

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:	Waiver Request Received Date DACF:	County:	DACF Assigned Waiver Number:
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Applicant/Operator Name:	Mailing Address:
	Street Address:
	City: New York ZIP Code:
	Email:

Facility Name:	Facility Address/Site Location:
	Street Address:
	City: New York ZIP Code:
Phone Number:	Email:

Contact Type:	Medicare Provider #: N/A for ACF	Operating Certificate Number:	FacID-AFXXXXA
Contact Name:	ACF Tag: (If cited)	Survey Date:	CON Number:
Contact Email:	NYCRR:	Facility Type:	Design Professional:
Phone Number:	Waiver Type:	Trades:	

- Cite the pertinent regulatory standards, codes and edition for which the waiver is sought as indicated in 18 NYCRR/10 NYCRR: And write specific regulation for which the waiver is sought.

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- Describe the deficiency (If applicable).

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- Indicate the reason for the prescribed standard to be waived?

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- Will an approval of the requested waiver cause the facility to be out of compliance with any health and safety standards?  
 Federal  State  Local

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- Will an approval of the requested waiver cause the facility to be out of compliance with any building construction **codes and referenced standards**?  Federal  State  Local

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- What is the facility going to provide as an alternative to protect the health and safety of facility occupants?
  - Describe alternative **design features**.  
Provide attachments such as drawings, cut sheets, etc.

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  - Describe alternative **equipment and systems** to be used.

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  - Indicate the alternative arrangements such as **policies, procedures and protocols** to be implemented to mitigate risks associated with the deficiency.

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  - Describe the **risks** to the health and safety of facility occupants presented by the deficiency.

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7. Indicate areas affected by the deficiency. Provide floor plans per the submission requirements described in DSG appropriate for the facility.

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8. Describe the financial impact of the design alternative.

A. Initial Costs

B. Operations and Maintenance Costs

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9. Alternatives that impact facility functions require a letter from the local codes confirming that the proposed alternative will not adversely affect facility functions.

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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).

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11. The work will be implemented in accord with an approved Plan of Correction (POC) from the Regional Office.

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12. Attach a copy of an Architectural and Engineering Certification letter identifying the above deficiency and the proposed alternative.

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13. Has a copy been provided to the Regional Office if this waiver request originates from a Survey (deficiency)?

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14. • All new work and equipment is to be provided in accordance  
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.

The facility shall provide additional safeguards, as required to allow residents and staff to be evacuated in a safe and orderly manner.

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15. Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Submitting Architect: \_\_\_\_\_ Date: \_\_\_\_\_

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Submit to: New York State Department of Health  
875 Central Avenue  
Albany, New York 12206  
ATTN: Division of ACF

Approved  Denied

Signature: \_\_\_\_\_

New York State Department of Health  
Division of Adult Care Facility and Assisted Living Surveillance  
875 Central Avenue  
Albany, New York 12206