

*New Jersey Department of Health*  
*Division of Certificate of Need & Licensing*

**PLANNED PARENTHOOD OF NCSNJ**  
**LICENSE**

*Pursuant to N.J.S.A. 26:2H-1 et seq.,*

*which is hereby licensed to operate*

**PLANNED PARENTHOOD OF NORTHERN, CENTRAL & SOUTHERN**

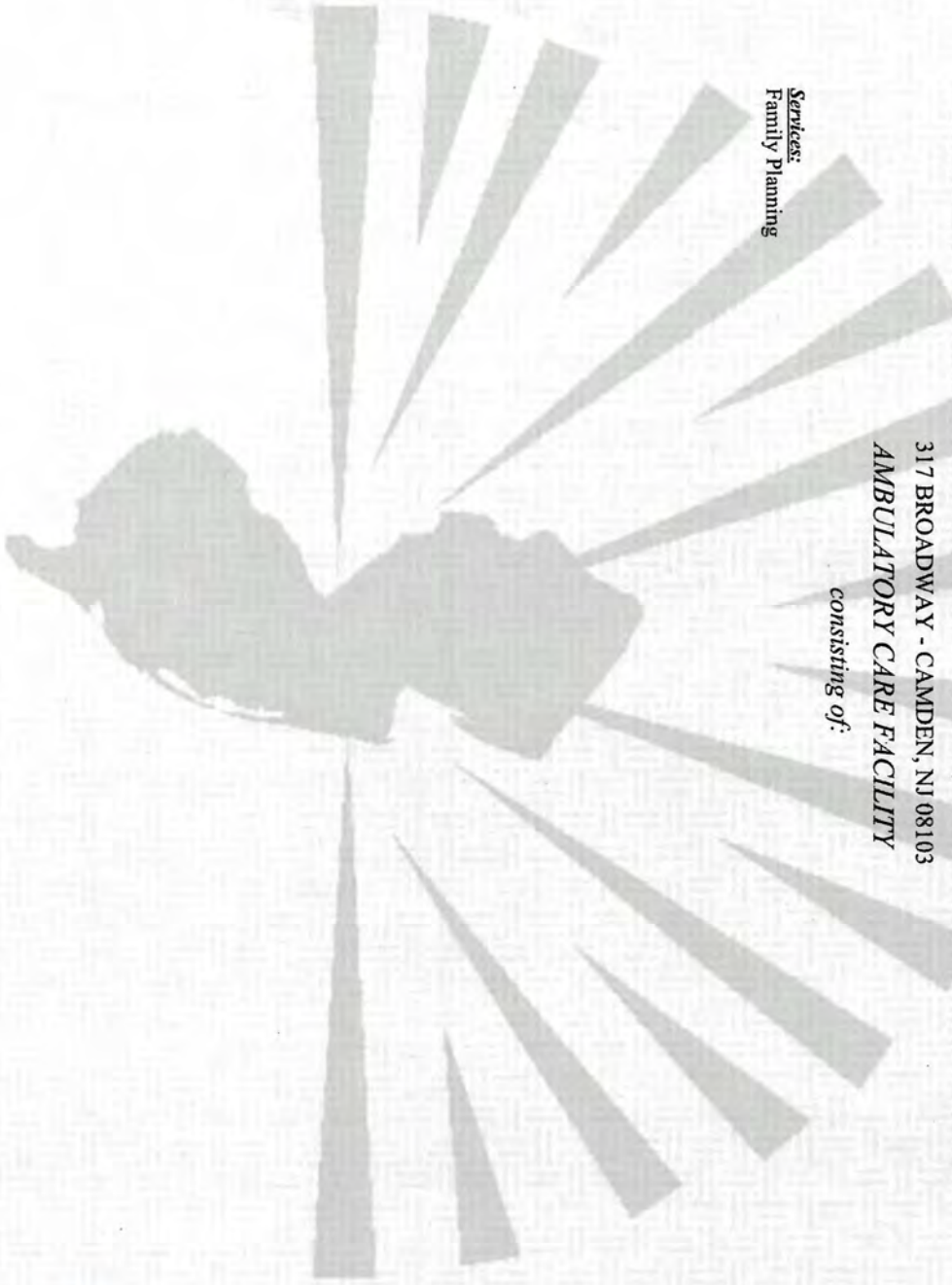
317 BROADWAY - CAMDEN, NJ 08103

AMBULATORY CARE FACILITY

consisting of:

*Services:*  
Family Planning

License #: **22379**  
Effective: **May 1, 2022**  
Expires: **April 30, 2023**  
Issued: **April 13, 2022**



*Judith M. Persichilli*  
Judith M. Persichilli  
Commissioner

**MUST BE POSTED IN A CONSPICUOUS PLACE IN THE FACILITY  
THIS LICENSE IS NOT TRANSFERABLE, APPLIES ONLY TO THE ABOVE LOCATION, AND TERMINATES ON NOTICE BY THE DEPARTMENT**



State of New Jersey  
DEPARTMENT OF HEALTH

PO BOX 358  
TRENTON, N.J. 08625-0358  
[www.nj.gov/health](http://www.nj.gov/health)

PHILIP D. MURPHY  
*Governor*

SHEILA Y. OLIVER  
*Lt. Governor*

JUDITH M. PERSICHILLI, RN, BSN, MA  
*Commissioner*

April 13, 2022

Ms. TRISTE BROOKS

PLANNED PARENTHOOD OF NORTHERN, CENTRAL &  
SOUTHERN  
317 BROADWAY  
CAMDEN, NJ 08103

RE: Facility#: NJ22379/ License#: 22379

License Renewal

Dear Ms. TRISTE BROOKS:

Enclosed please find the official license for your health care facility, authorizing continued operation for the next twelve month period. The license must be posted in a conspicuous place in the facility. The license may not be transferred or assigned without the prior approval of the Department.

We appreciate your ongoing efforts to participate as a long term health care provider in NJ. In accordance with N.J.S.A. 26:2H-5, the Department may conduct surveys of the facility to ascertain compliance with all regulatory requirements. The renewal is valid for a one year period, unless revoked or suspended for failure to meet licensure requirements.

Please include the official name of the facility, the license number and contact email(s) on all correspondence if available.

If you have any questions about the license or licensure process, please call this office at (609)292-6552.

Sincerely,

Michael J. Kennedy, J.D.  
Executive Director  
Certificate of Need and Licensing  
New Jersey Department of Health

**Your creditCard transaction has been successfully processed. The transaction confirmation number is 163680114 . Please print this page for your record.**

**Credit Card Payment**

**Payer Information**

Last Name:

BROOKS

First Name:

TRISTE

**Contact Information**

\* Telephone Phone: 9733494803

\* Email Address: jarret.allende@ppgennj.org

**Payment Information**

\* Application Payment Amount: \$200.00

\* Payment Including Service Fee: \$204.50

Please PRINT this confirmation for your records.

If your registration requires completion of an application please use RETURN button to open the application and follow the instruction. Otherwise use RETURN button to go back.

**Note:** Do not click on the back button.

PRINT

RETURN

## Facility Data Sheet

RECEIVED  
APR 06 2022  
BY: \_\_\_\_\_

### Facility Detail

Facility: Planned Parenthood of Northern, Central and Southern New Jersey, Inc.	Facility ID: NJ22379
Type: AMBULATORY CARE FACILITY	Tracking: LR-22379-21189
License#: 22379	License Expires: 4/30/2022 12:00:00 AM

### Payment Information

Renewal Fees: \$200.00	Inspection Fees: \$0.00	Other Fees: \$0.00	Total Due: \$200.00
------------------------	-------------------------	--------------------	---------------------

### Facility Information

Address: 317 BROADWAY, CAMDEN, NJ, 08103	Medicare#: _____
County: CAMDEN	Medicaid#: _____
Telephone: (856) 365-3519	New Telephone: _____
Fax: (856) 365-9215	New Fax: _____
Email: lynn.brown@ppsnj.org	New Email: <u>Amy.Raspatello@ppgnnj.org</u>

### Mailing Address

Address: 317 SOUTH BROADWAY	New Address: _____
City: CAMDEN	New City: _____
State: _____	New State: _____
Zip: 08103	New Zip: _____

### Emergency Contact

Name: _____	New Name: <u>Amy Raspatello</u>
Phone: _____	New Phone: <u>973-879-1306</u>
Fax: _____	New Fax: _____
Email: lynn.brown@ppsnj.org	New Email: <u>Amy.Raspatello@ppgnnj.org</u>

### Administrator

Salutation: Ms	New Salutation: _____
First Name: TRISTE	New First Name: _____
Middle Name: A	New Middle Name: _____
Last Name: BROOKS	New Last Name: _____
Title: _____	New Title: _____
Phone Number: _____	New Phone Number: _____
Email: _____	New Email: _____
Current Primary: Yes	New Current Primary: _____
Start Date: 10/01/2016	New Start Date: _____
End Date: _____	New End Date: _____

### Owner Detail

Company Name: PLANNED PARENTHOOD OF NCSNJ	Business Type: _____
Type: AMBULATORY CARE FACILITY	Company Tax ID: _____
Company Tax ID: _____	New Address: _____
Address: 317 SO. BROADWAY	New City: _____
City: CAMDEN	_____

Phone Number:	New Phone Number:	_____
Fax Number:	New Fax Number:	_____
Email:	New Email:	_____

**Facility Officers/Principals Name and Ownership Detail**

JOSHUA S SAKS	BRD MEMBER	0.00%
PATRICK STOVER	CHAIR	0.00%
PATRICIA COOK		0.00%
KATHERINE E KLEEMAN	CHAIR	0.00%
BENN MEISTRICH	1ST VP	0.00%
STEPHANIE A FISHER	VICE CHAIR	0.00%
CONNIE NEWMAN	SECRETARY	0.00%
MICHAEL ROEMER	TREASURER	0.00%
JOAN GOTTI	GOV CHAIR	0.00%
SHELDEN PISANI	BRD MEMBER	0.00%
MARC BRAHANEY	2ND VP	0.00%
KEVIN LAU	ESQ	0.00%
RALPH PADILLA	BRD MEMBER	0.00%
RACHEL BERRIA		0.00%
VINTA JETHWANI	BRD MEMBER	0.00%

**Bed / Services / Slots**

*Facility ID: NJ22379*

*Tracking: LR-22379-21189*

**Services & Designations:**

Family Planning

**Related Facilities**

Name	License#
PLANNED PARENTHOOD OF NORTHERN, CENTRAL & SOUTHERN (NJ22627)	22627
PLANNED PARENTHOOD OF NORTHERN, CENTRAL & SOUTHERN (NJ24213)	24213

**Current Accreditation**

**New Accreditation**

Accrediting Body:	Accrediting Body:	_____
Effective Date:	Effective Date:	_____
Expiration Date:	Expiration Date:	_____
Hospital Attestation :	Hospital Attestation (Yes/No):	_____
Hospital Attestation Letter Date:	Hospital Attestation Letter Date:	_____
Deem :	Deem (Yes/No):	_____

**Note:** Please include the accreditation certificate(s) and hospital attestation letter, if applicable.

**LICENSE RENEWAL QUESTIONNAIRE**

**AMBULATORY CARE FACILITY**

License#: 22379

Expires: NJ22379

Ref#: LR-22379-21189

**Please answer the following questions (attach additional sheets if necessary)**

1. Have any of the principals of the operating entity ever applied, directly or indirectly, for health care facility approval in New Jersey or any other state, which was denied or revoked? \_\_\_\_\_ (Yes/No) If Yes, indicate whom and give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do any of the principals of the operating entity have an ownership, operational or management interest in any other licensed health care facility in New Jersey, or any other state? \_\_\_\_\_ (Yes/No) If Yes, explain the nature of the interest and give name and address of each facility :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have any principals of the operating entity ever been found guilty of a criminal or administrative charge of resident/patient fraud, abuse and/or neglect? have any of these ever been indicted for the same charge? \_\_\_\_\_ (Yes/No) If Yes, explain in detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have any principals of the operating entity ever been indicted for or convicted of a felony crime? \_\_\_\_\_ (Yes/No) If Yes, indicate whom and give details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

The applicant certifies:

- 1) that all information contained in this application and attachments is true and correct, to the best of his/her knowledge and belief, and that willful misrepresentation of these facts may make the applicant subject to civil penalties;
- 2) that the application has been duly authorized by the governing body of the applicant;
- 3) that the facility has been and will be operated in accordance with applicable licensing requirements;
- 4) that the facility is not suspended, debarred, or otherwise excluded for any reason from entering into the covered transaction; and
- 5) that the facility is in compliance with the requirements of Section 6032 of The Federal Deficit Reduction Act.

Name of authorized individual completing form (print or type):	
Print Name: _____	Title: _____
Signature: _____	Date: _____

LICENSE RENEWAL QUESTIONNAIRE

AMBULATORY CARE FACILITY - SATELLITE

License#: 22627

Expires: NJ22627

Ref#: LR-22627-21191

Please answer the following questions (attach additional sheets if necessary)

1. Have any of the principals of the operating entity ever applied, directly or indirectly, for health care facility approval in New Jersey or any other state, which was denied or revoked? NO (Yes/No) If Yes, indicate whom and give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Do any of the principals of the operating entity have an ownership, operational or management interest in any other licensed health care facility in New Jersey, or any other state? NO (Yes/No) If Yes, explain the nature of the interest and give name and address of each facility :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Have any principals of the operating entity ever been found guilty of a criminal or administrative charge of resident/patient fraud, abuse and/or neglect? have any of these ever been indicted for the same charge? NO (Yes/No) If Yes, explain in detail:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Have any principals of the operating entity ever been indicted for or convicted of a felony crime? NO (Yes/No) If Yes, indicate whom and give details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION**

The applicant certifies:

- 1) that all information contained in this application and attachments is true and correct, to the best of his/her knowledge and belief, and that willful misrepresentation of these facts may make the applicant subject to civil penalties;
- 2) that the application has been duly authorized by the governing body of the applicant;
- 3) that the facility has been and will be operated in accordance with applicable licensing requirements;
- 4) that the facility is not suspended, debarred, or otherwise excluded for any reason from entering into the covered transaction; and
- 5) that the facility is in compliance with the requirements of Section 6032 of The Federal Deficit Reduction Act.

Name of authorized individual completing form (print or type):

Print Name: Jarret Ailende

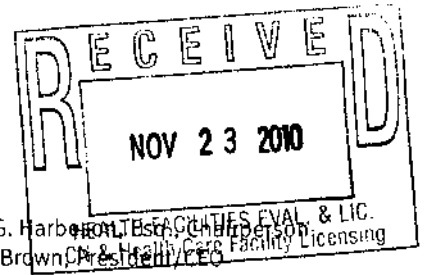
Title: VP Medical Services

Signature: [Handwritten Signature]

Date: 2/22/22



317 Broadway • Camden, NJ 08103  
856.365.3519 • FAX 856.365.9215  
www.ppsnj.org



November 18, 2010

Mr. John A. Calabria  
Director  
Certificate of Need and Healthcare Facility Licensure  
State of New Jersey  
Department of Health and Senior Services  
PO Box 358  
Trenton, NJ 08625-0358

Re: **Planned Parenthood of Southern New Jersey (Facility #22379)  
Waiver Request #1993:  
N.J.A.C. 8:43A-17.5: Regulated Medical Waste and Solid Waste Management**

Dear Mr. Calabria:

I am in receipt of the approval for the waiver request for use of our solid storage room.

Your letter of November 4, 2010 accurately describes our process for removal of medical waste. We shall honor the conditions of the waiver.

Thank you for your prompt and diligent assessment of our request.

Sincerely,

G. Lynn Brown  
President/CEO

*healthy choices, healthy people. healthy families—building healthy communities*



Please consider the future by including Planned Parenthood<sup>®</sup> of Southern New Jersey in your estate planning.



A United Way Partner





State of New Jersey  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
PO BOX 358  
TRENTON, N.J. 08625-0358

CHRIS CHRISTIE  
Governor

KIM GUADAGNO  
Lt. Governor

[www.nj.gov/health](http://www.nj.gov/health)

POONAM ALAIGH, MD, MSHCPM, FACP  
Commissioner

November 4, 2010

**VIA UNITED PARCEL SERVICE**

G. Lynn Brown  
President/CEO  
Planned Parenthood of Southern New Jersey  
317 Broadway  
Camden, NJ 08103

Re: Planned Parenthood of Southern New Jersey (Facility # 22379)  
Waiver Request #1993:  
N.J.A.C. 8:43A-17.5: Regulated Medical Waste and Solid Waste  
Management

Dear Ms. Brown:

This is in response to your request for the Department of Health and Senior Services (Department) Certificate of Need and Healthcare Facility Licensure (CNHFL) Program to issue Planned Parenthood of Southern New Jersey (PPSNJ) a waiver from the requirements of N.J.A.C. 8:43A-17.5, Regulated Medical Waste and Solid Waste Management, for the removal of soiled storage area from the facility's suite. PPSNJ is an ambulatory care facility, providing family planning services, located at 317 Broadway in Camden, Camden County, New Jersey. PPSNJ is the only occupant of the building.

N.J.A.C. 8:43A-17.5 sets forth the requirements for the appropriate collection storage and disposal of regulated medical waste and solid waste for an ambulatory care facility. In addition, N.J.A.C. 8:43A-19.1, Physical Plant Requirements, and Guidelines for Design and Construction of Health Care Facilities 2006 Edition, Section 3.1-3.3.1.1 requires that ambulatory care facilities shall provide "space and facilities for the sanitary storage of waste in accordance with the functional program."

Based on your waiver application, you propose to eliminate your "soiled storage room" due the need for clinical space within the facility due to low waste volume and the use of sharps containers.

G. Lynn Brown  
Planned Parenthood of Southern New Jersey  
Facility ID # 22379  
Waiver Request # 1993  
Page 2 of 3

You state that the facility is short on space for its growing patient census. Accordingly, you state that the 6' x 11' "soiled storage room" space would be utilized better as a simple nurse station to dispense medication that would allow the facility to use the current medication dispensing area as an interview room for the taking of medical history and counseling. According to your letter, dated October 5, 2010, the soiled storage room currently has shelves on one wall and is used to store filled sharps containers. The facility generates about six filled sharps containers each month. Currently, the containers are removed from the facility's premises on a monthly basis.

As an alternative, you state that the filled sharps containers would be stored in a locked cabinet in Refuse Room located in the ground level garage of the building. According to your correspondence, only appropriate staff would have access to the locked cabinet for the sharps containers. The staff would exit the medical floor via a back stairwell and carry the filled sharps container in a canvas bag to the Refuse Room. There is no public access to the back stairwell except for emergencies. In addition, PPSNJ is the only occupant of the building. Stericycle would remove the filled sharps containers through an egress in the garage on the ground level. Stericycle would provide empty replacement containers.

After consultation with Department staff, I am granting waivers from the requirements of N.J.A.C. 8:43A-17.5, N.J.A.C. 8:43A-19.1 and Guidelines Section 3.1-3.3.1.1 and allowing the use of a soiled storage area that is outside of the facility's suite, with the following conditions to apply:

- A policy addressing staff access of the soiled storage area in the ground level garage Refuse Room shall be included in the facility's policy and procedure manual.
- PPSNJ must maintain its sharps containers within the Refuse Room in compliance with N.J.A.C. 8:43A-15.5.
- The facility is required to acknowledge in writing within 10 days from the date of this letter acceptance of the conditions of this waiver.

As with all waivers granted by the Department, this waiver may be rescinded at any time if the waiver results in any negative impact on patient care. Furthermore, this waiver will expire upon any amendments to the Guidelines or amendments to the regulations found in N.J.A.C. 8:43A, *Standards for Licensure of Ambulatory Care Facilities*, relative to the physical plant that impact public toilet room requirements. At that time, it will be incumbent upon the facility to submit a new waiver application for the Department to review.

G. Lynn Brown  
Planned Parenthood of Southern New Jersey  
Facility ID # 22379  
Waiver Request # 1993  
Page 3 of 3

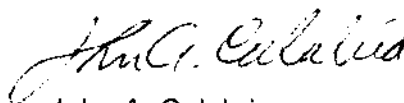
The Department, in approving this application, has relied solely on the facts and information presented to us. The Department offers no opinion as to whether the proposed ownership or business organization is in compliance with the Codey Act, Board of Medical Examiners administrative rules, the federal anti-referral (Stark) and federal anti-kickback laws. We have not undertaken an independent investigation of such information. If material facts have not been disclosed or have been misrepresented, the Department may take appropriate administrative regulatory action to rescind the approval or refer the matter to the Office of the Attorney General.

Please be advised that this approval is limited to the application as presented and reviewed. This application and related correspondences are incorporated and made part of this approval. Please be advised further that any approval granted by this Department relates to certificate of need and/or licensure requirements only and does not imply acceptance by a reimbursing entity. This letter also is not intended as an approval of any arrangement affecting reimbursement or any other remuneration involving claims for health care services.

Furthermore, regardless of any management agreement addressing the operation of the facility between the licensee and any other entity, the licensee is responsible for financial, operational and management control. All health services provided by the facility and the revenue generated by a facility from providing these health services is the responsibility of the licensee.

If you have any questions, feel free to contact Ms. Judy Brown, Team Leader, at 609-292-7228. Please include the facility identification number shown above with all correspondence.

Sincerely,



John A. Calabria  
Director  
Certificate of Need and  
Healthcare Facility Licensure

c: Ms. A. Gibson  
Ms. J. Brown  
Ms. A. Baxi  
Mr. B. Miller

### Shipment Receipt

Transaction Date: 15 Nov 2010  
Tracking Number: 1ZF0889A0298378548

#### 1 Address Information

<b>Ship To:</b> Planned Parenthood of So. NJ G. Lynn Brown 317 Broadway CAMDEN NJ 081031209	<b>Ship From:</b> CN & ACL Program NJ Dept of H & SS Carol Montgomery NJDHSS -CNHFL 171 Jersey St., Bldg. 5, 1st Floor Trenton NJ 08611 Telephone:609-292-7228	<b>Return Address:</b> CN & ACL Program NJ Dept of H & SS Anjali Baxi NJDHSS -CNHFL 171 Jersey St., Bldg. 5, 1st Floor Trenton NJ 08611 Telephone:609-292-7228
---	--	--

#### 2 Package Information

Weight	Dimensions / Packaging	Declared Value	Reference Numbers
1. Letter	UPS Letter		

#### 3 UPS Shipping Service and Shipping Options

**Service:**  
UPS 2nd Day Air

**Additional Shipping Options:**  
Quantum View Notify E-mail Notifications:  
1 carol.montgomery@doh.state.nj.us  
Ship ,Exception ,Delivery

#### 4 Payment Information

Bill Shipping Charges to: Shipper's Account F0889A

You are not authorized to view rates information. All Shipping Charges in USD

**Note:** Your invoice may vary from the displayed reference rates

\* For delivery and guarantee information, see the UPS Service Guide. To speak to a customer service representative, call 1-800-PICK-UPS for domestic services and 1-800-782-7892 for international services

Close Window

UPS Delivery Notification, Tracking Number 1ZF0889A0298378548

UPS Quantum View

to:

carol.montgomery

11/16/2010 12:46 PM

Please respond to auto-notify

Show Details

Security:

Some images were prevented from loading. Show Images



UPS

\*\*\*Do not reply to this e-mail. UPS and CN & ACL Program NJ Dept of H & SS will not receive your reply.

**At the request of CN & ACL Program NJ Dept of H & SS, this notice is to confirm that the following shipment has been delivered.**

#### **Important Delivery Information**

---

**Tracking Number:** 1ZF0889A0298378548

**Delivery Date / Time:** 16-November-2010 / 12:11 PM

**Delivery Location:** FRONT DESK

**Signed by:** JIMENEZ

#### **Shipment Detail**

---

**Ship To:**

G. Lynn Brown

Planned Parenthood of So. NJ

317 S BROADWAY

CAMDEN

NJ

08103

US

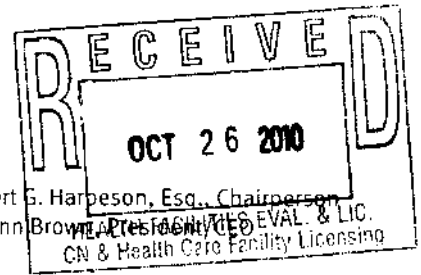
**Number of Packages** 1

**UPS Service:** 2ND DAY AIR

**Shipment Type:** Letter



317 Broadway • Camden, NJ 08103  
856.365.3519 • FAX 856.365.9215  
www.ppsnj.org



October 21, 2010

Mr. John A. Calabria  
Director  
Certificate of Need and Healthcare Facility Licensure  
State of New Jersey  
Department of Health and Senior Services  
PO Box 358  
Trenton, NJ 08625-0358

RE: **Soiled Storage – Waiver**

Dear Mr. Calabria,

Per the telephone inquiry of October 15, 2010, I am responding to questions #3-#5 from your letter of September 27, 2010.

- # 3 Planned Parenthood of Southern New Jersey is the sole owner of the facility at 317 Broadway. Planned Parenthood is the only occupant of the building. The facility was newly constructed as a family planning center in 1995.
- #4 Clinic staff would exit the medical floor via a back stairwell and carry the filled sharps container in a canvas bag down one flight of stairs to the ground level refuse room. The refuse room is locked daily and is large enough for an additional locked cabinet to contain the sharps containers. The public has no access to the stairwell – unless for emergency purposes.
- #5 Planned Parenthood of Southern New Jersey is a licensed ambulatory health center for family planning. Abortions are not performed in the facility.

Thank you for your attention to this matter.

Sincerely,

G. Lynn Brown  
President/CEO

*healthy choices. healthy people. healthy families—building healthy communities*



Please consider the future by including Planned Parenthood<sup>®</sup> of Southern New Jersey in your estate planning.





State of New Jersey  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
PO BOX 358  
TRENTON, N.J. 08625-0358

CHRIS CHRISTIE  
Governor

KIM GUADAGNO  
Lt. Governor

[www.nj.gov/health](http://www.nj.gov/health)

POONAM ALAIGH, MD, MSHCPM, FACP  
Commissioner

September 27, 2010

**VIA UNITED PARCEL SERVICE**

G. Lynn Brown  
President/CEO  
Planned Parenthood of Southern New Jersey  
317 Broadway  
Camden, NJ 08103

Re: Planned Parenthood of Southern New Jersey (Facility # 22379)  
Waiver Request #1993:  
N.J.A.C. 8:43A-17.5: Regulated Medical Waste and Solid Waste  
Management

Dear Ms. Brown:

This is in response to your request for the Department of Health and Senior Services (Department) to issue Planned Parenthood of Southern New Jersey (PPSNJ) a waiver from the requirements of N.J.A.C. 8:43A-17.5, Regulated Medical Waste and Solid Waste Management, for the removal of the facility's soiled storage area. PPSNJ is an ambulatory care facility, providing family planning services, located at 317 Broadway in Camden, Camden County, New Jersey.

N.J.A.C. 8:43A-17.5 sets forth the requirements for the appropriate collection storage and disposal of regulated medical waste and solid waste for an ambulatory care facility. Based on your waiver application, you propose to eliminate your "soiled storage room" due to low waste volume, use of sharps containers and Stericycle monthly waste pick ups. You state that the facility is short on space for its growing patient census. Accordingly, you state that the "soiled storage room" space would be utilized better as a simple nurse station to dispense medication. As an alternative, you offer a new soiled storage area that would be located in a refuse room on the ground level garage, an area accessible only by staff. In addition, you state that the medical waste would be housed in a locked closet on that level. Further, the Stericycle service would enter and exit from the secured ground level.

G. Lynn Brown  
Planned Parenthood of Southern New Jersey  
Facility ID # 22379  
Waiver Request # 1993  
Page 2 of 2

In order to evaluate this waiver request, the Department requires the following information:

1. A copy of the DCA approved floor plans of the PPSNJ suite that were originally submitted to the Department with the initial license application for the facility, showing the current location of the "soiled storage area."
2. A copy of the floor plans of the ground level of the building, showing the dimensions of the refuse room, the locked medical storage area and the entrances and exits from the medical storage area.
3. Please explain whether PPSNJ owns the building in which the facility is located or whether PPSNJ is a tenant in the building.
4. Please explain how the staff would enter and exit the ground level refuse room with the medical or solid waste
5. Please confirm whether abortion procedures or other surgical procedures are performed at this facility.

If you have any questions, feel free to contact Ms. Judy Brown, Team Leader, at 609-292-7228. Please include the facility identification number shown above with all correspondence.

Sincerely,



John A. Calabria  
Director  
Certificate of Need and  
Healthcare Facility Licensure

c: Ms. A. Gibson  
Ms. J. Brown  
Ms. A. Baxi  
Mr. W. Lohman



UPS Ship Notification, Tracking Number 1ZF0889A0198579207

UPS Quantum View

to:

shanda.wingate

10/05/2010 12:02 PM

Please respond to auto-notify

Show Details

Security:

Some images were prevented from loading. Show Images



This message was sent to you at the request of CN & ACL Program NJ Dept of H & SS to notify you that the electronic shipment information below has been transmitted to UPS. The physical package(s) may or may not have actually been tendered to UPS for shipment. To verify the actual transit status of your shipment, click on the tracking link below or contact CN & ACL Program NJ Dept of H & SS directly.

### Important Delivery Information

**Scheduled Delivery:** 06-October-2010

### Shipment Detail

**Ship To:**

G. Lynn Brown, President/CEO  
Planned Parenthood of Southern NJ  
317 Broadway  
CAMDEN  
NJ  
081031209  
US

**Number of Packages:** 1

**UPS Service:** NEXT DAY AIR

**Shipment Type:** Letter

**Tracking Number:** [1ZF0889A0198579207](#)

Click here to track if UPS has received your shipment or visit

**New Jersey Department of Health and Senior Services  
Office of Certificate of Need and Healthcare Facility Licensure  
P.O. Box 358  
Trenton, NJ 08625-0358**

**APPLICATION FOR WAIVER**

*(Requests for more than one waiver may not be combined. An Application for Waiver form must be completed for each waiver requested).*

CN Ref. # <b>N/A</b>	DCA Ref. # <b>N/A</b>	Facility ID # (if currently licensed) <b>22379</b>
<p>Name and Address of Facility:</p> <p><b>Planned Parenthood of Southern New Jersey 317 Broadway Camden, NJ 08103</b></p> <div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="margin: 0;"><b>RECEIVED</b></p> <p style="margin: 0; font-size: small;">SEP 14 2010</p> <p style="margin: 0; font-size: x-small;">HEALTH FACILITIES EVAL. &amp; LIC. NJ Dept. Health Care Facility Licensing</p> </div>		
<p>Name, Address and Telephone Number of Owner, Chief Executive Officer (CEO), Chief Operating Officer (COO), or Administrator of the Existing or Proposed Facility:</p> <p><b>G. Lynn Brown President/CEO Planned Parenthood of Southern New Jersey (PPSNJ) 317 Broadway Camden, NJ 08103 856-365-3519 ext. 218</b></p>		
<p>Name, Address and Telephone Number of Architect:</p> <p><b>n/a</b></p>		
<p>The owner, CEO, COO or Administrator of the existing or proposed health care facility hereby applies for a waiver to the following regulation (identify regulation by name, code citation (if applicable) and date (if applicable)):</p> <p><b>8:43 A-17.5 Regulated medical waste and solid waste management</b></p>		

APPLICATION FOR WAIVER (continued)

A. Provide the following information for each rule or part of rule for which a waiver is being requested. Attach additional sheets as necessary.

1. Restate rule or part of rule for which a waiver is being requested and identify the specific rule citation.

**Revised use of room currently designated as the "Soiled Storage" room: Medical waste which is kept to a relatively low volume is currently housed in our Soiled Storage Room. It is only the Sharps container which applies to us. Pick-up is through Stericycle and conducted on a monthly basis. PPSNJ has and will continue to adhere to guidelines set forth in 8:43 A-17.5.**

2. Describe the reasons for requesting a waiver, including a statement of the type and degree of hardship that would result upon compliance.

**The clinic service area is running out of space; census of clients continues to escalate. The space could be better used for a simple nurse station to dispense medication.**

3. Describe an alternative proposal to ensure patient safety.

**The proposed soiled storage area would undoubtedly increase client safety since the new area would be located in a refuse room on the ground level garage, an area that is only accessible by staff. To further enhance client and employee safety alike, the medical waste would be housed in a locked closet. Lastly, upon pick-up from Stericycle, there would be no need to transport any medical waste around our clients as entry and exit from Stericycle would be on a secured level.**

4. Is documentation attached to support the waiver request?

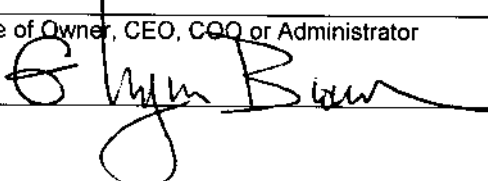
No  Yes (Identify):

B. Is the project currently under review by the Department of Community Affairs, Health Care Plan Review?

No  Yes (Identify DCA Reviewer)

C. Is the request for a waiver based on plan review comments by the Department of Community Affairs.

No  Yes (Attach Comments)

Name of Owner, CEO, COO or Administrator <b>G. Lynn Brown</b>	Title <b>President/CEO</b>
Signature of Owner, CEO, COO or Administrator 	Date <b>9-9-10</b>

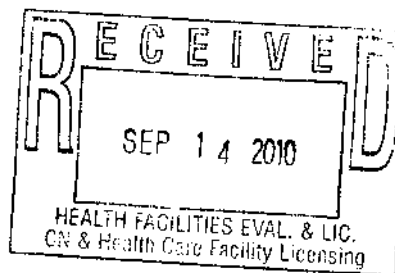
 **Planned Parenthood**<sup>®</sup>  
of Southern New Jersey

317 Broadway • Camden, NJ 08103  
856.365.3519 • FAX 856.365.9215  
www.ppsnj.org

Robert G. Harbeson, Esq., Chairperson  
G. Lynn Brown, President/CEO

September 9, 2010

Mr. John A. Calabria  
Director  
Certificate of Need and Healthcare Facility Licensure  
State of New Jersey  
Department of Health and Senior Services  
PO Box 358  
Trenton, NJ 08625-0358



RE: **Soiled Storage – Waiver**

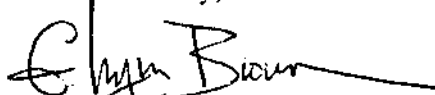
Dear Mr. Calabria,

We are seeking a waiver for use of the room in our clinic designated as “Soiled Storage.”

In our family planning facility, we generate a minimal amount of medical waste which is limited to Sharps containers. We are requesting permission for revised use of the room which will enhance our client flow in a very busy medical setting.

I will be pleased to address any questions about this request.

Most sincerely,



G. Lynn Brown  
President/CEO

Enclosure: Waiver Request

*healthy choices, healthy people, healthy families · building healthy communities*



Please consider the future by including Planned Parenthood<sup>®</sup> of Southern New Jersey in your estate planning.



A United Way Partner