Appendix A

Waiver Request Form concerning the Center for Extended Care, Amherst, MA

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Care Quality
10 West Street, Boston, MA 02111
617-753-8000

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

RONALD PRESTON
SECRETARY

PAUL J. COTE, JR.
COMMISSIONER

Original in file

Dear Healthcare Provider:

Enclosed please find a waiver request which you submitted to the Department of Public Health, Division of Health Care Quality. We are happy to be returning this application to you with approval as indicated.

Please note that approved waivers may be evaluated on-site by the Department. The Department reserves the right to revoke waiver approval if deficiencies are cited that indicate the waiver adversely affects the health and safety of patients or residents.

Thank you for taking the time to make your request. Please note that only one copy of this approved waiver will be sent to your facility, to the attention of the person that you listed as your point of contact for this waiver request.

Sincerely,

Jill Mazzola, RN
Assistant Director
Survey Operations, DHCQ
DHCQ

Sherman Lohnes
Assistant Director
Complaints and Compliance,

Enclosure(s):

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WAIVER REQUEST FORM

DPH – CQAC – DHCQ, 10 West Street, 5TH Floor, Boston, MA 02111

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

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

Amherst Nursing Home, Inc — 150 University Dr. Amherst, MA 01003
Facility's Licensed Name or Proposed Name — Address, including zip code
DBA Center for Extended Care at Amherst

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

Hospital/Clinic Department — Building/Floor Location

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

1.A: FOUND AT: 105 CMR 151.640(B)
(Regulation/Requirement Citation)

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

In order to furnish natural fresh air, the windows in each patient bedroom shall be operable so that the area of the opening will be at least 4% of the floor area in the room
* Exceptions to this standard will be considered in cases of fully air conditioned facilities or areas.

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

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

all resident rooms are equipped to receive outdoor fresh air through economizers on roof top units.
Take off all windows crankshop the facility being fully air conditioned.

Form continues on Page 2

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Amherst Nursing Home, Inc. Dba 150 University Dr. Amherst, MA 01002
Facility's Licensed Name or Proposed Name — Address, including zip code — Center for Extended Care at Amherst

Regulation/Requirement Citation: 105 CMR 151.640(B)

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

Based on the fact by opening windows causing hot air in while air conditioner system is on, causes the liquid slugging of compressors in unit to overwork in turn causing compressor to overheat and seize - see attachment #2
During winter months, when window is opened, it causes heating units to overrun, causing other resident rooms in that zone to overheat.

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

Provider assures that at any given time, either heat or air conditioner system is on. This provides more than adequate air exchange (see attachment #1) to all resident care areas.
All units are equipped with outdoor economizer allowing fresh air to enter when units are not calling for heating or cooling (see attachment #2)

FACILITY AUTHORIZED REPRESENTATIVE:

Name: Sharon E. Meyers RN
Title: Administrator
Mailing: 150 University Dr. Amherst, MA 01002

Signature: Sharon E. Meyers

FACILITY CLINICAL REPRESENTATIVE:

Name: Sharon E. Meyers
Title: Admin
Tel #: 413 256 8185

Signature: Sharon E. Meyers

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

Evaluated by: [signature] 05/04/05 ☒ Approved ☐ Approved w/Conditions ☐ Denied

Reviewed by: [signature] 5/9/05 ☒ Approved ☐ Approved w/Conditions ☐ Denied

CONDITIONS:

This waiver is approved to allow bedroom windows not to be operable by residents, as fresh air is supplied into each bedroom by the mechanical ventilation system.

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

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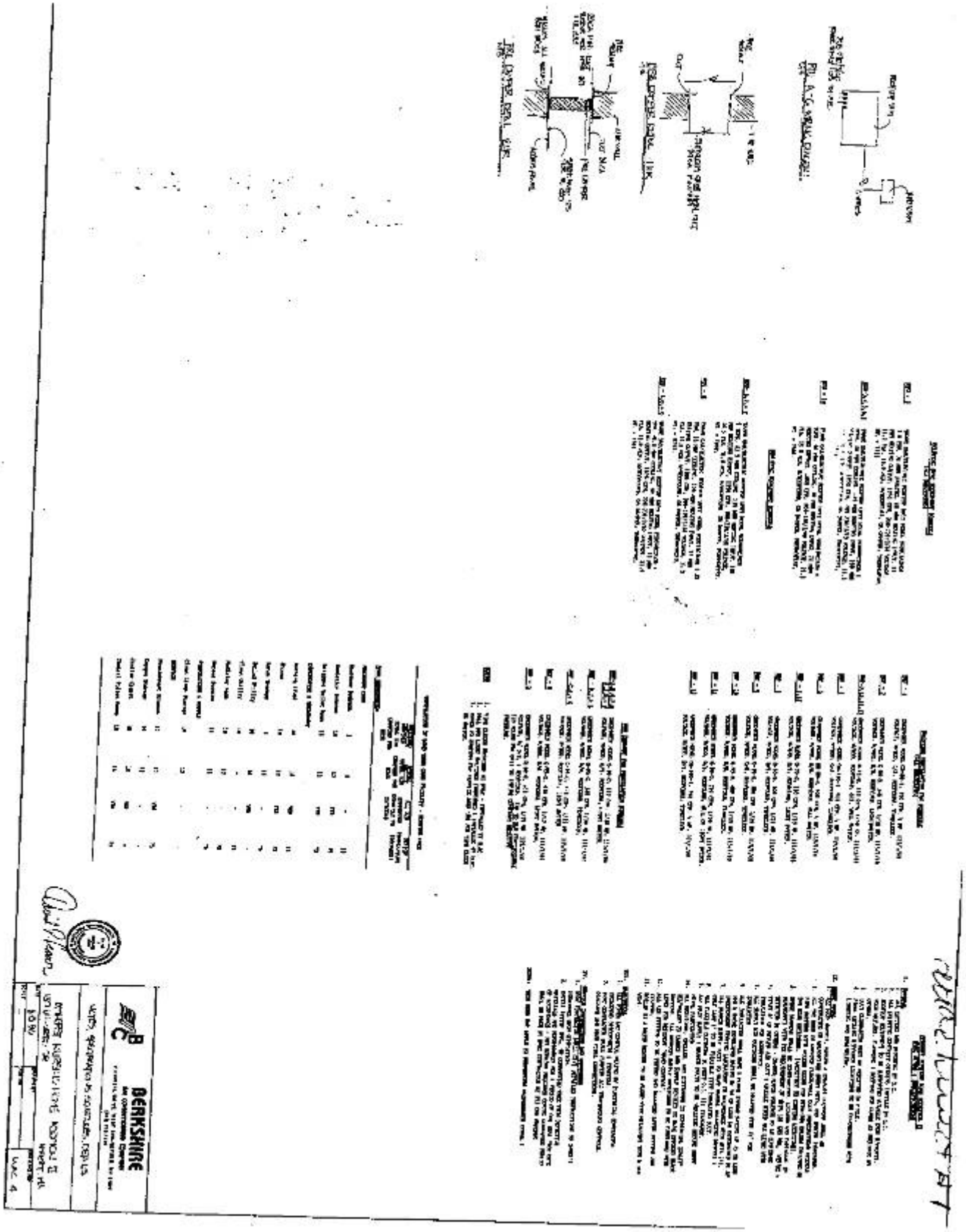

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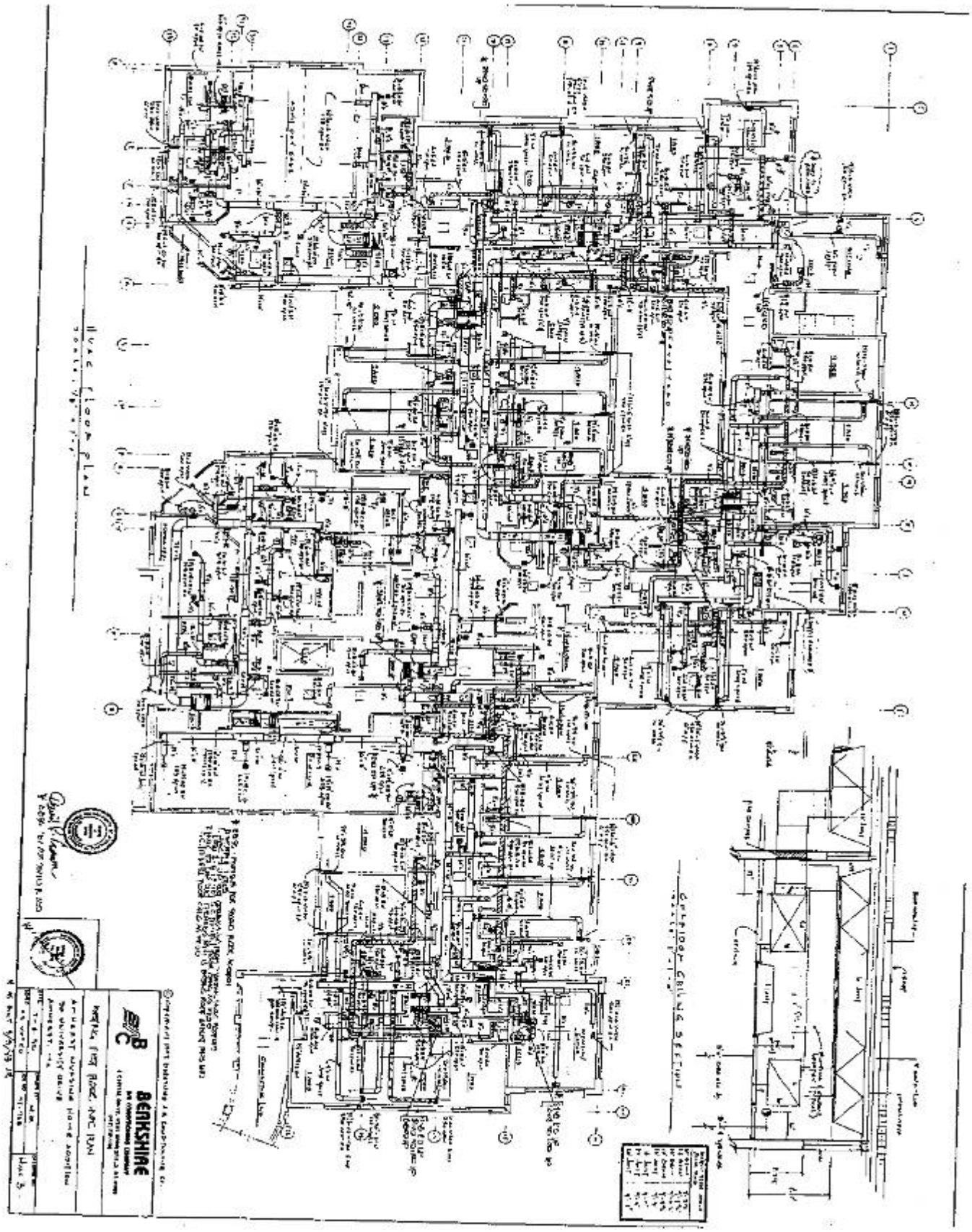

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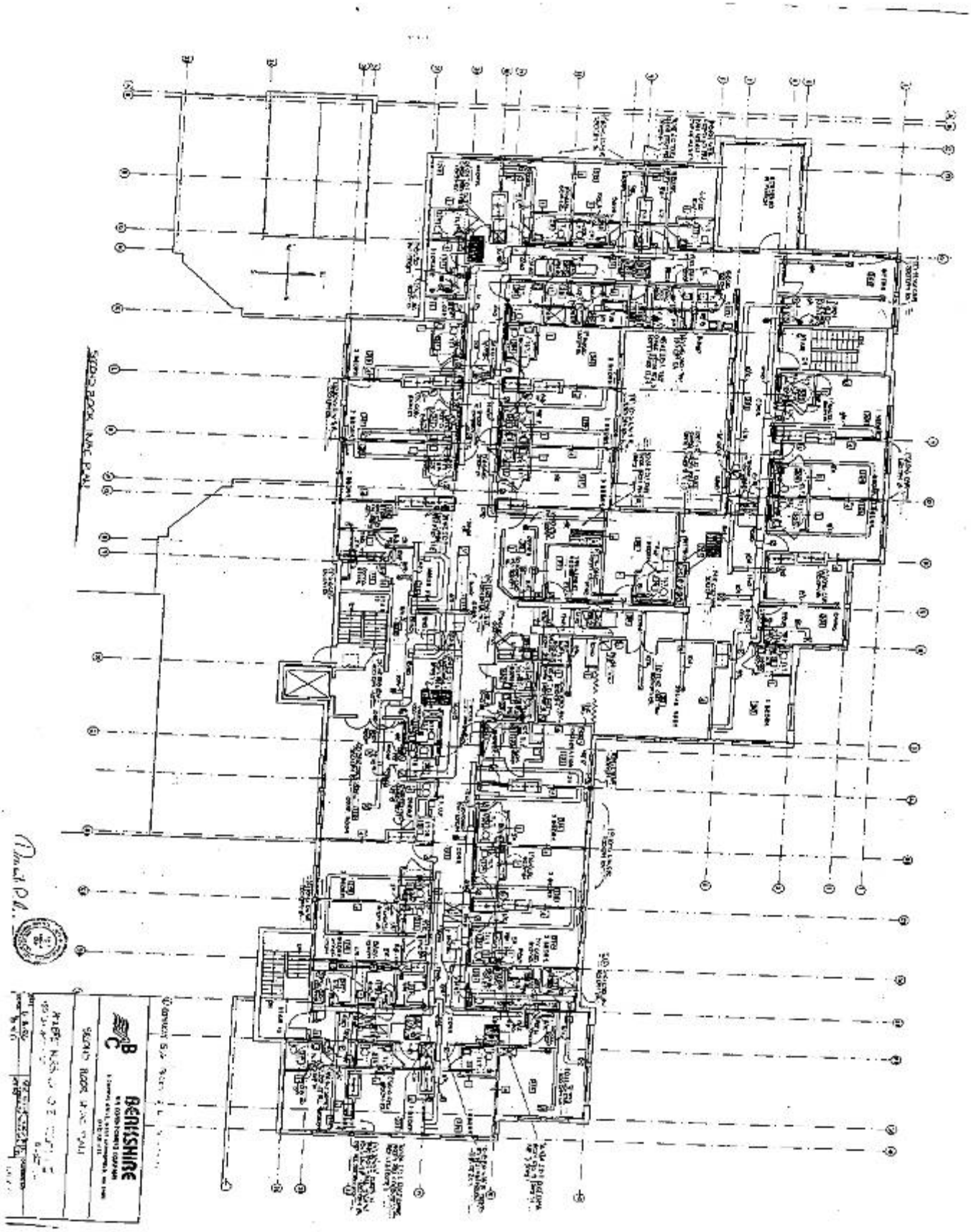
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