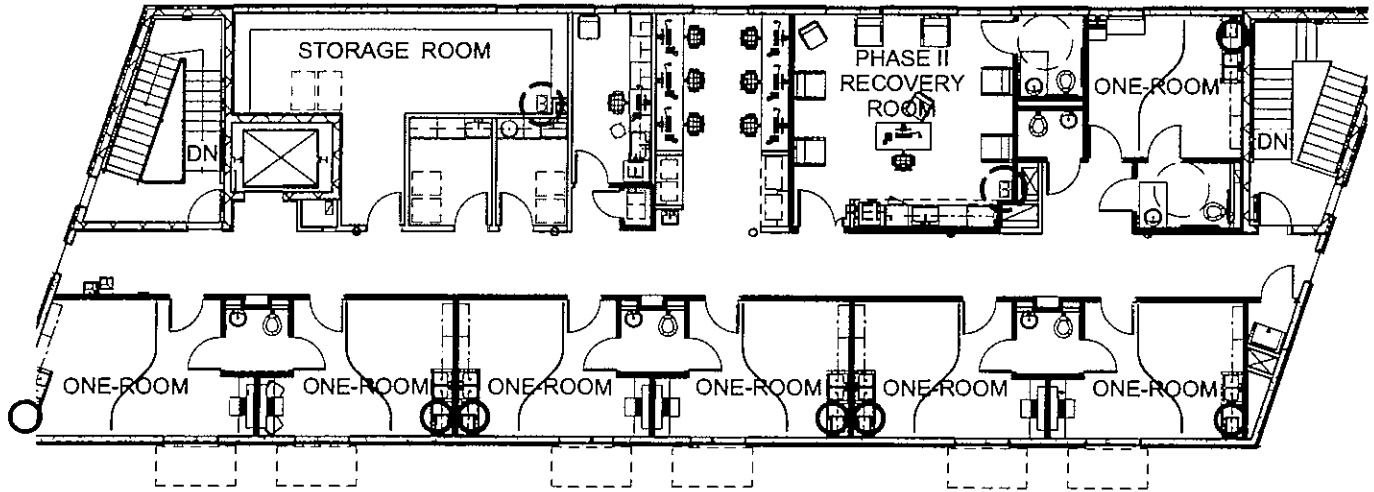
Reviewed by: Ellen Flinter 7/7/08 [X] Approved [] Approved w/Conditions [] Denied

CONDITIONS:

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○ LOCATION OF LARGE OXYGEN CYLINDERS

○ LOCATION OF SMALL EMERGENCY OXYGEN CYLINDERS



THIRD FLOOR PLAN

1 EMERGENCY OXYGEN CYLINDER LOCATIONS
1/16" = 1'-0"

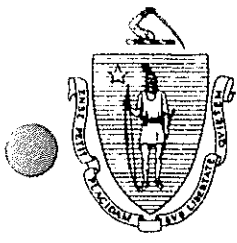


PLANNED PARENTHOOD
WORCESTER HEALTH CENTER

OPERATING ROOM MEDICAL GAS - Section 3.7 - 2.3.4

Project number	2007-02	SK W-04
Date	FEBRUARY 15, 2008	Scale 1/16" = 1'-0"

3/19/2008 4:30:34 PM



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If Hospital/Clinic Satellite, Name Address, including zip code

N/A

Hospital/Clinic Department Building/Floor Location

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1.A: FOUND AT: AIA Guidelines 2006, Section 3.7 - 2.4.1
(Regulation/Requirement Citation)

1.B: THAT REQUIRES (Text of Regulation/Requirement):

Room(s) for post-anesthesia recovery in outpatient surgical facilities shall be provided in accordance with the functional program.

2.A: DESCRIPTION OF PROPOSED ALTERNATIVE TO COMPLIANCE WITH THE REQUIREMENT:

2.B: HOSPITALS AND LONG TERM CARE FACILITIES – WHAT WILL BE DONE TO COMPENSATE; CLINIC AND HOSPICE – HOW THE PROVIDER WILL REMAIN IN SUBSTANTIAL COMPLIANCE:

Conscious sedation is used for some procedures by some patients. All One-rooms are designed for phase II or stepdown recovery in accordance with the functional program. In addition, a further recovery room provides 6 lounge chairs and a nurses station.

PLANNED PARENHOOD LEAGUE OF MASSACHUSETTS, WORCESTER HEALTH CENTER

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Regulation/Requirement Citation: AIA Guidelines 2006, Section 3.7 - 2.4.1

3. PROVIDER'S EXPLANATION OF HOW MEETING THE REQUIREMENT AS WRITTEN WOULD CAUSE UNDUE HARDSHIP:

Functionally, PPLM is an outpatient exam and treatment facility, but is being reviewed to comply with outpatient surgery facilities requirements. Compliance with this provision places an unnecessary burden on the applicant as general anesthesia is not used for the procedures planned for this facility.

4. PROVIDER'S ASSURANCE THAT APPROVAL OF THE WAIVER: (A) WILL NOT LIMIT THE CAPACITY TO PROVIDE ADEQUATE CARE; AND, (B) DOES NOT JEOPARDIZE/AFFECT PATIENT OR RESIDENT HEALTH AND SAFETY:

General anesthesia is not used at Planned Parenthood. For some abortion patients, conscious sedation is used. This represents 50% of our abortion patients and 15% of total patients. Therefore Phase I recovery is never necessary at our facility. Phase II recovery requirements are adequately met in our plans for the new facility and are more than adequate to safely care for our patients. Following a TAB procedure, patients have vital signs monitored, along with being given post-procedure instructions. Patients stay in recovery on average 15-20 minutes. In the event that staffing and patient volume allow for a patient to recover in a one-room, a nurse will be present in the room during that patient's recovery. If patients are recovering in the Phase II Recovery Room, the design of the room, including the orientation of the reclining chairs and the location of the nurses' station allow for ease of nurse monitoring of patients.

FACILITY AUTHORIZED REPRESENTATIVE:

Name: Dianne Luby
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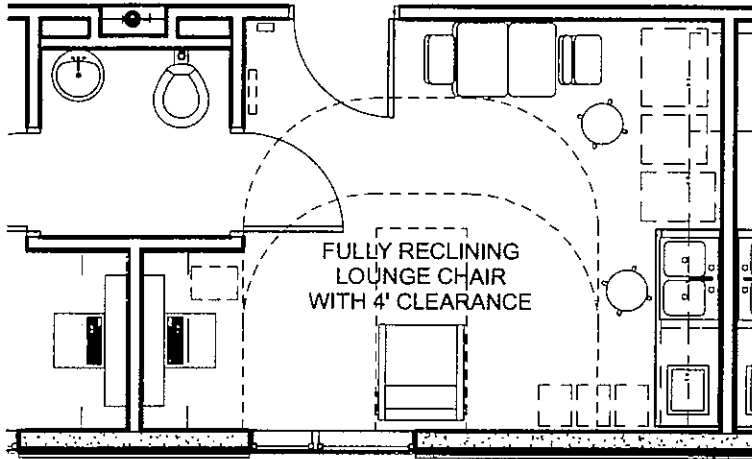
Signature: [Handwritten Signature]

FACILITY CLINICAL REPRESENTATIVE:

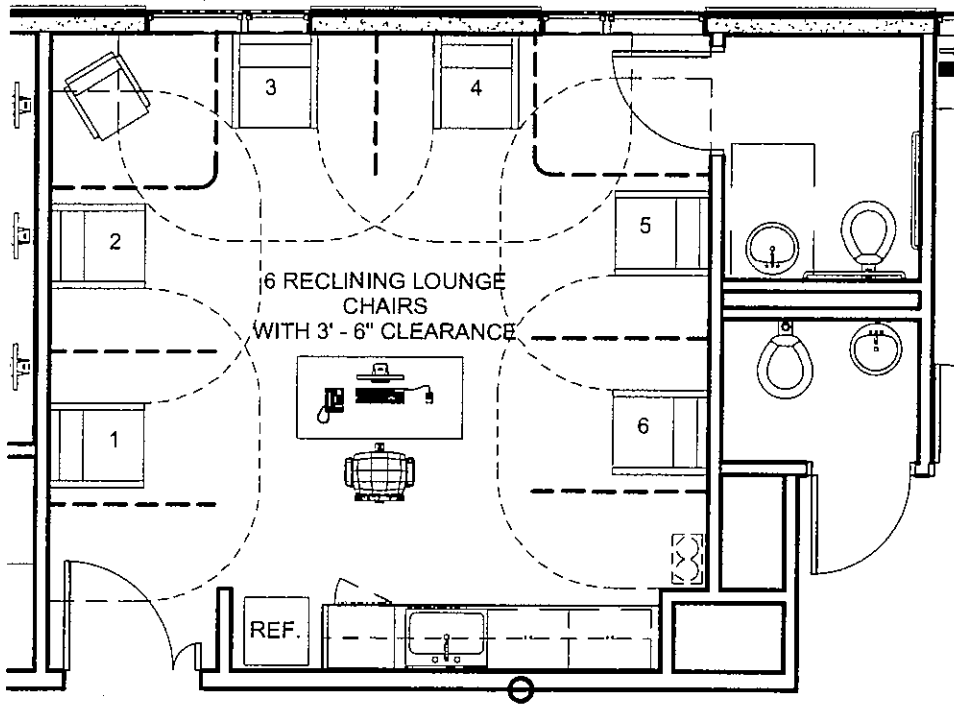
Name: Karen Y. Caponi
Title: Health Services Director
Tel #: 508-854-3300, ext 1103

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CONDITIONS:
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2 SPACE FOR PHASE II RECOVERY IN ONE-ROOM
 3/16" = 1'-0"



1 ROOM FOR ADDITIONAL PHASE II RECOVERY
 3/16" = 1'-0"

ARCHITERRA

PLANNED PARENTHOOD
 WORCESTER HEALTH CENTER

POST-ANESTHESIA RECOVERY ROOM WAIVER - Section 2.4.1

Project number 2007-02

SK W-05

Date FEBRUARY 15, 2008

Scale 3/16" = 1'-0"

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Address, including zip code

N/A

Hospital/Clinic Department

Building/Floor Location

I HEREBY REQUEST THE DEPARTMENT WAIVE COMPLIANCE WITH THE REGULATION OR REQUIREMENT:

**1.A: FOUND AT:
(Regulation/Requirement Citation)**

AIA Guidelines 2006, Section 3.7 - 2.5.2 (1)

1.B: THAT REQUIRES (Text of Regulation/Requirement):

Scrub Facilities

(1) Stations shall be provided near the entrance to each operating room and may service operating rooms if needed.

2.A: DESCRIPTION OF PROPOSED ALTERNATIVE TO COMPLIANCE WITH THE REQUIREMENT:

2.B: HOSPITALS AND LONG TERM CARE FACILITIES – WHAT WILL BE DONE TO COMPENSATE; CLINIC AND HOSPICE – HOW THE PROVIDER WILL REMAIN IN SUBSTANTIAL COMPLIANCE:

Each One-room will be equipped with a hand-sterilizer dispenser near the entrance and a handwashing sink along the treatment wall.

PLANNED PARENHOOD LEAGUE OF MASSACHUSETTS, WORCESTER HEALTH CENTER

Facility's Licensed Name or Proposed Name

Address, including zip code

Regulation/Requirement Citation: AIA Guidelines 2006, Section 3.7 - 2.5.2 (1)

3. PROVIDER'S EXPLANATION OF HOW MEETING THE REQUIREMENT AS WRITTEN WOULD CAUSE UNDUE HARDSHIP:

Functionally, PPLM is an outpatient exam and treatment facility, but is being reviewed to comply with outpatient surgery facilities requirements. Compliance with this provision places an unnecessary burden on the applicant. Meeting the requirement as written is not as optimal for health care delivery as a combination of hand sanitizer dispenser at the entrance and a sink along the treatment wall.

4. PROVIDER'S ASSURANCE THAT APPROVAL OF THE WAIVER: (A) WILL NOT LIMIT THE CAPACITY TO PROVIDE ADEQUATE CARE; AND, (B) DOES NOT JEOPARDIZE/AFFECT PATIENT OR RESIDENT HEALTH AND SAFETY:

For the type of exams and procedures performed at Planned Parenthood, infection control is adequately provided through use of hand washing sinks in each patient area (one rooms and Phase II recovery room) as well as hand sanitizer dispensers located near the entrance to each patient area. For operational purposes, sinks within each room needed to be located near the foot of the exam table and could not be located closer to the door. Because our procedures are non-invasive, this is adequate for infection control.

FACILITY AUTHORIZED REPRESENTATIVE:

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Signature: [Handwritten Signature]

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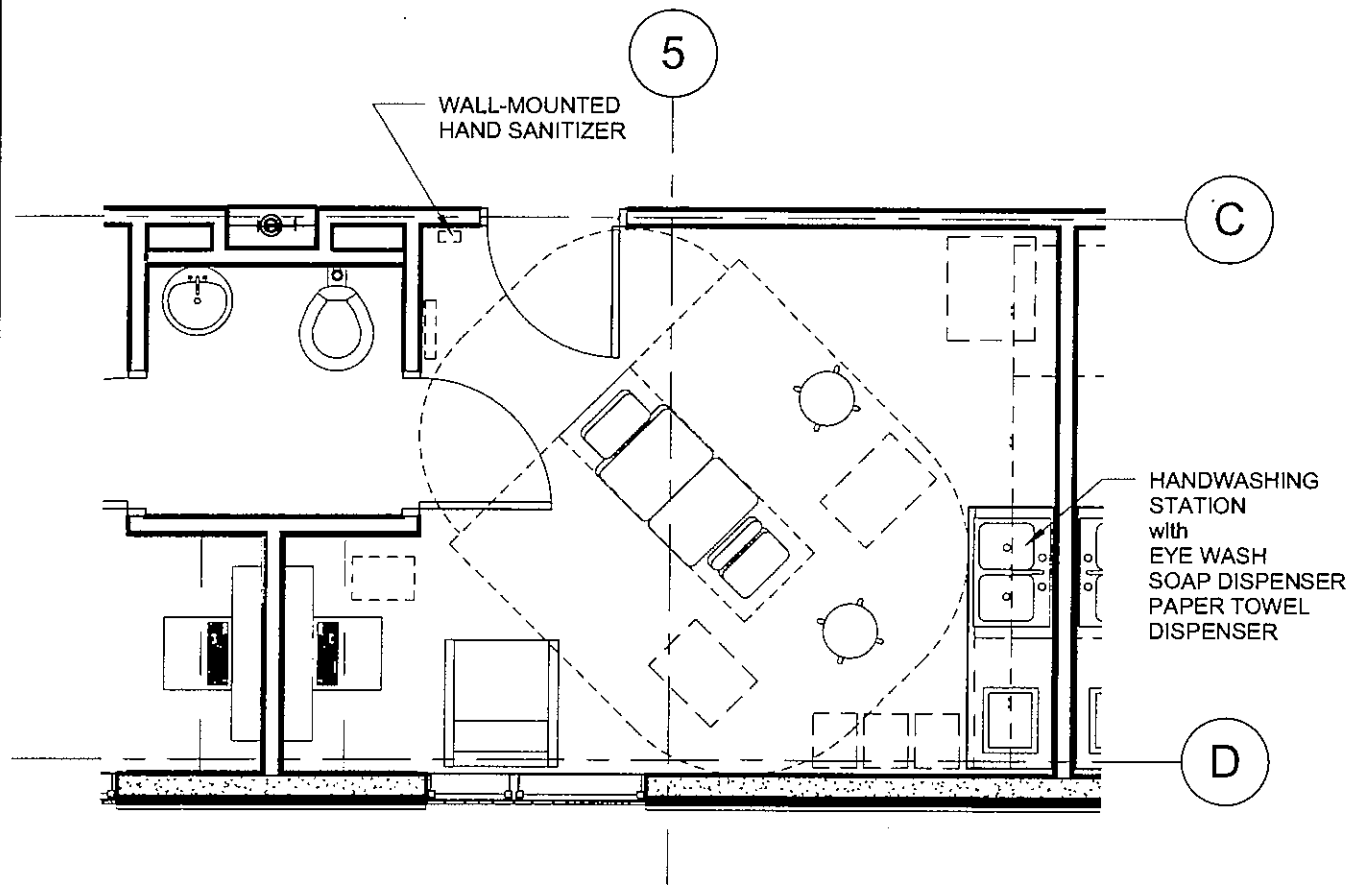
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CONDITIONS:

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1 TYPICAL ONE-ROOM - HANDWASHING/SANITIZING
 1/4" = 1'-0"

	PLANNED PARENTHOOD WORCESTER HEALTH CENTER	SCRUB FACILITY WAIVER - Section 3.7 - 2.5.2 (1)	
		Project number	2007-02
		Date	FEBRUARY 15, 2008
		SK W-07	Scale 1/4" = 1'-0"

3/19/2008 4:36:40 PM



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1.A: FOUND AT:

AIA Guidelines 2006, Section 3.7 - 2.5.7.1

(Regulation/Requirement Citation)

1.B: THAT REQUIRES (Text of Regulation/Requirement):

Anesthesia equipment and supply storage. Provisions shall be provided for cleaning, testing, and storing anesthesia equipment and supplies, as defined by the functional program. This space shall be located with in the semi-restricted area.

2.A: DESCRIPTION OF PROPOSED ALTERNATIVE TO COMPLIANCE WITH THE REQUIREMENT:

2.B: HOSPITALS AND LONG TERM CARE FACILITIES – WHAT WILL BE DONE TO COMPENSATE; CLINIC AND HOSPICE – HOW THE PROVIDER WILL REMAIN IN SUBSTANTIAL COMPLIANCE:

Since general anesthesia is not required for the procedures planned for this facility, no provisions are to be made for anesthesia equipment, supplies and storage. Conscious sedation medication is stored in double-locked cabinets along with other prescription medications.

PLANNED PARENHOOD LEAGUE OF MASSACHUSETTS, WORCESTER HEALTH CENTER

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Regulation/Requirement Citation: AIA Guidelines 2006, Section 3.7 - 2.5.7.1

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General anesthesia is not used at Planned Parenthood; therefore, not providing storage for anesthesia equipment and supplies does not affect patient health and safety. The medication for conscious sedation is stored in double-locked cabinets.

FACILITY AUTHORIZED REPRESENTATIVE:

FACILITY CLINICAL REPRESENTATIVE:

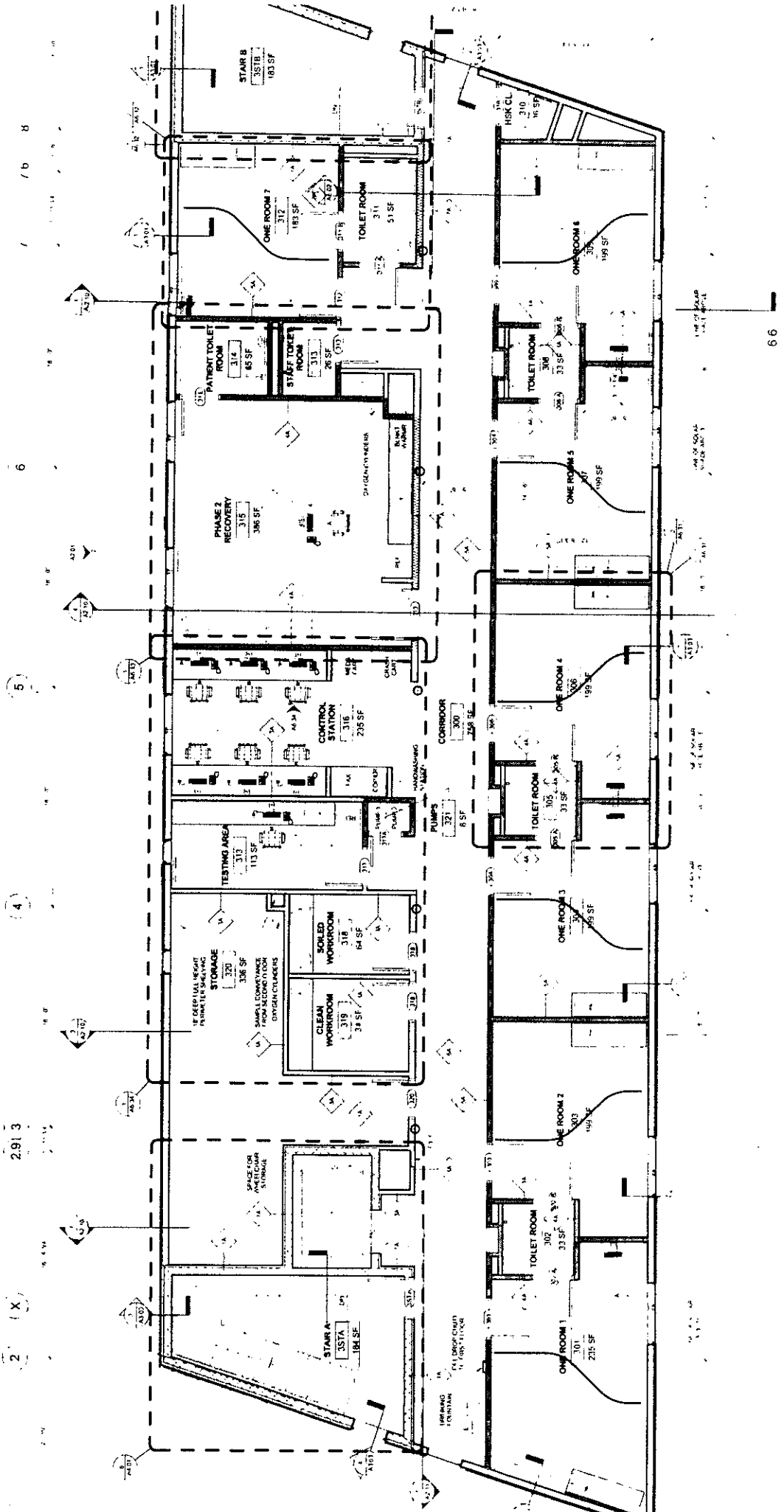
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2.91.3

2 (X)

6

7

8

5

4

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2

1

66



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Address, including zip code

N/A

Hospital/Clinic Department

Building/Floor Location

I HEREBY REQUEST THE DEPARTMENT WAIVE COMPLIANCE WITH THE REGULATION OR REQUIREMENT:

1.A: FOUND AT:

AIA Guidelines 2006, Section 3.7 - 2.5.7.4

(Regulation/Requirement Citation)

1.B: THAT REQUIRES (Text of Regulation/Requirement):

A stretcher storage area shall be convenient for use and out of the direct line of traffic.

2.A: DESCRIPTION OF PROPOSED ALTERNATIVE TO COMPLIANCE WITH THE REQUIREMENT:

2.B: HOSPITALS AND LONG TERM CARE FACILITIES – WHAT WILL BE DONE TO COMPENSATE; CLINIC AND HOSPICE – HOW THE PROVIDER WILL REMAIN IN SUBSTANTIAL COMPLIANCE:

Since patients are not routinely transported on stretchers, no stretcher storage is provided. Emergency transport stretchers are brought to the facility by the ambulance.

PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS, WORCESTER HEALTH CENTER

Facility's Licensed Name or Proposed Name

Address, including zip code

Regulation/Requirement Citation: AIA Guidelines 2006, Section 3.7 - 2.5.7.4

3. PROVIDER'S EXPLANATION OF HOW MEETING THE REQUIREMENT AS WRITTEN WOULD CAUSE UNDUE HARDSHIP:

Functionally, PPLM is an outpatient exam and treatment facility, but is being reviewed to comply with outpatient surgery facilities requirements. Compliance with this provision places an unnecessary burden on the applicant.

4. PROVIDER'S ASSURANCE THAT APPROVAL OF THE WAIVER: (A) WILL NOT LIMIT THE CAPACITY TO PROVIDE ADEQUATE CARE; AND, (B) DOES NOT JEOPARDIZE/AFFECT PATIENT OR RESIDENT HEALTH AND SAFETY:

Planned Parenthood does not use stretchers to transport patients from one area of the facility to another except in the event of an emergency, in which case the stretcher would be provided by the emergency response team. In the event that a patient needs assistance moving from a one-room to the Phase II Recovery Room, a wheelchair is provided and is more than adequate to transport the patients, as all patients treated in our facility are conscious.

FACILITY AUTHORIZED REPRESENTATIVE:

Name: Dianne Luby
 Title: President/CEO
 Mailing Address: 1055 Commonwealth Ave
Boston, MA 02215

Signature: _____

Dianne Luby

FACILITY CLINICAL REPRESENTATIVE:

Name: Karen Y. Caponi
 Title: Health Services Director
 Tel #: 508-854-3300, ext 1103

Signature: _____

Karen Y. Caponi

For DPH Use Only: The waiver identified above is approved, approved with conditions or denied as indicated below.

Evaluated by: D. Gentry 06/09/08 Approved Approved w/Conditions Denied

Reviewed by: Ellen Finter 7/7/08 Approved Approved w/Conditions Denied

CONDITIONS:

Note: This waiver may be evaluated during on-site visits by Department staff at the facility. The Department reserves the right to revoke the waiver approvals if deficiencies are cited that indicate that the waivers adversely affect patient or resident health and safety.

