

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: _____ A1A Guidelines 2006, Section 3.7 - 5.2.1.1 (1)
(Regulation/Requirement Citation)

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

Minimum public corridor width shall be 5 feet (1.52 meters), except that corridors in the operating room section, where patients are transported on stretchers or beds, shall be 8 feet (2.44 meters) wide.

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:

There are no corridors where patients are transported on stretchers or beds. The remainder of the corridors meets or exceeds the minimum 5 foot width.

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 - 5.2.1.1 (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. Corridors wider than necessary for clinical protocols 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:

Corridor width of 5' is adequate for movement of patients and staff throughout the facility, including transport of a patient in a wheelchair. Because we do not transport patients on stretchers, a wider corridor is unnecessary.

FACILITY AUTHORIZED REPRESENTATIVE:

FACILITY CLINICAL REPRESENTATIVE:

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

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

Signature: [Handwritten Signature]

Signature: [Handwritten Signature]

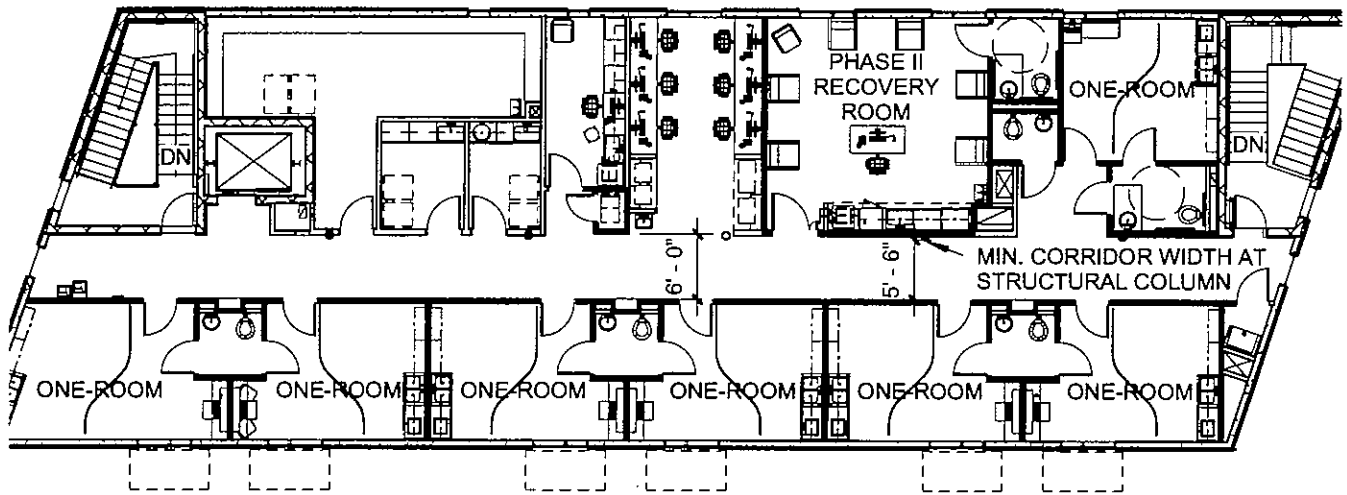
For DPH Use Only: The waiver identified above is approved, approved with conditions or denied as indicated below.

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

Reviewed by: [Signature] 9/9/08 [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.



THIRD FLOOR PLAN

1 MINIMUM PUBLIC CORRIDOR WIDTH
 1/16" = 1'-0"

	PLANNED PARENTHOOD WORCESTER HEALTH CENTER	CORRIDOR WIDTH WAIVER - Section 3.7 - 5.2.1.1 (1)	
		Project number	2007-02 SK W-10
		Date	FEBRUARY 15, 2008 Scale 1/16" = 1'-0"

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