The Commonwealth of Massachusetts

# Executive Office of Health and Human Services

Department of Public Health Bureau of Health Care Safety and Quality 67 Forest Street, Marlborough, MA 01752

**CHARLES D. BAKER**

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**Tel: 617,624.6000**

[**Massachusetts Department of Public Health website at www.mass.gov/dph**](http://www.mass.gov/dph)

**Attestation Hospital Emergency Use of Alternative Patient Care Space**

Proposed Alternate Patient Care Space Name: Joint Base Cape Cod - CCH

Address of Proposed Alternate Patient Care Space: 4180 Connery Ave., Buzzards Bay, MA

Brief description of Proposed Alternate Patient Care Space (# of beds, population it will serve): Alternative care space located on the campus of the Joint Base Cape Cod, in Buzzards Bay.

Massachusetts, will be used to provide up to 120 inpatient beds for COVID-19 positive acute care patients 18 years of age and older who do not need critical care level of care. This site/space will not offer Emergency Department services.

Name of Current Licensed Facility: Cape Cod Hospital License Number: 2135

Emergency Use Space Project Name: (see above) Emergency Use Space Project Location: (see above) Brief Project Description: (see above)

Name of Facility Point of Contact: Lori E. Jewett

CCH Chief Operating Officer

Email Address: [lejewett@capecodhealth.org](mailto:lejewett@capecodhealth.org)

Phone Number: 508-862-5155

Directions: Complete this checklist prior to opening currently unlicensed space for emergency use. Keep a copy for the facility and email a copy to DPH at: Sherman.Lohnes@Mass.gov , and [Walter.Mackie@ Mass.gov](mailto:Walter.Mackie@%20Mass.gov) together with a copy of the floor plan for the emergency use space.

A licensed facility may open new or additional buildings and space upon its attestation to DPH all critical areas have been determined to meet minimum standards for patient health and safety, or the facility has instituted compensating measures to ensure patient health and safety, and approval from DPH.

Attestation: I, as the licensee or its authorized agent, attest to DPH that all critical areas, as indicated below, have been determined through inspection and review to meet minimum standards for patient health and safety, or the facility has instituted compensating measures to ensure patient health and safety.

Name of Licensee of Authorized Agent: Michael K. Lauf, President/CEO

Signature of Licensee or Authorized Agent: <signature on file>

Dated: April 15, 2020

AREA

Administration Sufficient staffing to meet the needs of the patients

Infection control policy and procedures

PPE needs and supply

Medical records system:

Paper \_Electronic

Policies and Procedures

Physician Services Nursing Services Pharmacy Services Other Professional Services

Necessary Medical Equipment

Oxygen Storage and Use

Physical Plant Dietary Housekeeping Medical Waste Disposal

Life Safety: Emergency Preparedness & Facility EP plan Working sprinkler system

Working fire alarm system

Staff are trained on evacuation plan

Other Approvals

SUFFICIENT

NOT SUFFICIENT

-

STATUS/COMMENTS

- . -

AREA

0 MCSR if needed

0 CLIA if testing

0 Radiation Control if needed

SUFFICIENT

NOT SUFFICIENT

STATVS/COMMENTS

To be completed by the Department

Based on the information above provided to it by the Requesting Facility, the Department of Public Health Approves the Alternate Patient Care Space for use as a COVID-19 SNF and temporarily licenses the Space for use by the Requesting Facility for this purpose. This approval and the related temporary certification will be in effect through the end of the emergency declaration.

Signed by:

Title:

Date: April, 2020