

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

PLANNED PARENTHOOD OF NCSNJ

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

which is hereby licensed to operate

PLANNED PARENTHOOD OF NORTHERN, CENTRAL & SOUTHERN

46 NORTH VAN BRUNT STREET - ENGLEWOOD, NJ 07631

AMBULATORY CARE FACILITY - SATELLITE

consisting of:

Services:
Family Planning - Satellite

Parent/License# :

**PLANNED PARENTHOOD OF NORTHERN, CENTRAL &
SOUTHERN/71472**

License #: 70292

Effective: May 1, 2022

Expires: April 30, 2023

Issued: April 12, 2022



Judith M. Persichilli
Judith M. Persichilli
Commissioner



State of New Jersey
DEPARTMENT OF HEALTH

PO BOX 358

TRENTON, N.J. 08625-0358

www.nj.gov/health

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

JUDITH M. PERSICILLI, RN, BSN, MA
Commissioner

April 12, 2022

Ms. TRISTE BROOKS

PLANNED PARENTHOOD OF NORTHERN, CENTRAL &
SOUTHERN
46 NORTH VAN BRUNT STREET
ENGLEWOOD, NJ 07631

RE: Facility#: NJ70292/ License#: 70292

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 163678360 . 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: \$875.00

* Payment Including Service Fee: \$893.00

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

Facility Detail

Facility: Planned Parenthood of Northern, Central and Southern New Jersey, Inc.	Facility ID: NJ70292
Type: AMBULATORY CARE FACILITY - SATELLITE	Tracking: LR-70292-21192
License#: 70292	License Expires: 4/30/2022 12:00:00 AM

RECEIVED
 APR 06 2022
 BY: AM

Payment Information

Renewal Fees: \$475.00	Inspection Fees: \$400.00	Other Fees: \$0.00	Total Due: \$875.00
------------------------	---------------------------	--------------------	---------------------

Facility Information

Address: 46 NORTH VAN BRUNT STREET, ENGLEWOOD, NJ, 07631	Medicare#: _____
County: BERGEN	Medicaid#: _____
Telephone: (201) 894-0966	New Telephone: _____
Fax: (201) 568-4986	New Fax: _____
Email: amy.raspatello@ppgennj.org	New Email: _____

Mailing Address

Address: 46 NORTH VAN BRUNT STREET	New Address: _____
City: ENGLEWOOD	New City: _____
State: _____	New State: _____
Zip: 07631	New Zip: _____

Emergency Contact

Name: Amy Raspatello	New Name: _____
Phone: (973) 879-1306	New Phone: _____
Fax: _____	New Fax: _____
Email: amy.raspatello@ppgennj.org	New Email: _____

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: 11/02/2009	New Start Date: _____
End Date: _____	New End Date: _____

Owner Detail

Company Name: PLANNED PARENTHOOD OF NCSNJ	Business Type: _____
Type: AMBULATORY CARE FACILITY - SATELLITE	Company Tax ID: _____
Company Tax ID: _____	New Address: _____
Address: 196 SPEEDWELL AVENUE	

Phone Number:	(973) 539-9580	New Phone Number:	_____
Fax Number:		New Fax Number:	_____
Email:		New Email:	_____

Facility Officers/Principals Name and Ownership Detail

VINITA JETHWANI		0.00%
RALPH PADILLA		0.00%
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 BRAHANAY	2ND VP	0.00%
KEVIN LAU	ESQ	0.00%

Bed / Services / Slots
Facility ID: NJ70292
Tracking: LR-70292-21192
Services & Designations:

Family Planning - Satellite

Related Facilities

Name	License#
-------------	-----------------

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 - SATELLITE

License#: 70292

Expires: NJ70292

Ref#: LR-70292-21192

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:

Tarjet Allende

Title:

VP of Medical Services

Signature:

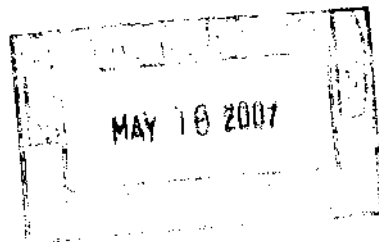
[Signature]

Date:

3/22/22



Poskanzer Skott Architects



Transmittal

To Department of Health Date 05/14/07
Attention Mr. Gary Stiewak Project 0453.2 Planned Parenthood
P.O. Box 358, Trenton, NJ 08625

We are sending the following:

☒ Blueprints or B&W prints

☐ Sepia Reproductions

☐ Specifications

☐ Shop drawings

☐ Photographs/Photostats

☒ Letter

Copies	Drawing Number	Last revision date	Description
3	SK-1		Layout for functional review
1			Letter.

General remarks

PLEASE CONTACT US IMMEDIATELY IF ENCLOSURES ARE NOT AS LISTED ABOVE.

Sent by ☐ Our hand

☐ Your hand

☐ Air mail

☒ Mail

☐ Special Delivery

Copies to

Jeff Brand, File

By

Namita Majmudar

Architecture
Interiors
Planning
Project Management

550 North Maple Avenue
Ridgewood, NJ 07450

Tel 201-445-2322
Fax 201-445-3053
www.psarchitect.com



P o s k a n z e r S k o t t A r c h i t e c t s

April 11, 2007



Mr. Bernie Miller
Department of Health & Senior Svcs.
171 Jersey Street
Building #5, 1st Floor
Trenton, NJ 08611

Re: Proposed Renovation
Planned Parenthood Center
Englewood, New Jersey

Dear Mr. Miller:

The project of Interior renovations for the Planned Parenthood started in 2006 and was submitted to the Department of Health for a functional review. At that time there were a few issues that we were unable to resolve given the limited space. The revised proposal includes the adjoining space which now allows us to address those issues. Enclosed is a revised drawing for functional review.

- The required Staff lounge/ Multi-Purpose room has been provided for the staff function along with a staff toilet.
- A public restroom has been provided direct access from the reception area.
- A House Keeping Room has been provided which takes care of storage as well as a service sink for the facility.
- The corridor width is now 5'-2" which exceeds the minimum required width.
- The renovation of the Patient Toilet for ADA Compliance, and the addition of an ADA Compliant Staff Toilet and Public Toilet will now meet the requirements for the public accommodations.

With this consideration we respectfully request you to review the revised layout. Should you have any additional questions, or wish to discuss this matter further, please do not hesitate to contact me.

Respectfully,

Namita Majmudar

Enc.

Cc: Jeff Brand

Architecture
Interiors
Planning
Project Management

550 North Maple Avenue
Ridgewood, NJ 07450

Tel 201-445-2322
Fax 201-445-3053
www.poskanzerskott.com

TO: Anthony F. Kobylarz
FROM: Bernard J. Miller Jr.
DATE: September 19, 2006
SUBJECT: Planned Parenthood of Englewood
(Waiver Request)

Planned Parenthood of Greater Northern New Jersey has submitted architectural drawings to DOHSS for functional review in association with their plans to implement renovations to the Englewood facility.

As the only family planning clinic in the city and surrounding area, the existing facility no longer meets the needs of the community it serves. The administration is looking to expand services by enlarging the existing waiting room and by adding a new exam room. These measures are needed to help minimize the current over-crowding in the waiting room as well as improve the patient flow through the facility.

In performing a functional review of the proposed project, four deficiencies were identified. A formal letter was sent to the architect involved with the project outlining these four items. After a number of telephone conversations with the project architect, three of the issues were resolved through changes to the floor plan. The architect has forwarded a revised floor plan reflecting these 'corrective actions'.

The forth issue, which deals with the minimum width for a public corridor, is the subject of this letter. The owner and the architect are requesting a waiver from the requirement that public corridors in an outpatient facility be a minimum of five (5) feet wide.

9.2 Common Elements for Outpatient Facilities

9.2.H. Details and Finishes

9.2.H1. *Details shall comply with the following standards:*

a. *Minimum public corridor width shall be 5 feet. Staff-only corridors may be 44 inches wide.*

Although the public corridor in this case does not meet the standard minimum, consideration is given to the fact that the existing corridor width does meet the code requirement for egress. Furthermore, it is recognized that compliance to the above mentioned standard would prove extremely costly, both economically and in terms of the disruption it would cause to the operation of the facility. With this in mind, I recommend that this waiver request be granted.

Also, for the purpose of clarification, the requirement for a patient and public toilet is being satisfied by the creation of a combined public/patient bathroom labeled room # 116, appearing on revised drawing # A-2 dated August 25, 2006.



P o s k a n z e r S k o t t A r c h i t e c t s

August 31, 2006

Mr. Bernie Miller
New Jersey Health Care Facilities
Financing Authority
P.O. Box 366
Trenton, NJ 08625

Re: Proposed Renovation to Englewood Planned Parenthood Center

Dear Mr. Miller:


Thank you for taking the time to review the above noted project.

As I indicated on our phone conversation yesterday, the expansion of the waiting room and additional exam room are the reasons for the project (see enclosed plan dated 8/25/06). The attached letter from Jeff Brand, President & CEO of PPGNNJ attests to these facts and it additionally explains the quality of privacy provided by Planned Parenthood for its patients.

I hope this information will enable you to grant our waiver. We look forward to hearing from you.

Thank you for taking care of this matter.

Respectfully,



Barry Poskanzer, AIA

Cc: Jeff Brand

Enc.

Architecture
Interiors
Planning
Project Management

550 North Maple Avenue
Ridgewood, NJ 07450

Tel 201-445-2322
Fax 201-445-3053
www.poskanzerskott.com



To: Whom It May Concern

From: Jeffrey Brand, President & CEO

Date: 8/30/06

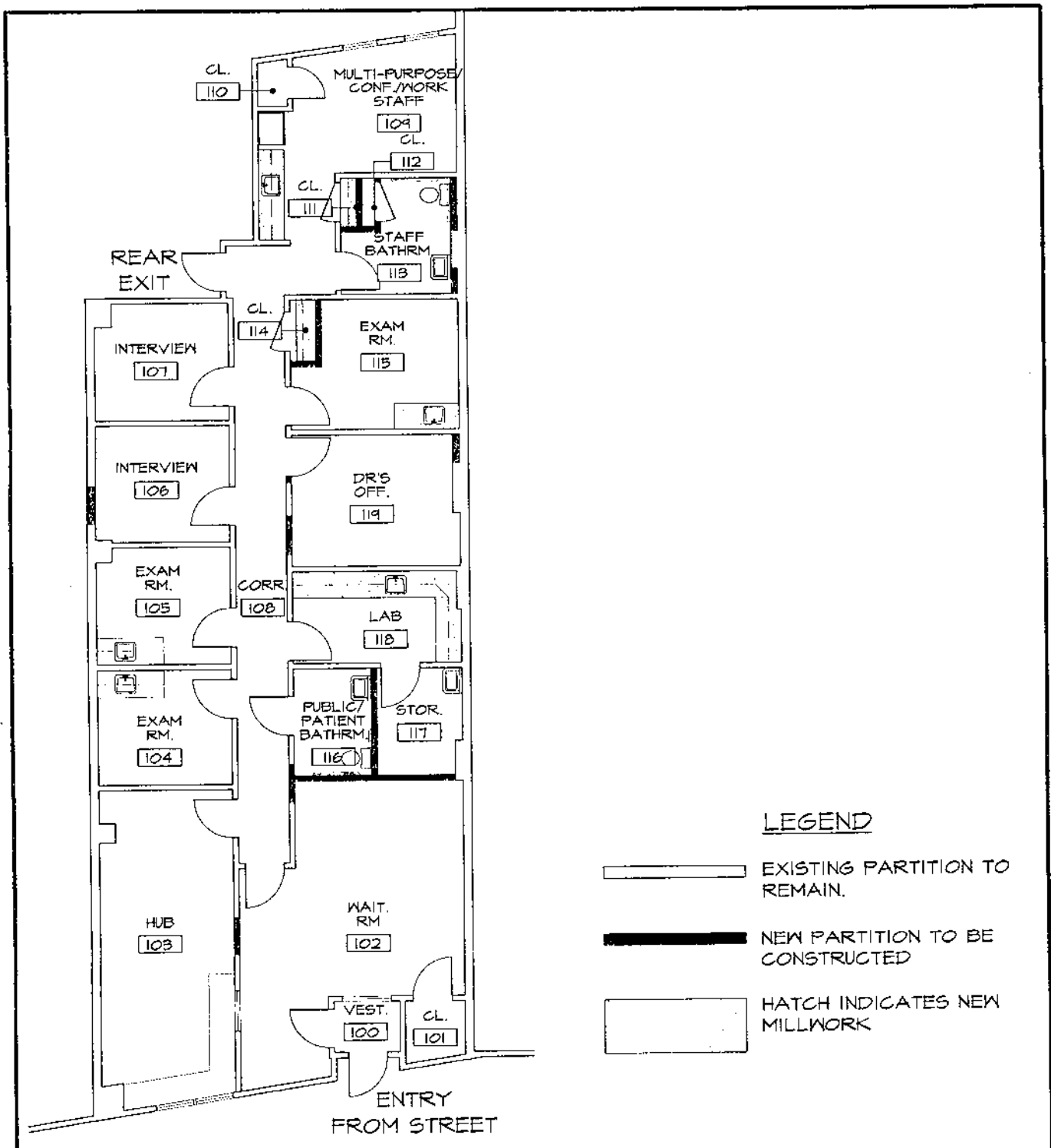
Re: Proposed Renovations of our Englewood Clinic

We are undertaking this renovation to address two critical deficiencies in the current layout of the Englewood clinic.

The waiting room is much too small to accommodate patients. The waiting room often overflows its capacity with patients, baby strollers, and patients' partners and/or relatives. This makes it extremely difficult to effectively schedule patient visits and the lack of seating/standing room makes for a stressful environment. Likewise, the lack of a third Exam room slows down the flow of patient visits, reduces the number of patient who can be served during a clinical session. Collectively, these problems reduce the numbers of patients we can serve. As the only family planning clinic in the City of Englewood and the surrounding towns, this has a negative impact on our ability to meet the communities' need for services.

The granting of a waiver based upon the revised drawing prepared by our architects (after consultation with the DH&SS) would allow us to resolve these issues and enhance the health of the communities we serve. As to the question of privacy, since PPGNNJ strictly adheres to all HIPPA regulations, allowing visitors to use the patient lavatory would not jeopardize patient confidentiality. When in use, interview and exam room doors are always closed. Should an interview room door be left open when not in use anyone walking through the corridor cannot see monitor screens as they face the rear of the room, furthermore monitors are timed to "black out" when not in use and require a password to re-visualize, and finally medical charts are not left unattended.

We greatly appreciate the Department's willingness to consider our waiver request. We look forward to moving the plans from drawings to a reality.



Poskanzer Skott Architects

550 North Maple Ave
Ridgewood, NJ 07450

Tel 201-445-2322
Fax 201-445-3053
E-mail poskott@psaia.com

project:

INTERIOR RENOVATION

PLANNED PARENTHOOD
40 NORTH BAN BRUNT STREET
ENGLEWOOD, NJ 07631

client:



drawing title:

PROPOSED PLAN

scale:
3/32"=1'-0"

job number:

04531

drawn by:

AMN

checked by:

AMN

date:

08.25.06

drawing number:

A-2

dwg. | of |

file # 04531-SKIDWG

NJ 05915

NY 011938

PA B 7813

CT 4823

AZ 12822



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

PO BOX 358
TRENTON, N.J. 08625-0358

JON S. CORZINE
Governor

www.nj.gov/health

FRED M. JACOBS, M.D., J.D.
Commissioner

July 26, 2006

Ms. Amy M. Nowak, R.A.
Project Architect – Poskanzer Skott Architects
550 North Maple Avenue
Ridgewood, N.J. 07450

Re: Proposed Renovation to Englewood Planned Parenthood Center

Dear Ms. Nowak:

This letter is in response to Proposed Floor Plan (SK-1) that was sent to this office for functional review. The following four issues list citations which identify deficiencies associated with your project as a result of performing a code assessment. This evaluation was made in accordance with provisions found in The American Institute of Architects (AIA) Guidelines for Design and Construction of Hospitals and Health Care Facilities – 2001.

As an outpatient facility, this project must adhere to the general requirements as stated under Chapter 9.2 Common Elements for Outpatient Facilities. Also, as this facility is a primary care facility, the requirements of Chapter 9.3 Primary Care Outpatient Centers apply as well.

Please provide a written response to each of the following issues noting the corrective action being taken to remedy the deficiency. In cases where it is perceived that compliance is not possible, an Application For Waiver must be prepared and submitted to this office. A waiver request form must be filled out for each instance where the facility owner is requesting for waiver from our requirements. A statement describing the reason(s), including the type and degree of hardship that would result upon compliance must be included with the waiver request. An application may be found on our website at <http://www.state.nj.us/health/hcsa/hospitalsearch/index.html>.

Issue #1: Staff Lounge / Multipurpose Room

9.2.A6. This citation deals with the requirement to provide a multipurpose room for conferences, meetings, and health education. Citation 9.3.C6. also mentions the requirement for a multipurpose room and states that this space may be shared with a staff function.

9.3.C5. This citation states that a staff lounge be provided along with a staff toilet.

In reference to the proposed floor plan, I recommended that room # 109 be re-labeled to read Staff lounge / Multipurpose Room, thus satisfying the requirements of the aforementioned citations.

Issue #2: Housekeeping Room / Janitor's Closet

9.2.E. This citation deals with the need to have a housekeeping room or janitors closet with service sink and storage for supplies and equipment.

A housekeeping room with storage and service sink must be provided in this facility. Storage Room #117, with available plumbing already in the room, could easily be retrofitted to accommodate a storage function and housekeeping function.

Issue #3: Public Corridor width

9.2.H1. (a) This citation states that the minimum width for a public corridor is five feet. Consideration may be given to existing facilities with public corridors not meeting this requirement. A waiver may be granted based on circumstances connected with the particular project. The facility owner must demonstrate undue hardship in connection with compliance to the requirement as the criteria for granting a waiver request.

Issue #4: Public Toilet

This outpatient facility is classified as a primary care facility, and as such, must conform with the requirements and standards of **Section 9.3 (Primary Care Outpatient Centers)**

9.3.A. General

The primary care center provides comprehensive community outpatient medical services. The number and type of diagnostic, clinical, and administrative areas shall be sufficient to support the services and estimated patient load described in the program. All standards set forth in Sections 9.1 and 9.2 shall be met for primary care outpatient centers, with the addition and modifications described herein.

Under Section 9.2 (Common Elements for Outpatient Facilities)

9.2.A2. *Public services shall include:*

d. Conveniently accessible public toilet(s).

e. Conveniently accessible public telephone(s).

d. Conveniently accessible drinking fountain(s).

Under Section 9.3 Primary Care Outpatient Centers

9.3.D4. *Toilet(s) for public use shall be immediately accessible from the waiting area. In smaller units the toilet may be unisex and also serve for specimen collection.*

The references mentioned above clearly establish the requirements for public accommodations, including the need for at least one public toilet which is to be located, as stated in 9.3D4. "immediately accessible from the waiting area".

The owner is seeking an exception to this requirement based on criteria found in **Section 9.4 Small Primary (Neighborhood) Outpatient Facility** and citation **9.4.E6**. Under **Section 9.4.A. General**, a facility must have space and equipment serving four or fewer workers at any one time in order to qualify as a small primary outpatient facility. Also, the reference made to the ability for the patient toilet to also serve the waiting area is based on the criteria that the facility contains no more than three examination rooms.

In order to claim the exceptions stated above, the facility must verify that the facility meets the criteria established in the referenced standards. To that end, the owner must submit a letter of attestation certifying that the facility does in fact have no more than four employees working at the facility at one time.

If consideration were given with regard to this qualification, please note that the classification of small primary outpatient facility will be rendered void in the event that the facility at any time in the future has more than four employees working at one time, and or adds a fourth exam room.

I feel it is in the best interest of the owner to incorporate a public toilet in the current facility so as not to limit the ability for future expansion of the facility in terms of physical plant or increased staff.

TO: Anthony F. Kobylarz
FROM: Bernard J. Miller Jr.
DATE: July 13, 2006
SUBJECT: Renovation to Planned Parenthood of Englewood
(Letter to Architect in response to Functional Review)

Ms. Amy M. Nowak, R.A.
Project Architect – Poskanzer Skott Architects
550 North Maple Avenue
Ridgewood, N.J. 07450

Re: Proposed Renovation to Englewood Planned Parenthood Center

Dear Ms. Nowak:

This letter is in response to Proposed Floor Plan (SK-1) that was sent to this office for functional review. The following list of citations identify deficiencies associated with your project as a result of performing a code assessment. The evaluation was made in accordance with provisions found in The American Institute of Architects (AIA) Guidelines for Design and Construction of Hospitals and Health Care Facilities – 2001.

As an outpatient facility, this project must adhere to the general requirements as stated under Chapter 9.2 Common Elements for Outpatient Facilities. Also, as this facility is a primary care facility, the requirements of Chapter 9.3 Primary Care Outpatient Centers apply as well.

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Poskanzer Scott Architects

(1) Vis 8/22 Talked w/ Barry Poskanzer. Will provide letter as basis for waiver to Beth R.A.

Fax Cover Sheet

Date: 8/25/06 Time: 12³⁰ pm Project: Planned Parenthood
Company: Dept. of Health Phone #: 609.984.4123
Attention: Mr. Bernie Miller Fax #: 609.633.7778
From: Amy M. Nowak, R.A. Phone: 201-445-2322
Fax: 201-445-3053

Number of pages including cover sheet: 2

We are sending you the following:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Architectural Drawing | <input type="checkbox"/> Document Specification | <input type="checkbox"/> Technical Data |
| <input type="checkbox"/> Correspondence | <input type="checkbox"/> Shop Drawing | <input type="checkbox"/> _____ |

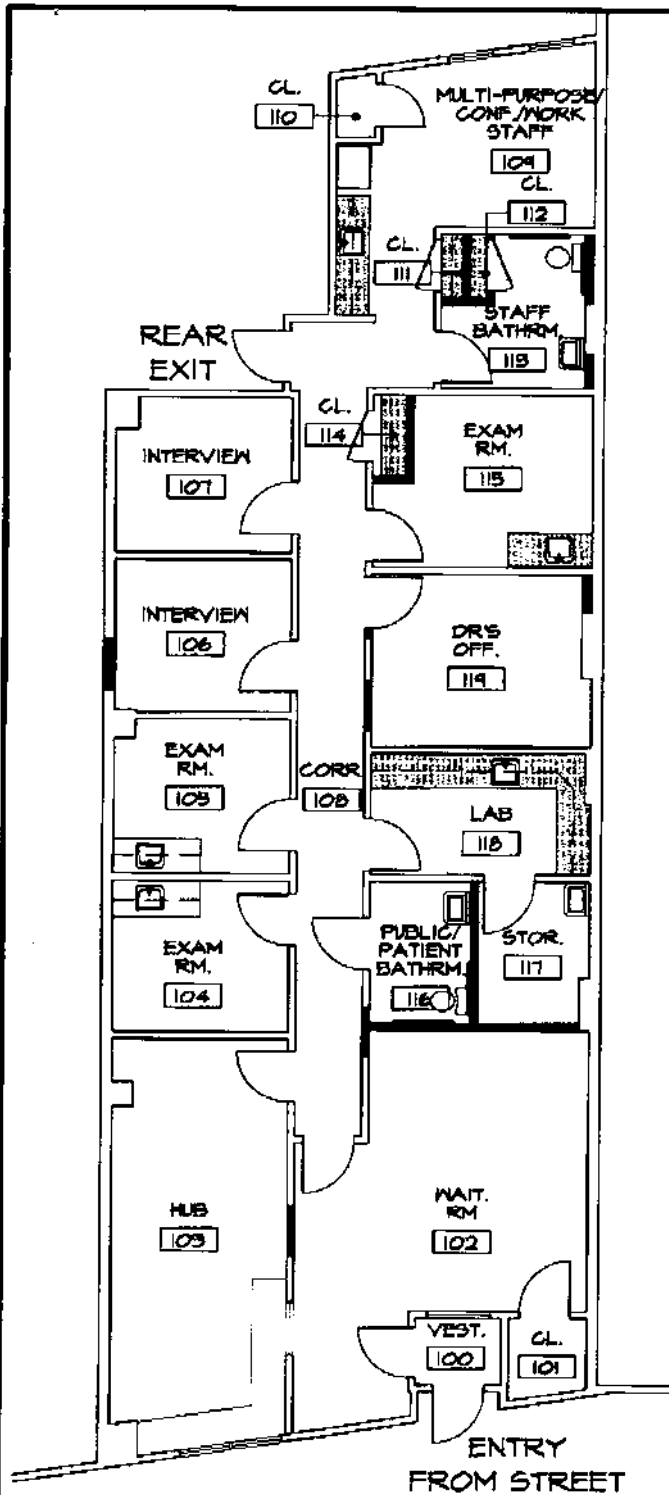
Message: _____



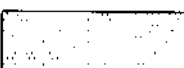
Hello, Mr. Miller,
Attached, please find the alternate
sketch that we briefly discussed.
In my absence next week, please speak
directly with Mr. Barry Poskanzer.
Kind regards,
Amy M. Nowak, R.A.

Cc: _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Call Upon Receipt | <input checked="" type="checkbox"/> For Your Review | <input type="checkbox"/> For Your Records |
| <input type="checkbox"/> Per Your Request | <input type="checkbox"/> Revise and Return | <input type="checkbox"/> Hard Copy to Follow |

Please call us if there are any questions concerning this transmission.

**LEGEND**

-  EXISTING PARTITION TO REMAIN.
 NEW PARTITION TO BE CONSTRUCTED
 HATCH INDICATES NEW MILLWORK



**Poskanzer Skott
Architects**

550 North Maple Ave
Ridgewood, NJ 07450

Tel 201-445-2322
Fax 201-445-3053
E-mail poskott@psaia.com

project:

INTERIOR RENOVATION

PLANNED PARENTHOOD
40 NORTH SAN BRUNT STREET
ENGLEWOOD, NJ 07631

client:

Planned Parenthood

drawing title:

PROPOSED PLAN

scale:
3/32"=1'-0"

job number:

04581

drawn by:

AMM

checked by:

AMM

date:

08.25.06

drawing number:

A-2

dwg. 1 of 1

file # 04581-SK1.DWG

NJ 05915

NY 011938

PA B 7813

CT 4823

AZ 12822

NJDHSS
HFEL DIVISION
OFFICE OF CERTIFICATE OF NEED
AND ACUTE CARE FACILITY LICENSURE
PO BOX 358 (08625)
171 JERSEY STREET
BUILDING 5, FIRST FLOOR
TRENTON, NJ 08611

609-292-3780 FAX

FACSIMILE TRANSMITTAL SHEET

TO: <u>Amey Hovak, R.A.</u>	FROM: <u>Bernie Miller</u>
COMPANY: <u>Poskanzer, Scott Arch.</u>	DATE: <u>7/24/09</u>
FAX NUMBER: <u>201-446-3053</u>	TOTAL NO. OF PAGES INCLUDING COVER: <u>4</u>
PHONE NUMBER: <u>201-446-2322</u>	SENDER'S PHONE NUMBER: <u>609-984-4123</u>
RE: <u>Planned Parenthood (Englewood)</u>	SENDER'S REFERENCE NUMBER:

☐ URGENT ☒ FOR REVIEW ☒ PLEASE COMMENT ☒ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

FAX

**NEW JERSEY HEALTH CARE FACILITIES
FINANCING AUTHORITY**

STATION PLAZA, BUILDING #4, 4TH FLOOR
22 SOUTH CLINTON AVENUE
TRENTON, NEW JERSEY 08609-1212

PHONE: 609-292-8585
FAX: 609-633-7778

MAILING ADDRESS:
P.O. BOX 366
TRENTON, NEW JERSEY 08625

NUMBER OF PAGES, INCLUDING COVER SHEET:

4

FROM: Bethune Miller

[illegible]**MESSAGE:**

CONFIDENTIALITY NOTICE: THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION MAY BE PRIVILEGED AND CONFIDENTIAL INFORMATION FROM THE NJ HEALTH CARE FACILITIES FINANCING AUTHORITY AND IS INTENDED FOR THE SOLE USE OF THE PERSON(S) OR ENTITY(IES) NAMED HEREIN. IF YOU ARE NOT AN INTENDED RECIPIENT OF THIS TRANSMISSION, THE DISSEMINATION, DISTRIBUTION, COPYING OR USE OF THIS INFORMATION IS STRICTLY PROHIBITED.

***** TRANSMISSION REPORT *****

SID : NJHCFFA

Number : 6096337778

Date : 07-27-06 08:24

Date/Time	7-27 8:23
Dialled number	912814453053
Subscriber	201 445 3053
Durat.	1'12"
Mode	NORMAL
Pages	4
Status	Correct

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P o s k a n z e r S k o t t A r c h i t e c t s

June 7, 2006

*Response letter written
7/26/2006*

Mr. Bernie Miller, Reviewing Architect
NJ Department of Health and Senior Services
P.O. Box 360
Trenton, NJ 08625

Re: Planned Parenthood Interior Renovation
 40 North Van Brunt Street
 Englewood, NJ 07631

Dear Mr. Miller:

Subsequent to our recent telephone conversation I have conducted further research into your recommendation of a public bathroom at the above referenced facility. I understand that your interpretation of the current AIA Guidelines for the Design and Construction of Hospital and Health Care Facilities (hereinafter referred to as the "AIA Guidelines") categorizes it as an Outpatient Facility, and per section 9.2.A2.d, requires a "conveniently accessible public toilet".

After speaking with our client, Mr. Jeff Brand, President/CEO of Planned Parenthood of Greater Northern New Jersey, Inc., it is our understanding that the facility more closely resembles a "Small Primary (Neighborhood) Outpatient Facility", as described in Section 9.4 of the AIA Guidelines. The facility currently exists in a storefront space directly facing North Van Brunt Street in downtown Englewood, New Jersey. According to Section 9.4.A of the AIA Guidelines, in facilities of this type "limited size and resources may preclude satisfying any but the basic minimums described." The AIA Guidelines go on to state "Where a facility contains no more than three examination and/or treatment rooms, the patient toilet may also serve waiting areas" (Section 9.4.E6).

With this in mind, we respectfully request that you apply the requirements set forth in the section entitled "Small Primary (Neighborhood) Outpatient Facilities" to this facility and allow the project to proceed as indicated on sheet SK-1, submitted to your office on May 17, 2006. Should you have additional questions, or wish to discuss this matter further, please do not hesitate to contact me.

Respectfully,

Amy M. Nowak, R.A.
Project Architect

Cc: J. Brand, Planned Parenthood

Architecture
Interiors
Planning
Project Management

550 North Maple Avenue
Ridgewood, NJ 07450

Tel 201-445-2322
→ Fax 201-445-3053
www.poskanzerskott.com



Planned Parenthood®
OF GREATER NORTHERN NEW JERSEY, INC.

196 SPEEDWELL AVENUE, MORRISTOWN, NJ 07960-3889

TEL (973) 539-9580 FAX (973) 539-3828

E-mail: info@ppgnnj.org

Website: www.ppgnnj.org

June 6, 2006

Mr. Bernie Miller
Reviewing Architect
P.O. Box 360
NJ Department of Health and Senior Services
Trenton, New Jersey 08625

Re: Renovation of the Englewood Planned Parenthood Center

Dear Mr. Miller:

This is in response to your request for a letter stating the types of examinations being performed and related information and the list of equipment being used in the laboratory.

Types of Examinations:

Gynecological examinations, which include pelvic and breast exam, pap smear, blood pressure and weight check, STI screening, dip stick urine test and finger prick for determination of level of hemoglobin.

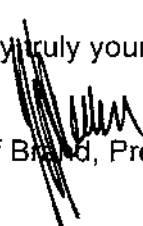
Sterilization of equipment is not necessary because disposal equipment such as plastic speculums and syringes, paper drape sheets and latex and non-latex gloves are used during the performance of the exam.

Laboratory Equipment:

The equipment in the laboratory is limited to: a microscope, small centrifuge for spinning blood, small incubator, an under-counter refrigerator, scale, phlebotomy chair and blood pressure cuff and gauge.

If further information is needed, please do not hesitate to contact me at 973-539-9580 x 162.

Very truly yours,


Jeff Brand, President/CEO

cc: Ms. Amy M. Nowak, R.A. Poskanzer Skott Project Architect

CENTERS IN BERGEN, HUNTERDON, MORRIS, SOMERSET, SUSSEX, UNION AND WARREN COUNTIES

201.445.2322 Called 6/14/06 Used
T will return call next week

P o s k a n z e r S k o t t A r c h i t e c t s

5/31/06 Wed.

Spoke w/ Amy Novack about project

Bldg @ grade/pass. shop-on-grade. write entrance out to street (6th floor)

Transmittal

To Department of Health
& Senior Services

Date May 17, 2006

Attention William Lohman

Project Planned Parenthood/Englewood

* Need for public toilet* AIA 9.2.A2(d)*

We are sending the following:

☒ Blueprints or B&W prints

☐ Shop drawings

☐ Sepia Reproducibles

☐ Photographs/Photostats

☐ Specifications

Copies	Drawing Number	Last revision date	Description
3	SK-1	5/17/06	For functional reviews before submission to DCA

General remarks

PLEASE CONTACT US IMMEDIATELY IF ENCLOSURES ARE NOT AS LISTED ABOVE.

Sent by ☐ Our hand

☐ Your hand

☒ Air mail

☐ Mail

☐ Special Delivery

Copies to

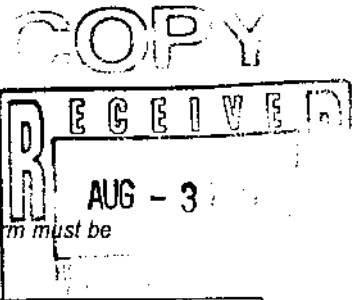
By Babak Azimi

Architecture
Interiors
Planning
Project Management

550 North Maple Avenue
Ridgewood, NJ 07450

Tel 201-445-2322
Fax 201-445-3053
www.psarchitect.com

New Jersey Department of Health and Senior Services
Certificate of Need and Acute Care Licensure Program
P.O. Box 360
Trenton, NJ 08625-0360



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. #	DCA Ref. #	Facility ID # (if currently licensed)
Name and Address of Facility: Planned Parenthood 40 North Van Brundt Street Englewood, NJ 07631		
Name, Address and Telephone Number of Owner, Chief Executive Officer (CEO), Chief Operating Officer (COO), or Administrator of the Existing or Proposed Facility: Jeff Brand President/CEO Planned Parenthood of Greater NJ, Inc. 196 Speedwell Avenue Morristown, NJ 07960-3889 Phone: 973-539-9580, Ext. 7		
Name, Address and Telephone Number of Architect: Poskanzer Skott Architects 550 North Maple Avenue Ridgewood, NJ 07450 Phone: 201-445-2322 Contacts: Barry Poskanzer, AIA Amy M. Nowak, RA		
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)): The American Institute of Architects (AIA) Guidelines for Design & Construction of Hospitals & Healthcare Facilities - 2001		

9.2.A2. (d)

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.

9.2 Common elements for Outpatient Facilities.
9.2.A2(d) Conveniently accessible public toilet.

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

See attached

3. Describe an alternative proposal to ensure patient safety.

The patient toilet shall be available for public use and is located, to be convenient to the waiting area, at approximately 30'-0" down the corridor.

4. Is documentation attached to support the waiver request?

☐ No ☒ Yes (Identify):

Proposed Plan
Letter dated July 26, 2006 from Mr. Bernie Miller,
Reviewing Architect for State of New Jersey Dept.
of Health & Senior Services.

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

☒ No ☐ Yes (Identify DCA Reviewer)

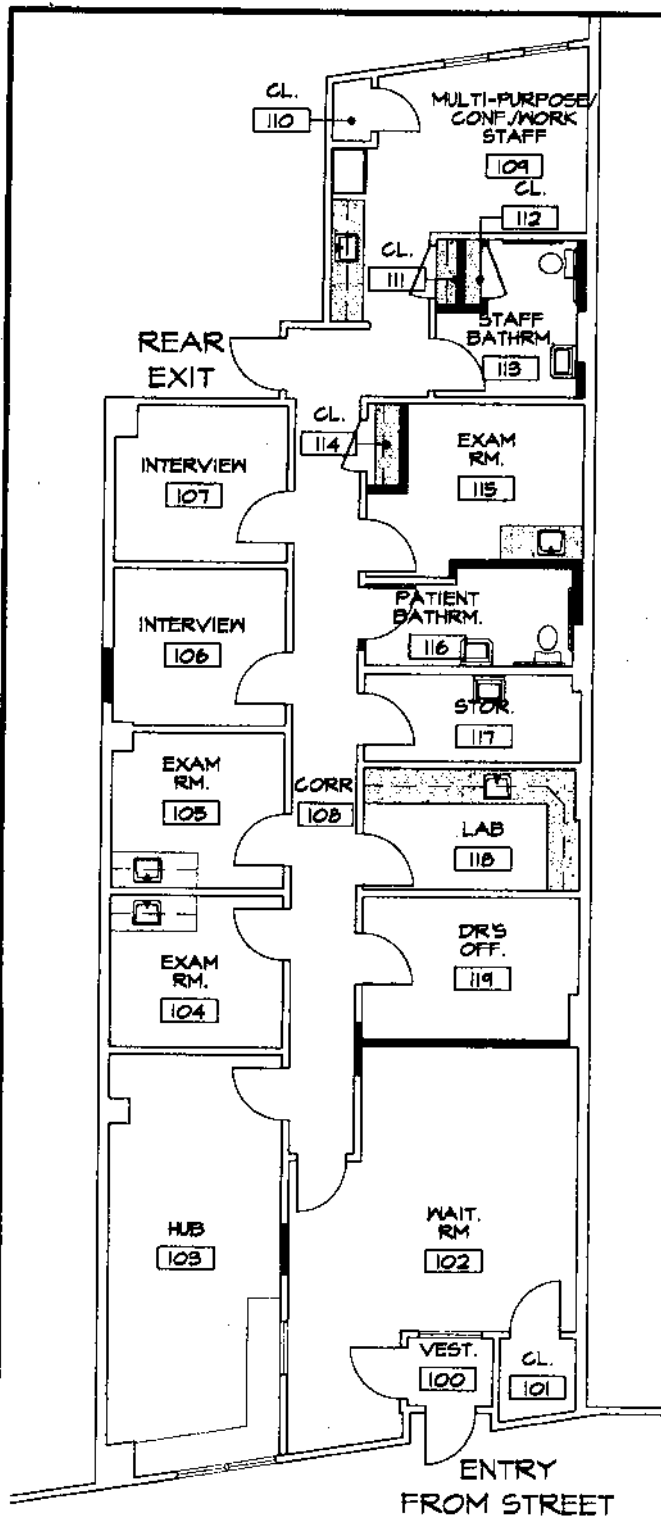
C. Is the request for a waiver based on plan review comments by the Department of Community Affairs.

☒ No ☐ Yes (Attach Comments)




Request for waiver is in response to the letter from
State of New Jersey Dept. of Health & Senior Services,
dated July 26, 2006. (see attached)

Name of Owner, CEO, COO or Administrator	Title
Jeff Brand	President/CEO
Signature of Owner, CEO, COO or Administrator	Date

2. The renovation at this facility is being undertaken to add an exam room to meet the increased public demand. The existing facility has two toilet rooms, one for the staff use and one for patient use. Within this renovation project, the scope of work includes relocating the staff toilet to the rear of the space, separating it from patient areas and placing it adjacent to the staff multi-purpose room. The patient toilet will stay in its existing location, but shall be upgraded to A.D.A. compliance. Should the project be required to add a third toilet room, not only would there not be space to accommodate the new exam room in this small facility (the intent of the project), but the financial implications would render the project infeasible for this not-for-profit entity.



LEGEND

-  EXISTING PARTITION TO REMAIN.
-  NEW PARTITION TO BE CONSTRUCTED
-  HATCH INDICATES NEW MILLWORK



**Poskanzer Skott
Architects**

550 North Maple Ave
Ridgewood, NJ 07450

Tel 201-445-2322
Fax 201-445-3053
E-mail poskott@psaia.com

project:

INTERIOR RENOVATION

PLANNED PARENTHOOD
40 NORTH BAN BRUNT STREET
ENGLEWOOD, NJ 07631

client:



drawing title:

PROPOSED PLAN

scale:

3/32"=1'-0"

job number:

04581

drawn by:

AMN

checked by:

AMN

date:

01/31/06

drawing number:

A-1

dwg. 1 of 1

file # 04581-SK1.DWG

NJ 05915

NY 011938

PA B 7813

CT 4823

AZ 12822



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

PO BOX 358

TRENTON, N.J. 08625-0358

JON S. CORZINE
Governor

www.nj.gov/health

FRED M. JACOBS, M.D., J.D.
Commissioner

July 26, 2006

Ms. Amy M. Nowak, R.A.
Project Architect - Poskanzer Skott Architects
550 North Maple Avenue
Ridgewood, N.J. 07450

Re: Proposed Renovation to Englewood Planned Parenthood Center

Dear Ms. Nowak:

This letter is in response to Proposed Floor Plan (SK-1) that was sent to this office for functional review. The following four issues list citations which identify deficiencies associated with your project as a result of performing a code assessment. This evaluation was made in accordance with provisions found in The American Institute of Architects (AIA) Guidelines for Design and Construction of Hospitals and Health Care Facilities - 2001.

As an outpatient facility, this project must adhere to the general requirements as stated under Chapter 9.2 Common Elements for Outpatient Facilities. Also, as this facility is a primary care facility, the requirements of Chapter 9.3 Primary Care Outpatient Centers apply as well.

Please provide a written response to each of the following issues noting the corrective action being taken to remedy the deficiency. In cases where it is perceived that compliance is not possible, an Application For Waiver must be prepared and submitted to this office. A waiver request form must be filled out for each instance where the facility owner is requesting for waiver from our requirements. A statement describing the reason(s), including the type and degree of hardship that would result upon compliance must be included with the waiver request. An application may be found on our website at <http://www.state.nj.us/health/hcsa/hospitalsearch/index.html>.

Issue #1: Staff Lounge / Multipurpose Room

9.2.A6. This citation deals with the requirement to provide a multipurpose room for conferences, meetings, and health education. Citation 9.3.C6. also mentions the requirement for a multipurpose room and states that this space may be shared with a staff function.

9.3.C5. This citation states that a staff lounge be provided along with a staff toilet.

In reference to the proposed floor plan, I recommended that room # 109 be re-labeled to read Staff lounge / Multipurpose Room, thus satisfying the requirements of the aforementioned citations.

Issue #2: Housekeeping Room / Janitor's Closet

9.2.E. This citation deals with the need to have a housekeeping room or janitors closet with service sink and storage for supplies and equipment.

A housekeeping room with storage and service sink must be provided in this facility. Storage Room #117, with available plumbing already in the room, could easily be retrofitted to accommodate a storage function and housekeeping function.

Issue #3: Public Corridor width

9.2.H1. (a) This citation states that the minimum width for a public corridor is five feet. Consideration may be given to existing facilities with public corridors not meeting this requirement. A waiver may be granted based on circumstances connected with the particular project. The facility owner must demonstrate undue hardship in connection with compliance to the requirement as the criteria for granting a waiver request.

Issue #4: Public Toilet

This outpatient facility is classified as a primary care facility, and as such, must conform with the requirements and standards of Section 9.3 (Primary Care Outpatient Centers)

9.3.A. General

The primary care center provides comprehensive community outpatient medical services. The number and type of diagnostic, clinical, and administrative areas shall be sufficient to support the services and estimated patient load described in the program. All standards set forth in Sections 9.1 and 9.2 shall be met for primary care outpatient centers, with the addition and modifications described herein.

Under Section 9.2 (Common Elements for Outpatient Facilities)**9.2.A2. Public services shall include:**

- d. Conveniently accessible public toilet(s).
- e. Conveniently accessible public telephone(s).
- d. Conveniently accessible drinking fountain(s).

Under Section 9.3 Primary Care Outpatient Centers

9.3.D4. Toilet(s) for public use shall be immediately accessible from the waiting area. In smaller units the toilet may be unisex and also serve for specimen collection.

The references mentioned above clearly establish the requirements for public accommodations, including the need for at least one public toilet which is to be located, as stated in 9.3D4, "immediately accessible from the waiting area".

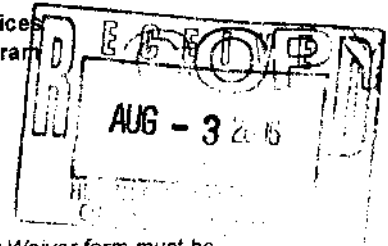
The owner is seeking an exception to this requirement based on criteria found in **Section 9.4 Small Primary Neighborhood Outpatient Facility** and citation 9.4.E6. Under **Section 9.4.A. General**, a facility must have space and equipment serving four or fewer workers at any one time in order to qualify as a small primary outpatient facility. Also, the reference made to the ability for the patient toilet to also serve the waiting area is based on the criteria that the facility contains no more than three examination rooms.

In order to claim the exceptions stated above, the facility must verify that the facility meets the criteria established in the referenced standards. To that end, the owner must submit a letter of attestation certifying that the facility does in fact have no more than four employees working at the facility at one time.

If consideration were given with regard to this qualification, please note that the classification of small primary outpatient facility will be rendered void in the event that the facility at any time in the future has more than four employees working at one time, and or adds a forth exam room.

I feel it is in the best interest of the owner to incorporate a public toilet in the current facility so as not to limit the ability for future expansion of the facility in terms of physical plant or increased staff.

New Jersey Department of Health and Senior Services
Certificate of Need and Acute Care Licensure Program
P.O. Box 360
Trenton, NJ 08625-0360



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. #	DCA Ref. #	Facility ID # (if currently licensed)
Name and Address of Facility: Planned Parenthood 40 North Van Brundt Street Englewood, NJ 07631		
Name, Address and Telephone Number of Owner, Chief Executive Officer (CEO), Chief Operating Officer (COO), or Administrator of the Existing or Proposed Facility: Jeff Brand President/CEO Planned Parenthood of Greater NJ, Inc. 196 Speedwell Avenue Morristown, NJ 07960-3889 Phone: 973-539-9580, Ext. 7		
Name, Address and Telephone Number of Architect: Poskanzer Skott Architects 550 North Maple Avenue Ridgewood, NJ 07450 Phone: 201-445-2322 Contacts: Barry Poskanzer, AIA Amy M. Nowak, RA		
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): The American Institute of Architects (AIA) Guidelines for Design & Construction of Hospitals & Healthcare Facilities - 2001		

9.2.H1.(a)

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.

9.2.H1.(a) Minimum Public corridor width shall be 5 feet.

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

See Attached

3. Describe an alternative proposal to ensure patient safety.

See Attached

4. Is documentation attached to support the waiver request?

☐ No

☒ Yes (Identify):

Proposed Plan
Letter dated July 26, 2006 from Mr. Bernie Miller,
Reviewing Architect for State of New Jersey Dept.
of Health & Senior Services.

- 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.

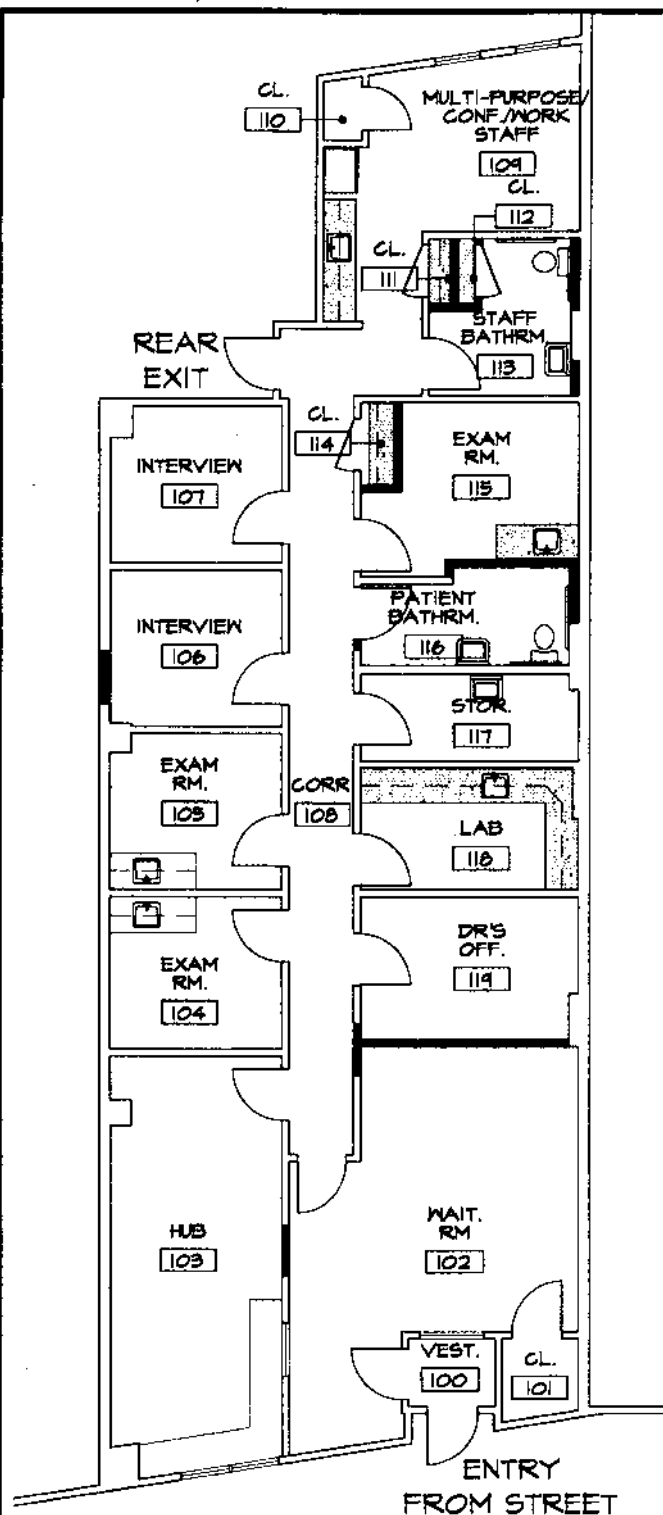
☒ No

☐ Yes (Attach Comments)

Request for waiver is in response to the letter from
State of New Jersey Dept. of Health & Senior Services,
dated July 26, 2006. (See attached)

Name of Owner, CEO, COO or Administrator	Title
Jeff Brand	President/CEO
Signature of Owner, CEO, COO or Administrator	Date

2. This is an existing 2,080 s.f. facility that is undergoing an interior renovation. The existing corridor is currently less than 5'-0", but does conform to the minimum width required by the International Building Code, New Jersey Edition, 2000. The existing corridor is not within the current scope of renovation work and attempting to widen the existing corridor would significantly impact the functionality of the existing spaces adjacent to the corridor. In addition, should the project be required to increase the corridor width, the financial implications would render the project infeasible for this not-for-profit entity, ultimately having a negative impact upon the population served.
3. The facility exists on the first floor and exits directly to grade. In addition, although not required for a space of this size, a rear exit provides a second means of egress. Lastly, the existing corridor width does comply with the minimum standard set forth in the New Jersey Edition of the International Building Code, 2000



LEGEND

- EXISTING PARTITION TO REMAIN.
- NEW PARTITION TO BE CONSTRUCTED
- HATCH INDICATES NEW MILLWORK



**Poskanzer Skott
Architects**

550 North Maple Ave
Ridgewood, NJ 07450

Tel 201-445-2322
Fax 201-445-3053
E-mail poskott@psaia.com

project:

INTERIOR RENOVATION

PLANNED PARENTHOOD
40 NORTH SAN BRUNO STREET
ENGLEWOOD, NJ 07631

client:

Planned Parenthood

drawing title:

PROPOSED PLAN

scale:

3/32"=1'-0"

job number:

04531

drawn by:

AMN

checked by:

AMN

date:

07/31/06

drawing number:

A-1

dwg. 1 of 1

file # 04531-SKIDWG

NJ 05915

NY 011938

PA 8 7813

CT 4823

AZ 12822



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

PO BOX 358
TRENTON, N.J. 08625-0358JON S. CORZINE
Governorwww.nj.gov/healthFRED M. JACOBS, M.D., J.D.
Commissioner

July 26, 2006

Ms. Amy M. Nowak, R.A.
Project Architect - Poskanzer Skott Architects
550 North Maple Avenue
Ridgewood, N.J. 07450

Re: Proposed Renovation to Englewood Planned Parenthood Center

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As an outpatient facility, this project must adhere to the general requirements as stated under Chapter 9.2 Common Elements for Outpatient Facilities. Also, as this facility is a primary care facility, the requirements of Chapter 9.3 Primary Care Outpatient Centers apply as well.

Please provide a written response to each of the following issues noting the corrective action being taken to remedy the deficiency. In cases where it is perceived that compliance is not possible, an Application For Waiver must be prepared and submitted to this office. A waiver request form must be filled out for each instance where the facility owner is requesting for waiver from our requirements. A statement describing the reason(s), including the type and degree of hardship that would result upon compliance must be included with the waiver request. An application may be found on our website at <http://www.state.nj.us/health/hcsa/hospitalsearch/index.html>.

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9.3.A. General

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Under Section 9.2 (Common Elements for Outpatient Facilities)

9.2.A2. Public services shall include:

d. Conveniently accessible public toilet(s).

e. Conveniently accessible public telephone(s).

d. Conveniently accessible drinking fountain(s).

Under Section 9.3 Primary Care Outpatient Centers

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Planned Parenthood®
OF GREATER NORTHERN NEW JERSEY, INC.

196 SPEEDWELL AVENUE, MORRISTOWN, NJ 07960-3889

TEL (973) 539-9580 FAX (973) 539-3828

E-mail: info@ppgnnj.org

Website: www.ppgnnj.org

August 2, 2006


Mr. John Calabria, Director
Certificate of Need &
Acute Care licensure
NJ State Dept. of Health
& Senior Services
P.O. Box 360
Trenton, NJ 08625

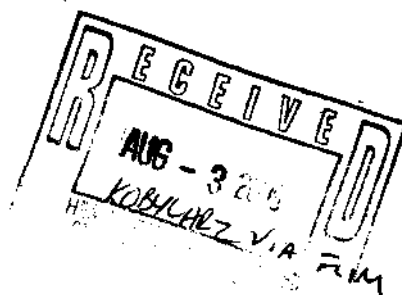
Dear Mr. Calabria:

Please find enclosed 2 waiver applications for our proposed renovation of our Englewood Clinic.

If you have any questions, please contact me at (973) 539-9580 ext 7. Thank you.

Sincerely,


Jeffrey Brand
President & CEO

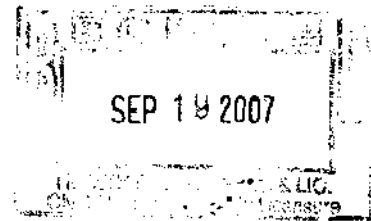




PLANNED PARENTHOOD®
OF CENTRAL NEW JERSEY

September 17, 2007

John A. Calabria, Director
Certificate of Need and
Acute Care Licensure Program
P.O. Box 360
Trenton, NJ 08625-0360



Health Centers

Freehold
800 West Main Street
Freehold, NJ 07728
(732) 431-1717
(732) 431-4846 (fax)

Hazlet
Bethany Commons
1 Bethany Road
Bldg. # 6, Suite # 91
Hazlet, NJ 07730
(732) 888-4900
(732) 888-4882 (fax)

New Brunswick
10B Industrial Drive
New Brunswick, NJ 08901
(732) 246-2411
(732) 846-8799 (fax)

Perth Amboy
215 Market St
Perth Amboy, NJ 08861
(732) 442-4499
(732) 442-7150 (fax)

Shrewsbury
69 E. Newman Springs Rd
Shrewsbury, NJ 07702
(732) 842-9300
(732) 842-9338 (fax)

Spotswood
12 Snowhill St. #3
Spotswood, NJ 08884
(732) 723-9192
(732) 723-2448 (fax)

Dear Mr. Calabria,

Enclosed, please find an application for waiver for ultrasound procedures at our Shrewsbury facility. Should you have any questions pertaining to the application, please do not hesitate to contact me directly. Thank you for your consideration.

Sincerely,

Jennifer Winter, MS, RN, APN, C
Vice President of Patient Services

Enclosure

/jaw

New Jersey Department of Health and Senior Services
Certificate of Need and Acute Care Licensure Program
P.O. Box 360
Trenton, NJ 08625-0360

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. # N/A	DCA Ref. # N/A	Facility ID # (if currently licensed) 71370 A
Name and Address of Facility: Planned Parenthood of Central New Jersey 69 E. Newman Springs Road P.O. Box 95 Shrewsbury, NJ 07702		
Name, Address and Telephone Number of Owner, Chief Executive Officer (CEO), Chief Operating Officer (COO), or Administrator of the Existing or Proposed Facility: Phyllis Kinsler, President/CEO Planned Parenthood of Central New Jersey 69 E. Newman Springs Road P.O. Box 95 Shrewsbury, NJ 07702		
Name, Address and Telephone Number of Architect: Not Applicable - The building was licensed in 1978 - no architectural changes.		
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)): Subchapter 19. Physical Plant and Requirements 8:43A-19.1.a Physical Plant Construction for new construction or alteration		

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.
See attached sheet (page 1).

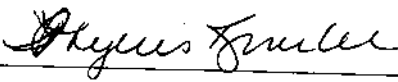
2. Describe the reasons for requesting a waiver, including a statement of the type and degree of hardship that would result upon compliance.
The procedure room is used for transvaginal ultrasounds on ambulatory patients. A waiver is requested for the use of the ultrasound in the procedure room as no fluid ingestion occurs prior to the ultrasound procedures.

3. Describe an alternative proposal to ensure patient safety.
The bathroom is located eleven (11) feet from the procedure rooms.

4. Is documentation attached to support the waiver request?
☐ No ☒ Yes (Identify):
Picture of area included. Note the distance from the farthest procedure room was measured as eleven feet to the patient bathroom.

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 Phyllis Kinsler	Title President/CEO
Signature of Owner, CEO, COO or Administrator 	Date 9/14/07

Planned Parenthood of Central New Jersey

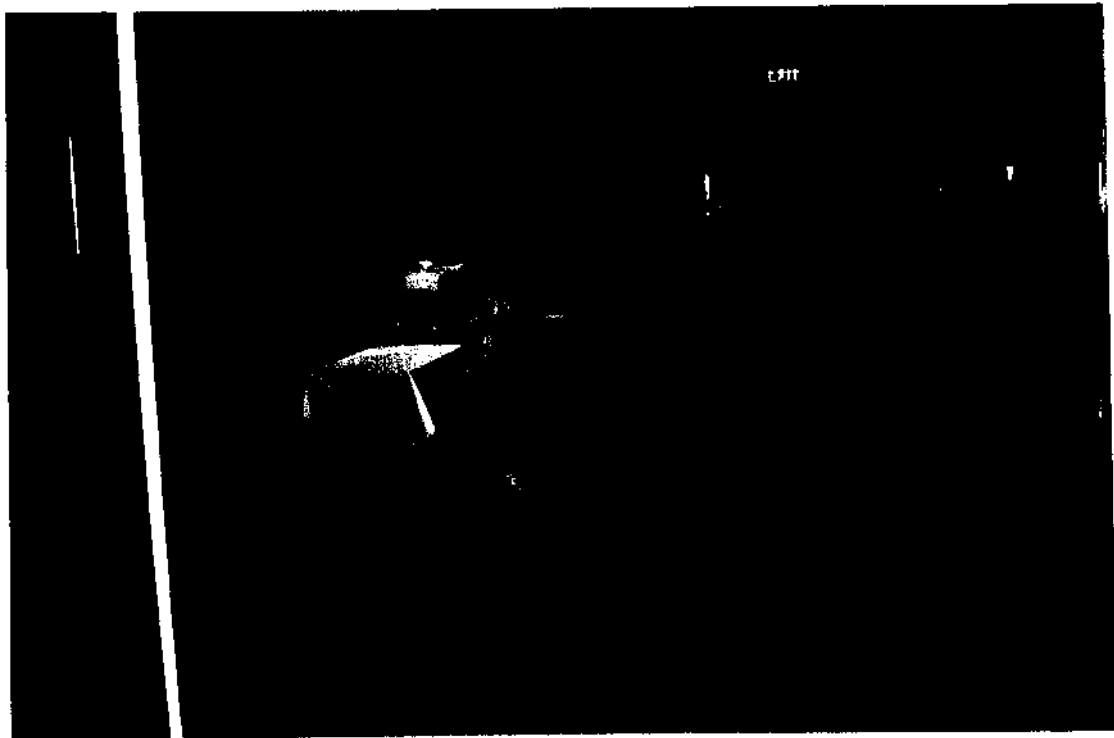
Application for Waiver

Additional Sheet

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

Standard 8:43 A-19.1 states that new buildings and alterations and additions to existing buildings for freestanding ambulatory care facilities shall conform with the the current edition of the Guidelines for Construction and Equipment of Hospital and Medical Facilities (The American Institute of Architects Press [AIA]) According to AIA, the bathroom is required by standard 5.5.6.2 Patient toilet: A patient toilet, accessible to the procedure room, shall be provided. Although this building, originally licensed in 1978 is not new and has not been subject to additions, citation was noted on August 29, 2007.

Planned Parenthood of Central New Jersey



- A – Procedure Room
- B – Procedure Room
- C – Procedure Room
- D – Patient Bathroom

Three procedure rooms are utilized for ultrasound. Note the distance from the farthest procedure room is eleven (11) feet to the patient bathroom.



Planned Parenthood®
OF GREATER NORTHERN NEW JERSEY, INC.

196 SPEEDWELL AVENUE, MORRISTOWN, NJ 07960-3889

TEL (973) 539-9580 FAX (973) 539-3828

E-mail: info@ppgennj.org

Website: www.ppgennj.org

August 2, 2006

Mr. John Calabria, Director
Certificate of Need &
Acute Care licensure
NJ State Dept. of Health
& Senior Services
P.O. Box 360
Trenton, NJ 08625

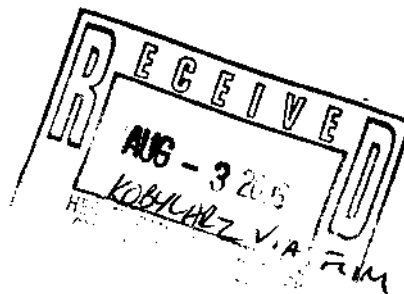
Dear Mr. Calabria:

Please find enclosed 2 waiver applications for our proposed renovation of our Englewood Clinic.

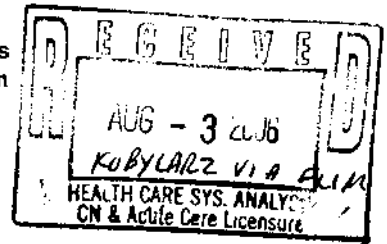
If you have any questions, please contact me at (973) 539-9580 ext 7. Thank you.

Sincerely,


Jeffrey Brand
President & CEO



New Jersey Department of Health and Senior Services
Certificate of Need and Acute Care Licensure Program
P.O. Box 360
Trenton, NJ 08625-0360



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. #	DCA Ref. #	Facility ID # (if currently licensed)
Name and Address of Facility: Planned Parenthood 40 North Van Brundt Street Englewood, NJ 07631		
Name, Address and Telephone Number of Owner, Chief Executive Officer (CEO), Chief Operating Officer (COO), or Administrator of the Existing or Proposed Facility: Jeff Brand President/CEO Planned Parenthood of Greater NJ, Inc. 196 Speedwell Avenue Morristown, NJ 07960-3889 Phone: 973-539-9580, Ext. 7		
Name, Address and Telephone Number of Architect: Poskanzer Skott Architects 550 North Maple Avenue Ridgewood, NJ 07450 Phone: 201-445-2322 Contacts: Barry Poskanzer, AIA Amy M. Nowak, RA		
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)): The American Institute of Architects (AIA) Guidelines for Design & Construction of Hospitals & Healthcare Facilities - 2001		

9.2.H1.(a)

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.

9.2.H1.(a) Minimum Public corridor width shall be 5 feet.

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

See Attached

3. Describe an alternative proposal to ensure patient safety.

See Attached

4. Is documentation attached to support the waiver request?

☐ No

☒ Yes (Identify):

Proposed Plan
Letter dated July 26, 2006 from Mr. Bernie Miller,
Reviewing Architect for State of New Jersey Dept.
of Health & Senior Services.

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

☒ No

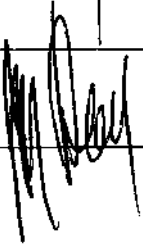
☐ Yes (Identify DCA Reviewer)

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

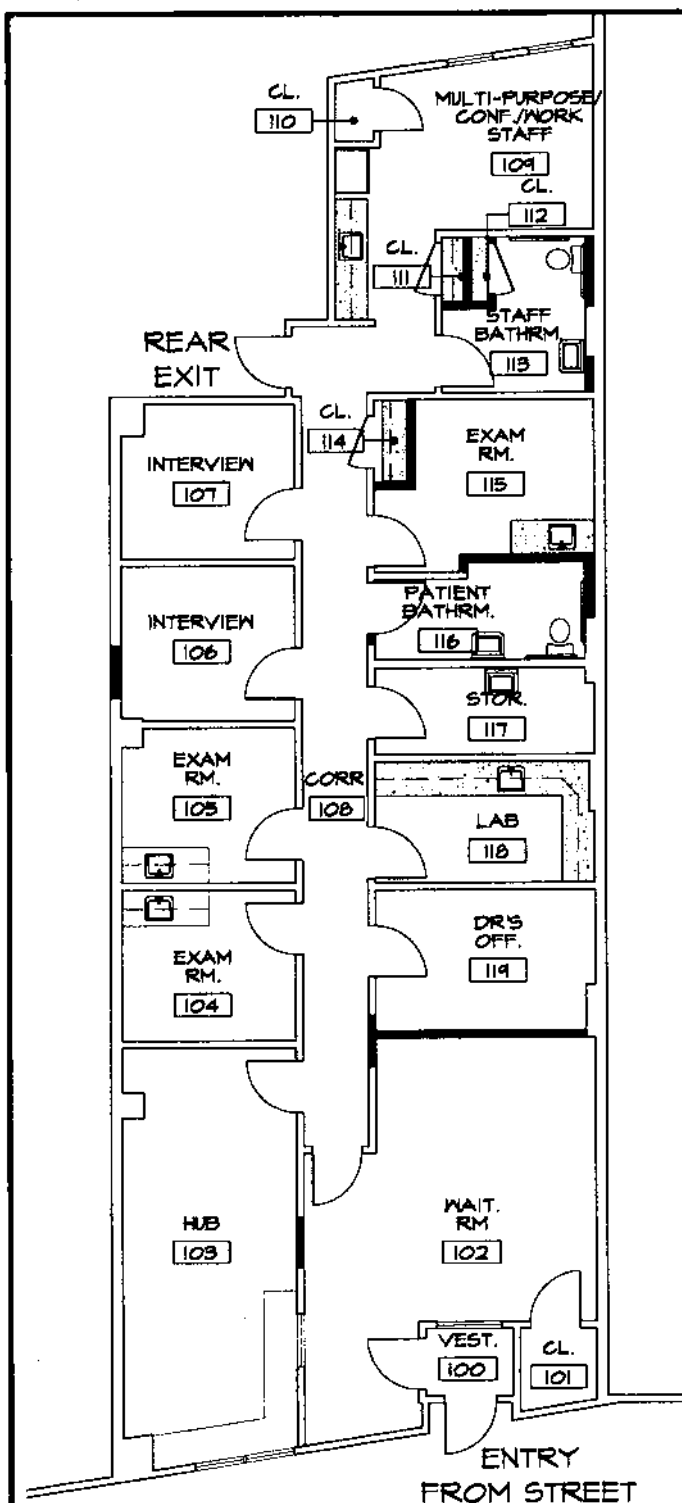
☒ No

☐ Yes (Attach Comments)



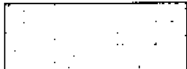
Request for waiver is in response to the letter from
State of New Jersey Dept. of Health & Senior Services,
dated July 26, 2006 (see attached)

Name of Owner, CEO, COO or Administrator	Title
Jeff Brand	President/CEO
Signature of Owner, CEO, COO or Administrator	Date
	8/2/06

2. This is an existing 2,080 s.f. facility that is undergoing an interior renovation. The existing corridor is currently less than 5'-0", but does conform to the minimum width required by the International Building Code, New Jersey Edition, 2000. The existing corridor is not within the current scope of renovation work and attempting to widen the existing corridor would significantly impact the functionality of the existing spaces adjacent to the corridor. In addition, should the project be required to increase the corridor width, the financial implications would render the project infeasible for this not-for-profit entity, ultimately having a negative impact upon the population served.
3. The facility exists on the first floor and exits directly to grade. In addition, although not required for a space of this size, a rear exit provides a second means of egress. Lastly, the existing corridor width does comply with the minimum standard set forth in the New Jersey Edition of the International Building Code, 2000



LEGEND

-  EXISTING PARTITION TO REMAIN.
-  NEW PARTITION TO BE CONSTRUCTED
-  HATCH INDICATES NEW MILLWORK

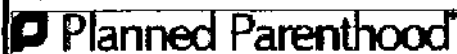


**Poskanzer Skott
Architects**

550 North Maple Ave
Ridgewood, NJ 07450

Tel 201-445-2322
Fax 201-445-3053
E-mail poskott@psaia.com

project:
INTERIOR RENOVATION
PLANNED PARENTHOOD
40 NORTH BAN BRUNT STREET
ENGLEWOOD, NJ 07631
client:



drawing title:
PROPOSED PLAN

scale:
3/32"=1'-0"
job number:
04531
drawn by:
AMN
checked by:
AMN
date:
07/31/06

drawing number:

A-1

dwg. 1 of 1
file # 04531-SK1.DWG

NJ 05915
NY 011938

PA B 7813
CT 4823
AZ 12822



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

PO BOX 358

TRENTON, N.J. 08625-0358

JON S. CORZINE
Governor

www.nj.gov/health

FRED M. JACOBS, M.D., J.D.
Commissioner

July 26, 2006

Ms. Amy M. Nowak, R.A.
Project Architect - Poskanzer Skott Architects
550 North Maple Avenue
Ridgewood, N.J. 07450

Re: Proposed Renovation to Englewood Planned Parenthood Center

Dear Ms. Nowak:

This letter is in response to Proposed Floor Plan (SK-1) that was sent to this office for functional review. The following four issues list citations which identify deficiencies associated with your project as a result of performing a code assessment. This evaluation was made in accordance with provisions found in The American Institute of Architects (AIA) Guidelines for Design and Construction of Hospitals and Health Care Facilities - 2001.

As an outpatient facility, this project must adhere to the general requirements as stated under Chapter 9.2 Common Elements for Outpatient Facilities. Also, as this facility is a primary care facility, the requirements of Chapter 9.3 Primary Care Outpatient Centers apply as well.

Please provide a written response to each of the following issues noting the corrective action being taken to remedy the deficiency. In cases where it is perceived that compliance is not possible, an Application For Waiver must be prepared and submitted to this office. A waiver request form must be filled out for each instance where the facility owner is requesting for waiver from our requirements. A statement describing the reason(s), including the type and degree of hardship that would result upon compliance must be included with the waiver request. An application may be found on our website at <http://www.state.nj.us/health/hcsa/hospitalsearch/index.html>.

Issue #1: Staff Lounge / Multipurpose Room

9.2.A6. This citation deals with the requirement to provide a multipurpose room for conferences, meetings, and health education. Citation 9.3.C6. also mentions the requirement for a multipurpose room and states that this space may be shared with a staff function.

9.3.C5. This citation states that a staff lounge be provided along with a staff toilet.

In reference to the proposed floor plan, I recommended that room # 109 be re-labeled to read Staff lounge / Multipurpose Room, thus satisfying the requirements of the aforementioned citations.

ue #2: Housekeeping Room / Janitor's Closet

9.2.E. This citation deals with the need to have a housekeeping room or janitors closet with service sink and storage for supplies and equipment.

A housekeeping room with storage and service sink must be provided in this facility. Storage Room #117, with available plumbing already in the room, could easily be retrofitted to accommodate a storage function and housekeeping function.

Issue #3: Public Corridor width

9.2.H1. (a) This citation states that the minimum width for a public corridor is five feet. Consideration may be given to existing facilities with public corridors not meeting this requirement. A waiver may be granted based on circumstances connected with the particular project. The facility owner must demonstrate undue hardship in connection with compliance to the requirement as the criteria for granting a waiver request.

Issue #4: Public Toilet

This outpatient facility is classified as a primary care facility, and as such, must conform with the requirements and standards of Section 9.3 (Primary Care Outpatient Centers)

9.3.A. General

The primary care center provides comprehensive community outpatient medical services. The number and type of diagnostic, clinical, and administrative areas shall be sufficient to support the services and estimated patient load described in the program. All standards set forth in Sections 9.1 and 9.2 shall be met for primary care outpatient centers, with the addition and modifications described herein.

Under Section 9.2 (Common Elements for Outpatient Facilities)**9.2.A2. Public services shall include:**

- d. Conveniently accessible public toilet(s).
- e. Conveniently accessible public telephone(s).
- d. Conveniently accessible drinking fountain(s).

Under Section 9.3 Primary Care Outpatient Centers

9.3.D4. Toilet(s) for public use shall be immediately accessible from the waiting area. In smaller units the toilet may be unisex and also serve for specimen collection.

The references mentioned above clearly establish the requirements for public accommodations, including the need for at least one public toilet which is to be located, as stated in 9.3D4. "immediately accessible from the waiting area".

The owner is seeking an exception to this requirement based on criteria found in **Section 9.4 Small Primary (Neighborhood) Outpatient Facility** and citation 9.4.E6. Under **Section 9.4.A. General**, a facility must have space and equipment serving four or fewer workers at any one time in order to qualify as a small primary outpatient facility. Also, the reference made to the ability for the patient toilet to also serve the waiting area is based on the criteria that the facility contains no more than three examination rooms.

In order to claim the exceptions stated above, the facility must verify that the facility meets the criteria established in the referenced standards. To that end, the owner must submit a letter of attestation certifying that the facility does in fact have no more than four employees working at the facility at one time.

If consideration were given with regard to this qualification, please note that the classification of small primary outpatient facility will be rendered void in the event that the facility at any time in the future has more than four employees working at one time, and or adds a forth exam room.

I feel it is in the best interest of the owner to incorporate a public toilet in the current facility so as not to limit the ability for future expansion of the facility in terms of physical plant or increased staff.