

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

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Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

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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)

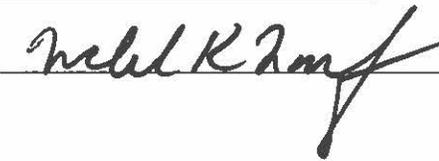
Name of Facility Point of Contact: Lori E. Jewett, CCH Chief Operating Officer
Email Address: lejewett@capecodhealth.org
Phone Number: 508-862-5155

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 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 or Authorized Agent: Michael K. Lauf, President/CEO

Signature of Licensee or Authorized Agent: 

Dated: April 15, 2020

AREA	SUFFICIENT	NOT SUFFICIENT	STATUS/COMMENTS
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			

AREA	SUFFICIENT	NOT SUFFICIENT	STATUS/COMMENTS
○ MCSR if needed			
○ CLIA if testing			
○ Radiation Control if needed			

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