

Construction/Architectural Waiver Request

This form is required in the preparation of a waiver request in accordance with the **non-statutory** requirements of **18 NYCRR 487.3(g)(1-3), 488.3(f)(1-2), 494.3(g), 10 NYCRR 1001.6(e)(1-7)**. All regulatory requirements, applicable building codes and standards of construction shall be referenced. For sections that are not applicable, indicate "N/A". Provide attachments where indicated.

Date: Click here to enter a date.		Waiver Request Received Date BAER: Click here to enter a date.		County: Choose an item.		BAER Assigned Waiver Number: XXXXXX.	
Applicant/Operator Name: Click here to enter applicant/operator.				Mailing Address:			
				Street Address: Click here to enter street address.			
City: Click here to enter city.		New York		Zip Code: XXXXXX			
				Email: Enter e-mail address.			
Facility Name: Facility name.				Facility Address/Site Location:			
				Street Address: Click to enter street address			
City: Click here to enter city.		New York		Zip Code: XXXXXX			
Phone Number:		XXX-XXX-XXXX		Email: Click here to enter text.			
Contact Type: Choose an item.				Medicare Provider #: N/A for ACF		Operating Certificate Number: 000000.	
						FacID-AFXXXXA	
Contact Name: Choose an item. Enter name here.				ACF Tag: (if cited)		Survey Date: Click here to enter a date.	
						CON Number: N/A	
Contact E-mail: Enter e-mail here.				NYCRR: Choose an item.		Facility Type: ACF	
				Waiver Type: Choose an item.		Design Professional: Architect	
Contact Phone: Enter phone number here.						Trades: Choose an item.	
1. Cite the pertinent regulatory standards, codes and edition for which the waiver is sought as indicated in 18 NYCRR/10NYCRR . Choose an item. And write specific regulation for which the waiver is sought.							
2. Describe the deficiency (if applicable). Click here to enter deficiency.							
3. Indicate the reason for the prescribed standard to be waived? Click here to enter reason for waiver.							
4. Will an approval of the requested waiver cause the facility to be out of compliance with any health and safety standards ? Federal: <input type="checkbox"/> State: <input type="checkbox"/> Local: <input type="checkbox"/>							
5. Will an approval of the requested waiver cause the facility to be out of compliance with any building construction codes & referenced standards ? Federal: <input type="checkbox"/> State: <input type="checkbox"/> Local: <input type="checkbox"/>							
6. What is the facility going to provide as an alternative to protect the health and safety of facility occupants?							
A.		Describe alternative design features . Provide attachments such as drawings, cut sheets, etc.		Click here to enter design features.			
B.		Describe alternative equipment and systems to be used.		Click here to enter equipment and systems.			
C.		Indicate the alternative arrangements such as		Click here to enter policy and procedures.			

		policies, procedures and protocols to be implemented to mitigate risks associated with the deficiency.	
	D.	Describe the risks to the health and safety of facility occupants presented by the deficiency.	Click here to enter risk.
7.		Indicate areas affected by the deficiency. Provide floor plans per the submission requirements described in DSG appropriate for the facility.	Click here to enter areas affected.
8.		Describe the financial impact of the design alternative.	
	A.	Initial Costs	Click here to initial costs.
	B.	Operations & Maintenance Costs	Click here to enter operations and maintenance.
9.		Alternatives that impact facility functions require a letter from the <u>local codes</u> confirming that the proposed alternative will not adversely affect facility functions. Choose an item.	
10.		Alternatives that impact facility infection controls require a letter from the infection control professional confirming that the proposed alternative will not adversely affect infection controls (EALR). Choose an item.	
11.		The work will be implemented in accord with an approved Plan of Correction (POC) from the Regional Office. Choose an item.	
12.		Attach a copy of an Architectural and Engineering Certification letter identifying the above deficiency and the proposed alternative . Choose an item.	
13.		Has a copy been provided to the Regional Office if this waiver request originates from a Survey (deficiency)? Choose an item.	
14.		<ul style="list-style-type: none"> All new work and equipment is to be provided in accordance Choose an item. And write specific regulation for which the waiver is sought The evacuation and/or protection of the occupants of the facility, shall be assessed. The existing policies and procedures shall be modified accordingly. Such policies shall be acceptable to the Regional Office, prior to starting any corrective work. The facility shall maintain the current level of resident and staff safety. Resident and Staff safety shall not be diminished. <p>The facility shall provide additional safeguards, as required to allow residents and staff to be evacuated in a safe and orderly manner.</p>	
15.	Print Name: Click here to enter name.		Title: Click here to enter text.
	Signature of Submitting Architect: _____		Date: Click here to enter a date.
	Submit To: New York State Department of Health 875 Central Avenue Albany, New York 12206 ATTN: Linda O'Connell		
	____ Approved ____ Denied Signature: _____ New York State Department of Health Center for Health Care Facility Planning, Bureau of Architecture and Engineering Review Empire State Plaza, Corning Tower, Room 1861 Albany, New York 1223		