



Lowell City Council

Regular Meeting Agenda

Michael Q. Geary
City Clerk

Date: May 26, 2020
Time: 6:30 PM
Location: Zoom/Remote Participation

1. ROLL CALL

2. MAYOR'S BUSINESS

2.1. Communication Remote Participation:

Pursuant to Governor Baker's Emergency Order modifying the State's Open Meeting Law issued March 12, 2020, meetings will be held using remote participation as follows: Members of the public may view the meeting via LTC and those wishing to speak regarding a specific agenda item shall register to speak in advance of the meeting by sending email to City Clerk indicating the agenda item and a phone number to call so that you may be tele-conferenced in to the meeting. Email address is MGEARY@LOWELLMA.GOV. If no access to email you may contact City Clerk at 978-674-4161.

For Zoom - [HTTPS://SUPPORT.ZOOM.US/HC/EN-US/ARTICLES/201362193-JOINING-A-MEETING](https://support.zoom.us/hc/en-us/articles/201362193-joining-a-meeting)

2.2. Recognition - 50th Anniversary Of Earth Day.

3. CITY CLERK

3.1. Minutes Of Finance SC Joint With School Finance SC May 12th; City Council Meeting May 12th; Finance SC May 19th; Transportation SC May 19th, For Acceptance.

Documents:

[2020 MAY 12 FIN SC WITH SCHOOL FSC MINUTES.PDF](#)
[2020 MAY 12 CC MINUTES.PDF](#)
[2020 MAY 19 FIN SC MINUTES.PDF](#)
[2020 MAY 19 TRANS SC MINUTES.PDF](#)

4. GENERAL PUBLIC HEARINGS

4.1. Ordinance-Amend Ch 222 Peace And Good Order.

Documents:

[ORDINANCE-AMEND CH 222 PEACE AND GOOD ORDER.PDF](#)

4.2. Ordinance-Amend Ch 150 Fees.

Documents:

[ORDINANCE-AMEND CH 150 FEES.PDF](#)

5. COMMUNICATIONS FROM CITY MANAGER

5.1. Motion Responses

- A) Motion Response - Nursing Home Health and Safety Complaints
- B) Motion Response - COVID-19 Case Reporting
- C) Motion Response - Online Records Requests
- D) Motion Response - Summer Event Cancellations
- E) Motion Response - Dumping at Clothing Donation Boxes
- F) Motion response - Immaculate Church Loading Zone
- G) Motion Response - MSBA Projects

Documents:

- [A\) MOTION RESPONSE - NURSING HOME HEALTH AND SAFETY COMPLAINTS.PDF](#)
- [B\) MOTION RESPONSE - COVID-19 CASE REPORTING.PDF](#)
- [C\) MOTION RESPONSE - ONLINE RECORDS REQUESTS.PDF](#)
- [D\) MOTION RESPONSE - SUMMER EVENT CANCELLATIONS.PDF](#)
- [E\) MOTION RESPONSE - DUMPING AT CLOTHING DONATION BOXES.PDF](#)
- [F\) MOTION RESPONSE - IMMACULATE CHURCH LOADING ZONE.PDF](#)
- [G\) MOTION RESPONSE - MSBA PROJECTS.PDF](#)

6. VOTES FROM THE CITY MANAGER

6.1. Vote - Continuing Appropriation Order - FY21 One Twelfth Budget

Documents:

[VOTE - CONTINUING APPROPRIATION ORDER - FY21 ONE TWELFTH BUDGET.PDF](#)

6.2. Vote-Accept Timely Receipt Of Budget FY21

Documents:

[VOTE-ACCEPT TIMELY RECEIPT OF BUDGET FY21.PDF](#)

6.3. Vote- Auth Mgr Accept And Expend Community Compact Grant \$12K

Documents:

[VOTE- AUTH MGR ACCEPT AND EXPEND COMMUNITY COMPACT GRANT 12,000.PDF](#)

6.4. Vote- Auth Mgr Enter Into Temporary License Agreement - ETL Corp -68 Jackson St.

Documents:

[VOTE- AUTH MGR ENTER INTO TEMPORARY LICENSE AGREEMENT - ETL CORP -68 JACKSON ST..PDF](#)

6.5. Vote-153 Willie St_ Declare Surplus & Convey To LynnLowell LLC

Documents:

[VOTE-153 WILLIE ST_ DECLARE SURPLUS AND CONVEY TO LYNNLOWELL LLC.PDF](#)

6.6. Vote-Auth Mgr Ex License Agreement - Music Workshop - 181 Market St - Overhanging Sign

Documents:

[VOTE-AUTH MGR EX LICENSE AGREEMENT - MUSIC WORKSHOP - 181 MARKET ST - OVERHANGING SIGN.PDF](#)

7. ORDERS FROM THE CITY MANAGER

7.1. Order - 60 Day Trial - Various

Documents:

[ORDER - 60 DAY TRIAL - VARIOUS.PDF](#)

7.2. Loan Order 6,771,100 Various Capital Improvement 2021

Documents:

[LOAN ORDER 6,771,100 VARIOUS CAPITAL IMPROVEMENT 2021.PDF](#)

8. ORDINANCES FROM THE CITY MANAGER

8.1. Ordinance - Amend Mobile Food Vendors

Documents:

[ORDINANCE - AMEND MOBILE FOOD VENDORS.PDF](#)

8.2. Ordinance - Street Seats In The Public Space

Documents:

[ORDINANCE - STREET SEATS IN THE PUBLIC SPACE.PDF](#)

8.3. Ordinance Amending Ch. 150 Fees

Documents:

[ORDINANCE AMENDING CH. 150 FEES.PDF](#)

9. REPORTS (SUB/COMMITTEE, IF ANY)

9.1. Subcommittee Reports:

- 1) Transportation SC May 19, 2020;
- 2) Finance SC May 19, 2020; and
- 3) Neighborhoods SC May 26, 2020

9.2. Wire Insp. - National Grid - Request Installation Of Underground Electric Conduit For

Pedestrian Lighting At 199 Pawtucket Street.

Documents:

[2020 MAY 26 NATL GRID PAWTUCKET ST.PDF](#)

- 9.3. Wire Insp. - National Grid - Request Installation Of Underground Electric Conduit For Power At 70 Fox Street.

Documents:

[2020 MAY 26 NATL GRID FOX ST.PDF](#)

10. **PETITIONS**

- 10.1. Misc. - Affirmative Investments, Inc. (On Behalf Of UTEC) Request City Council Discontinue A Portion Of Warren Street.

Documents:

[2020 MAY 26 UTEC PET TO DISCONTINUE PT OF WARREN.PDF](#)

11. **CITY COUNCIL - MOTIONS**

- 11.1. C. Samaras - Req. City Mgr. Provided Information Regarding Timetable For The Possible Opening Of Parks, Playgrounds And Pools (Based Upon Information Provided By Governor's Office).
- 11.2. C. Mercier - Req. City Mgr. Have Planet Aid Yellow Boxes Removed From St. Hilaires Car Wash; And Request A Report Regarding Other Planet Aid Boxes Throughout The City Which Are In Violation Of City Codes And Regulations.
- 11.3. C. Nuon/C. Drinkwater - Req. City Mgr. Work With Proper Department, When Restrictions Are Lifted, To Coordinate With Lowell Non-Profits And Hold A Candle Light Vigil For Lowellians Who Died Because Of The Covid-19 Pandemic.
- 11.4. C. Nuon/C. Drinkwater - Req. City Council Adopt A Resolution In Support Of State Senate Bill S2500 Regarding Clean Energy And Greenhouse Gas Emissions.
- 11.5. C. Chau - Req. City Mgr. Investigate And Update Council Regarding The Collapsed And Abandoned Property Located At 242 Lakeview Avenue Whose Work Order Expired On 12/19/2018.

Documents:

[2020 MAY 26 CHAU PICS LAKEVIEW AVE.PDF](#)

- 11.6. C. Rourke - Req. City Mgr. Provide A Report Regarding What Is Being Done To Address The Issue Of Stagnant Water In City's Schools And To Conduct Periodical Testing To Maintain Fresh Water.
- 11.7. C. Elliott - Req. City Mgr. Have Transportation Engineer Develop Traffic Calming Measures On Varnum Avenue To Address Excessive Speeding.

12. **ANNOUNCEMENTS**

13. **ADJOURNMENT**

Office of the City Clerk - 375 Merrimack Street - Phone: 978.674.4161



Lowell City Council

Finance SC/School FSC Minutes

Michael Q. Geary
City Clerk

Date: May 12, 2020
Time: 5:30 PM
Location: Zoom/Audio Conference

PRESENT:

Present on Roll Call were C. Elliott, C. Conway, C. Nuon, SC Martin, SC Descoteaux and SC Hoey. Also present were Conor Baldwin (CFO), City Manager Donoghue, M. Leahy, Latifah Phillips (School), C. Samaras, SC Doherty, Supt. Boyd, Billie Jo Turner (Asst. Supt. Of Schools), C. Mercier, SC Dillion, Robin Desmond (School), C. Drinkwater, C. Chau, Allison Chambers (Asst. CFO), SC Clark, and Tina Masiello (City Auditor).

MEETING CALLED TO ORDER:

C. Elliott called the meeting to order.

ORDER OF BUSINESS:

C. Elliott provided introductions and commented on prior discussions and tough decisions that are approaching. SC Martin noted the need for information and the budget process shared between school and City side. Manager Donoghue noted that there will be a long lasting financial consequence to the pandemic and the State is working towards the budget and what they will be allocating to the various cities. Manager Donoghue noted that the State cannot cut funds for FY20 but FY21 will be a much tighter budget. Mr. Baldwin provided presentation entitled "City of Lowell, Covid-19 Financial Impact" which outlined variables of impact; General Fund revenue sources; historical local aid trends; Lowell revenue dependent on economy; General Fund shortfalls; impact on City investments; Manager financial initiatives; FY21 changing outlook at State level; and recovery methods. C. Elliott noted the FY20 close-out procedures. Manager Donoghue noted the State has given cities the option to roll-over deficits for three years and that the City will adopt that approach. Mr. Baldwin commented on that procedure and noted the amount was around \$600,000. Manager Donoghue noted that they are tracking expenses for reimbursement from FEMA and the Cares Act. Mr. Baldwin noted the costs that were covered. C. Elliott noted that there would be an anticipated deficit and commented on extensions for tax payments and waiving certain fees. Supt. Boyd commented



on FY 20 noting fiscal controls in place including hiring freezes and that the year would be closed in balance and that they would be doing scenario budget planning which would include reduction in workforce. C. Elliott questioned process of scenario budget planning. Supt. Boyd outlined that budget process and noted that the start of this year will be much different than last year. Supt. Boyd noted certain procedures must be followed if there is a reduction in workforce. Ms. Turner noted that school would have surplus this year due to decreased costs and that the surplus would be used to purchase chrome books for students. C. Elliott questioned recent hiring of school employees. Supt. Boyd noted that hiring freeze since April. C. Nuon noted financial restraints in place to assist with budgeting and that both sides should be communicating to obtain best results. C. Elliott noted that the State will not have a FY21 budget on time. C. Conway noted that City was fortunate to be in a strong financial position before the pandemic hit and questioned procedures for reduction of work force on the school side. Supt. Boyd noted that all time restraints have been met if a work force reduction is needed. SC Doherty commented on the number of people hired during the course of the year and that there is a lack of resources. SC Hoey commented on the State input and the Student Opportunities Act. SC Descoteaux noted the need to be patient and diligent moving forward. C. Elliott commented on going to a 1/12th budget as State will not have their budget finalized and that there will be impact on the process. Manager Donoghue noted restraints on budget with cuts possible toward end of next fiscal year. C. Elliott questioned funding from the MSBA. Manager Donoghue noted that agency has stated that all approved projects are not in jeopardy. C. Samaras noted the need for information and communication between both sides. C. Mercier noted the need for a team effort. C. Chau commented on the importance of joint communication. C. Elliott noted future meetings. SC Martin noted the need to work jointly. SC Descoteaux recognized efforts of financial teams.

ADJOURNMENT:

Motion to adjourn by SC Marin, seconded by C. Nuon. So voted.

Meeting adjourned at 6:29 PM.

Michael Q. Geary, City Clerk



Lowell City Council

Regular Meeting Minutes

Michael Q. Geary
City Clerk

Date: May 12, 2020
Time: 6:30 PM
Location: Zoom Meeting/Remote Participation

1. ROLL CALL

Roll Call showed 9 present.

M. Leahy presiding. Meeting was conducted via teleconference with audio stream by LTC as well as Zoom and recorded due to Covid-19 pandemic.

C. Mercier requested moment of silence in darkened chamber for Joanne Lehan, Jeffrey Lehan and Sean Richardson (brother of Supt. Kelly Richardson). M. Leahy requested moment of silence in darkened chamber for Atty. Thomas Saab and Ernest Devers.

2. MAYOR'S BUSINESS

2.1. Communication - Remote Participation

Pursuant to Governor Baker's Emergency Order modifying the State's Open Meeting Law issued March 12, 2020, meetings will be held using remote participation as follows: Members of the public wishing to speak regarding a specific agenda item shall register to speak in advance by sending email to City Clerk indicating the agenda item and a phone number to call so that you may be conferenced in to the meeting. Email address is mgeary@lowellma.gov. If no access to email you may contact City Clerk at 978-674-4161.

For Zoom - <https://support.zoom.us/hc/en-us/articles/201362193-Joining-a-Meeting>

In City Council, **Motion** "To accept and place on file" by C. Mercier, seconded by C. Elliott. So voted. C. Elliott noted that the meeting was being supported by Zoom. M. Leahy presented Citation in memory of Katelyn Biedron.

3. CITY CLERK

3.1. Minutes of City Council Meeting April 28th, for acceptance.



In City Council, minutes read, **Motion** “To accept and place on file” by C. Samaras, seconded by C. Nuon. So voted.

4. UTILITY PUBLIC HEARING

4.1. National Grid - Request installation of underground electric conduit for pedestrian lighting at 199 Pawtucket Street.

In City Council, Given 2nd Reading. Hearing held. No Remonstrants. **Motion** to refer to Wire Inspector for report and recommendation by C. Samaras, seconded by C. Drinkwater. So voted.

4.2. National Grid - Request installation of underground electric conduit for power at 70 Fox Street.

In City Council, Given 2nd Reading. Hearing held. No Remonstrants. **Motion** to refer to Wire Inspector for report and recommendation by C. Conway, seconded by C. Rourke. So voted.

5. COMMUNICATIONS FROM CITY MANAGER

5.1. Motion Responses.

In City Council, **Motion** “To accept and place on file” by C. Mercier, seconded by C. Nuon. So voted.

A) Motion Response - CDBG Grant Program – C. Chau commented on the program and how it assists businesses. Manager Donoghue noted the program. Christine McCall (DPD) commented on the applicants and the application process outlining the review process and the updating of regulations and programs. C. Chau noted that applications were done in various languages and throughout all sections of the City. C. Nuon requested breakdown of applicants and how data can be used for Care Act relief. Manager Donoghue noted the efforts of the DPD and the repurposing of CDBG funding and programs. C. Elliott noted repurposing of unused CDBG funding.

B) Motion Response - Takeout Thursday – M. Leahy recognized the event. Ms. McCall commented on the program and the participants and noted past winner. C. Rourke requested use of the LTC to promote businesses as well. C. Mercier noted that it was a great incentive. C. Samaras noted the assistance to the various businesses. C. Conway noted it was important to recognize each business. C. Elliott commented on regulation of third party delivery vendors. Manager Donoghue commented an ordinance aimed at that goal.



C) Motion Response - Lowell Business Recovery Task Force – C. Samaras noted the importance of task force support. Manager Donoghue recognized the effort of Ms. McCall and the need of the task force moving forward. Ms. McCall commented on the group and the meeting schedule. C. Rourke questioned Inspectional Services procedures during the pandemic. Manager Donoghue noted that they have followed State guidelines regarding openings and inspections.

D) Motion Response - Hiring Freeze – C. Elliott commented that they were good financial measures and controls.

E) Motion Response - CPA Rental Assistance – C. Nuon noted the report and requested that Manager report to the committee to expand the use of funds.

F) Motion Response - School Transportation Contracts – C. Conway noted that the opening is approaching and that the transportation system must be in place and commented on pending legislation regarding costs. M. Leahy questioned the use of money being saved. Manager Donoghue commented on the pending legislation regarding school transportation costs. City Solicitor O'Connor noted it was permissive legislation and that there are no requirements to pay.

G) Motion Response - Third Party Food Delivery Fees – C. Drinkwater noted the response and the pending ordinance and indicated the need for the financial assistance. **Motion** by C. Rourke, seconded by C. Elliott to suspend rules and take Items #7.1 and #7.2 out of order. So voted. C. Chau recognized the need to help control costs of these businesses. Solicitor O'Connor outlined enforcement policies. C. Samaras commented on the need to control fees.

H) Motion Response - Clemente Park – C. Nuon noted the increase in estimated costs and questioned if they could be adjusted. Dianne Tradd (DPD) commented on current site survey and completion date. C. Nuon questioned if money could be earmarked.

I) Motion Response - Monument Committee – C. Mercier noted the responsiveness of the committee. Manager Donoghue recognized the efforts of the committee. C. Samaras noted the various groups represented in the City.

J) Motion Response - Hawkers and Peddlers – C. Elliott noted the need for permitting to protect established business in the neighborhood and that a balance must be maintained. C. Conway noted the need to enforce regulations. C. Nuon recognized food trucks as a business but they must be monitored so to protect established business. Eric Slagle (Inspectional Services) noted the increase in enforcement.



K) Motion Response - Nursing Home Health Inspections – C. Elliott recognized the City involvement as it concerns food and noted that the State is in full control of all other regulations. Manager Donoghue noted an upcoming report regarding State oversight of the facilities. C. Rourke noted the need to protect this segment of the population and that this has failed and it should upset many and that increased City oversight might be beneficial. C. Chau noted the State needed to be more engaged. C. Mercier commented on available services. Manager Donoghue commented on the percentage of deaths in these nursing homes. C. Elliott noted State has failed in their oversight. C. Drinkwater requested data regarding deaths in the nursing homes as it relates to visits to the hospitals. M. Leahy noted the concern with the care.

L) Motion Response - National Guard Testing - C. Conway noted need for testing to ensure proper medical care.

M) Motion Response - Coronavirus Community Resource Coordinator – C. Nuon commented on the updated position and the use resources.

Manager Donoghue recognized the leadership of the Council during the pandemic noted available signage for business as they re-open. C. Mercier questioned return of workers to City Hall. Manager Donoghue noted that they would follow State guidelines and the operations has continued in the building and remotely. C. Chau commented on the distribution of signs.

6. VOTES FROM THE CITY MANAGER

6.1. Vote-Accept.Expend 125,000 FY20 Earmarked Funds Economic Development Grant Program.

In City Council, Read twice, full reading waived with no objections. **Motion** to adopt by C. Elliott, seconded by C. Drinkwater. Adopted per Roll Call vote 9 yeas. So voted.

6.2. Vote-Accept.Expend 200,000 Earmarked Funds Lower Locks Structural Eval. Design Feasibility and Vision Study.

In City Council, Read twice, full reading waived with no objections. **Motion** to adopt by C. Samaras, seconded by C. Mercier. Adopted per Roll Call vote 9 yeas. So voted.

6.3. Vote-Accept.Expend EPA Brownfields Assessment Grand Funding 300,000.

In City Council, Read twice, full reading waived with no objections. **Motion** to adopt by C. Chau, seconded by C. Rourke. Adopted per Roll Call vote 9 yeas. So voted.



7. ORDINANCES FROM THE CITY MANAGER

7.1. Ordinance-Amend Ch 150 Fees.

In City Council, Given 1st Reading, **Motion** to refer to public hearing on May 26, 2020 at 7PM by C. Samaras, seconded by C. Mercier. So voted.

7.2. Ordinance-Amend Ch 222 Peace and Good Order.

In City Council, Given 1st Reading, **Motion** to refer to public hearing on May 26, 2020 at 7PM by C. Drinkwater, seconded by C. Nuon. So voted.

8. REPORTS (SUB/COMMITTEE, IF ANY)

8.1. Finance SC jointly with School Committee Finance SC May 12, 2020.

In City Council, C. Elliott noted attendance and discussion of FY20 update; fiscal controls; revenue review; and balance FY20 budget. C. Elliott commented on school administration surplus of two million dollars and that planning for FY21 must be aggressive. C. Elliott noted future meetings and the need to get budget information from the State. Motion by C. Elliott, seconded by C. Nuon to prepare a 1/12th budget to begin FY21. Adopted per Roll Call vote, 9 yeas. So vote. Conor Baldwin (CFO) outlined how that budget process would unfold. C. Elliott noted all budgets should be kept on schedule. **Motion** to accept the report as a report of progress by C. Elliott, seconded by C. Chau. So voted.

8.2. Wire Insp. - New Cingular Wireless (d/b/a AT&T) - Request permission to install small cell facility on existing poles:

- A) Market Street**
- B) Lawrence Street**
- C) Oak Street**
- D) Lafayette Street**
- E) Lakeview Avenue**

In City Council, **Motion** to adopt and accept accompanying order by C. Mercier, seconded by C. Rourke. So voted.

9. PETITIONS

9.1. Claims - (1) Personal Injury; (1) Property Damage.

In City Council, **Motion** to refer to Law Department for report and recommendation by C. Conway, seconded by C. Rourke. So voted.



10. CITY COUNCIL - MOTIONS

10.1. C. Mercier - Req. City Mgr. have City inspectors address the trash being dumped at the Planet Aid Boxes at St. Hilaire Car Wash and keep Council updated of the consequences. (2nd Request)

In City Council, seconded by C. Elliott, referred to City Manager. So voted. C. Mercier requested information regarding enforcement and that the owner should be reprimanded. C. Mercier noted that there must be increased attention to this matter and to all other areas with similar conditions. Manager Donoghue noted the issue and stated that there is an aggressive approach to resolution. C. Chau commented on the condition at the location. M. Leahy noted other areas of concern as well.

10.2. C. Conway - Req. City Mgr., in light of Coronavirus Pandemic, to reach out to our academic institutions; Lowell Public Schools, UML, MCC, and private schools to discuss the anticipated upcoming school year and how the City of Lowell can help with a safe and smooth opening.

In City Council, seconded by C. Elliott, referred to City Manager. So voted. C. Conway noted the effort needed to protect students and teachers; cleaning; and traffic.

10.3. C. Conway - Req. City Mgr., with the anticipated opening of the 2020-21 school year, direct the appropriate departments to check and verify that our school buildings and other City buildings meet City and State code and regulations for bathrooms.

In City Council, seconded by C. Nuon, referred to City Manager. So voted. C. Conway noted some schools need updates and repairs to these facilities.

10.4. C. Samaras - Req. City Mgr. provide a report regarding status of various events scheduled for this summer ie., Folk Festival.

In City Council, seconded by C. Nuon, referred to City Manager. So voted. C. Samaras requested update and plan to see if money saved with cancellations can be repurposed. C. Nuon commented on South East Water Festival. C. Elliott questioned decision making process regarding these events.

10.5. C. Elliott - Req. Transportation SC meet to discuss traffic issues relative to the redevelopment project off Woburn Street.

In City Council, seconded by C. Nuon, referred to Transportation SC. So voted. C. Elliott noted the need for update on project that will greatly affect the neighborhood. C.



Conway recognized the impact on South Lowell. C. Nuon noted need for City to be involved and help residents.

11. ANNOUNCEMENTS

In City Council, C. Chau recognized individuals and organizations assisting with producing masks. C. Mercier recognized efforts to Zoom the meeting. M. Leahy recognized April Rourke's birthday. (Wife of C. Rourke)

12. ADJOURNMENT

In City Council, **Motion** to Adjourn C. Chau, seconded by C. Drinkwater. So voted.

Meeting adjourned at 9:15 PM.

Michael Q. Geary, City Clerk



Lowell City Council

Finance SC Minutes

Michael Q. Geary
City Clerk

Date: May 19, 2020
Time: 6:00 PM
Location: Zoom/Remote Participation

PRESENT:

Present on Roll Call were Chairman Elliott, C. Conway, and C. Nuon. Also present Conor Baldwin (CFO), Tina Masiello (Auditor), C. Chau, C. Drinkwater, Miran Fernandez (MIS), Allison Chambers (Asst. CFO), M. Leahy, C. Samaras and Manager Donoghue.

MEETING CALLED TO ORDER:

C. Elliott called the meeting to order.

ORDER OF BUSINESS:

C. Elliott requested review of the 1/12th budget process. Manager Donoghue provided a snapshot of the current budget picture noting that there is still uncertainty with the State's budget process noting that losses in revenue were greater than anticipated. Mr. Baldwin commented on the process noting same procedure and that a public hearing would be held on June 9, 2020 and that this process is just a continuing appropriation. Mr. Baldwin noted that all supplemental appropriations and contracted union increases were include in this first budget installment. C. Elliott questioned Cherry Sheet contributions regarding charter school reimbursements. Mr. Baldwin noted that any amounts would be offset by State funding to City. C. Elliott questioned effect on school budget. Mr. Baldwin noted the number and that the school administration were in agreement with it. C. Conway commented on hiring freeze and any exemptions to that freeze. Manager Donoghue outlined possible exemptions and noted that all hiring goes before appointed board for approval. Manager Donoghue noted that City will need a more definitive picture from State to formulate possible cuts. C. Nuon commented on status of collective bargaining. Mr. Baldwin noted all settled contract are included in budget forecasts. C. Nuon questioned effect on school budget. Manager Donoghue noted that picture is not clear enough from State to analyze the impact. Manager Donoghue noted a strong FY20 third quarter put City in better position to handle the finances during pandemic. C. Elliott questioned amount of levy and Mr. Baldwin outlined the same. Mr. Baldwin outlined budget



schedule noting there was no change from prior years. C. Elliott moved on to discussion regarding Capital Budget. Mr. Baldwin noted the upcoming loan order and reductions made from prior years noting City was well below suggested debt limit. Mr. Baldwin noted professional assistance with financial planning during pandemic paid by grant money for general fund and enterprise funds as well.

ADJOURNMENT:

Motion to adjourn by C. Nuon, seconded by C. Conway. So voted.

Meeting adjourned at 6:26 PM.

Michael Q. Geary, City Clerk



Lowell City Council

Transportation SC Minutes

Michael Q. Geary
City Clerk

Date: May 19, 2020
Time: 5:00 PM
Location: Zoom/Remote Participation

PRESENT:

Present on Roll Call were Chairman Elliott, C. Conway and C. Samaras. Also present C. Drinkwater, Natasha Vance (Transportation Engineer), Miran Fernandez (MIS), Jared Alves (Planning), Eric Slagle (Inspectional Services), C. Nuon, M. Leahy and Manager Donoghue.

MEETING CALLED TO ORDER:

C. Elliott called the meeting to order.

ORDER OF BUSINESS:

C. Elliott commented on current Tewksbury/Billerica development and that the City had sent an informational letter to the town boards regarding impact of the project to Lowell. Manager Donoghue commented on the project and the City's involvement. Ms. Vance noted City request to review the project was responded to but lack much information; including plans and attachments. Ms. Vance commented on the impact to streets and the need for redesign and signalization and noted she did attend a Tewksbury Planning Board meeting. Ms. Vance noted the Planning Board of Tewksbury approved the project with stipulations of post traffic studies. C. Elliott commented on safety of ramps coming of Route 495 and the need to review impact on that area. Ms. Vance noted MassDOT would be involved with that solution and that the applicant has committed design money to those ramps. C. Elliott noted intersections were already dangerous and the City needs to stay out in front of these issues. C. Conway noted need for lights in a congested area as well as speed control restraints. C. Samaras noted neighborhood concerns with congestion and speeding and that need to be partner in the project to protect City's interests. C. Elliott noted need to press applicant and MassDOT as well. C. Nuon noted project needs partnerships to protect neighborhood. C. Drinkwater noted two areas of concern are the ramps off the highway and the congestion at crossing near park. M. Leahy commented on neighborhood concerns especially with speeding. Mr. Slagle outlined



appellate rights of the City through our Planning Board as well as being an abutter. Manager Donoghue noted area of focus would be appellate rights as well as pressuring applicant and MassDOT. Mr. Alves noted involvement of the Lowell Conservation Commission. **Motion** by C. Elliott, seconded by C. Conway to have City Manager/Transportation Engineer to engage applicant and MassDot either directly or through the subcommittee for further discussion and input regarding the project. Adopted per Roll Call vote, 3 years. So voted.

ADJOURNMENT:

Motion to adjourn by C. Samaras, seconded by C. Conway. So voted.

Meeting adjourned at 5:45 PM.

Michael Q. Geary, City Clerk

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

In City Council

ORDINANCE

An Ordinance Amending “Code of Ordinances, City of Lowell, Massachusetts,” with respect to Chapter 222, entitled Peace and Good Order, by adding §222-21 entitled “Delivery Service Fees on Restaurants Temporarily Capped during the COVID-19 Pandemic.”

The City Council, by virtue of the Massachusetts General Laws, Chapter 43, Section 95, has the right to general management and control of the City of Lowell; and

The City Council has an interest in promoting the health, safety, and welfare of the residents of the City of Lowell; and

On March 10, 2020, Commonwealth of Massachusetts Governor Charles Baker declared a state of emergency as a result of the COVID-19 pandemic; and

To reduce the spread of COVID-19 and protect the public health, on March 23, 2020, Governor Baker ordered the temporary closure of non-essential businesses including the provision that “restaurants, bars, and other establishments that offer food or beverages to the public shall not permit on-premises consumption of food or beverage” and “encouraged [establishments] to continue to offer food and beverages for take-out and by delivery”; and

On March 24, 2020, the Massachusetts Department of Public Health issued a stay-at-home advisory promoting social distancing and self-isolation and prescribing that residents remain at home except for essential purposes; and

The COVID-19 pandemic has caused a sudden and severe financial hardship for the City’s diverse and vibrant restaurant industry; and

Many restaurants are reliant on third-party food delivery service companies and are being forced to pay excessive and unsustainable service fees that range up to thirty percent (30%) per order; and

A handful of large third-party food delivery service companies dominate the marketplace, making it difficult for small business to negotiate reasonable service fee structures; and

It is in the public interest to enable restaurants to survive the crisis and remain as sources of employment and vitality in the City; and

Capping the third-party food delivery service fee at ten percent (10%) per order will ease the financial burden on struggling restaurants during this emergency while protecting the profits of and not unduly burdening third-party food delivery service companies.

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF LOWELL, as follows:

1. “The Code of Ordinances City of Lowell, Massachusetts” hereinafter called the “Code”, adopted by the City Council on December 23, 2008, as amended, is hereby further amended with respect to Chapter 222, entitled Peace and Good Order, by adding the following section:

§222-21. Delivery Service Fees on Restaurants Temporarily Capped during the COVID-19 Pandemic

A. Definitions.

(1) For the purposes of this ordinance, the following terms have the following meanings.

COVERED ENTITY – A restaurant or other food service establishment that offers, in a single commercial transaction over the internet, whether directly or through a third-party food delivery service, the sale and same-day delivery of food to customers from one or more retail locations within the City.

ONLINE ORDER – Any order placed by a customer through a platform provided by a third-party food delivery service for delivery or pickup within the City.

PURCHASE PRICE - The menu price of an online order, excluding taxes, gratuities, and any other fees that may make up the total cost to the customer.

SERVICE FEE – Any fee charged to the customer that is above and beyond the purchase price, tax, or gratuity.

THIRD-PARTY FOOD DELIVERY SERVICE – Any website, mobile application, or other internet service that offers or arranges for the sale of food and beverages prepared by, and the same-day delivery or same-day pickup of food and beverages from, a restaurant or other food service establishment.

B. Conduct Prohibited.

(1) It shall be unlawful for a third-party food delivery service to charge a covered entity a fee per online order for the use of its services that totals more than ten percent (10%) of the purchase price of such online order.

C. Enforcement and Penalties

(1) If a third-party food delivery service charges a covered entity fees that violate this Ordinance, the covered entity shall provide written notice to the third-party food delivery service requesting a refund within seven days. The third-party food delivery service shall have seven days after the notice to cure the violation. If the third-party food delivery service does not provide the refund within seven days of the notice, or if the third-party food delivery service continues to charge the fees in violation of this Ordinance, a covered entity has the right to enforce this Ordinance through civil action seeking damages and injunctive relief. The prevailing party in such action shall be entitled to an award of reasonable attorney fees.

(2) Any third-party food delivery service found to be in violation of this Ordinance or rules promulgated thereunder shall be subject to a fine of not less than \$250.00 for the first offense and \$300.00 for any subsequent offenses. Any fine imposed under the provisions of this Ordinance shall inure to the City of Lowell. Enforcement of this Ordinance shall be by noncriminal disposition as provided in M.G.L. c. 40, §21D or by filing a criminal complaint at the appropriate venue.

(3) At the discretion of the covered entity, third-party food delivery services shall provide on their platform a mechanism for customers to provide gratuities to covered entities. Those payments shall be provided to the covered entities in full and at the same time as the third-party food delivery service provides other payments to the covered entities.

(4) The Director of Development Services or the Director of Development Services' designee is authorized to implement this Ordinance and issue any necessary guidance or rules consistent with this Ordinance.

2. If any section, subsection, sentence, clause, phrase, word, or other portion of this ordinance is, for any reason, held to be unconstitutional or invalid, in whole, or in part, by any court of competent jurisdiction, such portion shall be deemed severable, and such unconstitutionality or invalidity shall not affect the validity of the remaining portions of this ordinance, which remaining portions shall continue in full force and effect.

3. This Ordinance shall take effect upon its passage in accordance with the provisions of Chapter 43 of Massachusetts General Laws. It shall terminate upon the lifting of COVID-19 pandemic-related prohibitions on restaurants such that a full-capacity dine-in service is permitted.

APPROVED AS TO FORM:

A handwritten signature in black ink that reads "Christine P. O'Connor" with a stylized flourish at the end.

Christine P. O'Connor
City Solicitor



City of Lowell - Law Department

375 Merrimack Street, 3rd Floor • Lowell MA 01852-5909
Tel: 978.674.4050 • Fax: 978.453.1510 • www.lowellma.gov

May 8, 2020

City Manager Eileen M. Donoghue
Mayor John J. Leahy
And
Members of the City Council

Christine P. O'Connor
City Solicitor

Rachel M. Brown
1st Assistant City Solicitor

Gary D. Gordon
John Richard Hucksam, Jr.
Adam LaGrassa
Stacie M. Moeser
Elliott J. Veloso
Assistant City Solicitors

Re: Amending Chapters 150 and 222 of the Code or Ordinances

Dear Manager Donoghue, Mayor Leahy and Members of the City Council:

I write in response to Councilor Drinkwater's Motion that the Manager Work With Appropriate Departments To Determine The Feasibility Of Restricting Third Party Delivery Services From Charging Restaurants A Fee Per Online Order Of More Than 10% Of The Purchase Price, Until Such Time That The Restaurants Are Allowed To Serve Customers In Their Establishment At Full Capacity.

Attached please find an Ordinance which prohibits third-party food delivery service to charge a covered entity a fee per online order for the use of its services that totals more than ten percent (10%) of the purchase price of such online order.

The Ordinance imposes penalties of not less than \$250.00 for the first offense and \$300.00 for subsequent offenses.

In keeping with the proposed Ordinance, also attached is a second Ordinance amending our Code of Ordinances relative to the fee schedule. The amendment, if adopted by the Council, codifies the penalty provisions of the underlying Ordinance presented to the Council in response to Councilor Drinkwater's Motion.

If you have any further questions please feel free to email or call me.

Best regards,

Christine P. O'Connor
City Solicitor

Enc.

cc: Eric Slagle, Director Development Services

COMMONWEALTH OF MASSACHUSETTS
CITY OF LOWELL

In City Council

ORDINANCE

An Ordinance Amending "The Code of Ordinances City of Lowell, Massachusetts" With Respect to Chapter 150 thereof Entitled, "Fees" by amending certain sections.

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF LOWELL, as follows:

"The Code for the City of Lowell," hereinafter called the "Code", adopted by the City Council on December 23, 2008, is hereby amended with respect to 150 thereof, by amending certain sections:

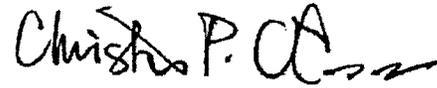
1. By amending Chapter 150, Entitled **Fees; Division of Development Services General Penalties and Fines** by adding the following new number 8.1 as follows:

	Department/Reference	Unit/ Frequency	Fee
8.1	Delivery and Service Fees Temporarily Capped during Covid 19 Pandemic.	First Offense: Subsequent Offenses:	\$200.00 \$300.00 Enforcement of this Ordinance shall be by noncriminal disposition as provided in M.G.L. c. 40 § 21D or by filing a criminal complaint at the appropriate venue.

2. All provisions of the Lowell City Code, as amended, which are consistent with this Ordinance, shall continue in effect, but all provisions of said Code inconsistent herewith, are repealed.

3. This Ordinance shall take effect upon its passage in accordance with the provisions of Chapter 43 of the Massachusetts General Laws.

APPROVED AS TO FORM:

A handwritten signature in black ink, appearing to read "Christine P. O'Connor", with a stylized flourish at the end.

Christine P. O'Connor
City Solicitor

Ordinanceamendfees/delivery&svcfes tempcapped



City of Lowell - Law Department

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May 8, 2020

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If you have any further questions please feel free to email or call me.

Best regards,

Christine P. O'Connor
City Solicitor

Enc.

cc: Eric Slagle, Director Development Services

Joanne Belanger
Director of Health and Human Services

MEMORANDUM

TO: Eileen Donoghue, City Manager *EMD*
FROM: Joanne Belanger, Director of Health and Human Services
DATE: May 12, 2020
SUBJECT: **Req. City Mgr. Provide A Report Regarding The Number Of Health And Safety Complaints Filed At The State Department Of Public Health In The Last Year For The City's Nine Nursing Homes**

Surveys are conducted at least every 9-15 months by the Massachusetts Bureau of Health Care Safety and Quality to assess compliance with federal requirements. Surveys are unannounced and assess these 5 areas; Administration, Nursing, Resident Rights, Kitchen/food, and Environment.

- Criteria in the **administration category** concern the overall administration and management of a nursing home. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.
- Criteria in the **nursing category** concern resident assessments and plans of care as well as the quality of nursing care provided by a nursing home. A nursing home must ensure that it has qualified and trained nursing staff to ensure that each resident receives necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being, in accordance with a comprehensive assessment and plan of care.
- Criteria in the **resident rights** category concern quality of life and resident rights in a nursing home. A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.
- Criteria in the **kitchen/food category** concern food preparation, service and sanitation. A facility must provide each resident with a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident.
- Criteria in the **environment** category concern resident comfort and safety, as well as, facility housekeeping, maintenance and sanitation. A facility must provide a safe, functional, sanitary and comfortable environment for the residents, staff and the public

The facilities in Lowell are: Northwood Rehab and Health Care Center, Care One at Lowell, Belvidere Healthcare Center, Fairhaven Healthcare Center, Willow Manor, Town and Country Health Care Center, and D'Youville Senior Care.

Of the 7 facilities, 2 had noted enforcements; Care One in 2017 and Northwood in 2018 which resulted in an admission freeze for a period of about 5 weeks.

All but one, D'Youville, had a complaint investigation in the last year but as far as I can tell no action was taken in any facility.

Each facility is scored in the five areas. There is a methodology applied to determine the score in each area which is then compared to the State average and the maximum score allowed for that area. All five areas are totaled and the facility is given an overall score.

There is a scope and severity rating assigned to each deficiency cited of the federal requirements. There is a matrix that is used to rate the deficiency as to whether the deficiency is isolated, a pattern or a widespread problem and on the level of harm it could cause to a resident.

I have provided the most recent reports for all 7 facilities, the scoring methodology explanation, the scope and severity matrix and the descriptions of the scope and severity ratings.

Scope and Severity Matrix

A scope and severity rating is assigned to each deficiency cited

Severity of the Deficiency	Scope of the Deficiency			
	<u>Isolated</u>	<u>Pattern</u>	<u>Widespread</u>	
	Immediate jeopardy to resident health or safety	J	K	L
	Actual harm that is not immediate jeopardy	G	H	I
	No actual harm with potential for more than minimal harm that is not immediate jeopardy	D	E	F
No actual harm with potential for minimal harm	A	B	C	

Click on the alphabetic value for a description of each rating

Note: Shaded boxes within the grid denote deficiency ratings which constitute Substandard Quality of Care if the requirement which is not met is one that falls under the designated federal regulations:

- § 483.10 "Resident rights", paragraphs (a)(1) through (a)(2), (b)(1) through (b)(2), (e) (except for (e)(2), (e)(7), and (e)(8)), (f)(1) through (f)(3), (f)(5) through (f)(8), and (i) ;
- § 483.12 "Freedom from abuse, neglect, and exploitation";
- § 483.24 "Quality of life";
- § 483.25 of this chapter "Quality of care";
- § 483.40 "Behavioral health services", paragraphs (b) and (d);
- § 483.45 "Pharmacy services", paragraphs (d), (e), and (f);
- § 483.70 "Administration", paragraph (p),
- § 483.80 "Infection control", paragraph (d),

Scope and Severity Rating Descriptions

TScope and Severity ratings, A through L, are briefly described below. They are listed in order from the least serious to most serious ratings.

- A. **Isolated/Potential for minimal harm** - Least serious rating and is isolated to the fewest number of residents, staff, or occurrences. This deficiency has the potential for causing no more than a minor impact on the resident(s).
- B. **Pattern/Potential for minimal harm** - Least serious deficiency but affects more than a limited number of residents, staff, or occurrences. This deficiency has the potential for causing no more than minor negative impact on the resident(s) and was not found to be throughout the facility.
- C. **Widespread/Potential for minimal harm** - Least serious deficiency but was found to be widespread throughout the facility and/or has the potential to affect a large portion or all of the residents. This deficiency has the potential to affect a large portion or all of the residents, but has the potential for causing no more than a minor negative impact on the resident(s).
- D. **Isolated/Minimal harm or potential for actual harm** - This is a less serious (but not lowest level) deficiency and is isolated to the fewest number of residents, staff, or occurrences. This deficiency is one that results in minimal discomfort to the resident or has the potential to negatively affect the resident's ability to achieve his/her highest functional status.
- E. **Pattern/Minimal harm or potential for actual harm** - This is a less serious (but not lowest level) deficiency and affects more than a limited number of residents, staff, or occurrences. This deficiency is one that results in minimal discomfort to the resident or has the potential (not yet realized) to negatively affect the resident's ability to achieve his/her highest functional status. This deficiency was not found to be throughout the facility.
- F. **Widespread/Minimal harm or potential for actual harm** - This is a less serious (but not lowest level) deficiency but was found to be widespread throughout the facility and/or has the potential to affect a large portion or all the residents. This deficiency is one that results in minimal discomfort to the resident or has the potential (not yet realized) to negatively affect the residents' ability to achieve his/her highest functional status.
- G. **Isolated/Actual harm** - This is a more serious deficiency but is isolated to the fewest number of residents, staff, or occurrences. This deficiency results in a negative outcome that has negatively affected the resident's ability to achieve his/her highest functional status.
- H. **Pattern/Actual harm** - This is a more serious deficiency and affects more than a limited number of residents, staff, or occurrences. This deficiency results in a negative outcome that has negatively affected the resident's ability to achieve his/her highest functional status. This deficiency was not found to be throughout this facility.
- I. **Widespread/Actual harm** - This is a more serious deficiency that was found to be widespread throughout the facility and/or has the potential to affect a large portion or all the residents. This deficiency results in a negative outcome that has negatively affected the residents' ability to achieve his/her highest functional status.
- J. **Isolated/Immediate Jeopardy** - This is the most serious deficiency although it is isolated to the fewest number of residents, staff, or occurrences. This deficiency is one which places the resident in immediate jeopardy as it has caused (or is likely to cause) serious injury, harm, impairment, or death to a resident receiving care in the facility. Immediate corrective action is necessary when this deficiency is identified.
- K. **Pattern/Immediate Jeopardy** - This is the most serious deficiency and affects more than a limited number of residents, staff, or occurrences. This deficiency is one which places the resident in immediate jeopardy as it has caused (or is likely to cause) serious injury, harm, impairment, or death to a resident receiving care in the facility. Immediate corrective action is necessary when this deficiency is identified. This deficiency was not found to be throughout the facility.
- L. **Widespread/Immediate Jeopardy** - This is the most serious deficiency and was found to be widespread throughout the facility and/or has the potential to affect a large portion or all the residents. This deficiency is one which places the resident in immediate jeopardy as it has caused (or is likely to cause) serious injury, harm, impairment, or death to a resident receiving care in the facility. Immediate

Scoring Methodology - How to Calculate the Score

The Maximum Possible Score that a facility can achieve is 132 points. The tool includes information from the 3 most recent standard surveys and information from all complaint surveys performed after or within one year of the most recent standard survey. Five categories (Administration, Nursing, Resident Rights, Kitchen/Food Services, and Environment) are reported and there are 132 scored items (3 surveys x 44 requirements). As part of the survey process, each deficiency (requirement not met) is assigned an alphabetic scope and severity rating (A through L). A numeric value has been assigned to each alphabetic scope and severity rating given. Each category is scored and these results are then summed to compute a total score for the nursing home.

On November 28, 2017, significant revisions in federal nursing home regulations and the yearly standard survey went into effect. The revisions included 3 significant actions that affected the tool scoring methodology. 1) Some regulatory requirements that were a single scored item on the tool before November 28, 2017 split into multiple separate requirements afterwards; 2) Some requirements that were multiple scored items before November 28, 2017 combined into a single requirement afterwards; and 3) All items were assigned a new regulation number. The regulation numbers begin with the letter "F" and are listed along with the item description on the Facility Detail Page of the report. As a result, the Department of Public Health needed to make adjustments to the method of calculating the Nursing Home Performance Tool.

The goal of the adjustments was to maintain as much compatibility as possible between the before and after scoring methods by keeping the maximum score overall and for each category remain the same. The numeric value for each scope and severity rating also remain the same. To accomplish this, the following adjustments took affect for surveys beginning on or after November 28, 2017.

1. For single scored items that split into multiple items,
 - a. Points will only be deducted for one deficiency even if more than one item in the set of multiple items is deficient.
 - i. The points subtracted will be equal to the numeric value of the deficient item with the highest scope and severity rating.
 - ii. Only one item will be counted as not met even if more than one item in the set of multiple items is deficient.
2. For items that combine into one item;
 - a. Since in each case, 2 scored items combined into one scored item, the points subtracted will be twice the numeric value of the scope and severity rating.

The scoring begins with the Maximum Possible Score (132) from which points are deducted based on the numeric value or the scope and severity rating of deficiencies that were cited. The numeric value also depends on whether the deficient item is one of the requirements used to determine [Substandard Quality of Care](#) in a facility. See [Numeric Values for Scope and Severity Ratings](#) to familiarize yourself with the scope and severity (S/S) tables and their corresponding numeric values as they are referenced several times in the example below.

Using Steps One through Five, which are described in the example below, calculate a score for each category (Administration, Nursing, Resident Rights, Food Services, and Environment) reviewed. Then Sum the scores for each category to get the nursing home's Total score. (Step 6)

The following is an example of how to calculate a score for each category. The category is Nursing which has a maximum possible score of 33 points.

Nursing

RESULTS: Standard Survey: 28 of 33 Met Complaint Deficiencies: 0
Score after Adjustment for Scope and Severity 19.

The home met 28 of 33 requirements and there were 0 complaint deficiencies in the key requirements evaluated in the tool. The home's Score after Adjustment for Scope and Severity is 19.

Step One: Determine if deficiency is a substandard quality of care (SQC) tag or not. *Note: For scoring purposes a "G" level deficiency for a*

tag that can be SQC is scored as a SQC deficiency.)

Step Two: Locate the alphabetic S/S rating for the deficiencies listed under the Nursing. Then, using the appropriate table, find its corresponding numeric value. (When a nursing home has met all of the key requirements in a category, no deficiencies are listed and there is no further adjustment to the score. The home's score in that category is equal to the Maximum Possible Score for the category.)

In this example below there are 5 scored items deficiencies cited under Nursing:

The facility develops comprehensive care plans for each resident that include measurable objectives and time tables to meet each resident's medical, nursing, and mental needs. (F 279) 10/10/2016 D

A resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that was unavoidable. (F 310) 10/10/2016 G

The facility ensures that each resident receives and the facility provides the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being in accordance with the comprehensive assessment and plan of care. (42CFR 483.24 F 675)

and/or;

The facility ensures that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices (42CFR 483.25 F 684)

and/or;

The facility ensures that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. (42CFR 483.25(k) F 697)

and/or;

The facility ensures that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. (42CFR 483.25(l) F 698)

and/or;

Resident who displays or are diagnosed with dementia, receive the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. (42CFR 483.40(b)(3) F 744)

12/12/2017 G

The facility ensures that; residents who enter the facility without limited range of motion do not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; residents with limited range of motion receive appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion; residents with limited mobility receive appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable (42CFR 483.25(c)(1)-(3) F688)

12/12/2017 D

Resident maintain acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless a resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise and are offered sufficient fluid intake to maintain proper hydration and health and a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. (42CFR 483.25(g)(1)-(3) F692)

* Note: The numeric value for this item is twice the numeric value listed on the scope and severity (s/s) table.

12/12/2017 G

Deficiency #1: The facility develops comprehensive care plans for each resident that include measurable objectives and time tables to meet each resident's medical, nursing, and mental needs. (F.279) 10/10/2016 (D)

The deficiency was cited on the 10/10/2016 survey. According to the tables, F 279 is not a Substandard Quality of Care item. Thus, use S/S Table 2. S/S rating is "D" = numeric value of "1"

Deficiency #2: A resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that was unavoidable. (F 310) 10/10/2017 (G)

The deficiency was cited on the 10/10/2016 survey. According to the tables, F 310 is a Substandard Quality of Care item. Thus, use S/S Table 1. S/S rating is "G" = numeric value of "3"

Deficiency #3: The facility ensures that each resident receives and the facility provides the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being in accordance with the comprehensive assessment and plan of care. (42CFR 483.24 F 675)

and/or;

The facility ensures that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices (42CFR 483.25 F 684)

and/or;

The facility ensures that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. (42CFR 483.25(k) F 697)

and/or;

The facility ensures that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. (42CFR 483.25(l) F 698)

and/or;

Resident who displays or are diagnosed with dementia, receive the appropriate treatment and services to attain or maintain his or her highest

practicable physical, mental, and psychosocial well-being. (42CFR 483.40(b)(3) F 744) 12/12/2017 (G)

This is an example of a requirement that split into multiple requirements after November 28, 2017. The text lists all individual requirements that may be deficient for the facility to lose points for this scored item. If you wish to know which specific requirement or requirements were deficient you can request this from the [Public Information](#) office. According to the tables, the F numbers in this set of items are Substandard Quality of Care item. Thus, use S/S Table 1. S/S rating is "G" = numeric value of "3".

Deficiency #4: The facility ensures that; residents who enter the facility without limited range of motion do not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; residents with limited range of motion receive appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion; residents with limited mobility receive appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable (42CFR 483.25(c)(1)-(3) F688) 12/12//2017(D)

According to the tables, F 688 is a Substandard Quality of Care item. Thus, use S/S Table 1. S/S rating is "D" = numeric value of "1". Note F 688 is not in a combined set of items.

Deficiency #5: Resident maintain acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless a resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise and are offered sufficient fluid intake to maintain proper hydration and health and a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. (42CFR 483.25(g)(1)-(3) F692) 12/12//2017(G)

According to the tables, F 692 is a Substandard Quality of Care item. Thus, use S/S Table 1. S/S rating is "G" = numeric value of "3". As the text notes F 692 is a combined item and twice the numeric value is deducted, so numeric value = 3 x 2 = 6.

Step Three: Add the numeric S/S values.

**Deficiency #1 + Deficiency #2 + Multiple item Deficiency #3 + Deficiency #4 + combined item Deficiency #5 =
1 + 3 + 3 + 1 + 6 = 14 points**

Step Four: Subtract the points calculated in Step Three from the maximum possible score in the category; Recall that it was 33 for the Nursing category. The result is the Nursing Score after Adjustment for Scope and Severity.

33 maximum points - 14 point deduction = 19 ==>Score after Adjustment for S/S

Step Five: Repeat Steps One through Five for the remaining 4 categories reviewed.

Step Six: Sum the scores for all 5 categories to get the home's Total score.

<u>Category</u>	<u>Score after Adjustment for S/S</u>
Administration	36
Nursing	19
Resident Rights	26
Food Services	12
Environment	20
Nursing Home's Total Score ==>	113

[Nursing Home Performance Tool](#)

[Go to Home Page](#)

Town/Facility Name	Complaints	Enforcements	State Avg					Total
			Administration	Nursing	Residents Rights	Food Service	Environment	
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
NORTHWOOD REHAB & HEALTH CARE CTR	YES	Yes	38	27	20	11	18	114

Facility Performance

[New Search](#) [Search Results](#)

NORTHWOOD REHAB & HEALTH CARE CTR
1010 VARNUM AVENUE
LOWELL, MASSACHUSETTS 01854
TELEPHONE: (978)458-8773

Standard Survey Dates:	01/17/2020	02/07/2019	12/07/2017
Complaint Investigation(s):	04/17/2019		
Change of Ownership:	No Change of Ownership in reported time period		
Enforcement:			
Jeopardy:	10/18/2018		
Substandard Quality of Care	10/18/2018		
Termination	No Termination Actions in reported time period		
Denial of Payments	No Denial of Payments Actions in reported time period		
Admission Freeze			
Imposed	10/12/2018		
Lifted	11/20/2018		

OVERALL PERFORMANCE SUMMARY

RESULTS : Standard Survey - 121 of 132 Met Complaint Investigation Deficiencies - 1
 Score after adjustment for **Scope and Severity** : 114

This nursing facility met 121 out of the 132 key requirements in all five categories in its last three surveys. The number of deficiencies not met as a result of complaint investigations is: 1. The facility's score is 114 after adjustment for scope and severity. 16% of all facilities had a score of 114 or lower. The statewide average facility score is 117.

[More Details on this Facility](#)
[Long Term Care Ombudsman](#)

State Avg

<u>Town/Facility Name</u>	<u>Complaints</u>	<u>Enforcements</u>	<u>Administration</u>	<u>Nursing</u>	<u>Residents Rights</u>	<u>Food Service</u>	<u>Environment</u>	<u>Total</u>
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
NORTHWOOD REHAB & HEALTH CARE CTR	YES	Yes	38	27	20	11	18	114

Facility Details

[New Search](#) [Search Results](#)

NORTHWOOD REHAB & HEALTH CARE CTR
1010 VARNUM AVENUE
LOWELL , MASSACHUSETTS 01854
TELEPHONE: (978)458-8773

PERFORMANCE SUMMARY FOR EACH CATEGORY

ADMINISTRATION

RESULTS : Standard Survey - 38 of 39 Met Complaint Investigation Deficiencies - 0
 Score after Adjustment for Scope and Severity :38

This nursing facility met 38 out of the 39 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 38. The statewide average facility score was 35.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The services provided or arranged by the facility as outlined by the comprehensive care plan must meet professional standards of quality. (F 658)

12/07/2017 D

NURSING

RESULTS : Standard Survey - 30 of 33 Met Complaint Investigation Deficiencies - 1
 Score after Adjustment for Scope and Severity :27

This nursing facility met 30 out of the 33 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 1 . The facility's score after adjustment for scope and severity is 27. The statewide average facility score was 29.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

A facility must maintain all resident assessments completed within the previous 15 months in the resident's active record and use the results of the assessments to develop, review and revise the resident's comprehensive care plan. (F 639) and/or; The facility develops and implements comprehensive person-centered care plans for each resident that include measurable objectives and time frames to meet each resident's medical, nursing and mental and psychosocial needs which describe services to be furnished to attain or maintain residents highest practical well-being and assess resident or resident representative goals for desired outcomes. (F 656)

04/17/2019 G 02/07/2019 E 12/07/2017 G

The facility ensures that its medication error rates are not 5 percent or greater. (F 759)

12/07/2017 D

RESIDENT RIGHTS

RESULTS : Standard Survey - 22 of 27 Met Complaint Investigation Deficiencies - 0
 Score after Adjustment for Scope and Severity :20

This nursing facility met 22 out of the 27 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 20. The statewide average facility score was 24.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility ensures that residents are free from physical or chemical restraints used for purposes other than to treat the resident's medical symptoms. (F 604)

02/07/2019 [D](#) 12/07/2017 [D](#)

The facility treats each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality; provide equal access to quality care regardless of diagnosis, severity of condition, or payment source; and ensures that residents can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. (F 550)

01/17/2020 [E](#) 02/07/2019 [E](#)

The facility provides, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. (F 679)

02/07/2019 [D](#)

KITCHEN/FOOD SERVICES

RESULTS : Standard Survey - 11 of 12 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for [Scope and Severity](#) :11

This nursing facility met 11 out of the 12 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 11. The statewide average facility score was 11.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility procures food from sources approved or considered satisfactory by federal state or local authorities and stores, prepares, distributes and serves food in accordance with professional standards for food service safety. (F 812) and/or; The facility has a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. (F 813)

01/17/2020 [E](#)

ENVIRONMENT

RESULTS : Standard Survey - 20 of 21 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for [Scope and Severity](#) :18

This nursing facility met 20 out of the 21 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 18. The statewide average facility score was 18.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility ensures that the resident environment remains as free of accident hazards as is possible and each resident receives adequate supervision and assistance devices to prevent accidents. (F 689)

12/07/2017 [G](#)

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Town/Facility Name	Complaints	Enforcements	State Avg				Food Service	Environment	Total
			Administration	Nursing	Residents Rights				
<u>STATEWIDE AVERAGE</u>	Y/N	Y/N	35	29	24	11	18	117	
<u>MAXIMUM SCORE POSSIBLE</u>	Y/N	Y/N	39	33	27	12	21	132	
NORTHWOOD REHAB & HEALTH CARE CTR	YES	Yes	38	27	20	11	18	114	

Jeopardy

This item displays dates of surveys on which the Centers for Medicare and Medicaid Services (CMS) made a finding of immediate jeopardy. Immediate jeopardy is a situation in which the nursing home's non-compliance with one or more requirements has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident. In these situations, the Department of Public Health recommends that CMS initiate an enforcement action and require that the nursing home take immediate steps to remove the jeopardy. If the nursing home does not remove the immediate jeopardy within the time frame specified by CMS, it is terminated from the Medicare and/or Medicaid programs within 23 days of the survey.

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<u>Town/Facility Name</u>	<u>Complaints</u>	<u>Enforcements</u>	State Avg					<u>Total</u>
			<u>Administration</u>	<u>Nursing</u>	<u>Residents Rights</u>	<u>Food Service</u>	<u>Environment</u>	
<u>STATEWIDE AVERAGE</u>	Y/N	Y/N	35	29	24	11	18	117
<u>MAXIMUM SCORE POSSIBLE</u>	Y/N	Y/N	39	33	27	12	21	132
<u>NORTHWOOD REHAB & HEALTH CARE CTR</u>	YES	Yes	38	27	20	11	18	114

Substandard Quality of Care

A finding of substandard quality of care indicates that the nursing home was found to have had a significant deficiency (or deficiencies) which the home must address and correct quickly to protect the health and safety of residents. The Department of Public Health specifies a maximum time frame for correction of the deficiencies. This item displays dates of surveys on which the Department of Public Health made a finding that a nursing home had provided substandard quality of care. This is a technical regulatory term which means that one or more requirements under the federal regulations § 483.10 "Resident rights", paragraphs (a)(1) through (a)(2), (b)(1) through (b)(2), (e) (except for (e)(2), (e)(7), and (e)(8)), (f)(1) through (f)(3), (f)(5) through (f)(8), and (i) of this chapter; § 483.12 of this chapter "Freedom from abuse, neglect, and exploitation"; § 483.24 of this chapter "Quality of life"; § 483.25 of this chapter "Quality of care"; § 483.40 "Behavioral health services", paragraphs (b) and (d) of this chapter; § 483.45 "Pharmacy services", paragraphs (d), (e), and (f) of this chapter; § 483.70 "Administration", paragraph (p) of this chapter, and § 483.80 "Infection control", paragraph (d) of this chapter, which constitutes either immediate jeopardy to resident health or safety; a pattern of widespread actual harm that is not immediate jeopardy; or a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm.

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<u>Town/Facility Name</u>	<u>Complaints</u>	<u>Enforcements</u>	State Avg					<u>Total</u>
			<u>Administration</u>	<u>Nursing</u>	<u>Residents Rights</u>	<u>Food Service</u>	<u>Environment</u>	
<u>STATEWIDE AVERAGE</u>	Y/N	Y/N	35	29	24	11	18	117
<u>MAXIMUM SCORE POSSIBLE</u>	Y/N	Y/N	39	33	27	12	21	132
<u>NORTHWOOD REHAB & HEALTH CARE CTR</u>	YES	Yes	38	27	20	11	18	114

Admission Freeze

An Admission Freeze is a type of enforcement sanction that is imposed under Massachusetts licensure regulations on a nursing home for failure to comply with Medicare, Medicaid, and/or licensure requirements. In certain situations, generally when a nursing home has serious deficiencies, a poor compliance history, or has failed to correct previously cited deficiencies, the Department of Public Health imposes this sanction. When imposed, a facility may not admit new residents to the facility. The sanction is lifted after the nursing home achieves substantial compliance with the regulations. If an admission freeze has been imposed since the oldest standard survey date, the dates on which it was imposed and lifted are listed here.

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Town/Facility Name	Complaints	Enforcements	State Avg				Food Service	Environment	Total
			Administration	Nursing	Residents Rights				
<u>STATEWIDE AVERAGE</u>	Y/N	Y/N	35	29	24	11	18	117	
<u>MAXIMUM SCORE POSSIBLE</u>	Y/N	Y/N	39	33	27	12	21	132	
NORTHWOOD REHAB & HEALTH CARE CTR	YES	Yes	38	27	20	11	18	114	

Complaint Investigation(s)

The Division investigates complaints and serious incidents occurring within a nursing home as necessary. If deficiencies (requirements not met) were cited as a result of such an investigation, conducted after January 1, 1998 or within one year of the most recent standard survey, whichever is later, the investigation dates are listed here. Deficiencies cited as a result of the listed investigations are used in the calculation of the nursing home's score(s). Complaint investigations are conducted only as necessary, so it is possible for a home to have no complaint surveys during the relevant time period (stated above).

Note: Investigations that did not result in the citation of a deficiency are not reflected in the tool. To obtain information about such investigations, contact the Division at (617) 753-8100 or go to [Public Information](#).

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Town/Facility Name	Complaints	Enforcements	State Avg					Total
			Administration	Nursing	Residents Rights	Food Service	Environment	
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
CARE ONE AT LOWELL	YES	Yes	36	32	26	12	20	126

Facility Performance

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CARE ONE AT LOWELL
19 VARNUM STREET
LOWELL , MASSACHUSETTS 01850
TELEPHONE: (978)454-5644

Standard Survey Dates:	05/10/2019	03/06/2018	11/09/2016
Complaint Investigation(s):	03/21/2019		
Change of Ownership:	No Change of Ownership in reported time period		
Enforcement:			
Jeopardy	02/16/2017		
Substandard Quality of Care	02/16/2017		
Termination	No Termination Actions in reported time period		
Denial of Payments	No Denial of Payments Actions in reported time period		
Admission Freeze	No Admission Freeze Actions in reported time period		

OVERALL PERFORMANCE SUMMARY

RESULTS : Standard Survey - 126 of 132 Met Complaint Investigation Deficiencies - 0
 Score after adjustment for **Scope and Severity** : 126

This nursing facility met 126 out of the 132 key requirements in all five categories in its last three surveys. The number of deficiencies not met as a result of complaint investigations is: 0 . The facility's score is 126 after adjustment for scope and severity. 73% of all facilities had a score of 126 or lower. The statewide average facility score is 117.

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Town/Facility Name	Complaints	Enforcements	State Avg					Total
			Administration	Nursing	Residents Rights	Food Service	Environment	
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
CARE ONE AT LOWELL	YES	Yes	36	32	26	12	20	126

Facility Details

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CARE ONE AT LOWELL
19 VARNUM STREET
LOWELL , MASSACHUSETTS 01850
TELEPHONE: (978)454-5644

PERFORMANCE SUMMARY FOR EACH CATEGORY

ADMINISTRATION

RESULTS : Standard Survey - 36 of 39 Met Complaint Investigation Deficiencies - 0
 Score after Adjustment for **Scope and Severity** :36

This nursing facility met 36 out of the 39 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 36. The statewide average facility score was 35.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility maintains an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection which includes; Isolation of residents when necessary; prohibiting employees with a communicable disease from direct contact with residents or their food; Requiring staff to wash their hands each direct resident contact; And handling linens so as to prevent the spread of infection. (F 441)

11/09/2016 [D](#)

The services provided or arranged by the facility as outlined by the comprehensive care plan must meet professional standards of quality. (F 658)

05/10/2019 [D](#)

The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. Identified incidents of infection and corrective measures must be recorded and the infection control program must be reviewed yearly and updated as necessary. (F 880)

05/10/2019 [D](#)

NURSING

RESULTS : Standard Survey - 32 of 33 Met Complaint Investigation Deficiencies - 0
 Score after Adjustment for **Scope and Severity** :32

This nursing facility met 32 out of the 33 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 32. The statewide average facility score was 29.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility ensures that each resident receives and the facility provides the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being. (F 675) and/or; The facility ensures that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices (F 684) and/or; The facility ensures that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. (F 697) and/or; The facility ensures

05/10/2019 [D](#)

that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. (F 698) and/or; Resident who displays or are diagnosed with dementia, receive the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. (F 744)

RESIDENT RIGHTS

RESULTS : **Standard Survey - 26 of 27 Met** **Complaint Investigation Deficiencies - 0**
Score after Adjustment for Scope and Severity :26

This nursing facility met 26 out of the 27 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 26. The statewide average facility score was 24.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility observes resident rights to personal privacy, including personal and medical records, accommodations, medical treatment, all communications, deliveries, personal care, visits, and meetings of family and resident groups and respects residents' right to refuse the release of personal and medical records when allowed by state and federal law. (F 583) and/or; The facility maintains medical records containing required information on each resident that are complete, accurately documented, readily accessible and Systematically organized; ensures all identifiable resident records remain confidential and does not release identifiable resident information unless permitted to do so; safeguards medical record information against loss, destruction, or unauthorized use; and retains the medical records for the specified amount of time. (F 842)

03/06/2018 D

KITCHEN/FOOD SERVICES

RESULTS : **Standard Survey - 12 of 12 Met** **Complaint Investigation Deficiencies - 0**
Score after Adjustment for Scope and Severity :12

This nursing facility met 12 out of the 12 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 12. The statewide average facility score was 11.

ENVIRONMENT

RESULTS : **Standard Survey - 20 of 21 Met** **Complaint Investigation Deficiencies - 0**
Score after Adjustment for Scope and Severity :20

This nursing facility met 20 out of the 21 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 20. The statewide average facility score was 18.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility is equipped to allow residents to call for staff assistance through a communication system which relays the call from resident rooms, toilet and bathing facilities directly to a staff member or to a centralized staff work area. (F 919)

03/06/2018 D

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Town/Facility Name	Complaints	Enforcements	State Avg				Food Service	Environment	Total
			Administration	Nursing	Residents Rights				
<u>STATEWIDE AVERAGE</u>	Y/N	Y/N	35	29	24	11	18	117	
<u>MAXIMUM SCORE POSSIBLE</u>	Y/N	Y/N	39	33	27	12	21	132	
CARE ONE AT LOWELL	YES	Yes	36	32	26	12	20	126	

Jeopardy

This item displays dates of surveys on which the Centers for Medicare and Medicaid Services (CMS) made a finding of immediate jeopardy. Immediate jeopardy is a situation in which the nursing home's non-compliance with one or more requirements has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident. In these situations, the Department of Public Health recommends that CMS initiate an enforcement action and require that the nursing home take immediate steps to remove the jeopardy. If the nursing home does not remove the immediate jeopardy within the time frame specified by CMS, it is terminated from the Medicare and/or Medicaid programs within 23 days of the survey.

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Town/Facility Name	Complaints	Enforcements	State Avg				Food Service	Environment	Total
			Administration	Nursing	Residents Rights				
<u>STATEWIDE AVERAGE</u>	Y/N	Y/N	35	29	24	11	18	117	
<u>MAXIMUM SCORE POSSIBLE</u>	Y/N	Y/N	39	33	27	12	21	132	
CARE ONE AT LOWELL	YES	Yes	36	32	26	12	20	126	

Substandard Quality of Care

A finding of substandard quality of care indicates that the nursing home was found to have had a significant deficiency (or deficiencies) which the home must address and correct quickly to protect the health and safety of residents. The Department of Public Health specifies a maximum time frame for correction of the deficiencies. This item displays dates of surveys on which the Department of Public Health made a finding that a nursing home had provided substandard quality of care. This is a technical regulatory term which means that one or more requirements under the federal regulations § 483.10 "Resident rights", paragraphs (a)(1) through (a)(2), (b)(1) through (b)(2), (e) (except for (e)(2), (e)(7), and (e)(8)), (f)(1) through (f)(3), (f)(5) through (f)(8), and (i) of this chapter; § 483.12 of this chapter "Freedom from abuse, neglect, and exploitation"; § 483.24 of this chapter "Quality of life"; § 483.25 of this chapter "Quality of care"; § 483.40 "Behavioral health services", paragraphs (b) and (d) of this chapter; § 483.45 "Pharmacy services", paragraphs (d), (e), and (f) of this chapter; § 483.70 "Administration", paragraph (p) of this chapter, and § 483.80 "Infection control", paragraph (d) of this chapter, which constitutes either immediate jeopardy to resident health or safety; a pattern of widespread actual harm that is not immediate jeopardy; or a widespread potential for more than minimal harm, but less than immediate jeopardy, with no actual harm.

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Town/Facility Name	Complaints	Enforcements	State Avg				Food Service	Environment	Total
			Administration	Nursing	Residents Rights				
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117	
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132	
CARE ONE AT LOWELL	YES	Yes	36	32	26	12	20	126	

Complaint Investigation(s)

The Division investigates complaints and serious incidents occurring within a nursing home as necessary. If deficiencies (requirements not met) were cited as a result of such an investigation, conducted after January 1, 1998 or within one year of the most recent standard survey, whichever is later, the investigation dates are listed here. Deficiencies cited as a result of the listed investigations are used in the calculation of the nursing home's score(s). Complaint investigations are conducted only as necessary, so it is possible for a home to have no complaint surveys during the relevant time period (stated above).

Note: Investigations that did not result in the citation of a deficiency are not reflected in the tool. To obtain information about such investigations, contact the Division at (617) 753-8100 or go to [Public Information](#).

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Town/Facility Name	Complaints	Enforcements	State Avg					Total
			Administration	Nursing	Residents Rights	Food Service	Environment	
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
BELVIDERE HEALTHCARE CENTER	YES	NO	36	32	25	10	19	122

Facility Performance

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BELVIDERE HEALTHCARE CENTER
500 WENTWORTH AVENUE
LOWELL , MASSACHUSETTS 01852
TELEPHONE: (978)458-1271

Standard Survey Dates:	07/12/2019	08/22/2018	05/11/2017
Complaint Investigation(s):	07/02/2019		
Change of Ownership:	10/01/2019		
Enforcement:			
<u>Jeopardy</u>	No Jeopardy Actions in reported time period		
<u>Substandard Quality of Care</u>	No Substandard Quality of Care Actions in reported time period		
<u>Termination</u>	No Termination Actions in reported time period		
<u>Denial of Payments</u>	No Denial of Payments Actions in reported time period		
<u>Admission Freeze</u>	No Admission Freeze Actions in reported time period		

OVERALL PERFORMANCE SUMMARY

RESULTS : Standard Survey - 122 of 132 Met Complaint Investigation Deficiencies - 0
Score after adjustment for Scope and Severity : 122

This nursing facility met 122 out of the 132 key requirements in all five categories in its last three surveys. The number of deficiencies not met as a result of complaint investigations is: 0 . The facility's score is 122 after adjustment for scope and severity. 48% of all facilities had a score of 122 or lower. The statewide average facility score is 117.

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Town/Facility Name	Complaints	Enforcements	State Avg					Total
			Administration	Nursing	Residents Rights	Food Service	Environment	
<u>STATEWIDE AVERAGE</u>	Y/N	Y/N	35	29	24	11	18	117
<u>MAXIMUM SCORE POSSIBLE</u>	Y/N	Y/N	39	33	27	12	21	132
BELVIDERE HEALTHCARE CENTER	YES	NO	36	32	25	10	19	122

Facility Details

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BELVIDERE HEALTHCARE CENTER
500 WENTWORTH AVENUE
LOWELL , MASSACHUSETTS 01852
TELEPHONE: (978)458-1271

PERFORMANCE SUMMARY FOR EACH CATEGORY

ADMINISTRATION

RESULTS : **Standard Survey - 36 of 39 Met** **Complaint Investigation Deficiencies - 0**
Score after Adjustment for Scope and Severity :36

This nursing facility met 36 out of the 39 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 36. The statewide average facility score was 35.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility makes the results of the most recent survey available for examination in a place readily accessible to residents and posts a notice of their availability. (F 167)

05/11/2017 [D](#)

The facility maintains an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection which includes; Isolation of residents when necessary; prohibiting employees with a communicable disease from direct contact with residents or their food; Requiring staff to wash their hands each direct resident contact; And handling linens so as to prevent the spread of infection. (F 441)

05/11/2017 [D](#)

The services provided or arranged by the facility as outlined by the comprehensive care plan must meet professional standards of quality. (F 658)

08/22/2018 [D](#)

NURSING

RESULTS : **Standard Survey - 32 of 33 Met** **Complaint Investigation Deficiencies - 0**
Score after Adjustment for Scope and Severity :32

This nursing facility met 32 out of the 33 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 32. The statewide average facility score was 29.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility ensures that each resident receives and the facility provides the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being. (F 675) and/or; The facility ensures that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices (F 684) and/or; The facility ensures that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. (F 697) and/or; The facility ensures that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-

centered care plan, and the residents' goals and preferences. (F 698) and/or; Resident who displays or are diagnosed with dementia, receive the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. (F 744)

RESIDENT RIGHTS

**RESULTS : Standard Survey - 25 of 27 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :25**

This nursing facility met 25 out of the 27 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 25. The statewide average facility score was 24.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility ensures that residents are free from physical restraints used for purposes other than to treat the resident's medical symptoms. (F 221) 05/11/2017 D

The facility observes resident rights to personal privacy, including personal and medical records, accommodations, medical treatment, all communications, deliveries, personal care, visits, and meetings of family and resident groups and respects residents' right to refuse the release of personal and medical records when allowed by state and federal law. (F 583) and/or; The facility maintains medical records containing required information on each resident that are complete, accurately documented, readily accessible and Systematically organized; ensures all identifiable resident records remain confidential and does not release identifiable resident information unless permitted to do so; safeguards medical record information against loss, destruction, or unauthorized use; and retains the medical records for the specified amount of time. (F 842) 07/12/2019 D

KITCHEN/FOOD SERVICES

**RESULTS : Standard Survey - 10 of 12 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :10**

This nursing facility met 10 out of the 12 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 10. The statewide average facility score was 11.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility provides each resident food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. (F 364) 05/11/2017 D

The facility procures food from sources approved or considered satisfactory by federal state or local authorities and stores, prepares, distributes and serves food in accordance with professional standards for food service safety. (F 812) and/or; The facility has a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. (F 813) 07/12/2019 D

ENVIRONMENT

**RESULTS : Standard Survey - 19 of 21 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :19**

This nursing facility met 19 out of the 21 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 19. The statewide average facility score was 18.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility provides a safe, clean, comfortable, and homelike environment, allowing residents to use their personal belongings to the extent possible by; Ensuring that the physical layout of the facility maximizes resident independence and does not pose a safety risk; Providing housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; Maintaining clean bed and bath linens that are in good condition; And providing private closet space in each resident room, adequate and comfortable lighting levels in all areas, comfortable and safe temperature levels and the maintenance of comfortable sound levels. (F 584) 08/22/2018 D

The facility ensures that the resident environment remains as free of accident hazards as is possible and each resident receives adequate supervision and assistance devices to prevent accidents. (F 689) 08/22/2018 D

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State Avg

<u>Town/Facility Name</u>	<u>Complaints</u>	<u>Enforcements</u>	<u>Administration</u>	<u>Nursing</u>	<u>Residents Rights</u>	<u>Food Service</u>	<u>Environment</u>	<u>Total</u>
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
FAIRHAVEN HEALTHCARE CENTER	YES	NO	35	32	25	11	17	120

Facility Performance

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FAIRHAVEN HEALTHCARE CENTER
476 VARNUM AVENUE
LOWELL , MASSACHUSETTS 01854
TELEPHONE: (978)458-3388

<u>Standard Survey Dates:</u>	02/04/2020	03/15/2019	01/12/2018
<u>Complaint Investigation(s):</u>	10/29/2019		
<u>Change of Ownership:</u>	No Change of Ownership in reported time period		
<u>Enforcement:</u>			
<u>Jeopardy:</u>	No Jeopardy Actions in reported time period		
<u>Substandard Quality of Care</u>	No Substandard Quality of Care Actions in reported time period		
<u>Termination</u>	No Termination Actions in reported time period		
<u>Denial of Payments</u>	No Denial of Payments Actions in reported time period		
<u>Admission Freeze</u>	No Admission Freeze Actions in reported time period		

OVERALL PERFORMANCE SUMMARY

RESULTS : Standard Survey - 120 of 132 Met Complaint Investigation Deficiencies - 0
 Score after adjustment for Scope and Severity : 120

This nursing facility met 120 out of the 132 key requirements in all five categories in its last three surveys. The number of deficiencies not met as a result of complaint investigations is: 0 . The facility's score is 120 after adjustment for scope and severity. 36% of all facilities had a score of 120 or lower. The statewide average facility score is 117.

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State Avg

<u>Town/Facility Name</u>	<u>Complaints</u>	<u>Enforcements</u>	<u>Administration</u>	<u>Nursing</u>	<u>Residents Rights</u>	<u>Food Service</u>	<u>Environment</u>	<u>Total</u>
<u>STATEWIDE AVERAGE</u>	Y/N	Y/N	35	29	24	11	18	117
<u>MAXIMUM SCORE POSSIBLE</u>	Y/N	Y/N	39	33	27	12	21	132
FAIRHAVEN HEALTHCARE CENTER	YES	NO	35	32	25	11	17	120

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476 VARNUM AVENUE
LOWELL, MASSACHUSETTS 01854
TELEPHONE: (978)458-3388

PERFORMANCE SUMMARY FOR EACH CATEGORY

ADMINISTRATION

RESULTS : Standard Survey - 35 of 39 Met Complaint Investigation Deficiencies - 0
 Score after Adjustment for Scope and Severity :35

This nursing facility met 35 out of the 39 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 35. The statewide average facility score was 35.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The services provided or arranged by the facility as outlined by the comprehensive care plan must meet professional standards of quality. (F 658) 03/15/2019 [D](#)

The facility must have sufficient nursing staff with the appropriate competencies and skill sets to provide nursing and related services that assure resident safety and attain or maintain the highest practical well-being of residents. The facility must ensure nursing staff and nurse aides have the competencies necessary to care for each resident's need. (F 726) 02/04/2020 [D](#) 01/12/2018 [D](#)

The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. Identified incidents of infection and corrective measures must be recorded and the infection control program must be reviewed yearly and updated as necessary. (F 880) 03/15/2019 [D](#)

NURSING

RESULTS : Standard Survey - 32 of 33 Met Complaint Investigation Deficiencies - 0
 Score after Adjustment for Scope and Severity :32

This nursing facility met 32 out of the 33 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 32. The statewide average facility score was 29.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

A facility must maintain all resident assessments completed within the previous 15 months in the resident's active record and use the results of the assessments to develop, review and revise the resident's comprehensive care plan. (F 639) and/or; The facility develops and implements comprehensive person-centered care plans for each resident that include measurable objectives and time frames to meet each resident's medical, nursing and mental and psychosocial needs which describe services to be furnished to attain or maintain residents highest practical well-being and assess resident or resident representative goals for desired outcomes. (F 656) 03/15/2019 [D](#)

RESIDENT RIGHTS

RESULTS : Standard Survey - 25 of 27 Met Complaint Investigation Deficiencies - 0
 Score after Adjustment for **Scope and Severity** :25

This nursing facility met 25 out of the 27 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 25. The statewide average facility score was 24.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility observes resident rights to personal privacy, including personal and medical records, accommodations, medical treatment, all communications, deliveries, personal care, visits, and meetings of family and resident groups and respects residents' right to refuse the release of personal and medical records when allowed by state and federal law. (F 583) and/or; The facility maintains medical records containing required information on each resident that are complete, accurately documented, readily accessible and Systematically organized; ensures all identifiable resident records remain confidential and does not release identifiable resident information unless permitted to do so; safeguards medical record information against loss, destruction, or unauthorized use; and retains the medical records for the specified amount of time. (F 842)

02/04/2020 D

The facility ensures that residents are free from physical or chemical restraints used for purposes other than to treat the resident's medical symptoms. (F 604)

01/12/2018 E

KITCHEN/FOOD SERVICES

RESULTS : Standard Survey - 11 of 12 Met Complaint Investigation Deficiencies - 0
 Score after Adjustment for **Scope and Severity** :11

This nursing facility met 11 out of the 12 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 11. The statewide average facility score was 11.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility procures food from sources approved or considered satisfactory by federal state or local authorities and stores, prepares, distributes and serves food in accordance with professional standards for food service safety. (F 812) and/or; The facility has a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. (F 813)

03/15/2019 E

ENVIRONMENT

RESULTS : Standard Survey - 17 of 21 Met Complaint Investigation Deficiencies - 0
 Score after Adjustment for **Scope and Severity** :17

This nursing facility met 17 out of the 21 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 17. The statewide average facility score was 18.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility ensures that the resident environment remains as free of accident hazards as is possible and each resident receives adequate supervision and assistance devices to prevent accidents. (F 689)

02/04/2020 D 03/15/2019 D

The facility attempts to use appropriate alternatives prior to installing a side or bed rail. If bed or side rails are used, the facility ensures correct installation, use, and maintenance of bed rails, including but not limited to the following elements; Assessing the resident for risk of entrapment from bed rails prior to installation; Reviewing the risks and benefits of bed rails with the resident or resident representative and obtaining informed consent prior to installation; Ensuring that the bed's dimensions are appropriate for the resident's size and weight; And following the manufacturers' recommendations and specifications for installing and maintaining bed rails. (F 700)

01/12/2018 E

The facility maintains an effective pest control program so that the facility is free of pests and rodents. (F 925)

02/04/2020 E

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Town/Facility Name	Complaints	Enforcements	State Avg					Total
			Administration	Nursing	Residents Rights	Food Service	Environment	
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
WILLOW MANOR	YES	NO	36	28	21	9	21	115

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WILLOW MANOR
30 PRINCETON BOULEVARD
LOWELL , MASSACHUSETTS 01851
TELEPHONE: (978)454-8086

Standard Survey Dates:	07/12/2019	09/07/2018	06/01/2017
Complaint Investigation(s):	06/10/2019	04/04/2019	
Change of Ownership:	No Change of Ownership in reported time period		
Enforcement:			
<u>Jeopardy</u>	No Jeopardy Actions in reported time period		
<u>Substandard Quality of Care</u>	No Substandard Quality of Care Actions in reported time period		
<u>Termination</u>	No Termination Actions in reported time period		
<u>Denial of Payments</u>	No Denial of Payments Actions in reported time period		
<u>Admission Freeze</u>	No Admission Freeze Actions in reported time period		

OVERALL PERFORMANCE SUMMARY

RESULTS : Standard Survey - 119 of 132 Met Complaint Investigation Deficiencies - 0
 Score after adjustment for **Scope and Severity** : 115

This nursing facility met 119 out of the 132 key requirements in all five categories in its last three surveys. The number of deficiencies not met as a result of complaint investigations is: 0 . The facility's score is 115 after adjustment for scope and severity. 19% of all facilities had a score of 115 or lower. The statewide average facility score is 117.

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Town/Facility Name	Complaints	Enforcements	State Avg				Food Service	Environment	Total
			Administration	Nursing	Residents Rights				
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117	
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132	
WILLOW MANOR	YES	NO	36	28	21	9	21	115	

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WILLOW MANOR
30 PRINCETON BOULEVARD
LOWELL , MASSACHUSETTS 01851
TELEPHONE: (978)454-8086

PERFORMANCE SUMMARY FOR EACH CATEGORY

ADMINISTRATION

RESULTS : **Standard Survey - 36 of 39 Met** **Complaint Investigation Deficiencies - 0**
Score after Adjustment for Scope and Severity :36

This nursing facility met 36 out of the 39 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 36. The statewide average facility score was 35.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility maintains an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection which includes; Isolation of residents when necessary; prohibiting employees with a communicable disease from direct contact with residents or their food; Requiring staff to wash their hands each direct resident contact; And handling linens so as to prevent the spread of infection. (F 441) 06/01/2017 [D](#)

The services provided or arranged by the facility meet professional standards of quality. (F 281) 06/01/2017 [D](#)

The facility must have sufficient nursing staff with the appropriate competencies and skill sets to provide nursing and related services that assure resident safety and attain or maintain the highest practical well-being of residents. The facility must ensure nursing staff and nurse aides have the competencies necessary to care for each resident's need. (F 726) 07/12/2019 [D](#)

NURSING

RESULTS : **Standard Survey - 30 of 33 Met** **Complaint Investigation Deficiencies - 0**
Score after Adjustment for Scope and Severity :28

This nursing facility met 30 out of the 33 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 28. The statewide average facility score was 29.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

A facility must maintain all resident assessments completed within the previous 15 months in the resident's active record and use the results of the assessments to develop, review and revise the resident's comprehensive care plan. (F 639) and/or; The facility develops and implements comprehensive person-centered care plans for each resident that include measurable objectives and time frames to meet each resident's medical, nursing and mental and psychosocial needs which describe services to be furnished to attain or maintain residents highest practical well-being and assess resident or resident representative goals for desired outcomes. (F 656) 09/07/2018 [D](#)

The facility ensures residents receive care to prevent pressure ulcers 07/12/2019 [G](#)

unless resident's clinical condition demonstrates that they were unavoidable and residents with pressure ulcers receive treatment and services to promote healing, prevent infection and prevent new ulcers from developing. (F 686)

The facility ensures that; residents who enter the facility without limited range of motion do not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; residents with limited range of motion receive appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion; residents with limited mobility receive appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. (F 688)

07/12/2019 D

RESIDENT RIGHTS

**RESULTS : Standard Survey - 23 of 27 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :21**

This nursing facility met 23 out of the 27 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 21. The statewide average facility score was 24.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility provides an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. (F 241)

06/01/2017 D

The facility observes resident rights to personal privacy, including personal and medical records, accommodations, medical treatment, all communications, deliveries, personal care, visits, and meetings of family and resident groups and respects residents' right to refuse the release of personal and medical records when allowed by state and federal law. (F 583) and/or; The facility maintains medical records containing required information on each resident that are complete, accurately documented, readily accessible and Systematically organized; ensures all identifiable resident records remain confidential and does not release identifiable resident information unless permitted to do so; safeguards medical record information against loss, destruction, or unauthorized use; and retains the medical records for the specified amount of time. (F 842)

07/12/2019 D

The facility treats each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality; provide equal access to quality care regardless of diagnosis, severity of condition, or payment source; and ensures that residents can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. (F 550)

07/12/2019 D 09/07/2018 D

KITCHEN/FOOD SERVICES

**RESULTS : Standard Survey - 9 of 12 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :9**

This nursing facility met 9 out of the 12 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 9. The statewide average facility score was 11.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility provides each resident food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. (F 364)

06/01/2017 E

The facility procures food from sources approved or considered satisfactory by Federal, State or local authorities; and stores, prepares, distributes and serves food under sanitary conditions (F 371)

06/01/2017 E

The facility procures food from sources approved or considered satisfactory by federal state or local authorities and stores, prepares, distributes and serves food in accordance with professional standards for food service safety. (F 812) and/or; The facility has a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. (F 813)

09/07/2018 E

ENVIRONMENT

**RESULTS : Standard Survey - 21 of 21 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :21**

This nursing facility met 21 out of the 21 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies

not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 21. The statewide average facility score was 18.

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Town/Facility Name	Complaints	Enforcements	State Avg					Total
			Administration	Nursing	Residents Rights	Food Service	Environment	
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
TOWN AND COUNTRY HEALTH CARE CENTER	YES	NO	32	29	24	10	20	115

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TOWN AND COUNTRY HEALTH CARE CENTER
259 BALDWIN STREET
LOWELL, MASSACHUSETTS 01851
TELEPHONE: (978)454-5438

Standard Survey Dates:	03/29/2019	01/31/2018	12/28/2016
Complaint Investigation(s):	09/10/2019		
Change of Ownership:	01/01/2017		
Enforcement:			
<u>Jeopardy</u>	No Jeopardy Actions in reported time period		
<u>Substandard Quality of Care</u>	No Substandard Quality of Care Actions in reported time period		
<u>Termination</u>	No Termination Actions in reported time period		
<u>Denial of Payments</u>	No Denial of Payments Actions in reported time period		
<u>Admission Freeze</u>	No Admission Freeze Actions in reported time period		

OVERALL PERFORMANCE SUMMARY

RESULTS : Standard Survey - 118 of 132 Met Complaint Investigation Deficiencies - 0
 Score after adjustment for Scope and Severity : 115

This nursing facility met 118 out of the 132 key requirements in all five categories in its last three surveys. The number of deficiencies not met as a result of complaint investigations is: 0. The facility's score is 115 after adjustment for scope and severity. 19% of all facilities had a score of 115 or lower. The statewide average facility score is 117.

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Town/Facility Name	Complaints	Enforcements	State Avg				Food Service	Environment	Total
			Administration	Nursing	Residents Rights				
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117	
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132	
TOWN AND COUNTRY HEALTH CARE CENTER	YES	NO	32	29	24	10	20	115	

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TOWN AND COUNTRY HEALTH CARE CENTER
259 BALDWIN STREET
LOWELL, MASSACHUSETTS 01851
TELEPHONE: (978)454-5438

PERFORMANCE SUMMARY FOR EACH CATEGORY

ADMINISTRATION

RESULTS : Standard Survey - 32 of 39 Met Complaint Investigation Deficiencies - 0
 Score after Adjustment for Scope and Severity :32

This nursing facility met 32 out of the 39 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 32. The statewide average facility score was 35.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility maintains an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection which includes; Isolation of residents when necessary; prohibiting employees with a communicable disease from direct contact with residents or their food; Requiring staff to wash their hands each direct resident contact; And handling linens so as to prevent the spread of infection. (F 441)

12/28/2016 D

The facility receives registry verification that individuals have met competency evaluation requirements before allowing an individual to serve as a nurse aide unless the individual can otherwise prove they have met competency evaluation requirements and requires individuals who have not provided nursing or nursing-related services within 24 consecutive months complete a new training and competency evaluation program (F 496)

12/28/2016 E

The services provided or arranged by the facility as outlined by the comprehensive care plan must meet professional standards of quality. (F 658)

03/29/2019 D 01/31/2018 D

The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. Identified incidents of infection and corrective measures must be recorded and the infection control program must be reviewed yearly and updated as necessary. (F 880)

03/29/2019 E 01/31/2018 D

The facility must complete a performance review of every nurse aide at least once every twelve months and must provide regular in-service education based on the outcome of these reviews. (F 730)

01/31/2018 E

NURSING

RESULTS : Standard Survey - 31 of 33 Met Complaint Investigation Deficiencies - 0
 Score after Adjustment for Scope and Severity :29

This nursing facility met 31 out of the 33 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 29. The statewide average facility score was 29.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility is free of significant medication errors. (F 332) 12/28/2016 [D](#)

The facility ensures residents receive care to prevent pressure ulcers unless resident's clinical condition demonstrates that they were unavoidable and residents with pressure ulcers receive treatment and services to promote healing, prevent infection and prevent new ulcers from developing. (F 686) 03/29/2019 [G](#)

RESIDENT RIGHTS

RESULTS : Standard Survey - 25 of 27 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for [Scope and Severity](#) :24

This nursing facility met 25 out of the 27 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 24. The statewide average facility score was 24.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility ensures that residents are free from physical or chemical restraints used for purposes other than to treat the resident's medical symptoms. (F 604) 01/31/2018 [D](#)

The facility treats each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality; provide equal access to quality care regardless of diagnosis, severity of condition, or payment source; and ensures that residents can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. (F 550) 01/31/2018 [E](#)

KITCHEN/FOOD SERVICES

RESULTS : Standard Survey - 10 of 12 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for [Scope and Severity](#) :10

This nursing facility met 10 out of the 12 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 10. The statewide average facility score was 11.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility provides each resident food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. (F 364) 12/28/2016 [E](#)

The facility procures food from sources approved or considered satisfactory by federal state or local authorities and stores, prepares, distributes and serves food in accordance with professional standards for food service safety. (F 812) and/or; The facility has a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. (F 813) 01/31/2018 [E](#)

ENVIRONMENT

RESULTS : Standard Survey - 20 of 21 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for [Scope and Severity](#) :20

This nursing facility met 20 out of the 21 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 20. The statewide average facility score was 18.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility ensures that the resident environment remains as free of accident hazards as is possible and each resident receives adequate supervision and assistance devices to prevent accidents. (F 689) 03/29/2019 [D](#)

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Town/Facility Name	Complaints	Enforcements	State Avg				Food Service	Environment	Total
			Administration	Nursing	Residents Rights				
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117	
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132	
D'YOUVILLE SENIOR CARE	NO	NO	34	29	23	11	21	118	

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D'YOUVILLE SENIOR CARE
981 VARNUM AVENUE
LOWELL , MASSACHUSETTS 01854
TELEPHONE: (978)454-5681

Standard Survey Dates:	07/02/2019	08/27/2018	05/23/2017
Complaint Investigation(s):	No key deficiencies cited as a result of complaint investigation		
Change of Ownership:	No Change of Ownership in reported time period		
Enforcement:			
Jeopardy	No Jeopardy Actions in reported time period		
Substandard Quality of Care	No Substandard Quality of Care Actions in reported time period		
Termination	No Termination Actions in reported time period		
Denial of Payments	No Denial of Payments Actions in reported time period		
Admission Freeze	No Admission Freeze Actions in reported time period		

OVERALL PERFORMANCE SUMMARY

RESULTS : Standard Survey - 119 of 132 Met Complaint Investigation Deficiencies - 0
Score after adjustment for Scope and Severity : 118

This nursing facility met 119 out of the 132 key requirements in all five categories in its last three surveys. The number of deficiencies not met as a result of complaint investigations is: 0 . The facility's score is 118 after adjustment for scope and severity. 28% of all facilities had a score of 118 or lower. The statewide average facility score is 117.

[More Details on this Facility](#)
[Long Term Care Ombudsman](#)

Town/Facility Name	Complaints	Enforcements	State Avg					Total
			Administration	Nursing	Residents Rights	Food Service	Environment	
STATEWIDE AVERAGE	Y/N	Y/N	35	29	24	11	18	117
MAXIMUM SCORE POSSIBLE	Y/N	Y/N	39	33	27	12	21	132
D'YOUVILLE SENIOR CARE	NO	NO	34	29	23	11	21	118

Facility Details

[New Search](#) [Search Results](#)

D'YOUVILLE SENIOR CARE
981 VARNUM AVENUE
LOWELL , MASSACHUSETTS 01854
TELEPHONE: (978)454-5681

PERFORMANCE SUMMARY FOR EACH CATEGORY

ADMINISTRATION

RESULTS : **Standard Survey - 34 of 39 Met** **Complaint Investigation Deficiencies - 0**
Score after Adjustment for Scope and Severity :34

This nursing facility met 34 out of the 39 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 34. The statewide average facility score was 35.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility maintains an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection which includes; Isolation of residents when necessary; prohibiting employees with a communicable disease from direct contact with residents or their food; Requiring staff to wash their hands each direct resident contact; And handling linens so as to prevent the spread of infection. (F 441) 05/23/2017 [E](#)

The facility maintains clinical records on each resident that are accurately documented, readily accessible, systematically organized and sufficient to identify the resident, provide resident assessments, plans of care and services provided and progress notes. (F 514) 05/23/2017 [D](#)

The services provided or arranged by the facility meet professional standards of quality. (F 281) 05/23/2017 [E](#)

The services provided or arranged by the facility as outlined by the comprehensive care plan must meet professional standards of quality. (F 658) 07/02/2019 [D](#)

The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection. Identified incidents of infection and corrective measures must be recorded and the infection control program must be reviewed yearly and updated as necessary. (F 880) 08/27/2018 [D](#)

NURSING

RESULTS : **Standard Survey - 29 of 33 Met** **Complaint Investigation Deficiencies - 0**
Score after Adjustment for Scope and Severity :29

This nursing facility met 29 out of the 33 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 29. The statewide average facility score was 29.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility ensures residents receive care to prevent pressure ulcers unless resident's clinical condition demonstrates that they were unavoidable and residents with pressure ulcers receive treatment and 05/23/2017 [D](#)

services to promote healing, prevent infection and prevent new ulcers from developing. (F 314)

A facility must maintain all resident assessments completed within the previous 15 months in the resident's active record and use the results of the assessments to develop, review and revise the resident's comprehensive care plan. (F 639) and/or; The facility develops and implements comprehensive person-centered care plans for each resident that include measurable objectives and time frames to meet each resident's medical, nursing and mental and psychosocial needs which describe services to be furnished to attain or maintain residents highest practical well-being and assess resident or resident representative goals for desired outcomes. (F 656)

07/02/2019 D 08/27/2018 D

The facility ensures that each resident receives and the facility provides the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being. (F 675) and/or; The facility ensures that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices (F 684) and/or; The facility ensures that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. (F 697) and/or; The facility ensures that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. (F 698) and/or; Resident who displays or are diagnosed with dementia, receive the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. (F 744)

08/27/2018 D

RESIDENT RIGHTS

RESULTS : Standard Survey - 24 of 27 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :23

This nursing facility met 24 out of the 27 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 23. The statewide average facility score was 24.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility observes resident rights to personal privacy, including personal and medical records, accommodations, medical treatment, all communications, deliveries, personal care, visits, and meetings of family and resident groups and respects residents' right to refuse the release of personal and medical records when allowed by state and federal law. (F 583) and/or; The facility maintains medical records containing required information on each resident that are complete, accurately documented, readily accessible and Systematically organized; ensures all identifiable resident records remain confidential and does not release identifiable resident information unless permitted to do so; safeguards medical record information against loss, destruction, or unauthorized use; and retains the medical records for the specified amount of time. (F 842)

08/27/2018 D

The facility ensures that residents are free from physical or chemical restraints used for purposes other than to treat the resident's medical symptoms. (F 604)

08/27/2018 D

The facility treats each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality; provide equal access to quality care regardless of diagnosis, severity of condition, or payment source; and ensures that residents can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. (F 550)

08/27/2018 D

KITCHEN/FOOD SERVICES

RESULTS : Standard Survey - 11 of 12 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :11

This nursing facility met 11 out of the 12 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 11. The statewide average facility score was 11.

The following requirement(s) were not met. The regulation(s) survey date and scope and severity rating(s) are listed below.

The facility procures food from sources approved or considered satisfactory by federal state or local authorities and stores, prepares, distributes and serves food in accordance with professional standards for food service safety. (F 812) and/or; The facility has a policy regarding use and storage of foods brought to residents by family and

07/02/2019 E

other visitors to ensure safe and sanitary storage, handling, and consumption. (F 813)

ENVIRONMENT

RESULTS : Standard Survey - 21 of 21 Met Complaint Investigation Deficiencies - 0
Score after Adjustment for Scope and Severity :21

This nursing facility met 21 out of the 21 requirements reviewed in this category in its last 3 standard surveys. The number of deficiencies not met as a result of complaint investigations was: 0 . The facility's score after adjustment for scope and severity is 21. The statewide average facility score was 18.

[Nursing Home Performance Tool](#)

[Long Term Care Ombudsman](#)

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Joanne Belanger
Director of Health and Human Services

MEMORANDUM

TO: Eileen Donoghue, City Manager *EMD*

FROM: Joanne Belanger, Director of Health and Human Services

DATE: May 26, 2020

SUBJECT: **Motion by C. Chau, 4/14/20** Req. City Mgr. Incorporate The Standardized Covid-19 Information Provide By The Commonwealth Of Massachusetts Into A Comprehensive Neighborhood Report Regarding Covid-19 Cases

The City of Lowell and the Health Department are dedicated to providing detailed and up-to-date information to the public regarding the status of COVID-19 and its spread in the City. Beginning on April 2, the City has released a weekly enhanced data report providing a breakdown of confirmed cases by age, gender and neighborhood. Though preparing these reports has at times been an intensive task, the Department has recognized that there is significant public health value associated with these metrics and have remained committed in our efforts to ensure the public's awareness of them.

Data reflected in these reports is garnered through a variety of sources. Some data is gathered at the point of testing by laboratories or health care providers and conveyed to the City through MAVEN, the system used for Communicable Disease surveillance. In instances where data is missing at the point that a case is reported to the City, our public health nurses work to fill in the data while conducting interviews that are standard for all cases. Additional analysis is conducted in order to breakdown confirmed cases by neighborhood. In that category, reports contain a category listed as "unknown." Cases in this category could include those who are homeless, those with PO boxes that an address cannot be identified or incorrect addresses yet to be corrected through tracing. It is worth noting that certain neighborhoods could have long term care/nursing homes, congruent living facilities, or housing density that would cause an increase in case reporting.

The Department of Public Health's daily COVID-19 dashboard provides statistics on confirmed cases of COVID-19 according to race and ethnicity. This data is valuable in understanding where the burden of illness is falling and determining if certain racial and ethnic groups are disproportionately impacted by the virus. While the Health Department has worked diligently to be able to incorporate race and ethnicity information into the City's weekly data report, a number of factors have inhibited our ability to produce data that we are confident in the validity of.

In the early weeks of COVID 19, tracing was predominately focused on travel history and symptoms in order to try and appropriately isolate or quarantine people. As such, gathering certain demographic data, including race and ethnicity was not prioritized in early tracing efforts. As the situation evolved, it became apparent that more information was needed from people with a positive diagnosis in order to try and contain the disease. Ethnicity is a data field in the MAVEN system that we use for Communicable Disease surveillance, but it is a data set that is dependent on how the person self identifies. They could identify with one or more ethnicities or choose to not answer the question at all. Because the data was answered sporadically and without any consistency (in other words, there wasn't a drop-down menu of choices it was free text) there was no clear way to statistically report the data in any meaningful way. It would not be a true and complete picture of the variety of ethnicities represented throughout the Commonwealth. The State has since removed the question from the MAVEN system. Race is a question still included in the MAVEN system however, there remains a significant amount of missing data either from the question not being asked or the person refusing to answer. While this data is more complete and is reviewed by the Health Department for the purpose of identifying possible racial disparities, it is not currently in a form from which meaningful public health inferences can be drawn.

These issues are reflected in the state's reporting on race and ethnicity data as well, which showed over 42% of cases as "unknown/missing" as of May 20.

It is the understanding of the Health Department that the Massachusetts Department of Public Health is engaged in efforts to improve the accuracy of race and ethnicity data. Similarly, the Health Department is continuing to review and attempting to improve the validity of this data with the aim of including it in public data reports in the near future.



Conor Baldwin
Chief Financial Officer

Allison Chambers
Deputy CFO

MEMORANDUM

TO: Eileen M. Donoghue, City Manager *EMD*
FROM: Conor Baldwin, Chief Financial Officer *[Signature]*
CC: Michael Q. Geary, City Clerk
Miran Fernandez, Chief Information Officer
Eric Slagle, Director of Development Services
DATE: May 13, 2020

SUBJECT: **MOTION of 4/28/2020 by C. Conway** - Req. City Mgr. Conference With The Appropriate Department Heads To Explore The Feasibility Of Offering Certificates And Other Documents On-Line; Example Birth, Marriage And Death Certificates

MOTION of 1/21/2020 by C. Nuon - Req. City Mgr. Provide Report On City Clerk's Office Efforts To Digitize Public Records And Make Them Available Online

The COVID-19 pandemic has already fundamentally changed the way government must conduct business. These changes will likely become permanent, even after we return to a more normal way of life. In order to continue providing critical city services, like the issuance of vital records or certain permits and licenses, City Hall must move away from a primarily in-person model to one that allows for more services to be offered remotely or online.

In response to the above referenced motion by the City Council and at your direction, the finance department and the Office of the City Clerk, as well as many other departments which present the opportunity for online services—like Development Services—are actively collaborating on ways and means to offer certain services online. Many of the efforts were previously underway, like issuing building permits online, but the current public health situation has underscored the need to expedite these efforts and we have likewise accelerated the timeline to these projects.

While some types of certificates offered by the City Clerk's Office carry certain restrictions, the majority of requests are public record and the city can offer—through the website—a secure and convenient way to request the record—and make payment—online. Additionally, by paying online residents will have the opportunity to pay using other payment methods like debit cards or credit cards, which are not currently offered at the Clerk's Office in City Hall. Once the online transaction is complete the requestor would be mailed the certified document in a reasonable time frame without having to leave their home or interact with a normally busy public building, like City Hall.

In some specific instances, however, a request may still require additional verification and consultation with staff from the Clerk's Office. For example, birth certificates are public records and are available to any member of the public, unless the parents were not married at the time of



Conor Baldwin
Chief Financial Officer

Allison Chambers
Deputy CFO

birth. Access to records of births to unwed parents is restricted to the following individuals, by law: child, parents, father not listed on the record with documentation supporting paternity, legal guardians with supporting documentation, and legal representatives with supporting documentation. If the parents were unmarried at the time the child was born and have not since married and amended the birth record, or if the father's name does not appear on the record. If any of these circumstances are true for a particular record, then the record is restricted and requires a photocopy of a valid photo ID (such as a driver's license) from the individual, a parent listed on the record, or a legal guardian with supporting documentation (such as a copy of a court order) in order to be released. Using the online system, all of these documents can be communicated, if necessary, between the City Clerk's Office and the requestor, online.

The cities of Haverhill, Worcester, and Cambridge, and many other, all currently offer this service online to their residents and include certain disclaimers or guidance documents on their website for exceptions such as the aforementioned restrictions on birth certificates. The MIS department has already drafted comparable documentation to include on our website and is working on the necessary forms from our vendor, Invoice Cloud, to be created as soon as possible. Because our residents' privacy is of the utmost concern, we will include certain questions on the website to substantiate the identity of the requestor which will also mirror the best practices currently in use by these other municipalities and must be completed before a record is released. Pending approval, these request forms and the accompanying payment options can be up and running on our website within 60 days.

Regarding the ongoing efforts to modernize the building permit process in Lowell and allow for online application and payment, much progress has been accomplished but there are a few details which still need to be fine-tuned to ensure the best product for the customers. The primary elements within MUNIS are set, but the business process needs additional assessment and finalization, to allow for some of the nuances of the process in Lowell. Additionally the essentials of the so-called "customer experience" need to be put together, so that the system can be used by ordinary homeowners and industry professional, alike. The Development Services staff is meeting regularly every week to iron-out all remaining details to bring this option forward.



The City of Lowell
375 Merrimack Street • Lowell, MA 01852
P: 978.674.1481 • F: 978.446.7014
www.Lowell.org

Henri B. Marchand
Director
Office of Cultural Affairs and Special Events

Christine McCall
Director
Economic Development

TO: Eileen Donoghue, City Manager *EMD*

FROM: Henri Marchand, Director, Cultural Affairs and Special Events
Christine McCall, Director, Economic Development

DATE: May 19, 2020

RE: C. Samaras - Req. City Mgr. Provide A Report Regarding Status Of Various Events Scheduled For This Summer i.e., Folk Festival.

Virtually all of downtown Lowell's traditional summer festivals and entertainment events have been cancelled for this season. In response, the Economic Development and Cultural Affairs and Special Events offices are proposing to create a street level, music, and variety entertainment series. While these may not replace the Lowell Summer Music Series or Lowell Folk Festival, the goal is to work in concert with the proposed outdoor seating plan to help draw people to downtown with unique performances in order to assist restaurant and business efforts in generating foot traffic and sales.

The proposed temporary outdoor seating expansion for restaurants will allow for greater physical distancing and safety for customers to resume sit-down service at the start of Phase 2 of Reopening Massachusetts. Lowell is a mecca of arts and entertainment and we intend to utilize these cultural assets to activate our streets in support of local businesses during this unprecedented period.

As isolation orders are eased, it is expected that there will be a steady return of visitors looking for what Lowell has to offer in terms of dining and shopping. As an added incentive, creating street level entertainment, not unlike that found at major festival marketplaces, should help encourage visitation.

Depending on how quickly the state's "safer at home" guidelines are eased, the program could begin in July and extend through September during good weather for about 10 weeks. Performances would be scheduled two days per week, possibly Fridays and Saturdays, and include two individual performers per day from approximately 5:30 to 9 p.m.

Saturday performances could include a mid-afternoon family street performer and an evening musical group. We would also reach out to the arts community to engage them to do some en plein air painting which has proven to be a popular draw during past events and would also highlight the remarkable range of artists that call Lowell home.

Musical performances (single acoustic players, duos, trios or 4-5 piece local bands) would be strategically positioned on a rotating basis to be within sight and sound of several outdoor seating areas. Street performers (jugglers, vents, comedians, magicians, performance artists, etc.) could do two sets per afternoon or evening at key locations for spacing and foot traffic flow between businesses. Plein air painting could be arranged weekends during the daytime at a variety of locations depending on interest.

C. Samaras, summer event status

May 19, 2020

Page 2

We will collaborate with the Transportation Engineer, Parking Department, and Lowell Police Department, on select days/evenings throughout the summer, to shut down portions of our downtown streets to encourage attendance at these events that will allow for maximum space to maintain appropriate physical distancing requirements.

We propose to use Festival Account funds, typically utilized for other summer events, to support this project.

We will provide updates as we further develop and fine tune these proposals.

Please let us know if you have any questions or would like additional information on this matter.

CC: Diane Tradd, DPD Director/Assistant City Manager



Diane N. Tradd
Assistant City Manager/DPD Director

R. Eric Slagle
Director of Development Services

David Fuller
Building Commissioner

TO: Eileen Donoghue, City Manager *EMD*
FROM: R. Eric Slagle, Director of Development Services
DATE: May 19, 2020
RE: Motion by C. Mercier - Req. City Mgr. Have City Inspectors Address The Trash Being Dumped At The Planet Aid Boxes At St. Hilaire Car Wash And Keep Council Updated Of The Consequences. (2nd Request)

This memorandum addresses the request from Councilor Mercier to address illegal dumping at the clothing donation box at 1682 Middlesex St., St. Hilaire's Car Wash. Approximately 4 years ago, Councilor Mercier did file a motion about this location, which Development Services responded to.

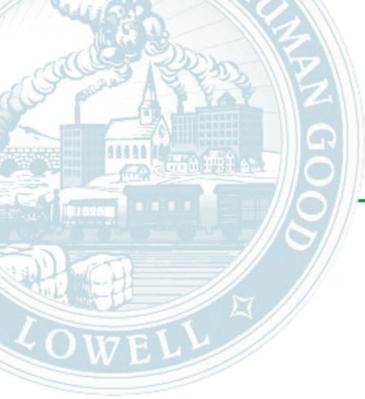
Since that time, the property has a history of staying in compliance for stretches of time, and then experiencing a spike in illegal dumping. We have reached out to both the property owner, and to Planet Aid, the owner of the donation bin to try and work with them on a solution. Unfortunately, they are having a hard time policing this problem site.

As such, we have asked them to remove the dumpster at this time. If they fail to remedy the situation, clean the property and remove the dumpster, then we will refer the issue to the Law Department for a potential enforcement action in court.

Below is a timeline of the issues with the donation dumpster at the property:

1. Summer of 2016 – Complaint leading to intervention and enforcement. The property was brought into compliance.
2. Summer of 2018 – Another complaint, leading to enforcement from Development Services. The property was brought into compliance.
3. June 2019 – Violations at the property leading to \$300 in fines (which have been paid). The property was brought into compliance.
4. January 2020 – Violations against the property led to \$200 in fines, which are still outstanding, though the property was brought into compliance.
5. May 2020 – Current complaints about trash at the donation dumpster leading to \$1,100 in fines (and counting), and the property has not yet been brought into compliance.

ES
05/19/2020



Diane Nichols Tradd
Assistant City Manager/DPD Director

Craig Thomas
Deputy Director

MEMORANDUM

TO: Eileen M. Donoghue, City Manager *EMD*

FROM: Diane N. Tradd, Assistant City Manager/DPD Director

DATE: May 26, 2020

SUBJECT: MOTION OF 12/10/19 BY COUNCILOR LEAHY
REQUEST CITY MANAGER HAVE PROPER DEPARTMENT INSTALL A
“LOADING/UNLOADING” SIGN AT IMMACULATE CONCEPTION RECTORY
ON FAYETTE SREET

The Transportation Team conducted a site visit to the above location, as well as discussed the need for the loading/unloading zone with a representative of the Church and checked for any relevant ordinances.

The representative from the Immaculate Conception Church expressed the need to unload food at the side door located on Stackpole Street, which is closest to the storage room. Parking on Stackpole Street, on the side where the church door is located, is currently prohibited at all times per a City of Lowell ordinance.

During the site visit, the transportation staff noted that a loading zone would be appropriate on Stackpole Street. The street has a low traffic volume and vehicles should be able to travel safely while the Church is unloading. The loading zone will be added to the 60-day trial memo.

AH/ns

cc: Natasha Vance, Transportation Engineer
Alan Heredia, Assistant Transportation Planner



Eileen Donoghue
City Manager

Kara Keefe Mullin
Assistant City Manager

Alex Magee
Assistant to the City Manager

MEMORANDUM

TO: Mayor Leahy and Members of the City Council

FROM: Eileen Donoghue, City Manager *EMD*

DATE: May 21, 2020

SUBJECT: 4/28/2020 Motion by C. Rourke - Req. City Mgr. Contact The Massachusetts School Building Authority Regarding The Status On The Money Allotted To Lowell Concerning The Renovation Of Lowell High School

I had a phone call with Jack McCarthy, Deputy Chief Executive Officer/Executive Director of the MSBA in which we discussed the Covid-19 crisis and and potential impacts in may have on Lowell's projects currently in progress. Mr. McCarthy advised me that projects that have already approved by the MSBA are not in jeopardy as a result of the COVID-19 crisis, including the Lowell High School project and Lowell's ARP project.

In addition, the following statement was released by the MSBA on April 17, 2020 which reiterates this information. "To respond to the impact of the ongoing coronavirus (COVID-19) pandemic, the MSBA office has been temporarily closed since March 17, 2020 until further notice. However, the MSBA remains committed to our partnership with districts and we continue to accept reimbursement requests, contracts and other documents electronically so we can continue to support project approvals and reimburse districts throughout this pandemic..."

https://www.massschoolbuildings.org/news_events/Message_For_Districts

Accelerated Repair Program Update

As the Council is aware, the City of Lowell was awarded eight separate Accelerated Repair Program grant-funded projects located at six different schools – the Bailey, Daley, Greenhalge, McAuliffe, Rogers, and Sullivan schools. Each school was awarded a new boiler, and both the Bailey and Sullivan were also awarded new roofs. All eight of the projects have been granted final approval by the MSBA, and are in various states of progress. The total value of the work is a little over \$13.6 million, with the MSBA providing grants to cover roughly 80% of the costs, and the City covering the remainder.

The six boiler projects are all out to bid and are expected to be awarded by early June, with walkthroughs for potential bidders occurring this last week. The boiler projects at all six schools are all on track for construction over the summer months of 2020, and are expected to be complete in time for the fall heating season.

The roof projects at the Bailey and Sullivan have experienced design delays of around 3-4 weeks, which has had a ripple effect on when the projects will be put out to bid. They are likely to be put out to bid in mid-June, with construction beginning about a month later. The design delays will possibly push the “field work” on the roof, the most intrusive part of the construction, into the late summer or early fall. This work can be continued and completed after students return to school. If this phase of the project is ongoing when students return to school in the fall, the daily work will only begin after students leave school for the day, minimizing any disruptions. Following the completion of the field work, perimeter detail work follows, which is less intrusive, will be completed.

Even with the delays on the roof projects, all eight Accelerated Repair Program projects are tracking to be completed during the 2020 construction season.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

In City Council

VOTE

Approving a continuing appropriation order to fund the one-twelfth Budget for the City of Lowell for July of Fiscal Year 2021.

On March 10, 2021 the Governor of the Commonwealth declared a State of Emergency in response to the COVID-19, which is currently still in effect;

As of May 19, 2021 the Massachusetts House of Representatives and Senate have not yet approved the 2021 local aid amounts for municipalities, a revenue source which comprises approximately 53% of the City of Lowell's annual revenue, and action on a full year's budget appropriation would not be in the city's best financial interest at this time;

Under the provisions of Mass. G.L. c.44 §32, the City Manager submitted a proposed continuing appropriation order for fiscal year 2021 for the month of July to the City Council on May 26, 2021 and the appropriation order was accepted by vote of the City Council; and

The City Council held advertised public hearings to consider the appropriation order on June 09, 2021 and any other dates necessary, as advertised in the public hearing notice; and

Upon motion the City Council accepted the budget as submitted by the City Manager, after reductions otherwise separately voted, if any.

NOW, THEREFORE, BE IT VOTED BY THE CITY COUNCIL OF THE CITY OF LOWELL:

That the City Council of the City of Lowell hereby adopts and approves the continuing appropriation order for fiscal year 2021 for the City of Lowell for the month of July, including all line items therein as if separately voted thereon, in the sum of **\$38,351,100**, which sum shall be appropriated and raised by taxation and other sources, including but not limited to intergovernmental revenue, charges for services, licenses and permits, miscellaneous, etc. The full list of appropriations follows this vote.

v.budgetfy21

**City of Lowell Fiscal Year 2021 City Manager's Recommended Appropriation Order –
One-Twelfth Budget – July FY2021**

WHEREAS, THE City of Lowell enterprise funds may have insufficient operating revenues to fund all expenditures of the funds in fiscal year 2021 and appropriation of retained earnings may be required to fund the fiscal year's operations.

NOW, THEREFORE, BE IT FURTHER VOTED BY THE CITY COUNCIL OF THE CITY OF LOWELL:

Line			FY2021 Manager
Number	Department	Description	Recommended
			Appropriation
2021-01	City Council	Personal Services	\$19,359
2021-02	City Council	Ordinary Expenses	\$625
2021-03	Mayor	Personal Services	\$4,362
2021-04	Mayor	Ordinary Expenses	\$1,159
2021-05	City Clerk	Personal Services	\$35,552
2021-06	City Clerk	Ordinary Expenses	\$3,405
2021-07	City Manager	Personal Services	\$151,174
2021-08	City Manager	Ordinary Expenses	\$318,167
2021-09	City Manager - Lowell School Syst.	Ordinary Expenses	\$4,167
2021-10	City Manager - Marketing Develop.	Personal Services	\$3,000
2021-11	City Manager - Marketing Develop.	Ordinary Expenses	\$42,084
2021-12	City Manager - Contingency	Ordinary Expenses	\$94,434
2021-13	City Manager - Contingency	Reserve for Wages	-
2021-14	City Manager - Cable Access	Personal Services	\$10,427
2021-15	City Manager - Cable Access	Ordinary Expenses	\$24,086
2021-16	City Manager - Cable Access	Transfers to Schools	\$6,250

**City of Lowell Fiscal Year 2021 City Manager's Recommended Appropriation Order –
One-Twelfth Budget – July FY2021**

			FY2021 Manager
Line			Recommended
Number	Department	Description	Appropriation
2021-17	City Manager – CASE	Personal Services	\$15,931
2021-18	City Manager – CASE	Ordinary Expenses	-
2021-19	Finance	Personal Services	\$13,621
2021-20	Finance	Ordinary Expenses	\$125
2021-21	Budget	Personal Services	\$11,682
2021-22	Budget	Ordinary Expenses	-
2021-23	Auditing	Personal Services	\$41,612
2021-24	Auditing	Ordinary Expenses	\$4,884
2021-25	Purchasing	Personal Services	\$20,252
2021-26	Purchasing	Ordinary Expenses	\$11,521
2021-27	Assessing	Personal Services	\$43,311
2021-28	Assessing	Ordinary Expenses	\$5,042
2021-29	Treasurer	Personal Services	\$49,909
2021-30	Treasurer	Ordinary Expenses	\$52,217
2021-31	Human Relations	Personal Services	\$28,417
2021-32	Human Relations	Ordinary Expenses	\$2,296
2021-33	Management Information Systems	Personal Services	\$58,718
2021-34	Management Information Systems	Ordinary Expenses	\$92,784
2021-35	Law	Personal Services	\$97,193
2021-36	Law	Ordinary Expenses	\$23,925
2021-37	Elections	Personal Services	\$22,269

**City of Lowell Fiscal Year 2021 City Manager's Recommended Appropriation Order –
One-Twelfth Budget – July FY2021**

Line			FY2021 Manager Recommended Appropriation
Number	Department	Description	
2021-38	Elections	Ordinary Expenses	\$7,334
2021-39	Planning & Development	Personal Services	\$230,405
2021-40	Planning & Development	Ordinary Expenses	\$24,804
2021-41	Police	Personal Services	\$2,420,525
2021-42	Police	Ordinary Expenses	\$300,000
2021-43	Fire	Personal Services	\$1,669,076
2021-44	Fire	Ordinary Expenses	\$67,559
2021-45	Lowell Public Schools	Single Line Appropriation	\$14,948,596
2021-46	Greater Lowell Technical School	Ordinary Expenses	\$772,290
2021-47	Essex Agricultural High School	Ordinary Expenses	-
2021-48	DPW Administration	Personal Services	\$45,157
2021-49	DPW Administration	Ordinary Expenses	\$124,001
2021-50	DPW Engineering	Personal Services	\$45,800
2021-51	DPW Engineering	Ordinary Expenses	-
2021-52	DPW Land & Buildings	Personal Services	\$179,295
2021-53	DPW Land & Buildings	Ordinary Expenses	\$52,834
2021-54	DPW Streets	Personal Services	\$112,992
2021-55	DPW Streets	Ordinary Expenses	\$1,667
2021-56	Parks	Personal Services	\$128,043
2021-57	Parks	Ordinary Expenses	\$43,069

**City of Lowell Fiscal Year 2021 City Manager's Recommended Appropriation Order –
One-Twelfth Budget – July FY2021**

			FY2021 Manager
Line			Recommended
Number	Department	Description	Appropriation
2021-58	Cemetery	Personal Services	\$20,842
2021-59	Cemetery	Ordinary Expenses	\$20,971
2021-60	DPW Other	Snow & Ice	\$112,500
2021-61	DPW Other	Street Lighting	\$34,667
2021-62	DPW Other	Waste Coll./Disposal	\$604,210
2021-63	Health	Personal Services	\$234,271
2021-64	Health	Ordinary Expenses	\$32,313
2021-65	Council on Aging	Personal Services	\$27,248
2021-66	Council on Aging	Ordinary Expenses	\$7,365
2021-67	Veterans'	Personal Services	\$13,225
2021-68	Veterans'	Ordinary Expenses	\$54,430
2021-69	Recreation	Personal Services	\$200,180
2021-70	Recreation	Ordinary Expenses	\$3,958
2021-71	Library	Personal Services	\$87,937
2021-72	Library	Ordinary Expenses	\$31,285
2021-73	Unclassified	Debt Service	\$818,231
2021-74	Unclassified	Workers Comp	\$107,193
2021-75	Unclassified	Unemployment	\$35,417
2021-76	Unclassified	Health Insurance	\$2,012,500
2021-77	Unclassified	Retirement	\$2,271,826
2021-78	Unclassified	Medicare Tax	\$229,167

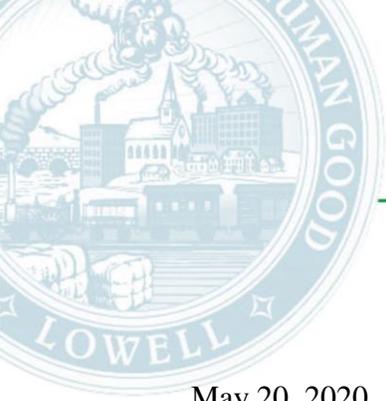
**City of Lowell Fiscal Year 2021 City Manager's Recommended Appropriation Order –
One-Twelfth Budget – July FY2021**

			FY2021 Manager Recommended
Line Number	Department	Description	Appropriation
2021-79	Unclassified	Claims & Judgments	\$141,746
2021-80	Unclassified	Other Insurance	\$23,885
2021-81	Unclassified	No. Middlesex	\$2,821
Subtotal	General Fund		\$29,615,595
2021-82	Wastewater	Personal Services	\$284,978
2021-83	Wastewater	Ordinary Expenses	\$685,625
2021-84	Wastewater	Debt Service	\$4,439,800
Subtotal	Wastewater Enterprise Fund		\$5,410,403
2021-85	Parking	Personal Services	\$31,582
2021-86	Parking	Ordinary Expenses	\$262,479
2021-87	Parking	Debt Service	\$428,304
Subtotal	Parking Enterprise Fund		\$722,365
2021-88	Water	Personal Services	\$211,795
2021-87	Water	Ordinary Expenses	\$343,542
2021-88	Water	Debt Service	\$2,047,400
Subtotal	Water Enterprise Fund		\$2,602,737
Grand Total All Funds			\$38,351,100

**City of Lowell Fiscal Year 2021 City Manager's Recommended Appropriation Order –
One-Twelfth Budget – July FY2021**

Furthermore, the following projected needs are costs to the City, but according to accounting rules established by the Department of Revenue, are not to be included in the appropriation order.

		FY2021 Manager
Line		Recommended
Number	Department	Amount
2021-89	General Fund - Cherry Sheet Assessments	\$2,430,075
2021-90	General Fund - Provision for Abatements & Exemptions	\$91,667
2021-91	Indirect costs of the enterprise funds	\$751,044



Eileen M. Donoghue
City Manager

May 20, 2020

Mayor John J. Leahy
And
Members of the Lowell City Council

Dear Mayor Leahy and Members of the Lowell City Council,

I herewith transmit for your approval a so-called continuing appropriation or “one-twelfth” budget for July of FY2021, pursuant to Chapter 44 Section 32 of the Massachusetts General Laws. The FY21 budget was built while navigating through the unprecedented and uncertain times that COVID-19 has presented our great City. Given the many unknowns of the economic impacts of the current crisis and the speed with which they may resolve, our financial planning for the coming year must be conservative and flexible to allow us to adapt quickly and decisively as more concrete financial information is known. We have prepared a budget that is consistent with these realities. My finance team and I believe that proceeding in this manner, rather than presenting a full year appropriation based on local aid numbers which are subject to change, is the most responsible course of action.

Because the city relies so heavily on intergovernmental aid as a revenue source, each year my finance team anxiously awaits the so-called “cherry sheet” amounts from the State House. Typically by this point in the year we at least have a sense of those major accounts, like Chapter 70 education aid and unrestricted aid (“UGGA”) to set our local revenue projections. This year, however, the Massachusetts House of Representatives has not yet held hearings on the revenue picture for FY2021 as of the date of this letter. Without a more accurate picture of local aid, moving forward with a spending plan for the entire year would be unwise. Therefore, in May after consultation with the City Council, I placed temporary hold on the budget, which otherwise was largely complete.

Upon recommendation by the City Council’s Finance Subcommittee, the City Council voted at the May 12th regular meeting to move forward with a so-called “one-twelfth” budget for July of FY2021. This appropriation order is based on that direction. My finance team has taken a deep dive into the totals to make sure that the amounts included in July are not in excess of the need, nor deficient to cover all city expenses for July. While the common nomenclature is one-twelfth, each appropriation may not be equal to exactly one twelfth of the 2020 amount. For example, some appropriations like for solid waste and recycling collection and disposal, must account for contractual increases in cost. We must also account for increases in labor costs associated with existing, approved contracts with the city’s collective bargaining units. The Administration is confident that the order before the Council includes allowances for those anomalies.



Eileen M. Donoghue
City Manager

Once the state agrees on a local aid amount, we will re-evaluate departmental requests and present a full-year funding plan to the City Council. However, if the amounts are still unknown, we will present an additional one-twelfth budget for August and possibly September. The purpose of this action is to continue spending authority through to July and keep city services operational so that Lowell's residents can continue to receive the services they expect and deserve.

Sincerely,

Eileen M. Donoghue
City Manager

CC: Conor Baldwin, Chief Financial Officer

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

In City Council

VOTE

Pursuant to Mass. G.L. Ch.44 §32 the City Council of the City of Lowell acknowledges timely receipt from the City Manager on May 26, 2020, of the recommended one-twelfth Budget for the City of Lowell for July of Fiscal Year 2021, with the understanding that any recommended revisions as may be submitted by the City Manager at a later date, and prior to the date of final approval by the City Council of the one-twelfth Budget, shall collectively be considered the proposed one-twelfth Budget for Fiscal Year 2021 for the City of Lowell. A public hearing on the proposed one-twelfth budget shall be advertised in the "The Sun" on _____, 2020, to be held on Tuesday June 9, 2020 at 7:00 PM, in the City Council Chambers and on such other dates and times, if necessary and may be publicly announced by the City Council.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

In City Council

VOTE

Authorizing the City Manager, acting through the Finance Department, to accept and expend a Community Compact grant in the total amount of \$12,000.00 from the Commonwealth of Massachusetts via the Executive Office for Administration and Finance (“ANF”)

The City Manager has secured funds through a Community Compact grant for the creation of a COVID-19 fiscal impact model that will be developed by the Finance Department and incorporated into the City of Lowell’s five (5) year financial forecast for the General Fund; and

The City of Lowell desires to accept and expend said grant funds to better inform budgetary decisions made by the City Council and City Administration.

NOW, THEREFORE, BE IT VOTED BY THE CITY COUNCIL OF THE CITY OF LOWELL:

That the City Manager, acting through the Finance Department, be and is hereby authorized in the name of the City of Lowell to accept and expend a Grant in the amount of \$12,000.00 of funds from the Commonwealth of Massachusetts via the Executive Office for Administration and Finance to support the creation of a COVID-19 fiscal impact model that will be developed by the Finance Department and incorporated into the City of Lowell’s five (5) year financial forecast for the General Fund.

BE IT FURTHER VOTED:

That the City Manager, on behalf of the City of Lowell, be and hereby is, authorized to execute any and all documents necessary in connection with said grant from the Commonwealth of Massachusetts referred to above.



Eileen M. Donoghue
City Manager

May 20, 2020

Mayor John J. Leahy
And
Members of the Lowell City Council

Dear Mayor Leahy and Members of the Lowell City Council,

I respectfully request that the City Council vote to accept and appropriate a Fiscal Year 2020 grant from the Commonwealth in the amount of \$12,000, from the Executive Office for Administration and Finance. In direct response to the COVID-19 crisis, my finance team has sought out resources to best analyze and forecast the potential fiscal impact of the pandemic on the city's budget. This opportunity was sought through the Governor's Community Compact to engage a third party to develop a sophisticated revenue impact model to be incorporated into the city's existing five-year forecast.

The Community Compact is a voluntary, mutual agreement entered into between the Baker-Polito Administration and individual cities and towns of the Commonwealth. In a Community Compact, a community will agree to implement at least one best practice that they select from across a variety of areas, which in this instance is a best practice in financial forecasting. An application has been submitted and approved by the Commonwealth to fully fund the professional services associated with the development of the financial model at no cost to the taxpayers of Lowell.

Once completed, the forecast will provide the City Council with a more accurate picture of the lasting impact on city revenues from the COVID-19 pandemic and will better inform budgetary decisions over the coming years. In addition, a user guide and report will be published on the Mass.gov website for other communities to use as a guide for developing their own impact model.

Please do not hesitate to let me know if there are any questions.

Sincerely,

Eileen M. Donoghue
City Manager

cc: Conor Baldwin, Chief Financial Officer

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

In City Council

VOTE

Authorizing the City Manager to enter into a Temporary License Agreement with E.T.L. Corp. with principal office at 873 Great Road, Stow, MA 01775, for use of City of Lowell property; to wit, 68 Jackson Street, for the purpose of granite storage for the Reconstruction of Thorndike Street Lord Overpass Project.

BE IT VOTED BY THE CITY COUNCIL OF THE CITY OF LOWELL, as follows:

That the City Manager is hereby authorized to enter into a Temporary License Agreement with E.T.L. Corp. with principal office at 873 Great Road, Stow, MA 01775, for use of City of Lowell property; to wit, 68 Jackson Street, for the purpose of granite storage for the Reconstruction of Thorndike Street Lord Overpass Project. The Temporary License Agreement shall be in substantially the form of the attached Temporary License Agreement.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

TEMPORARY LICENSE AGREEMENT

THIS LICENSE, made at Lowell, Middlesex County, Massachusetts, between the CITY OF LOWELL, a municipal corporation of the Commonwealth of Massachusetts, hereinafter called "LICENSOR," and E. T. & L. Corp., having its principal offices at 873 Great Road, Stow, Massachusetts 01775, hereinafter called "LICENSEE," WITNESSETH THAT:

The LICENSOR owns property known as 68 Jackson Street, in the City of Lowell, hereinafter called the "SITE", attached hereto as Exhibit "A" and made a part hereof; and

The LICENSEE desires to use the premises for the purpose of granite storage associated with the "Reconstruction of Thorndike Street – Lord Overpass" also identified as Contract 31969 in the City of Lowell, hereinafter called the "Contract Work" as located in the City of Lowell; and

NOW, THEREFORE:

1. The LICENSOR hereby grants to the LICENSEE a license to encroach upon and use the SITE as shown on the plan marked "Exhibit "A" and made a part hereof, for granite storage during construction of the Contract Work from May 27 , 2020 through substantial completion and/or to be determined by the City of Lowell, City Engineer. The LICENSOR and LICENSEE shall be subject to the following applicable terms:

2. The LICENSEE shall allow access to the property at all times to the City of Lowell employees and staff during the course of City business attributed to the site use and operations.

3. The LICENSEE shall maintain the SITE area free and clear of all debris, litter, and nuisance during the licensed period.

4. The LICENSEE shall be responsible for the safety of the site by excluding any use of areas unsuitable and/or unsafe for granite storage, as in, embankments, walls, grades, access areas, etc.

5. The LICENSEE is prohibited from renting space on said licensed premises to any other person or persons or for any term or tenancy whatsoever.

6. The LICENSEE shall be responsible for any necessary snow and ice removal, security, maintenance of the Site, and all required items under the Contract Work. The City shall make no improvements.

7. The LICENSEE shall assume all liability for the use of the SITE and provide the City with insurance documentation.

8. It is agreed that this is a License only, that the Licensee shall, at all times, maintain sufficient insurance policies in an amount not less than \$500,000.00 on the premises, naming the City as one of the "insured", and agrees to hold the City harmless from any and all injuries resulting from said use of the property under this License. Licensor shall have the right to inspect the property at any time during the period of said License granted hereunder.

9. If the insurance policy is cancelled or lapses without being immediately renewed, or replaced or for any other breach of the License provisions, then the License granted hereunder shall be forthwith terminated and the Licensee shall have to cease and desist from said use of the Site. Evidence of insurance shall, at all times, be sent to the Law Department of the City of Lowell.

10. The License shall be predicated upon and shall not be in effect until adequate insurance coverage, satisfactory to the Law Department of the City of Lowell, naming the City as an insured party, which coverage shall be kept in force so long as the use of the premises continues under this License.

11. This License Agreement is issued under the authority and in accordance with the Vote of the City Council of Lowell on this subject dated May 26, 2020.

12. The Licensee releases and agrees to indemnify and hold harmless the City of Lowell, its agents, officers, servants and employees from any and all claims, demands and liabilities, including attorney's fees, whatsoever from any and all claims for damage or injury to persons or property which might occur on account of the License for the use of the granite storage space at the site.

13. The Licensee hereby warrants and guarantees that upon termination of this License that the licensed premises shall be returned to such condition as exists on May 27, 2020. Licensee hereby agrees to be responsible for, and to pay for the cost of any damage to the Licensor regarding the licensed premises.

14. Inherent in this License Agreement is the unilateral right of the Licensor to cancel this license at any time upon written notice thereof to the Licensee for any reason.

15. It is understood and agreed that this License does not grant any ownership interest to the Licensee in the licensed area.

Signed and sealed this day of _____ 2020.

CITY OF LOWELL

E. T. & L. Corp.

Eileen M. Donoghue
City Manager

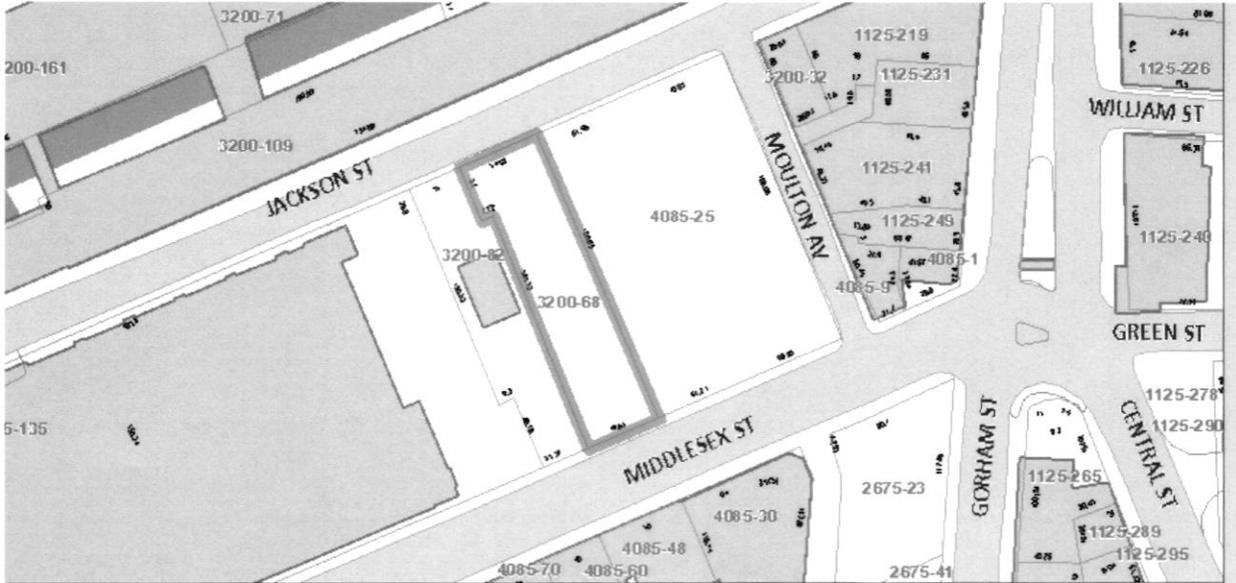
Jennie Lee Colosi, P.E., President

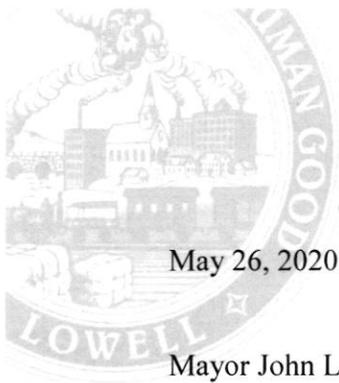
APPROVED AS TO FORM:

Christine P. O'Connor
City Solicitor

V:\licenseagreement68Jackson St

EXHIBIT "A"
68 Jackson Street





May 26, 2020

Mayor John Leahy
and
Members of City Council

Office of the City Manager
City Hall • 375 Merrimack Street • Lowell, MA 01852
P: 978.674.4400 • F: 978.970.4007
www.LowellMA.gov

Eileen M. Donoghue
City Manager

Kara Keefe Mullin
Assistant City Manager

REFERENCE: License Agreement 68 Jackson Street

Dear Mayor Leahy and Members of the City Council:

Attached please find a Temporary License Agreement for the City of Lowell owned property located at 68 Jackson Street and as depicted in Exhibit "A" attached. The property is located in the Jackson/Appleton/Middlesex (JAM) Plan Urban Renewal District.

E.T.&L. Corp. has requested a Temporary License Agreement for use of this property, 68 Jackson Street, beginning May 27, 2020. E.T.&L. Corp. would utilize the property for granite storage use as necessary for their current contract work with the City of Lowell "Reconstruction of Thorndike Street – Lord Overpass".

The Department of Planning and Development (DPD) recommends this Temporary License Agreement in order to avoid additional project costs in the completion of the Reconstruction of Thorndike Street – Lord Overpass contract work.

If you have any questions or need any assistance in this matter, please contact Diane Tradd, Assistant City Manager at (978) 674-1401 or me.

Sincerely,

Eileen M. Donoghue
City Manager

EMD/ns
Attachment

cc: Diane Tradd, Assistant City Manager/DPD Director
Christine P. O'Connor, City Solicitor
John Gleason, Interim City Engineer
Craig Thomas, Deputy Director
Patricia Lucken, Asset Manager
Joseph Giniewicz, Urban Renewal Project Manager
Natasha Vance Transportation Engineer

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

In City Council

VOTE

Declaring surplus the property at 153 Willie Street, Lowell, MA (containing 4,785 square feet more or less) and authorizing the City Manager to accept the proposal from LYNNLOWELL, LLC for Fifty Five Thousand (\$55,000.00) Dollars

The City of Lowell owns the property at 153 Willie Street, Lowell, MA; having acquired title thereof through Tax Title on June 22, 1939, recorded at Middlesex North District Registry of Deeds in Book 931, Page 143; and

LYNNLOWELL, LLC would like to obtain this parcel in furtherance of the Acre Revitalization Plan; and

It has been determined by the Department of Planning and Development, after inquiry of all departments, that there is no need for this property for municipal purposes; and

The Department of Planning and Development has recommended such transfer/sale; and

NOW, THEREFORE, BE IT VOTED:

That City of Lowell property at 153 Willie Street, containing 4,785 +/- s.f., is hereby declared surplus property and not presently needed for municipal purposes; and that the City Manager and the City Treasurer are authorized in the name of the City of Lowell, to sell and convey to LYNNLOWELL, LLC, or Nominee as approved by the City Manager, for the sum of Fifty Five Thousand and 00/100 (\$55,000.00) Dollars, on terms and conditions as the City Manager deems in the best interest of the City of Lowell.

BE IT FURTHER VOTED:

That the City Manager and the City Treasurer, jointly be and hereby are authorized to execute and deliver any and all other documents necessary for the sale and transfer of the property,

including but not limited to, Purchase and Sale Agreement, deed (execution and delivery) release of any demolition lien and any other related documents pertaining to the sale and transfer of said property consistent with this vote.

BE IT FURTHER VOTED:

That the City Manager is hereby authorized to enter into a Land Disposition Agreement with LYNNLOWELL, LLC, or Nominee as approved by the City Manager, regarding property located at 153 Willie Street, pursuant to the Acre Urban Revitalization and Development Plan.

V:re:willie.153

Eileen M. Donoghue
City Manager

Kara Keefe Mullin
Assistant City Manager

May 26, 2020

Mayor John J. Leahy
and
Members of the City Council

REFERENCE: 153 Willie Street – Surplus and Disposition Vote

Dear Mayor Leahy and Members of the City Council:

The property located at 153 Willie Street is City owned. The property was obtained through Tax Title on June 22, 1939 and consists of 4,785 +/- square feet of vacant land. The Department of Planning and Development (DPD) conducted a Needs Assessment on the property to determine if it should be declared surplus. No City Department identified a municipal need for this property.

The property is located in the Light Industrial (LI) district and is included as part of the Acre Revitalization Plan. An appraisal of the property was completed on January 25, 2020, the fair market value of the parcel in its “as is” condition has a value of under Fifty Five Thousand Dollars (\$55,000.00).

The City has received a request from an abutter, LYNNLOWELL LLC, Philip M. Brienze, owner of 4 and 8 Wiggins Street, for the purchase of the property. Mr. Brienze proposes to build 10-12 townhouse units of market rate housing. The proposed sale would be consistent with the Acre Revitalization Plan. In addition, combining the properties provides for a viable project based on the rough terrain of 153 Willie Street, while also introducing townhouse style homes into the neighborhood.

The Department of Planning and Development recommends the sale of this property to LYNNLOWELL LLC for Fifty Five Thousand Dollars (\$55,000.00).

The Law Department has prepared the necessary vote declaring 153 Willie Street surplus and authorizing the City Manager to enter into a Land Disposition Agreement for the sale of 153 Willie Street.

Sincerely,



Eileen M. Donoghue
City Manager

EMD/ns
Attachment

cc: Diane Tradd, Assistant City Manager/DPD Director
Christine P. O'Connor, City Solicitor
Patricia Lucken, Asset Manager
Joseph Giniewicz, Urban Renewal Project Manager

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

In City Council

VOTE

Authorizing the City Manager to enter into a License Agreement with R. Jeff Young d/b/a Music Workshop to encroach upon the City of Lowell property at 181 Market Street, Lowell, Massachusetts.

BE IT VOTED BY THE CITY COUNCIL OF THE CITY OF LOWELL, as follows:

The City Manager is hereby authorized to enter into a License Agreement with R. Jeff Young d/b/a Music Workshop, to encroach upon the City of Lowell property at 181 Market Street for an overhanging sign to the extent of, and more particularly described in Exhibit "A" attached hereto and made a part of this License Agreement.

Said License shall be predicated upon adequate insurance coverage which coverage shall be kept in force so long as said encroachment continues under this License, and that in the event of a sale or transfer of said property, that said License shall be assignable or transferable to any successor of the License herein subject to the provisions of said License Agreement.

In the event that said insurance coverage shall be cancelled or lapses without being renewed or replaced, then said License hereunder shall be forthwith terminated and Licensee shall have to cease and desist from said encroachment.

Said License shall be in accordance with the form, or substantially the form, attached hereto.

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

LICENSE AGREEMENT

THIS LICENSE, made at Lowell, Middlesex County, Massachusetts, between the CITY OF LOWELL, a municipal corporation of the Commonwealth of Massachusetts, hereinafter called "Licensor," and R. Jeff Young d/b/a Music Workshop, with principal place of business at 181 Market Street, Lowell, MA 01852, hereinafter called "Licensee," WITNESSETH THAT:

The Licensor hereby grants to the Licensee a license for an overhanging sign to encroach upon the City of Lowell property at 181 Market Street, Lowell, Massachusetts to the extent of, and more particularly described in Exhibit "A" and shown on Exhibit "B", both attached hereto and made a part of this License Agreement.

IT IS FURTHER AGREED that this is a License only, that the Licensee shall, at all times, maintain sufficient insurance policies in an amount not less than \$500,000.00 on the premises, naming the City as one of the "insured", and agrees hereby to hold the City harmless from any and all injuries resulting from said use of the property under this License. Licensor shall have the right to inspect the property at any time during the period of said License granted hereunder.

If said insurance policy is cancelled or lapses without being forthwith renewed, or replaced or for any other breach of the License provisions, then said License granted hereunder shall be forthwith terminated and the Licensee shall have to cease and desist from said use of the property. Evidence of said insurance shall, at all times, be sent to the Building Department of the City of Lowell.

Said License shall be predicated upon and shall not be in effect until adequate insurance coverage, satisfactory to the Law Department of the City of Lowell, naming the City as an insured party, which coverage shall be kept in force so long as said use of the premises continues under this License.

This License Agreement is issued under the authority and in accordance with the Vote of the City Council of Lowell on this subject dated May 26, 2020.

The Licensee hereby releases and agrees to indemnify and hold harmless the City of Lowell, its agents, officers, servants and employees from any and all claims, demands and liabilities, including attorney's fees, whatsoever from any and all claims for damage or injury to persons or property which might occur on account of said License for the overhanging sign to encroach upon the City of Lowell property at 181 Market Street, Lowell, Massachusetts.

The Licensee hereby warrants and guarantees that upon termination of this License that the licensed premises shall be returned in the same condition as when license commenced, reasonable wear and tear excluded. Licensee hereby agrees to be responsible for, and to pay for the cost of any damage to the Licensor regarding the licensed premises.

Inherent in this License Agreement is the unilateral right of the Licensor to cancel this license at any time upon written notice thereof to the Licensee for any reason.

The Licensee shall pay for the cost of recording this License at the Middlesex North District Registry of Deeds.

It is understood and agreed that this License does not grant any ownership interest to the Licensee in the licensed area.

Signed and sealed this day of May, 2020.

R. Jeff Young d/b/a Music Workshop

Witness

By: _____
R. Jeff Young

APPROVED AS TO FORM:

CITY OF LOWELL

Christine P. O'Connor
City Solicitor

Eileen M. Donoghue
City Manager

COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss.

On this _____ day of _____, 2020, before me the undersigned Notary Public, personally appeared Eileen M. Donoghue, City Manager, proved to me through satisfactory evidence of identification, which was Notary's personal knowledge of the individual, to be the person whose name is signed on the preceding document, and acknowledged to me that he signed it voluntarily for its stated purpose.

, Notary Public
My commission expires:

vote:lic

DESCRIPTION

SIGN PROJECTING FROM BUILDING INTO MARKET STREET ABOVE FRONT ENTRANCE 181 MARKET STREET

Market Street, northerly side: Sign two feet six and one half inches wide by two feet nine and one quarter inches high attached to a steel bracket, extending four feet from the face of the existing building, approximately ten feet above sidewalk and to the left of the main entrance of the building.

EXHIBIT A





City of Lowell - Law Department

375 Merrimack Street, 3rd Floor • Lowell MA 01852-5909
Tel: 978.674.4050 • Fax: 978.453.1510 • www.lowellma.gov

Christine P. O'Connor
City Solicitor

Rachel M. Brown
1st Assistant City Solicitor

Gary D. Gordon
John Richard Hucksam, Jr.
Adam LaGrassa
Stacie M. Moeser
Elliott J. Veloso
Assistant City Solicitors

May 20, 2020

City Manager Eileen M. Donoghue
Mayor John J. Leahy
and
Members of the City Council

Re: License Agreement

Dear Manager Donoghue, Mayor Leahy and Members of the City Council:

Enclosed please find a License Agreement for R. Jeff Young d/b/a Music Workshop to encroach on City property at 181 Market Street for an overhanging sign at his business.

The owner's design has been approved by the Historic Board and the City Engineer's office.

Very truly yours,

Christine P. O'Connor
City Solicitor

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

In City Council

ORDER

Pursuant to Chapter 266 of the Code of Ordinances City of Lowell, Massachusetts, concerning Section 266-6 thereof entitled "Temporary Experimental Regulations", temporary traffic regulations are hereby implemented for a period up to sixty (60) days.

The City of Lowell desires to make temporary rules regulating traffic under actual conditions for a period of sixty (60) days; and

Chapter 266 of the Code of Ordinances City of Lowell, Massachusetts", Section 266-6 thereof entitled "Temporary Experimental Regulations" authorizes the City Council to make such temporary rules for a period up to sixty (60) days;

BE IT ORDERED, ADJUDGED AND DECREED by the City Council of the City of Lowell as follows:

Effective immediately for a period of up to sixty (60) days, the following temporary traffic regulations shall be implemented:

§266-55

Parking for handicapped persons; elderly drop-off zones – C. – is hereby amended by **adding** the following:

Name of Street	Side	Location
Canal Street	Southeast	Beginning at a point 210 feet from the northeastern curbline of the portion of Canal Street crossing the Hamilton Canal (said 210 feet measured northwesterly and

northeasterly along the curbline of Canal St), running northeasterly a distance of 66 feet along Canal Street, 3 spaces.

Canal Street	Southeast	Beginning at a point 322 feet from the northeastern curbline of the portion of Canal Street crossing the Hamilton Canal (said 322 feet measured northwesterly and northeasterly along the curbline of Canal St), running northeasterly a distance of 66 feet along Canal Street, 3 spaces.
W 6 th St (335, apt 2L)	North	Beginning at a point 100 feet west of the westerly curbline of Aiken Avenue, running westerly a distance of 20 feet along W 6 th Street.

§266-65

LOADING ZONE - C - is hereby amended by **adding** the following:

Name of Street	Side	Location
Stackpole Street	South	Beginning at a point 20 feet west of the westerly curbline of Fayette Street, running westerly a distance of 40 feet along Stackpole Street.

THE COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

In City Council

LOAN ORDER
(General Fund Capital Improvements)

To borrow \$6,771,100 for the purpose of financing various capital improvements and purchases and any related architectural and engineering services in connection therewith and any costs incidental and related thereto.

IT IS ORDERED BY THE CITY COUNCIL OF THE CITY OF LOWELL BY A TWO-THIRDS VOTE OF ALL OF ITS MEMBERS, as follows:

Ordered: That the sum of \$6,771,100 is appropriated for the purpose of financing the following capital improvements, and any related architectural and engineering services in connection therewith and any costs incidental and related thereto: (1) City-wide paving and sidewalk program, (2) bridge repair/replacement program, (3) Westford/Stedman Intersection, (4) School Street Cemetery Wall Improvement, (5) TIGER (canal bridges projects), (6) Replace two ladder/engines - city match, (7) Locker Room Upgrades, (8) Convert/ Retrofit Firing Range to Evidence, (9) Service Tablets, (10) LPD Vehicle Maintenance Facility and Sign Shop Roof Replacement, (11) Cawley Stadium Improvements, (12) Concord River Greenway, (13) Voting Machine Upgrades, (14) City Council Chamber upgrades, (15) City Hall Security upgrades – Exterior, (16) School Department Security Equipment Upgrades, and (17) ADA transition plan projects; that to meet this appropriation the Treasurer, with the approval of the City Manager, is authorized to borrow \$6,771,100 and to issue bonds or notes therefor under G.L. c.44 or any other enabling authority; that the City Manager is authorized to contract for and expend any federal or state aid available for the projects; that the City Manager is authorized to take any action necessary to carry out the projects; and that the Treasurer is authorized to file an application with the Municipal Finance Oversight Board to qualify any or all of the bonds under G.L. c.44A and to provide such information and execute such documents as such board may require for these purposes. Any premium received upon the sale of any bonds or notes approved by this loan order, or upon the sale of any other bonds or notes approved by any other loan order of the City adopted prior to the date of this loan order, less any such premium applied to the payment of the costs of issuance of such bonds or notes, may be applied to the payment of costs approved by this vote as well as any other projects approved by loan order of the City adopted prior to the date of this loan order in accordance with G.L. c. 44, §20, thereby reducing the amount authorized to be borrowed to pay such costs by a like amount.

ORDER RECOMMENDED AND INTRODUCED BY:



Eileen M. Donoghue, City Manager



Conor Baldwin
Chief Financial Officer

MEMORANDUM

TO: Eileen M. Donoghue, City Manager

FROM: Conor Baldwin, Chief Financial Officer

CC: Kelly Oakes, City Treasurer/ Collector

DATE: May 18, 2020

RE: Capital Budget Loan Order – 2021 Capital Improvements

The city's bond counsel has prepared a draft loan order to fund the 2021 component of the city's comprehensive five year capital improvement ("CIP") plan. The loan order is enclosed for approval by the City Council. Typically this loan order is presented to the Council each year in tandem with the city's annual operating budget and the full capital budget documents are incorporated in the budget book, however, due to the circumstances surrounding this year's budget calendar and the impact of the COVID-19 crisis, the process has been bifurcated to keep the timeline intact for funding capital projects. To follow is a discussion of the financial analysis and general principals associated with capital budgeting and the specific considerations for the city's finances. However, the funding proposal to the City Council is only for the 2021 projects and associated financing.

One financing strategy for capital plans is to use the budgetary capacity created by paying off existing debt to issue more bonds to finance capital projects. In theory this accomplishes two objectives. First by financing capital with debt, it matches payments for the asset with the useful life of the asset itself. Secondly, by replacing a declining expense with a new expense, the operating budget is not burdened further. The number we will arrive at as the "target debt service" would represent a net zero impact on the General Fund. This is

To begin these calculations, we start with the forecast of current debt service and deduct ongoing reimbursements from the Massachusetts School Building Authority ("MSBA"). From this, we arrive at our target debt service number for the next five years. Next, we include potential savings forecasted from issuing refunding bonds. This occurs when new debt is issued to replace or redeem old debt before the maturity or call date of the old debt. Under these circumstances, the proceeds of the new debt must be placed in escrow and used to pay interest on old, outstanding debt as it becomes due, and to pay the principal on the old debt either as it matures or at an earlier call date. While Lowell has already taken advantage of many refunding opportunities, there are additional prospects being pursued currently by the City Administration which will reduce future debt service costs. These savings are incorporated in the model presented. The analysis includes previously authorized capital expenditures which have been spent, but not permanently financed. These future costs are layered into the analysis to provide a more accurate forecast, including all financial considerations.



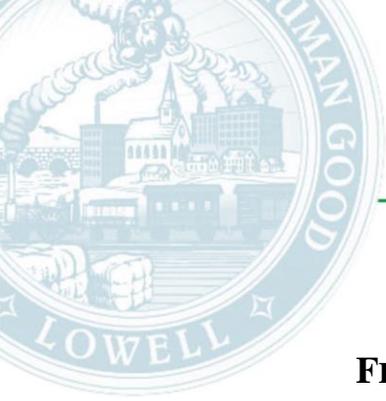
Conor Baldwin
Chief Financial Officer

A less attractive, but more generous strategy is to perform the same calculations, but to assume that the City's budget has the capacity to increase at 2 ½% per year. This is consistent with Proposition 2 ½ and with the long-term historical revenue growth. Along the bottom line of the chart, the revised target includes an increase of 2.5% of the prior year's forecasted debt service for comparison. The capital planning process has run concurrently with preparations for the upcoming year's operating budget. The symbiotic relationship between capital planning and preparation of the operating budget has long-since been a goal of the city, which has finally come to fruition.

Preparation of a five-year capital improvement plan (CIP) is a best practice in municipal finance. Department Heads were asked to submit their short and medium term priorities to the Finance Office this winter for consideration and inclusion in a comprehensive plan. Buildings, infrastructure, technology, and major equipment are the physical foundation for providing services to constituents. The procurement, construction, and maintenance of capital assets are a critical activity of state and local governments, school districts, and other government agencies, and therefore require careful planning.

Capital planning is critical to maintaining essential public services. It is also an important component of a community's economic development program and strategic plan. Capital facilities and infrastructure are important legacies that serve current and future generations. It is extremely difficult for governments to address the current and long-term needs of their constituents without a sound multi-year capital plan that clearly identifies capital and major equipment needs, maintenance requirements, funding options, and operating budget impacts.

The debt service payments related to financing all of these projects have been incorporated into our General Fund forecasts.



Conor Baldwin
 Chief Financial Officer

FINANCIAL ANALYSIS – ACTUAL AND BUDGETED REVENUES

Fiscal Year	Total Amounts to Be Raised	Annual Growth Rate	Compounded Annual Growth Factor (CAGF)
2008	\$ 308,711,540	<i>N/a</i>	} 2.3%
2009	\$ 318,636,488	3.21%	
2010	\$ 308,847,270	-3.07%	
2011	\$ 311,646,472	0.91%	
2012	\$ 321,111,145	3.04%	
2013	\$ 328,095,926	2.18%	
2014	\$ 342,975,498	4.54%	
2015	\$ 364,130,698	6.17%	
2016	\$ 358,051,834	-1.67%	
2017	\$ 365,886,534	2.19%	
2018	\$ 376,248,783	2.83%	
2019	\$ 391,858,652	4.15%	
2020	\$ 407,340,917	3.95%	
2021	\$ 416,861,514	2.34%	
2022	\$ 426,604,631	2.34%	
2023	\$ 436,575,470	2.34%	
2024	\$ 446,779,353	2.34%	
2025	\$ 457,221,727	2.34%	
2026	\$ 467,908,165	2.34%	
2027	\$ 478,844,373	2.34%	
2028	\$ 490,036,188	2.34%	
2029	\$ 501,489,584	2.34%	
2030	\$ 513,210,675	2.34%	



Conor Baldwin
Chief Financial Officer

**FINANCIAL ANALYSIS – EXISTING DEBT OBLIGATION AS A PERCENTAGE OF
BUDGETED REVENUES**

Fiscal Year	Existing Net Debt Service Obligation (ALL FUNDS)	Projected Budgeted Revenue	Debt Service as a Percentage (%) of Projected Budgeted Revenue
2020	\$ 23,008,478	\$ 400,447,413	5.75%
2021	\$ 22,309,576	\$ 409,224,423	5.45%
2022	\$ 21,332,716	\$ 418,193,807	5.10%
2023	\$ 19,079,786	\$ 427,359,782	4.46%
2024	\$ 18,150,913	\$ 436,726,658	4.16%
2025	\$ 17,858,757	\$ 446,298,836	4.00%
2026	\$ 16,409,214	\$ 456,080,818	3.60%
2027	\$ 15,831,136	\$ 466,077,201	3.40%
2028	\$ 15,227,993	\$ 476,292,685	3.20%
2029	\$ 12,252,991	\$ 486,732,072	2.52%
2030	\$ 11,609,705	\$ 497,400,269	2.33%



Conor Baldwin
Chief Financial Officer

FINANCIAL ANALYSIS – DEBT LIMIT CALCULATIONS

DEBT LIMIT CALCULATION

Equalized Valuation as of January 1, 2018	\$	8,192,976,800
Debt Limit (5% of Equalized Valuation)	\$	409,648,840
		<hr/>
Total Outstanding Debt as of June 30, 2020 ¹		264,438,247
Total Authorized/ Unissued Debt as of June 30, 2019 (Approximate)	\$	506,929,000 ²
Total Outstanding Debt Plus Total Authorized/ Unissued Debt	\$	771,367,247
		<hr/>
Amount of Outstanding Debt Outside the Debt Limit	\$	54,675,380
Appx. Amount of Authorized/ Unissued Debt Outside the Debt Limit	\$	471,833,158
Outstanding Debt plus Authorized/ Unissued Outside the Debt Limit	\$	526,508,538
		<hr/>
Total Outstanding Debt Plus Total Authorized/ Unissued Debt	\$	771,367,247
Less: Outstanding Debt plus Authorized/ Unissued Outside the Debt Limit	\$	526,508,538
Debt Subject to the Debt Limit	\$	244,858,709
Debt Limit (5% of Equalized Valuation)	\$	409,648,840
Remaining Borrowing Capacity Under Debt Limit	\$	164,709,131

¹ Projected debt as of 3/24/2020

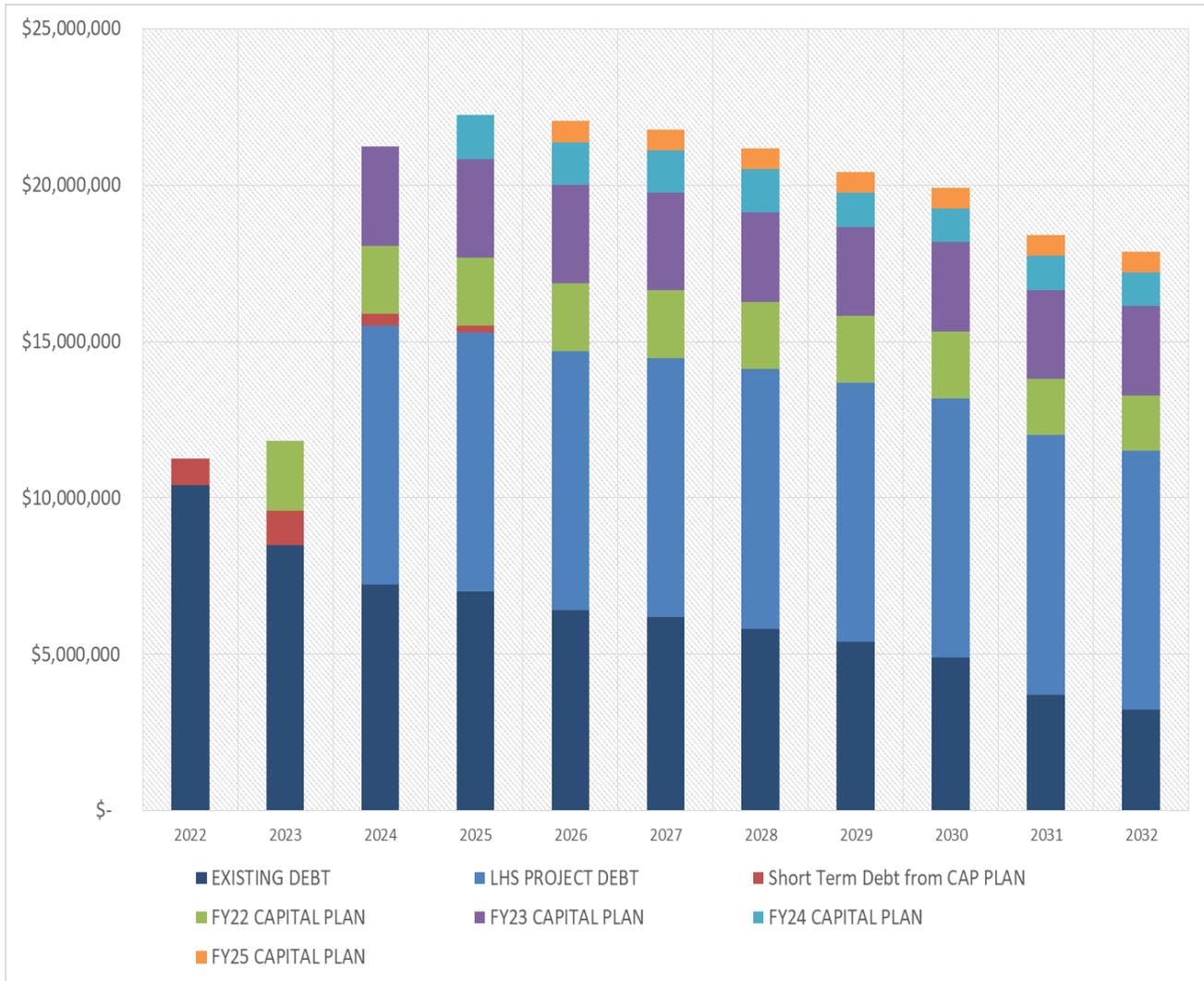
² Currently, the City has approximately \$506.929 million (excluding authorized refundings) of authorized unissued debt outstanding, comprised of the following: \$340.899 million school bonds authorized for construction and reconstruction of a new high school. The total amount authorized for this project will be reduced to the extent of school building grant funds paid to the City by the Massachusetts School Building Authority (MSBA). The reimbursement rate will be approximately 80% of reimbursable project costs.

\$67 million sewer and \$45 million water bonds authorized for the reconstruction of water and sewer mains and facility upgrades throughout the City. The City is aggressively working to maintain and improve its water and sewer infrastructure. Financing will be through the Massachusetts Clear Water Trust. Rates will be raised to support this debt as it is issued. Additionally, the City will have authorized unissued debt of approximately \$49 million for various capital improvements.



Conor Baldwin
Chief Financial Officer

FINANCIAL ANALYSIS – 10 YEAR DEBT SERVICE FORECAST (INCLUDES LHS DEBT)





Conor Baldwin
 Chief Financial Officer

Detailed Debt Service for 5-year phase in of capital

City of Lowell, Massachusetts

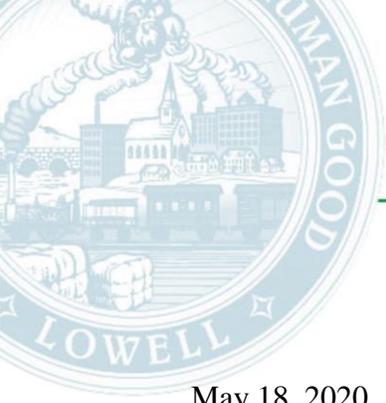
Projected Interest Rate on Bonds Dated September 1, 2019: 3.50%
 Projected Interest Rate on Bonds Dated September 1, 2020: 4.00%
 Projected Interest Rate on Bonds Dated September 1, 2021-2023: 4.50%
 Projected Interest Rate on Bonds Dated September 1, 2024: 5.00%

5-Year General Fund Capital Plan

Fiscal Year	A Existing General Fund Debt Service	B Less: Existing QECCB & RZEDB Subsidies	C Less: Existing MSBA Subsidies	D Equals: Net Existing General Fund Debt Service	E Plus: Bonds dated 9/1/19 (see pages 4-7)	F Plus: Bonds dated 9/1/20 (see pages 8-10)	G Plus: Bonds dated 9/1/21 (see pages 11-14)	H Plus: Bonds dated 9/1/22 (see pages 15-18)	I Plus: Bonds dated 9/1/23 (see pages 19-22)	J Plus: Bonds dated 9/1/23 (see pages 23-24)	K Equals: Existing and Projected General Fund Debt Service
2020	9,815,824	(192,793)	(1,192,791)	8,430,241	164,254	-	-	-	-	-	8,594,495
2021	9,258,769	(178,611)	(1,192,791)	7,887,367	1,164,585	504,866	-	-	-	-	9,556,818
2022	8,812,366	(163,427)	(1,192,790)	7,456,149	1,168,238	2,566,260	361,624	-	-	-	11,552,271
2023	6,912,931	(147,851)	(1,192,787)	5,572,293	1,171,650	2,558,300	1,893,500	272,075	-	-	11,467,818
2024	5,662,880	(131,882)	-	5,530,998	908,563	2,561,100	1,901,025	1,626,472	146,785	-	12,674,942
2025	5,443,241	(115,521)	-	5,327,721	899,325	2,561,100	1,912,750	1,628,225	932,623	199,075	13,460,818
2026	4,883,029	(98,767)	-	4,784,262	889,563	2,553,400	1,901,775	1,624,900	958,175	1,044,575	13,756,650
2027	4,667,593	(80,417)	-	4,587,176	889,100	2,430,400	1,898,325	1,624,213	950,663	1,047,500	13,427,376
2028	4,316,174	(61,637)	-	4,254,537	887,763	2,436,800	1,110,175	1,621,050	946,913	1,051,500	12,308,737
2029	4,048,315	(42,367)	-	4,005,947	409,038	2,435,100	1,103,113	799,200	941,813	1,048,625	10,742,835
2030	3,748,339	(22,607)	-	3,725,731	408,188	2,440,200	1,099,813	794,450	319,538	1,053,750	9,841,669
2031	2,530,605	(2,274)	-	2,528,331	397,163	2,432,100	1,109,825	793,688	320,538	413,125	7,994,768
2032	2,027,784	-	-	2,027,784	400,875	1,401,800	1,103,150	791,800	306,425	417,500	6,449,334
2033	1,381,100	-	-	1,381,100	408,975	1,390,100	753,000	788,788	307,200	416,250	5,445,413
2034	1,106,531	-	-	1,106,531	239,525	1,396,600	739,825	457,188	302,638	414,500	4,656,806
2035	969,375	-	-	969,375	237,788	1,400,900	740,863	447,450	248,975	412,250	4,457,600
2036	831,425	-	-	831,425	250,613	1,398,100	745,663	442,375	246,213	282,750	4,197,138
2037	234,850	-	-	234,850	248,000	148,700	749,113	446,625	243,225	276,250	2,346,763
2038	227,425	-	-	227,425	245,213	143,700	648,575	445,088	249,788	279,500	2,239,288
2039	-	-	-	-	242,250	143,600	654,050	301,138	250,788	277,375	1,869,200
2040	-	-	-	-	239,113	143,300	648,400	309,663	212,238	279,875	1,832,588
2041	-	-	-	-	-	142,800	641,850	302,625	204,363	277,000	1,568,638
2042	-	-	-	-	-	-	644,175	305,138	196,488	278,750	1,424,550
2043	-	-	-	-	-	-	-	311,863	208,163	284,875	804,900
2044	-	-	-	-	-	-	-	-	199,388	280,500	479,888
2045	-	-	-	-	-	-	-	-	-	280,750	280,750
2046	-	-	-	-	-	-	-	-	-	192,750	192,750
2047	-	-	-	-	-	-	-	-	-	191,625	191,625
2048	-	-	-	-	-	-	-	-	-	190,250	190,250
2049	-	-	-	-	-	-	-	-	-	193,500	193,500
2050	-	-	-	-	-	-	-	-	-	191,375	191,375
2051	-	-	-	-	-	-	-	-	-	193,875	193,875
2052	-	-	-	-	-	-	-	-	-	191,000	191,000
2053	-	-	-	-	-	-	-	-	-	192,750	192,750
2054	-	-	-	-	-	-	-	-	-	194,000	194,000
2055	-	-	-	-	-	-	-	-	-	194,750	194,750
Total	76,878,557	(1,238,155)	(4,771,159)	70,869,244	11,869,777	33,189,226	22,360,586	16,134,010	8,692,932	12,242,150	175,357,925

Assumptions:

- † Existing General Fund Debt Outstanding Projected as of June 30, 2019.
- † Proposed issues structured on a level debt basis.



Eileen M. Donoghue
City Manager

May 18, 2020

Mayor John J. Leahy
And
Members of the Lowell City Council

Dear Mayor Leahy and Members of the Lowell City Council,

I herewith submit for approval a loan order in the amount of \$6,771,100 to advance the city's comprehensive five year capital plan. This loan order represents the third year of a revamped five-year capital improvement plan ("CIP") under my Administration. When I became City Manager in April 2018, I shared my vision for the City; a vision focused on key areas including economic development, fiscal management, public safety, education, partnerships, strong neighborhoods, and diverse cultural and arts programs. The City of Lowell has seen marked improvement in all statistical measures of those key focus, as identified in the annual operating budget. This success vindicates the capital funding decisions of the Council and the focused direction of the priorities of the residents. Coupled with the Administrations operational austerity each year, the capital position of the City is well poised to undertake the pending infrastructure needs, including the most significant school building project in the history of the Commonwealth.

The capital budget is one of the most significant components of the city's financial plan. Decisions made during this process will have an impact on the City of Lowell and its budgets for years to many years to come. The city uses its five-year financial projections for revenue and expenditures, in addition to its five-year capital plan, to formulate budget guidelines for departments. Despite the tight deadline presented to department heads for submitting projects to the finance department, every department submitted projects for consideration in a timely manner. I am thankful for the diligent efforts of my staff to coordinate this worthy endeavor. Capital planning is critical component of municipal governance. Buildings, infrastructure, technology, and major equipment are the physical foundation for providing services to constituents. The procurement, construction, and maintenance of capital assets require careful planning and therefore a prescribed process for prioritization of the many projects must be followed. A properly prepared capital plan—one which contains recommendations from subject matter experts at City Hall and balances fiscal realities with the desires of the residents and the direction of the City Council—is essential to the future financial health of the organization.



Eileen M. Donoghue
City Manager

Within the operating budget is the city's comprehensive five-year capital plan document which includes a comprehensive capital plan outlook for the next five years, capital planning policy which takes into account the City of Lowell's unique organizational characteristics, and a detailed analysis of the debt service impact to the operational budget. A memorandum from Chief Financial Officer Conor Baldwin which further details and analyzes the financial impact of the debt associated with these projects is also enclosed.

The capital loan order enclosed herein is the funding mechanism for the critical projects scheduled for the coming year. Despite the ever uncertain circumstances surrounding the COVID-19 crisis, I am recommending approval in order to secure the funding for these projects to commence forthwith as soon as the time is right. The full capital budget document, as normally occurs in the budget calendar, will be presented with the budget at such a time that the full-year budget is presented for appropriation by the City Council. This loan order must be referred to a public hearing.

Sincerely,

Eileen M. Donoghue
City Manager

cc: Conor Baldwin, Chief Financial Officer

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

In City Council

ORDINANCE

An Ordinance Amending "Code of Ordinances, City of Lowell, Massachusetts," with respect to Chapter 167, Hawkers and Peddlers by amending certain sections entitled Mobile Food Vendors.

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF LOWELL, as follows:

1. "The Code of Ordinances of the City of Lowell, Massachusetts", adopted by the City Council on December 23, 2008, as amended, is hereby amended as follows:

2. **Amend §167-7 C.(3)(e) as re-lettered to delete the word 'April' and add the word 'June'.**

The paragraph now reads as follows:

"(e) Each mobile food vendor permit shall expire on June 1 of every year."

3. **Amend 167-7 C.(4)(e) as re-lettered to delete the word 'April' and add the word 'June'.**

The paragraph now reads as follows:

"(e) Each mobile food vendor permit shall expire on June 1 of every year."

4. **Amend 167-7 F.(1)(b) to insert the word "metered" between 'designated' and 'parking'**

The paragraph now reads as follows:

"(b) Mobile Food Truck must fit within a designated metered parking space or spaces and follow the below criteria:"

1. Pay for parking spot or spots they occupy;

2. Cannot locate in a 15 minute parking spot or handicapped parking spot;
3. Cannot locate in a loading zone or bus stop;
4. Cannot locate in a crosswalk or sidewalk;
5. Cannot locate within 20 feet of an intersection;
6. Cannot locate within 10 feet of a fire hydrant;
7. Cannot locate in front of someone's driveway.

5. Add new #8 as follows:

- "8. Cannot use the City sidewalk to stage any mobile food vendor equipment with the exception of the trash receptacle as required in G. below."

6. Amend 167-7 F.(1)(c) by adding a new #3 and #4 and deleting the existing #3 and #4 shall now read as follows:

c. Mobile Food Vendors wishing to use a metered parking space for more than two hours may reserve spaces through the City's Parking Department by contacting 978-674-4014. In such instances, the following terms and conditions shall apply:

- "3. The deposit is set in the City of Lowell Ordinance, Ch. 266, and must be made by check only, refundable once the bags have been returned.
4. The rental check in the amount set in the City of Lowell Ordinance, Ch. 266, is also required at the time of issuance."

7. Amend 167-7G to add to the Special Considerations

"(5) Mobile Food Vendors must post their permit where it is clearly visible from their customer service window. Such permit shall state the location(s) that the vendor is permitted to operate. Operation by a vendor in a location not listed on the permit shall be a violation of this chapter.

(6) Mobile Food Vendors may also be allowed to operate in locations permitted under an event permit from the office of Cultural Affairs and Special Events. Such vendors must be inspected and permitted as described in C above, but do not require City Council approval. Such vendors shall be issued an “Events Only” permit, which does not allow operation within the City other than at permitted events.

(7) If a Mobile Food Vendor wishes to apply for a new location, or to renew an existing permit, they must submit an application to the Division of Development Services as noted in C above. Pre-existing licenses shall be grandfathered for the current license holder at their current location.”

“8. By creating a new section entitled H. Enforcement to read as follows:

(1) Enforcement of Chapter 167-7 shall be performed by inspectors of the Division of Development Services and the Lowell Police Department;

(2) Violation of any portion of this chapter shall be punishable by a fine of up to \$300 per day as set forth in the City of Lowell Fee Ordinance, Ch. 150 and may result in the rescission of the applicant’s mobile food vendor permit.

9. If any section, subsection, sentence, clause, phrase, word, or other portion of this ordinance is, for any reason, held to be unconstitutional or invalid, in whole, or in part, by any court of competent jurisdiction, such portion shall be deemed severable, and such unconstitutionality or invalidity shall not affect the validity of the remaining portions of this ordinance, which remaining portions shall continue in full force and effect.

10. This Ordinance shall take effect upon its passage in accordance with the provisions of Chapter 43 and 40A of the General Laws of the Commonwealth of Massachusetts.



Christine P. O'Connor
City Solicitor



Diane N. Tradd
Assistant City Manager/DPD Director

R. Eric Slagle
Director of Development Services

Shaun Shanahan
Building Commissioner

May 21, 2020

City Manager Eileen Donoghue

Mayor John Leahy

Members of the City Council

Re: Vote –To Amend the Mobile Food Vendor Ordinance and the Fee Ordinance

Dear Madam Manager, Mayor Leahy and Members of the City Council:

The attached Votes would enact the changes proposed and approved by the City Council at the May 12, 2020 City Council meeting regarding the Mobile Food Vendor Ordinance, and add a section to the Fee Ordinance regarding the fine for violating said ordinance. Please see the redlined version of the amended ordinance, attached hereto.

Yours very truly,

R. Eric Slagle

Director, Development Services

Chapter 167 Hawkers and Peddlers

[HISTORY: Adopted by the City Council of the City of Lowell 4-26-1988 as Ch. 11, Art. VI of the 1988 Code. Amendments noted where applicable.]

GENERAL REFERENCES

Advertising — See Ch. 91.

Canvassers and solicitors — See Ch. 125.

Fees — See Ch. 150.

Junk and secondhand dealers — See Ch. 185.

Noise — See Ch. 204.

Streets and sidewalks — See Ch. 243.

...

§ 167-7 Mobile food vendors. [Added 9-13-2016]

A. Mobile food vendors introduction.

(1) In order to protect public health and safety to compliment and promote the business environment and the atmosphere of the Lowell National Park, to encourage visitors to the City and to foster the various City attractions, it is declared that it is a reasonable exercise of the police powers of the City of Lowell to establish a license and permit process for mobile food vendors; license required.

(2) Any person who engages in business in the Commonwealth of Massachusetts selling edible goods who is not required to be licensed as a temporary vendor under MGL c. 101, § 3, or as a hawker or peddler under MGL c. 101, § 22, shall be required, before transacting business, to apply to the City of Lowell City Council for a license to conduct such business as a mobile food vendor in the City of Lowell.

(3) Mobile food vendors may operate in the City of Lowell throughout the year but shall abide by all established parking rules and regulations, including seasonal parking bans on both private and public properties.

(4) Mobile food vendors may operate in the City from the hours of 6:00 a.m. until 2:00 a.m.

B. Definitions. As used in this section, the following terms shall have the meanings indicated:

EDIBLE GOODS

Includes, but are not limited to:

(1) Prepackaged food, including but not limited to candy, beverages and ice cream.

(2) Prepared food, including but not limited to hot dogs, desserts, pizza.

(3) On-site prepared food, including but not limited to shaved ice, sandwiches, and tacos.

FOOD SERVICE ESTABLISHMENTS

Businesses that sell edible goods and have been inspected and approved by the City of Lowell's Division of Development Services, including commercial kitchens and commissaries.

MOBILE

The state of being active, but not continuous movement.

MOBILE FOOD VENDOR

Any person or entity engaged in the business of edible goods from a mobile food facility within the City of Lowell. This term includes, but is not limited to:

- (1) Mobile food truck: a self-contained motorized unit selling items defined as "edible goods" at a stationary location.
- (2) Mobile food pushcart: a nonmotorized unit that is limited in the types of edible goods it sells at a stationary location.
- (3) Mobile canteen truck: a self-contained motorized unit selling items defined as "edible goods" that moves from place to place and is not stationary in the same location for more than 30 minutes.

STATIONARY LOCATION

The position of the mobile food vendor when not in motion and addressing the public for the purpose of sales.

C. Permit and application process.

- (1) Permit. Every mobile food vendor shall have an annual permit issued by the City of Lowell to conduct business in the City.
- (2) Application. An applicant shall apply for a permit through an application form produced by the City of Lowell's Division of Development Services.
- (3) Private property application process. The application shall be processed through the following procedure:
 - (a) Application submitted to the City of Lowell's Division of Development Services office.
 - [1] Application must include a letter of agreement from the property owner indicating permission to locate on the property.
 - [2] Application must include plans indicating where the vendor intends to locate on the private property.
 - [3] Application must include plans to indicate the mobile food vendor will comply with the Americans With Disabilities Act (ADA).

(b) Application shall be reviewed by designated Development Services staff.

(c) Once approved and deemed eligible by Development Services, the mobile food vendor may obtain a mobile food vendor permit by being inspected by:

[1] Senior Sanitary Code Enforcement Officer.

[2] Fire Prevention and Code Enforcement Office.

[3] Police Department.

(d) The City of Lowell Division of Development Services Department may then, and only then, approve a mobile food vendor permit.

(e) Each mobile food vendor permit shall expire on ~~June~~April 1 of every year.

(f) The permit shall not be transferable from person to person without the written approval from the City.

(g) The permit is valid for one vehicle only.

(4) Public property application process. The application shall be processed through the following procedure:

(a) Application submitted to the City of Lowell's Division of Development Services office.

[1] Application must include plans indicating where the mobile food vendor intends to locate on public property.

[2] Application must include plans to indicate the mobile food vendor will comply with the Americans With Disabilities Act (ADA).

(b) Application shall be reviewed by designated Development Services staff.

(c) Once approved and deemed eligible by Development Services, the mobile food vendor may obtain a mobile food vendor permit by being inspected by:

[1] Senior Sanitary Code Enforcement Officer.

[2] Fire Prevention and Code Enforcement Office.

[3] Police Department.

(d) The City of Lowell Division of Development Services Department may then, and only then, approve a mobile food vendor permit.

(e) Each mobile food vendor permit shall expire on ~~April~~June 1 of every year.

(f) The permit shall not be transferable from person to person without the written approval from the City.

(g) The permit is valid for one vehicle only.

D. Restricted locations.

(1) Mobile food vendors are restricted in the Central Business District.

(a) Central Business District is that area of downtown bounded as shown on the map on file at the office of Development Services Division.

E. Private property locations.

(1) Mobile food vendors that will be locating in private property are not allowed in residential zones or on lots whose use is strictly residential.

(2) Mobile canteen trucks are only allowed to operate on any open construction sites or businesses.

(a) The truck must be pulled up on the construction site or business in order to vend legally.

F. Public property locations.

(1) If locating on a public street, mobile food vendors must follow all parking regulations.

(a) Mobile food pushcarts are not allowed to locate on public streets due to safety concerns.

(b) A mobile food truck must fit within a designated metered parking space or spaces and follow the below criteria:

- [1] Pay for parking spot or spots they occupy;
- [2] Cannot locate in a fifteen-minute parking spot or handicapped parking spot;
- [3] Cannot locate in a loading zone or bus stop;
- [4] Cannot locate in a crosswalk or sidewalk;
- [5] Cannot locate within 20 feet of an intersection;
- [6] Cannot locate within 10 feet of a fire hydrant;
- [7] Cannot locate in front of someone's driveway.

[8] Cannot use the City sidewalk to stage any mobile food vendor equipment, with the exception of the trash receptacle as required in G. below.

(c) Mobile food vendors wishing to use a metered parking space for more than two hours may reserve spaces through the City's Parking Department by contacting 978-674-4014. In such instances, the following terms and conditions shall apply:

- [1] Metered space bags are issued by the employees of the City of Lowell Parking Department during business hours.
- [2] A rental form, deposit check and check for rental fee must be furnished at time of issuance.

~~[3] The deposit is set in the City's General Ordinances, Ch. 266, and must be made by check only, refundable once the bags have been returned.~~

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~~[4] The rental check in the amount set in the City's General Ordinances, Ch. 266, is also required at the time of issuance. [3] The deposit is \$50 per space, check only, refundable once the bags have been returned.~~

~~[4] The rental check in the amount of \$10 per space per day is also required at the time of issuance.~~

[5] If the bag is not returned, or returned in an unusable condition, the deposit will not be refunded.

[6] If a space is bagged for any portion of a day when metered parking is in effect, the renter will be charged for the full day.

[7] Bags for metered spaces must be attached four hours before the no-parking area becomes enforceable. Vehicles present in a space prior to it being bagged may not be removed for 24 hours once the bag has been installed.

(2) If locating on any City or state property the mobile food vendor must obtain permission from the City or State.

G. Special considerations.

(1) Preexisting licenses shall be grandfathered for the current license holder at his or her current location.

(2) Mobile food vendor business windows must face the sidewalk or curb when parked on a City street.

(3) Mobile food vendors must supply a clearly marked trash receptacle in the immediate vicinity of their mobile food trucks or mobile food pushcarts.

(4) Mobile food vendors must pick up, remove and dispose of all trash and refuse dispensed from their mobile food trucks or mobile food pushcarts before leaving the area.

~~(5) Mobile Food Vendors must post their permit where it is clearly visible from their customer service window. Such permit shall state the location(s) that the vendor is permitted to operate. Operation by a vendor in a location not listed on the permit shall be a violation of this chapter.~~

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~~(6) Mobile food vendors may also be allowed to operate in locations permitted under an event permit from the office of Cultural Affairs and Special Events. Such vendors must be inspected and permitted as described in C above. Such vendors shall be issued an "Events Only" permit, which does not allow operation within the City other than at permitted events.~~

~~(7) If a mobile food vendor wishes to apply for a new location, or to renew an existing permit, they must submit an application to the Division of Development Services as noted in C above.~~

H. Enforcement.

(1) Enforcement of Chpt. 167-7 shall be performed by inspectors of the Division of Development Services and the Lowell Police Department;

(2) Violation of any portion of this chapter shall be punishable by a fine of up to \$300 per day and may result in the rescission of the applicant's mobile food vendor permit.

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COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

In City Council

ORDINANCE

An Ordinance Amending the "Code of Ordinances City of Lowell, Massachusetts", as amended, by amending Chapter 243, Article IV Sidewalks Generally by suspending §243-23 entitled "Sidewalk seating outside restaurants" in its entirety and temporarily replacing it with new language entitled "Street Seats in the Public Space".

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF LOWELL, as follows:

"The Code of Ordinances of the City of Lowell, Massachusetts", adopted by the City Council on December 23, 2008, is hereby amended with respect to Chapter 243 by suspending §243-23 "Sidewalk seating outside restaurants" in its entirety and temporarily replacing it with "Street Seats in the Public Space".

§243-23 Street Seats in the Public Space.

Purpose.

The City of Lowell is creating a temporary program to allow restaurants to operate in outdoor settings. The intent of the program is to allow for greater physical distancing and safety for customers when the Commonwealth's public health orders allow restaurants to resume sit-down service, as outlined in Phase 2 of reopening Massachusetts. This is a temporary program to support our local eateries and residents. It will be available for the duration of the outdoor summer dining season through October 31, 2020, at which time the City may evaluate a potential expansion of the program. The City reserves the right to require the user to remove the street seat if and when it determines it to be necessary, for any reason and at any time. All furnishings and lighting must be easily removed at the end of the program period.

This temporary program does not apply to mobile food trucks/carts. These businesses have been able to serve, and continue serving, to-go food while following social distancing, sanitary, and hygiene practices.

1. Definitions:

SIDEWALK CAFÉ: an outdoor dining space located in the public ROW on a designated portion of the sidewalk adjacent to the participating restaurant.

STREATERY: a private seating area located in the public ROW that converts curbside parking spaces into an outdoor dining space for customers of the adjacent, participating restaurant.

2. Requirements

During the business hours of the participating restaurant, no portion of the sidewalk café or streatory seating may be used for any purpose other than dining or circulation. Restaurants with sidewalk café or streatory seating areas must serve food. No one shall be seated in a sidewalk café or streatory seating area for the sole purpose of drinking alcohol. Each establishment must maintain control of its operations and food and beverage service within its own outdoor premises. To prevent additional encroachment onto public space and to contain the sale of alcohol within the sidewalk café or streatory seating area, the area must be separated from the pedestrian walk space with a non-movable system of enclosure, such as decorative fencing with removable bollards. Sidewalk cafés or streateries that do not serve alcohol do not need this non-movable system of enclosure.

Business may not share outdoor premises, because it will make performing contact tracing difficult. Requirements may evolve to reflect new public health guidelines and the City reserves the right to revoke these approvals at any time.

All seating areas must comply with all applicable federal, state, and local laws and regulations, including the Americans with Disabilities Act.

Subject to other restrictions, sidewalk cafes and streateries in City right-of-way (ROW) are permissible in four zoning districts: Neighborhood Business (NB), Traditional Mixed-Use (TMU), Urban Mixed-Use (UMU), and Downtown Mixed-Use (DMU). Outdoor dining on private property is permissible in all zoning districts with eligible businesses.

A sidewalk café may be contiguous to the frontage of the restaurant or contiguous to the sidewalk curb parallel to that frontage. To provide safe, adequate circulation for patrons and pedestrians on the sidewalk, a minimum of four feet is required, but six feet is optimal, of sidewalk shall be available at all times. If a restaurant would like to operate a streatory and a sidewalk café, the two seating areas shall be contiguous.

Total seating shall not exceed the restaurant's maximum occupancy.

3. Eligible Businesses: restaurants, cafes, coffee shops, and other similar places of public accommodation offering food, beverages, or alcoholic beverages for on-premises consumption.

4. Hours of Operation: Outdoor patios opened under this program must close by 10PM on Sundays – Thursdays and by 11PM on Fridays and Saturdays. The hours of operation of those establishments licensed to sell alcoholic beverages shall be determined by the License Commission of the City of Lowell and will be incorporated into the license agreement for the use of the sidewalk café or streatory.

5. Temporary Signs: For the duration of this ordinance, eligible businesses may install temporary signs in excess of the allowed size or number permitted by Section 6.3 of the Zoning Ordinance and the Article IV § 243-23.1. Sidewalk signs and/or sandwich boards. Temporary signs must be made of fabric, vinyl, paper, or corrugated plastic. These signs cannot be internally illuminated, but they may have lights shining onto them when the eligible business is open. Eligible signs are wall, window, feather, yard, and menu/sandwich board. Signs must be affixed to the eligible business' building or property or within a permitted sidewalk café or streatory. Signs must allow for at least four feet of clearance for pedestrians, although at least six feet is preferred. Temporary signs that adhere to these requirements do not need a building permit.

6. Eligible Outdoor area: Under this program, eligible businesses may be able to temporarily expand into these types of outdoor areas:

1. Private property, including off-street parking lots with the Property Owner's consent.
2. Public ROW, including sidewalk, street parking spaces, and motor vehicle lanes (if designated by the City)

7. Tents: The installation of temporary tents will be permitted as part of this application if the tent is secure and no greater than 400 SQ FT. Tents larger than 400 SQ FT, or if they include sides or flaps, may be installed but will require additional approval by the Lowell Fire Department and Division of Development Services.

8. Application Requirements: Proposals to expand into the public right-of-way will require:

- a. Rough sketch of expanded area; and of barriers to be installed along ROW; include proposed number of outdoor tables, chairs, and umbrellas.
- b. Proof of liability insurance for the period covered by the license in at least the amount of \$500,000 combined limit for bodily injury and property damage. The restaurant's ability to operate a street seat shall be conditioned upon the restaurant obtaining and maintaining this insurance.
- c. Restaurant needs to be in good standing with the City of Lowell License Commission and Division of Development of Services.

- d. Provide property owner consent if proposed outdoor seating area is on private property or expands along the frontage of an adjacent storefront area.
- e. Specs and dimensions of installation of proposed tent no greater than 400 SQ FT.

9. Allowed Uses: Sidewalk cafés and streatory seating established under this program can only be used for sit-down dining. Without obtaining all other necessary approvals under existing licensing programs, they cannot be used for activities that would promote congregating, involved shared equipment, or amplify sound, including but not limited to:

- Standing areas
- Live music
- Outdoor games
- Music over speakers
- Movies
- Broadcast sports
- Loudspeaker call systems
- Pets, except as provided in the Americans with Disabilities Act

That any other provision of existing Ordinances which is inconsistent with this Ordinance, such provisions shall be temporarily suspended.

This Ordinance is temporary and shall terminate October 31, 2020.

It is intended that this Ordinance is divisible and, if any enumerated Section of this Ordinance to add to or amend the Code, is stricken from this Ordinance, then the Code as it read prior to this Ordinance shall remain in full force and effect.

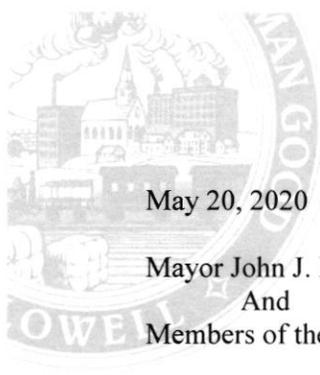
This Ordinance shall take effect immediately upon its passage in accordance with the provisions of Chapter 43 and Chapter 44 of Massachusetts General Laws.

APPROVED AS TO FORM:



Christine P. O'Connor
City Solicitor

Ordinance/



May 20, 2020

Mayor John J. Leahy
And
Members of the City Council

Eileen M. Donoghue
City Manager

Kara Keefe Mullin
Assistant City Manager

Re: Temporary Outdoor Seating & Other Initiatives to Support Small Businesses

Dear Mayor Leahy and Members of the City Council:

In conjunction with Governor Baker's Reopening Massachusetts plan, which outlines the gradual stages of reopening our economy safely, we have put together a proposal to assist our small business community by facilitating effective, but cautious, reopening of restaurants and retail establishments. Attached is a proposed Ordinance that would create a temporary program to allow restaurants to use more sidewalks, private parking lots, and public rights-of-way when reopening to comply with state mandated social distancing guidelines. This temporary program, available for the duration of the outdoor dining season, will allow the City to expand its outdoor dining areas and streamline the permitting process to support our local eateries and residents.

This program will complement the proposed summer entertainment options, provided as an alternative to cancelled events that are also for your consideration this evening. At the end of the regular outdoor dining season, we can evaluate a potential expansion of this temporary program depending on the current phase of reopening the economy.

City staff has created a straightforward online permitting process that would allow the appropriate City Departments to review and approve seating areas in a timely manner. With the City Council's approval, we can launch this application portal in advance of the ordinance, pending final authorization, and begin reviewing proposals immediately. However, expanded outdoor seating service will not be allowed until permitted by state public health orders and upon passage of this Ordinance.

In addition to the enclosed proposed temporary outdoor seating program, to support small business the Parking Department is expanding its restaurant relief program to include curbside pick-up parking for our local retail shops. This expansion will allow restaurants and small retailers to apply for a meter bag and sign indicating a space has been allocated for customer curbside pickup. This program will be expanded and implemented prior to May 25th, which is when curbside retail pickup can begin for our local retailers. Restaurants will be permitted to utilize both programs during this period.

We will continue to review other City Ordinances to implement temporary programs to support businesses during these incredibly challenging times. If enacted in concert I believe these initiatives will help our local businesses scale up operations as safely and as quickly as possible.

Sincerely,

Eileen M. Donoghue
City Manager

Enc.

cc: Diane N. Tradd, Assistant City Manager/DPD Director
Christine P. O'Connor, City Solicitor
Henri Marchand, Cultural Affairs & Special Events
Terry Ryan, Parking Director
Christine McCall, Director of Economic Development
Natasha Vance, Transportation Engineer
Iared Alves, Senior Planner

COMMONWEALTH OF MASSACHUSETTS

CITY OF LOWELL

In City Council

ORDINANCE

An Ordinance Amending "The Code of Ordinances City of Lowell, Massachusetts" With Respect to Chapter 150 thereof Entitled, "Fees" by amending certain sections.

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF LOWELL, as follows:

"The Code for the City of Lowell," hereinafter called the "Code", adopted by the City Council on December 23, 2008, is hereby amended with respect to 150 thereof, by amending certain sections:

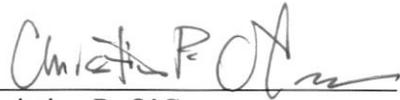
1. By amending Chapter 150, Entitled **Fees; Division of Development Services General Penalties and Fines** by adding the following new number 149.1 as follows:

	Department/Reference	Unit/ Frequency	Fee
149.1	Food Truck Violation.	Per Occurance:	\$300.00/day

2. All provisions of the Lowell City Code, as amended, which are consistent with this Ordinance, shall continue in effect, but all provisions of said Code inconsistent herewith, are repealed.

3. This Ordinance shall take effect upon its passage in accordance with the provisions of Chapter 43 of the Massachusetts General Laws.

APPROVED AS TO FORM:


Christine P. O'Connor
City Solicitor



Diane N. Tradd
Assistant City Manager/DPD Director

R. Eric Slagle
Director of Development Services

Shaun Shanahan
Building Commissioner

May 21, 2020

City Manager Eileen Donoghue

Mayor John Leahy

Members of the City Council

Re: Vote –To Amend the Mobile Food Vendor Ordinance and the Fee Ordinance

Dear Madam Manager, Mayor Leahy and Members of the City Council:

The attached Votes would enact the changes proposed and approved by the City Council at the May 12, 2020 City Council meeting regarding the Mobile Food Vendor Ordinance, and add a section to the Fee Ordinance regarding the fine for violating said ordinance. Please see the redlined version of the amended ordinance, attached hereto.

Yours very truly,

R. Eric Slagle

Director, Development Services



City of Lowell

COMMONWEALTH OF MASSACHUSETTS

TO THE CITY COUNCIL:

The Department of Public Works, Division of Streets and Highways and Superintendent of Wires of the City of Lowell, to whom was referred the petition of

Re: City Council petition National Grid request to install 1-3 inch conduit from p .22 to meter Pedestal for pedestrian lighting-Pawtucket St.

respectfully report thereon as follows:

Would recommend the granting of said petition and the accompanying order is introduced with the recommendation that it be adopted.

FOR DEPARTMENT OF PUBLIC WORKS
DIVISION of STREETS and HIGHWAYS

Nicholas Catey
SUPERINTENDENT OF WIRES



City of Lowell

COMMONWEALTH OF MASSACHUSETTS

TO THE CITY COUNCIL:

The Department of Public Works, Division of Streets and Highways and Superintendent of Wires of the City of Lowell, to whom was referred the petition of

Re: City Council petition National Grid request to install 1-3 underground conduit to provide electric service to 70 Fox Street (Favel St.)

respectfully report thereon as follows:

Would recommend the granting of said petition and the accompanying order is introduced with the recommendation that it be adopted.

FOR DEPARTMENT OF PUBLIC WORKS
DIVISION of STREETS and HIGHWAYS

A handwritten signature in cursive script that reads "Nicholas Catey".

SUPERINTENDENT OF WIRES

Petition to Discontinue Street

This is a petition to the Lowell City Council to discontinue a street as part of the UTEC Park Project. This petition is being made by Affirmative Investments, Inc. (AI) on behalf of UTEC, Inc.

Project Overview

The UTEC Park is a significant improvement to UTEC's outdoor space, as well as to the City's street, sidewalks, and public space at the intersection of Warren and Hurd Street. The project will create two parks; a public park at the intersection of Hurd and Warren Street, and a park that will be accessible to the public at specific times on UTEC's property.

The public park features seating areas, a trellis, a new tree, and a rain garden.

The UTEC portion of the park includes synthetic lawn, wood decking with storage beneath, planting areas, and a sand box. This space will serve several uses, including as licensed childcare space for UTEC's childcare program, seating for the café, and outdoor space for UTEC events (weddings, meetings, programming). This park will be available to the public pursuant to language detailed in easement agreements.

The improvements in the City's right of way include new sidewalks on Hurd and Warren street, new bike racks, and an improved streetscape on Warren Street which will significantly improve traffic flow at the confusing four-way intersection. The improvement of the streetscape on Warren Street included the abandonment of a portion of Warren Street that is a vestige of when the street was used as a two-way street. That portion of the street will be used as sidewalk and public park space in the proposed plan.

Brief History of the Project and City Involvement

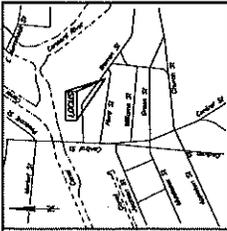
UTEC, working in partnership with the City of Lowell and MassDevelopment, won a MassWorks Infrastructure Grant in 2017 to complete significant roadway and streetscape improvements along Warren and Hurd Street as well, as well as create new and improved green spaces in the area in front of UTEC's building at 35 Warren Street.

UTEC bid the project in accordance with Chapter 30B for an Owner's Project Manager and an architect. UTEC selected AI as OPM and Lemon Brooke as the architect. UTEC, the City of Lowell, and MassDevelopment entered into a grant agreement on June 17, 2019. Since then, the team has been working on developing a plan for the space, and meeting with City officials regularly to discuss the plans.

The project team met with members of the Planning and Development, Development Services, Engineering, and Transportation Departments in October 2019. In this meeting, the project team was instructed to submit an Application Not Required to the Land Use Board. The project team met again with members of the Transportation and Lowell Fire Department in December of 2019. The team sent around updated plans for comment from the Parking, Planning and Development, Development Services, and Fire Departments in February of 2020.

After a final review of the plans by the Engineering and Planning and Development Departments in May, 2020, the project team was instructed the team to submit a petition to discontinue a street instead of an ANR.

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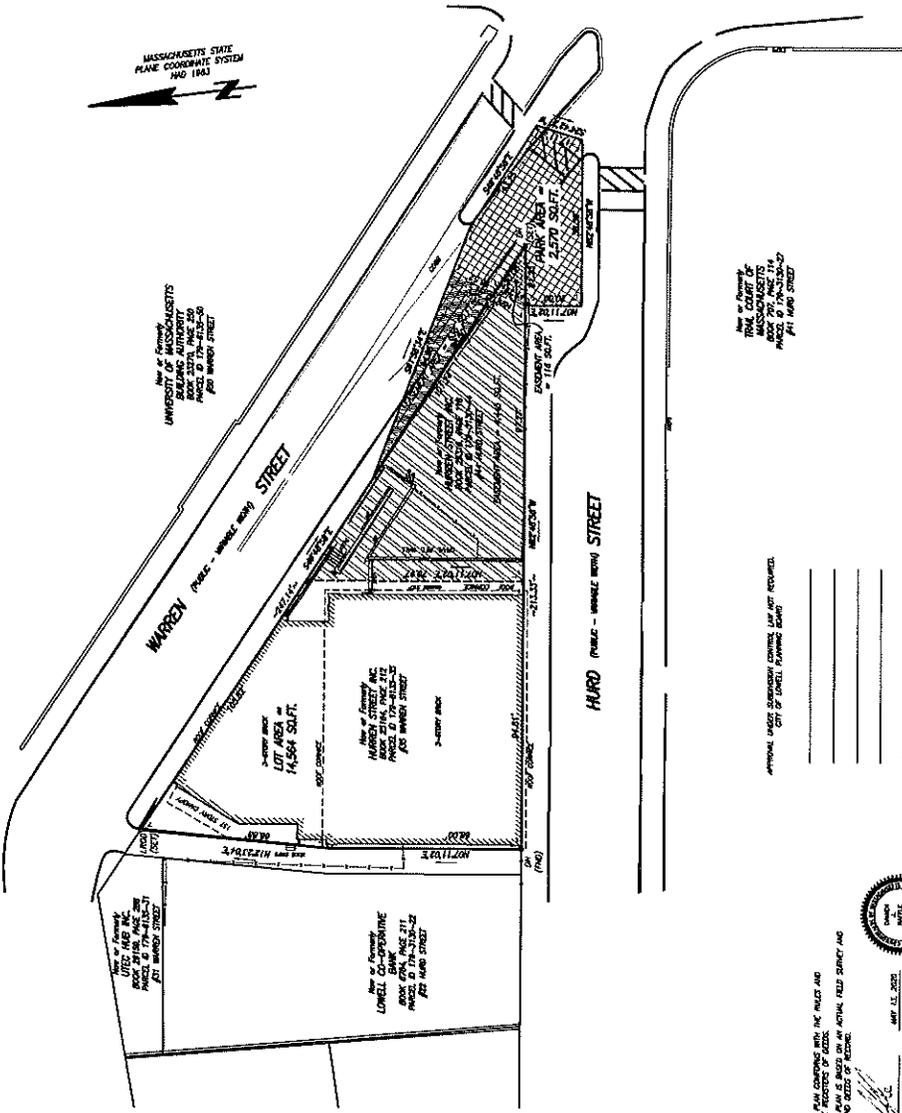


LEGEND MAP NOT TO SCALE

NOTES:

- 1) THE PLANNING DEPARTMENT HAS REVIEWED THIS PLAN AND HAS DETERMINED THAT THE PROPOSED DISCONTINUANCE OF THE STREET IS IN ACCORDANCE WITH THE MASSACHUSETTS PLANNING ACT AND THE MASSACHUSETTS PLANNING BOARD REGULATIONS. THE DISCONTINUANCE IS TO BE MADE BY A PUBLIC WORKS PROJECT.
- 2) THE DISCONTINUANCE OF THE STREET SHALL BE MADE IN ACCORDANCE WITH THE MASSACHUSETTS PLANNING ACT AND THE MASSACHUSETTS PLANNING BOARD REGULATIONS. THE DISCONTINUANCE IS TO BE MADE BY A PUBLIC WORKS PROJECT.
- 3) THE LAND ALONG WARREN AND HURD STREETS ADJACENT TO THE PROPOSED DISCONTINUANCE SHALL BE REDEVELOPED IN ACCORDANCE WITH THE MASSACHUSETTS PLANNING ACT AND THE MASSACHUSETTS PLANNING BOARD REGULATIONS. THE DISCONTINUANCE IS TO BE MADE BY A PUBLIC WORKS PROJECT.
- 4) THE ABOVE DESCRIBED PARK AREA AND SIDEWALKS ARE IDENTIFIED IN A CITY MAP.
- 5) THE DISCONTINUANCE OF THE STREET SHALL BE MADE IN ACCORDANCE WITH THE MASSACHUSETTS PLANNING ACT AND THE MASSACHUSETTS PLANNING BOARD REGULATIONS. THE DISCONTINUANCE IS TO BE MADE BY A PUBLIC WORKS PROJECT.

- LEGEND**
- NEW CITY OF LOWELL, MASS.
 - USE DISCONTINUED FROM CITY OF LOWELL TO USE FOR SOFT.
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GEORGE STREET (PLAN - XX WEST)

MASSACHUSETTS PLANNING BOARD
APPROVED FOR THE CITY OF LOWELL
DATE: 05/07/2020

APPROVAL: CITY OF LOWELL PLANNING BOARD
DATE: 05/07/2020

DATE: 05/07/2020
BY: [Signature]
CITY OF LOWELL PLANNING BOARD



APPROVED FOR THE CITY OF LOWELL
DATE: 05/07/2020
BY: [Signature]
CITY OF LOWELL PLANNING BOARD

DISCONTINUANCE PLAN
35 WARREN STREET
LOWELL, MASS.
MAY 7, 2020
FELDMAN LAND SURVEYORS
180 HAMPDEN STREET
BOSTON, MASS. 02119
PHONE: (617)357-9740
www.feldmansurveyors.com

FELDMAN
LAND SURVEYORS



DATE	05/07/2020	SCALE	1"=20'
PROJECT	DISCONTINUANCE OF 35 WARREN STREET	PROJECT NO.	2019-001
CLIENT	CITY OF LOWELL	DATE	05/07/2020
PREPARED BY	[Name]	DATE	05/07/2020
CHECKED BY	[Name]	DATE	05/07/2020
APPROVED BY	[Signature]	DATE	05/07/2020





