



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 01609

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 3.1 - 7.2.2.2 (1)
(Regulation/Requirement Citation)

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

Ventilation and space conditioning requirements – Section 7.2.2.2

All rooms and areas used for patient care shall have provisions for ventilation.

(1) Ventilation rates. The ventilation rates shown in Table 2.1-2 shall be used only as minimum standards; they do not preclude the use of higher, more appropriate rates.

From Table 2.1-2:

Operating Room	15 minimum total air changes per hour
Treatment Room	6 minimum total air changes per hour
Examination Room	6 minimum total air changes per hour

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 7 One-Rooms have been designed to accommodate the combined functions of examination, treatment, and phase II recovery. As the treatments are non-invasive, a minimum total air change per hour of 6 will be provided (in accordance with 3.1 – 7.2.1 and Table 2.1-2).

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 3.1 - 7.2.2.2 (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. Ventilation rates higher than necessary would cause undue hardship relative to similar women's health care centers offering comparable services approved under former guidelines.

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:

Functionally, PPLM is an outpatient exam and treatment facility, therefore a minimum of 6 air changes per hour is adequate and will not jeopardize patient health and safety.

FACILITY AUTHORIZED REPRESENTATIVE:

FACILITY CLINICAL REPRESENTATIVE:

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

Name: Karen Caponi
Title: Health Services Director
Tel #: 508-854-330, ext 1103

Signature: [Handwritten Signature]

Signature: [Handwritten Signature]

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

Evaluated by: [Signature] 09/04/08 [X] Approved [] Approved w/Conditions [] Denied

Reviewed by: [Signature] 7/18/08 [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.

