

**ATTACHMENT E – Massachusetts Department of Public Health Request for Waiver of Certain 105 CMR 153.000 Regulations for a Long Term Care Facility to Shelter Evacuated Long Term Care Residents in Surge beds due to the Current Emergency**

IN RE: Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
City or Town: \_\_\_\_\_, MA Zip \_\_\_\_\_

The above-referenced Facility has been issued a License to operate a long term care facility under M.G.L. c. 111, sections 71, by the Department of Public Health (the Department);

\_\_\_\_\_, [Requesting Facility Name] [“the Facility”] due to the \_\_\_\_\_ [brief description of event e.g., Ice storm, Tornado etc.] on or about \_\_\_\_\_, [date of Event] is requesting a waiver to shelter and provide care to evacuated long term care residents in non-licensed surge beds on the licensed premises, not to exceed 10% of the facility’s licensed bed capacity, consisting of the following:

- \_\_\_\_\_ [# of beds] to shelter nursing home residents received from the following facility (ies):
- a. \_\_\_\_\_ (facility name)
  - b. \_\_\_\_\_ (facility name);

This waiver is requested on a temporary and emergency basis not to exceed seventy-two (72) hours, unless extended by the Department;

The Facility is requesting a waiver pursuant to 105 CMR 153.031(B), from the requirements of and 105 CMR 153.030(A) and (D), due to the abovementioned reasons, and not to grant this waiver would result in the inability of the Facility to cooperate in providing this support and assistance in response to the need, resulting in potential undue stress and harm to these persons.

I, \_\_\_\_\_, [Administrator’s name] Administrator responsible for the care and services rendered at the Facility, attest that the Facility has adequate space to accommodate these persons and that I will ensure implementation of these surge beds in accordance with the guidelines of the Department for bed arrangement and care, as outlined in the “*Influx of Residents/Surge Guidelines for Long Term Care Facilities*” dated April, 2012. I further attest that sufficient staff and provisions will be provided to ensure the health and safety of those persons received into the Facility; and the granting of this waiver will not compromise the Facility’s ability to continue meeting the health and safety needs of current residents according to both state and federal regulations.

It is so requested:

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date

Facility Name: \_\_\_\_\_

**FAX REQUEST TO: 617-753-8165 (DEPARTMENT OF PUBLIC HEALTH)**