

STATE OF NEW YORK
PUBLIC HEALTH AND HEALTH PLANNING COUNCIL

COMMITTEE DAY

AGENDA

January 22, 2026

10:15 a.m.

Empire State Plaza, Concourse Level, Meeting Room 6, Albany

I. COMMITTEE ON ESTABLISHMENT AND PROJECT REVIEW

Peter Robinson, Chair

A. Applications for Construction of Health Care Facilities/Agencies

Acute Care Services – Construction

	<u>Number</u>	<u>Applicant/Facility</u>
1.	252112 C	Roswell Park Cancer Institute (Erie County)
2.	252116 C	Rochester General Hospital (Monroe County)
3.	252145 C	Good Samaritan Hospital Medical Center (Suffolk County)

Ambulatory Surgery Centers – Construction

	<u>Number</u>	<u>Applicant/Facility</u>
1.	252080 C	Manhattan Endoscopy Center, LLC (New York County)
2.	252091 C	Surgical Pain Center of the Adirondacks LLC (Clinton County)

Diagnostic and Treatment Center – Construction

	<u>Number</u>	<u>Applicant/Facility</u>
1.	251079 C	Community Health Center of Richmond, Inc. (Richmond County)

B. Applications for Establishment and Construction of Health Care Facilities/Agencies

Ambulatory Surgery Centers – Establish/Contract

	<u>Number</u>	<u>Applicant/Facility</u>
1.	252114 B	Gold Coast Surgery Center (Nassau County)
2.	252165 E	Progressive Surgery Center, LLC (Suffolk County)
3.	252173 E	Saratoga-Schenectady Endoscopy Center, LLC (Saratoga County)

Diagnostic and Treatment Centers – Establish/Contract

	<u>Number</u>	<u>Applicant/Facility</u>
1.	242277 B	Hyp+Care (New York County)
2.	252045 B	Doctors of New York Health Care Center (Queens County)

Home Care Service Agency Licensures

New LHCSA

	<u>Number</u>	<u>Applicant/Facility</u>
1.	241092 E	FoxWoods Home Care LLC (Please see exhibit for list of Geographical Service Area)

Changes of Ownership

	<u>Number</u>	<u>Applicant/Facility</u>
1	232059 E	Greifinger Rocha LLC d/b/a Home At Last Home Care (Please see exhibit for list of Geographical Service Area)
2.	242282 E	The Home Agency Inc (Please see exhibit for list of Geographical Service Area)
3..	252046 E	The Eliot at Catskill LLC d/b/a The Eliot at Catskill LHCSA (Please see exhibit for list of Geographical Service Area)

4. 252047 E The Sentinel of Port Jervis LLC d/b/a The Sentinel of Port Jervis
LHCSA
(Please see exhibit for list of Geographical Service Area)

Residential Healthcare Facilities – Establish/Construct

- | <u>Number</u> | <u>Applicant/Facility</u> |
|---------------|--|
| 1. 242307 E | 378Sywood LLC d/b/a Woodbury Heights Nursing and Rehabilitation
Center
(Nassau County) |

C. Certificates

Certificate of Amendment of the Certificate of Incorporation

Applicant

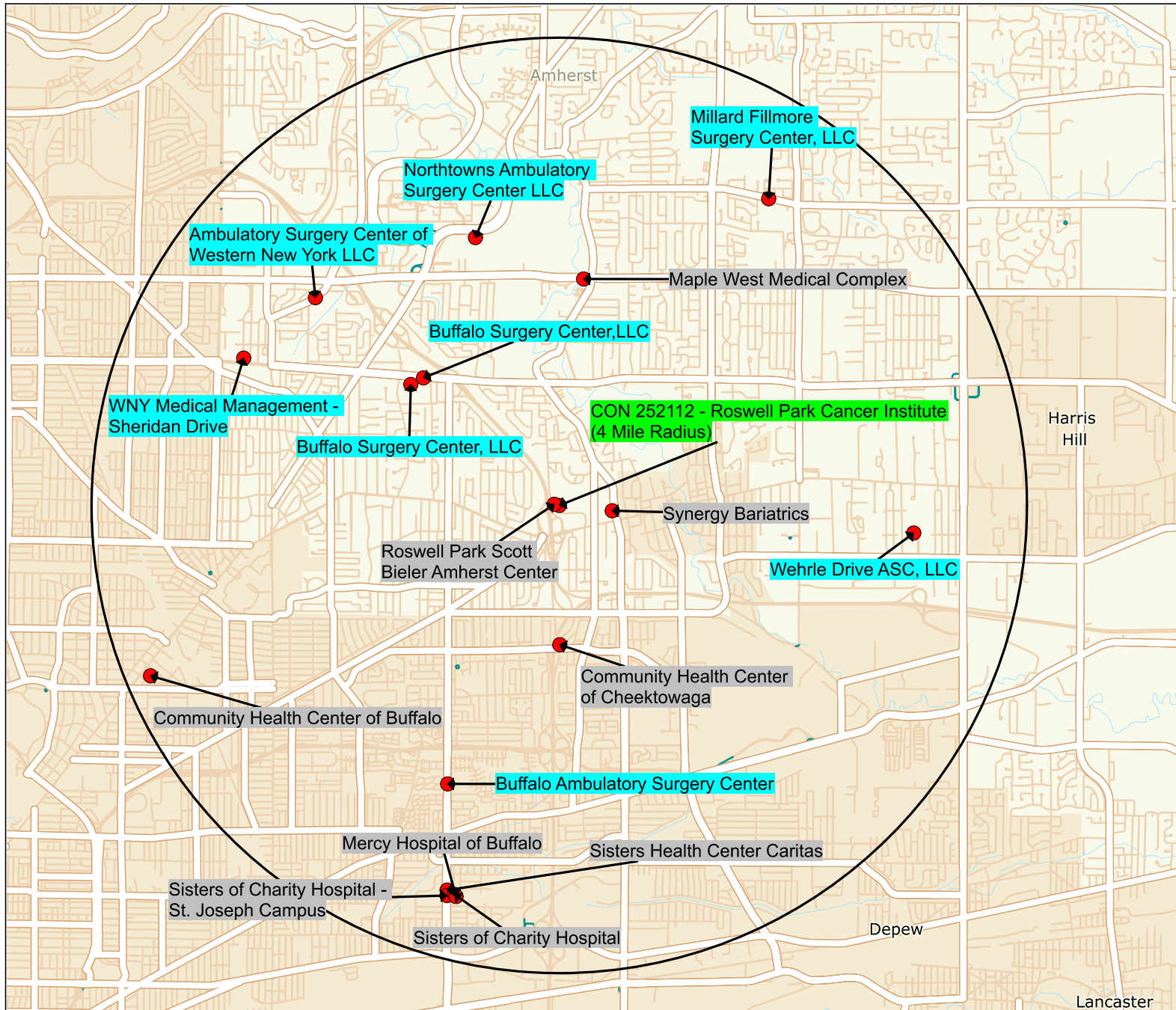
Certificate of Amendment of the Certificate of Incorporation of Northwell Health Foundation

Certificate of Dissolution

Applicant

Certificate of Dissolution of AHRC Health Care Inc.

******Agenda items may be called in an order that differs from above******



The map above shows the following facilities within a 4 mile radius of CON 252112 (Roswell Park Cancer Institute):

- Blue highlights - multi-specialty ambulatory surgery centers
- Gray highlights - facilities providing Primary Care and/or Other Medical Specialties

CONSOLIDATED STATEMENTS OF NET POSITION

As of March 31,
(in thousands of dollars)

ASSETS	2025	2024
Current assets:		
Cash and cash equivalents	\$ 209,387	\$ 295,898
Current portion of assets limited as to use	37,258	23,717
Patient accounts receivable, net	304,450	203,646
Inventories	23,225	25,405
Due from New York State and other affiliates, net	2,085	3,634
Prepaid expenses and other assets	25,129	27,923
Total current assets	601,534	580,223
Non-current assets:		
Assets limited as to use, net of current portion	259,541	235,252
Goodwill and other intangible assets	5,935	5,935
Capital assets, net	390,015	386,874
Investments in joint ventures	3,673	4,768
Lease and subscription-based IT assets, net	38,047	37,115
Lease receivable	117	146
Total non-current assets	697,328	670,090
Deferred outflows of resources:		
Pension	119,569	129,852
Other post-employment benefits	30,736	45,034
Total deferred outflows of resources	150,305	174,886
Total assets and deferred outflows of resources	\$ 1,449,167	\$ 1,425,199
LIABILITIES AND NET POSITION		
Current liabilities:		
Current portion of long-term obligations	\$ 13,469	\$ 14,449
Revolving line of credit	50,000	—
Current portion of lease and subscription-based IT liabilities	11,455	9,788
Accounts payable and other current liabilities	75,072	63,713
Accrued expenses	114,023	108,886
Due to third-party payers	15,755	12,266
Third-party advance payment	33,497	6,076
Total current liabilities	313,271	215,178
Non-current liabilities:		
Long-term obligations, net of current portion	31,378	45,239
Post-employment benefits, net of current portion	338,787	399,347
Lease and subscription-based IT liabilities, net of current portion	21,916	21,361
Net pension liability	115,189	166,059
Total non-current liabilities	507,270	632,006
Deferred inflows of resources:		
Pension	68,938	15,434
Other post-employment benefits	272,775	251,603
Other deferred inflows	570	442
Total deferred inflows of resources	342,283	267,479
Total liabilities and deferred inflows of resources	1,162,824	1,114,663
Net position:		
Net investment in capital assets	345,168	327,186
Restricted expendable	63,236	75,577
Unrestricted	(122,061)	(92,227)
Total net position	286,343	310,536
Total liabilities, deferred inflows of resources, and net position	\$ 1,449,167	\$ 1,425,199

CONSOLIDATED STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
For the Years Ended March 31,
(in thousands of dollars)

	2025	2024
Operating revenues		
Net patient service revenue/net settlements and appeals	\$ 1,137,935	\$ 1,043,961
New York State operating support	55,463	55,463
Grants and contracts	4,242	5,276
Equity interest in loss of joint ventures	(975)	(1,126)
Other operating revenue	60,331	53,598
Total operating revenues	1,256,996	1,157,172
Operating expenses		
Salaries and wages	449,863	419,870
Employee benefits	127,517	139,185
Supplies and purchased services	684,847	611,208
Depreciation and amortization	69,863	60,091
Total operating expenses	1,332,090	1,230,354
Loss from operations	(75,094)	(73,182)
Non-operating revenues (expenses)		
Interest and other income	16,440	18,191
Interest expense	(4,775)	(2,833)
Gain on disposals	16	489
Investment gain	6,314	2,500
Net non-operating revenues	17,995	18,347
Deficiency of revenues over expenses	(57,099)	(54,835)
NYS support for capital and related expenses/expenditures	25,656	30,766
Contributions for purchase of capital assets	7,250	9,429
Decrease in net position	(24,193)	(14,640)
Net position at beginning of year	310,536	325,176
Net position at end of year	\$ 286,343	\$ 310,536

MEMO

TO: CON Project File
RE: CON Project # 252116
DATE: 10/27/2025

Service Location: 183 Parrish Street, Canandaigua, NY 14424

Description: Certify a new hospital extension clinic for multi-specialty ambulatory surgery, primary care, and other medical specialties and perform requisite renovations

Project Capital Cost: \$21,222,650.00

Community Need: Access to care continues to be a challenge in rural communities. These services are currently being provided by RRH but in a location they will no longer have access to, so they will develop this new site.

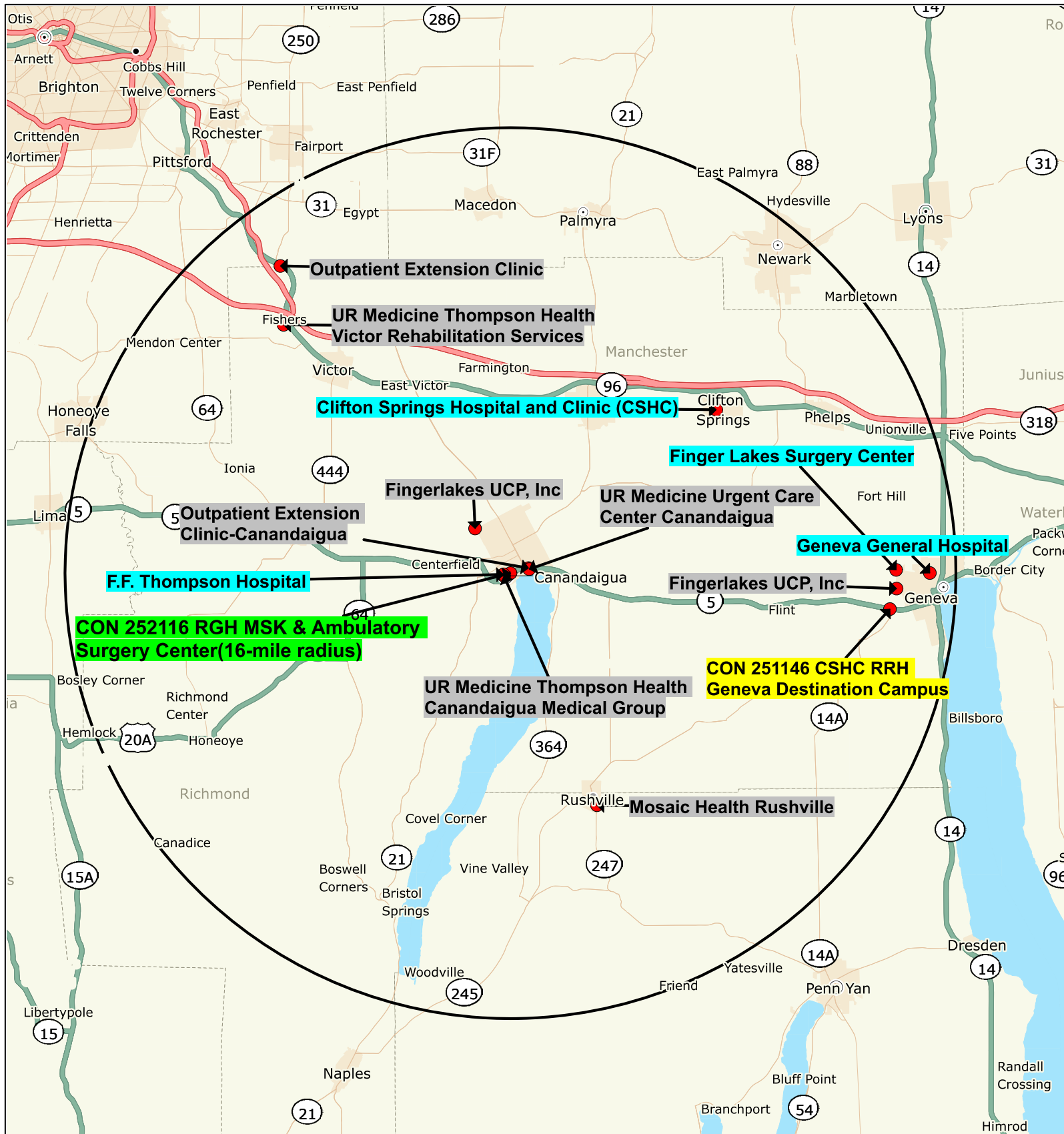
Projected Changes to Community Access: Current access will be maintained and wait times for imaging and surgery may be reduced due to additional imaging and surgery space.

Given the above findings, staff recommend approval of the application to certify the new multi-specialty hospital extension clinic.

Recommendation: Approval
Contingencies: None

Conditions: None

Comments: None



The map above shows the following facilities within 16 miles related to this application:

- Blue highlights - multi-specialty ambulatory surgery centers
- Gray highlights - facilities providing Primary Care and/or Other Medical Specialties
- Yellow highlight - CON 251146 was recently approved

Rochester Regional Health and Affiliates

Consolidating Balance Sheet – Hospitals
(in Thousands of Dollars)

December 31, 2024

	Rochester General Hospital	Unity Hospital	Newark Wayne Community Hospital	United Memorial Medical Center	Clifton Springs Hospital and Clinic	Eliminations	Consolidating Total
Assets							
Current assets:							
Cash and cash equivalents	\$ 5,278	\$ 15,559	\$ 503	\$ 18,828	\$ 5,676	\$ -	\$ 45,844
Investments	206,848	13,099	22,709	-	-	-	242,656
Current portion of assets whose use is limited	1,061	42	-	-	-	-	1,103
Patient accounts receivable	107,099	46,472	9,824	17,534	10,750	-	191,679
Estimated third-party payor receivables	16,626	6,724	1,541	3,441	1,010	-	29,342
Due from affiliates	102,963	27,694	1	534	33,969	(74,939)	90,222
Inventories	21,132	7,848	859	2,754	1,231	-	33,824
Prepaid expenses and other	57,466	5,705	1,964	4,112	1,868	-	71,115
Total current assets	518,473	123,143	37,401	47,203	54,504	(74,939)	705,785
Assets whose use is limited:							
Board designated funds	293,597	50,283	65,109	46,936	108	-	456,033
Donor restricted	-	-	-	-	4,257	-	4,257
Deferred compensation	-	5,492	-	-	-	-	5,492
Total assets whose use is limited, net	293,597	55,775	65,109	46,936	4,365	-	465,782
Property and equipment, net	646,094	184,289	27,149	50,271	45,294	-	953,097
Other assets:							
Interest in net assets of the Foundations	43,305	6,909	5,854	6,376	9,953	-	72,397
Goodwill	2,952	-	-	-	-	-	2,952
Estimated third-party payor receivables, net	5,867	-	73	77	163	-	6,180
Insurance recoveries receivable	58,075	24,302	5,003	5,281	1,849	-	94,510
Operating lease - right of use assets	101,123	72,953	116	2,831	169	-	177,192
Other	18,384	2,317	4,111	1,538	494	-	26,844
Total assets	\$ 1,687,870	\$ 469,688	\$ 144,816	\$ 160,513	\$ 116,791	\$ (74,939)	\$ 2,504,739

Rochester Regional Health and Affiliates

Consolidating Balance Sheet – Hospitals (Continued)
(in Thousands of Dollars)

December 31, 2024

	Rochester General Hospital	Unity Hospital	Newark Wayne Community Hospital	United Memorial Medical Center	Clifton Springs Hospital and Clinic	Eliminations	Consolidating Total
Liabilities and net assets							
Current liabilities:							
Accounts payable	\$ 99,663	\$ 27,368	\$ 6,153	\$ 6,367	\$ 6,224	\$ -	\$ 145,775
Accrued salaries, vacation, and payroll taxes	75,460	29,640	4,963	6,651	4,303	-	121,017
Accrued expenses and other	62,778	17,278	3,852	5,624	2,866	-	92,398
Accrued interest payable	850	-	-	-	-	-	850
Accrued insured and self-insured liabilities	5,787	1,989	376	642	382	-	9,176
Estimated third-party payor payables	7,773	4,451	981	2,585	728	-	16,518
Line of credit	150,000	-	-	-	-	-	150,000
Current portion of long-term debt	8,170	7,752	320	645	73	-	16,960
Current portion of operating lease liabilities	16,281	6,761	79	470	74	-	23,665
Due to affiliates	154,333	260	13,441	418	18	(74,939)	93,531
Total current liabilities	581,095	95,499	30,165	23,402	14,668	(74,939)	669,890
Long-term liabilities:							
Long-term debt, net	340,913	143,528	7,325	30,136	-	-	521,902
Long-term operating lease liabilities, net	86,474	67,226	37	2,365	100	-	156,202
Accrued retirement benefits	-	58,157	-	2,458	-	-	60,615
Accrued insured and self-insured liabilities	87,809	37,787	8,026	7,417	3,629	-	144,668
Estimated third-party payor payables, net	66,525	27,160	5,376	7,740	6,800	-	113,601
Other	-	376	283	-	574	-	1,233
Total long-term liabilities	581,721	334,234	21,047	50,116	11,103	-	998,221
Total liabilities	1,162,816	429,733	51,212	73,518	25,771	(74,939)	1,668,111
Net assets:							
Without donor restrictions	481,749	33,046	92,122	80,966	79,757	-	767,640
With donor restrictions	43,305	6,909	1,482	6,029	11,263	-	68,988
Total net assets	525,054	39,955	93,604	86,995	91,020	-	836,628
Total liabilities and net assets	\$ 1,687,870	\$ 469,688	\$ 144,816	\$ 160,513	\$ 116,791	\$ (74,939)	\$ 2,504,739

Rochester Regional Health and Affiliates

Consolidating Statement of Operations – Hospitals
(in Thousands of Dollars)

For the Year Ended December 31, 2024

	Rochester General Hospital	Unity Hospital	Newark Wayne Community Hospital	United Memorial Medical Center	Clifton Springs Hospital and Clinic	Eliminations	Consolidating Total
Revenues, gains, and other support without donor restrictions:							
Net patient service revenue	\$ 1,781,022	\$ 696,807	\$ 119,343	\$ 166,660	\$ 137,720	\$ -	\$ 2,901,552
Other revenues, gains, and other support	57,812	11,153	2,562	8,699	1,507	(4,490)	77,243
Total revenues, gains, and other support without donor restrictions	1,838,834	707,960	121,905	175,359	139,227	(4,490)	2,978,795
Expenses:							
Salaries and wages	827,401	377,269	74,333	85,497	65,734	-	1,430,234
Employee benefits	150,143	66,722	11,524	16,369	8,518	-	253,276
Professional fees	210,156	86,780	12,814	26,521	14,353	-	350,624
Purchased services and supplies	579,488	162,286	22,064	34,397	36,364	(4,490)	830,109
Depreciation and amortization	67,429	17,776	3,826	5,096	5,630	-	99,757
Malpractice and workers' compensation	17,762	12,247	553	1,683	1,514	-	33,759
Interest	16,007	5,141	255	1,265	-	-	22,668
Total expenses	1,868,386	728,221	125,369	170,828	132,113	(4,490)	3,020,427
(Loss) income from operations	(29,552)	(20,261)	(3,464)	4,531	7,114	-	(41,632)
Non-operating revenue (expense):							
Other components of net periodic pension expense	(7,556)	(3,462)	(311)	(517)	-	-	(11,846)
Other non-operating gains, net	3,118	1,030	-	9	-	-	4,157
Investment income, net	35,687	5,080	6,278	4,297	23	-	51,365
Total non-operating revenue, net	31,249	2,648	5,967	3,789	23	-	43,676
Excess (deficiency) of revenues over expenses	\$ 1,697	\$ (17,613)	\$ 2,503	\$ 8,320	\$ 7,137	\$ -	\$ 2,044

Rochester General Hospital and Affiliates
Consolidated Balance Sheet
(000s)

Assets			Liabilities and Net Assets		
	September 2025	December 2024		September 2025	December 2024
Current Assets			Current Liabilities		
Cash and short-term investments	\$ 3,216	\$ 5,278	Current portion of long-term debt	\$ 6,970	\$ 8,170
Investments	58,750	206,848	Line of credit	-	150,000
Patient accounts receivable	131,509	107,099	Accrued liabilities, including accounts payable	457,209	409,365
Estimated third-party payor settlements	18,241	16,626	Accrued insured and self-insured liabilities	5,787	5,787
Other current assets	192,894	182,622	Estimated third-party payor settlements	9,085	7,773
Total current assets	<u>404,610</u>	<u>518,473</u>	Total current liabilities	<u>479,051</u>	<u>581,095</u>
Assets Limited as to Use			Long-term Liabilities		
Board designated funds	332,462	293,597	Long-term debt, net current portion	340,821	340,913
Property and equipment, net	644,333	646,094	Estimated third-party payor settlements, net	54,098	66,525
Estimated third-party payor settlements	4,723	5,867	Accrued self-insured liabilities	89,965	87,809
Other assets	222,158	223,839	Other	83,757	86,474
			Total long-term liabilities	<u>568,641</u>	<u>581,721</u>
			Net Assets		
			Without donor restrictions	517,289	481,749
			With donor restrictions	43,305	43,305
			Total net assets	<u>560,594</u>	<u>525,054</u>
Total Assets	<u>\$ 1,608,286</u>	<u>\$ 1,687,870</u>	Total Liabilities and Net Assets	<u>\$ 1,608,286</u>	<u>\$ 1,687,870</u>

Rochester General Hospital and Affiliates
 Consolidated Statement of Operations
 For the Period Ending September 30, 2025
 (000s)

Operating revenues	
Net patient service revenue	\$ 1,449,034
Other operating revenue	46,357
Total operating revenues	<u>1,495,391</u>
 Operating expenses	
Salaries and benefits	791,362
Physician and professional fees	123,070
Purchased services, supplies and other	504,723
Depreciation and amortization	52,007
Interest	11,562
Total operating expenses	<u>1,482,724</u>
 Operating income	 12,667
 Non-operating income (loss)	 32,391
 Revenues over (under) expenses	 <u>\$ 45,058</u>

DRAFT - UNAUDITED

Catholic Health

Consolidating Balance Sheet (In Thousands)

December 31, 2024

	Good Samaritan University Hospital	St. Francis Hospital	Mercy Hospital	St. Charles Hospital	St. Catherine of Siena Hospital & Subsidiaries	St. Joseph Hospital	CH	CHS Services, Inc.	RVC Insurance Company, Inc.
Assets									
Current assets:									
Cash and cash equivalents	\$ 4,350	\$ 2,028	\$ 1,132	\$ 1,810	\$ 2,737	\$ 132	\$ 212	\$ 57,645	\$ 18,117
Investments	299,004	748,691	—	816	24,781	—	17,264	—	191,666
Assets limited or restricted as to use	6,736	1,190	—	—	—	—	1,713	—	—
Patient accounts receivable, net	109,122	148,287	44,618	32,963	34,314	19,900	—	—	—
Contributions receivable, net	67	—	17	27	—	—	—	—	—
Other receivables	2,648	8,513	7,806	2,358	1,137	70	69,024	4,580	—
Inventories	16,209	19,852	4,777	5,750	4,770	3,250	—	—	—
Prepaid expenses and other	10,313	15,560	4,174	2,522	3,525	1,902	8,776	17,480	3,464
Due from related parties	34,551	351,230	8,744	10,291	10,138	20,345	253,877	382,218	182,790
Total current assets	483,000	1,295,351	71,268	56,537	81,402	45,599	350,866	461,923	396,037
Assets limited or restricted as to use:									
Board designated and other	57,318	9,883	—	541	—	—	—	—	—
Donor-restricted funds	10,497	5,907	3,016	3,900	2,551	212	311	—	—
Funded depreciation	9,550	174,179	—	—	—	—	—	—	—
Trustee held and other agreements	70,866	20,432	1,196	3,932	2,625	182	58,002	2,650	—
Captive assets	—	—	—	—	—	—	—	—	—
Total assets limited or restricted as to use	148,231	210,401	4,212	8,373	5,176	394	58,313	2,650	—
Less assets limited or restricted as to use and required for current liabilities	6,736	1,190	—	—	—	—	1,713	—	—
Total assets limited or restricted as to use, net	141,495	209,211	4,212	8,373	5,176	394	56,600	2,650	—
Due from related parties, net of current portion	(960)	(1,439)	(1,021)	(524)	3,877	—	10,130	48,057	—
Contributions receivable, net of current portion	3,572	—	81	543	51	130	—	—	—
Right-of-use assets – operating leases	37,249	189,332	10,030	13,039	9,367	3,916	3,376	31,721	—
Other investments, at cost	—	—	—	—	—	—	2,825	—	—
Other assets, net	288	68,964	2,165	820	12	85	10,990	—	—
Insurance claims receivable	118,018	80,260	43,395	30,442	26,682	17,610	4,918	—	25,972
Property, plant, and equipment, net	500,679	326,716	119,509	58,312	89,907	39,319	91	64,413	—
Total assets	\$ 1,283,341	\$ 2,168,395	\$ 249,639	\$ 167,542	\$ 216,474	\$ 107,053	\$ 439,796	\$ 608,764	\$ 422,009

Catholic Health

Consolidating Balance Sheet (continued)
(In Thousands)

December 31, 2024

	Good Samaritan University Hospital	St. Francis Hospital	Mercy Hospital	St. Charles Hospital	St. Catherine of Siena Hospital & Subsidiaries	St. Joseph Hospital	CH	CHS Services, Inc.	RVC Insurance Company, Inc.
\$	61	\$ 3,785	\$ 164	\$ 59	\$ -	\$ -	23,225	\$ -	\$ -
Current portion of long-term debt	87,244	74,583	20,376	18,076	18,251	10,849	12,057	52,552	1,218
Accounts payable and accrued expenses	59,982	108,004	18,607	17,484	21,337	9,480	6,979	26,276	-
Accrued salaries, related withholdings, and benefits	7,864	7,266	2,734	2,734	3,940	737	737	1,704	-
Current portion of other self-insured liabilities	10,769	19,362	6,931	3,607	7,731	3,329	-	9,351	-
Current portion of estimated third-party payor liabilities	174,913	112,338	165,830	81,872	132,059	88,185	20,550	366,081	142,873
Due to related parties	4,404	16,081	1,684	1,986	1,425	420	213	5,453	-
Current portion of operating lease liabilities	174,913	112,338	165,830	81,872	132,059	88,185	20,550	366,081	142,873
Current portion of finance lease liabilities	-	-	-	-	-	-	-	-	-
Other liabilities	-	-	-	-	-	-	-	-	17
Total current liabilities	345,237	342,321	216,324	125,818	184,743	113,000	63,761	461,434	144,091
Long-term debt, net of current portion	425,597	74,740	10,027	9,006	-	-	143,760	-	-
Estimated third-party payor liabilities, net of current portion	10,206	9,144	4,106	2,407	12,217	1,426	-	-	-
Other self-insured liabilities, net of current portion	29,719	18,753	12,037	11,152	13,686	4,747	8,033	-	11,235
Estimated malpractice liabilities	128,980	80,476	46,064	30,678	27,203	20,493	-	-	165,345
Operating lease liabilities, net of current portion	36,460	180,453	8,751	11,503	8,443	3,664	3,369	30,506	-
Finance lease liabilities, net of current portion	-	902	-	-	-	-	-	-	-
Other long-term liabilities	19,957	25,044	1,654	4,044	3,122	182	37,215	2,987	-
Due to related parties, net of current portion	-	-	21,235	10,773	36,432	11,700	(7,383)	-	-
Total liabilities	996,156	767,298	320,198	205,381	285,846	155,212	248,755	494,927	320,671

Commitments and contingencies

Net assets (deficit):

Net assets (deficit) without donor restrictions:

Undesignated	271,240	1,395,190	(73,673)	(42,309)	(71,974)	(48,501)	190,730	113,837	99,088
Board-designated endowment	1,809	-	-	-	-	-	-	-	-
Noncontrolling interests	-	-	-	-	-	-	-	-	-
Total net assets (deficit) without donor restrictions	273,049	1,395,190	(73,673)	(42,309)	(71,974)	(48,501)	190,730	113,837	99,088
Net assets with donor restrictions	14,136	5,907	3,114	4,470	2,602	342	311	-	-
Capital stock and paid-in capital	-	-	-	-	-	-	-	-	2,250
Total net assets (deficit)	287,185	1,401,097	(70,559)	(37,839)	(69,372)	(48,159)	191,041	113,837	101,338
Total liabilities and net assets (deficit)	\$ 1,283,341	\$ 2,168,395	\$ 249,639	\$ 167,542	\$ 216,474	\$ 107,053	\$ 439,796	\$ 608,764	\$ 422,009

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Attachment A (cont'd)
252145

Catholic Health

Consolidating Statement of Operations

(In Thousands)

Year Ended December 31, 2024

	Good Samaritan University Hospital	St. Francis Hospital	Mercy Hospital	St. Charles Hospital	St. Catherine of Siena Hospital & Subsidiaries	St. Joseph Hospital	CH	CHS Services, Inc.	RVC Insurance Company, Inc.
Revenues, gains, and other support:									
Net patient services revenue	\$ 944,099	\$ 1,247,204	\$ 316,527	\$ 253,505	\$ 262,964	\$ 181,776	\$ —	\$ —	\$ —
Investment income, net	17,021	74,517	166	169	760	74	13,718	419	10,127
Contributions, net	203	117	109	205	18	13	24	2	—
Other revenue	18,941	24,499	16,772	7,532	5,553	794	104,482	296,760	31,657
Net assets released from restrictions used for operations	417	60	202	59	77	—	151	—	—
Total revenues, gains, and other support	980,681	1,346,397	333,776	261,470	269,372	182,657	118,375	297,181	41,784
Expenses:									
Salaries	458,942	652,549	154,347	112,379	130,414	79,474	17,724	163,058	—
Employee benefits	102,595	116,105	33,295	27,978	33,736	31,479	(648)	40,731	—
Supplies and other expenses	281,500	318,499	119,304	101,424	100,938	64,564	33,307	90,376	1,545
Insurance	19,910	30,365	8,426	5,222	5,732	4,100	52	3,016	22,867
Depreciation and amortization	24,220	33,369	11,793	7,527	9,810	4,355	81	24,341	—
Interest	11,719	2,105	15	47	—	—	6,450	—	—
CHS Services, Inc.	77,592	106,127	33,374	27,168	26,736	17,731	—	—	—
CH corporate office allocation	13,420	17,300	6,179	4,012	4,361	3,137	—	—	—
Total expenses	989,898	1,276,419	366,733	285,757	311,727	204,840	56,966	321,522	24,412
Operating (loss) income	(9,217)	69,978	(32,957)	(24,287)	(42,355)	(22,183)	61,409	(24,341)	17,372
Nonoperating gains (losses):									
Net unrealized gains on investments	21,639	14,751	—	36	1,786	—	91	—	8,172
Net periodic postretirement benefit changes (non-service related)	185	57	86	26	(14)	—	—	—	—
Income attributable to noncontrolling interests	(1,554)	—	—	—	—	—	—	—	—
Excess (deficiency) of revenues, gains, and other support over expenses	11,053	84,786	(32,871)	(24,225)	(40,583)	(22,183)	61,500	(24,341)	25,544
Other changes in net assets without donor restrictions:									
Postretirement benefit plan changes other than net periodic benefit cost	(224)	(193)	(59)	(28)	(3)	—	—	—	—
Grant income released from restrictions for purchases of property, plant, and equipment	1,317	16	310	215	505	46	—	—	—
Transfer (to) from Catholic Health	2,002	(308)	(110)	(71)	(77)	(56)	—	—	(20,000)
Transfer (to) from CHS Services, Inc.	(7,537)	(8,083)	(2,624)	(2,055)	(2,221)	(1,320)	—	—	—
Transfers (to) from related parties	—	3,868	—	1,779	—	—	20,000	25,207	—
Increase (decrease) in net assets without donor restrictions	6,372	80,140	(34,618)	(14,708)	(42,376)	(22,825)	81,500	866	5,544

Catholic Health
Consolidating Schedule - Balance Sheet
September 30, 2025
(In thousands)

	Good Samaritan Hospital	St. Francis Hospital	Mercy Medical Center	St. Charles Hospital	St. Catherine Medical Center & Affiliates	Consolidating and eliminating entries	Obligated Group total	St. Joseph Hospital	CHSII	CHS Services	RVC Insurance Company Inc.	RVC II Insurance Company Inc.	St. Francis Hospital Foundation	St. Francis R&E Corp.
Assets														
Current assets:														
Cash and cash equivalents	4,954	3,605	1,184	2,904	829	-	13,476	106	131	23,122	34,613	4,398	12,505	46
Investments	138,680	868,267	-	293	27,328	-	1,034,568	-	18,740	-	214,331	-	184,506	-
Assets limited or restricted as to use														
Patient accounts receivable, net	122,777	175,994	43,014	33,558	32,461	-	407,804	20,674	-	(7,792)	-	-	7	(188)
Contributions receivable, net	179	-	40	205	18	-	442	5	-	-	-	-	6,907	-
Other receivables, net	2,846	3,644	3,018	2,497	1,167	-	13,172	77	42,197	2,407	-	-	-	2,042
Inventories	16,358	20,233	4,804	5,854	4,755	-	52,004	3,260	-	-	-	-	-	-
Prepaid expenses and other	109,044	16,609	4,796	5,548	3,231	-	41,088	1,894	8,217	16,822	2,558	7	-	-
Due from related parties	63,079	391,201	6,958	22,031	7,181	-	490,450	4,549	290,346	521,661	216,185	2,448	143	25,821
Due from affiliates	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total current assets	359,777	1,479,553	63,814	72,890	76,970	-	2,053,004	30,565	359,631	556,220	467,687	6,853	204,068	27,721
Assets limited or restricted as to use:														
Board designated and other	49,253	10,933	-	563	-	-	60,749	-	-	-	-	-	20,732	-
Restricted funds	111,122	3,430	3,047	3,608	2,942	-	24,149	238	369	-	-	-	100,414	225
Funded depreciation	9,550	159,433	-	-	168,983	-	-	-	-	-	-	-	-	-
Trusts held and other agreements	31,099	26,152	1,889	5,166	4,068	-	68,374	200	32,718	2,567	-	-	-	-
Bond indemnure agreements	52,243	57	-	-	52,300	-	-	-	32,478	-	-	-	-	-
Regulated assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total assets limited or restricted as to use	153,267	200,005	4,936	9,337	7,010	-	374,555	438	65,565	2,567	-	-	121,146	225
Less assets limited or restricted as to use and required for current liabilities	153,267	200,005	4,936	9,337	7,010	-	374,555	438	65,565	2,567	-	-	121,146	225
Due from related parties, net of current portion	4,341	672	-	329	3,878	-	9,220	-	10,130	48,057	-	-	-	-
Due from affiliates, net of current portion	-	895	-	-	895	-	-	-	-	-	-	-	-	-
Contributions receivable, net of current portion	3,544	-	50	1,034	219	-	4,847	102	-	-	-	-	8,807	-
Right-of-use assets	35,645	210,520	11,558	12,774	8,938	-	279,435	3,565	3,181	28,064	-	-	-	83
Long-term investments, net of current portion	-	-	-	-	572	-	-	-	-	-	-	-	-	-
Other investments, at cost	278	65,844	2,033	820	12	-	68,987	85	10,990	-	-	-	-	-
Other assets, net	118,018	80,260	43,395	30,442	26,682	-	298,797	17,610	4,918	-	25,972	-	-	-
Insurance claims receivable, net	571,123	296,573	113,427	58,549	84,981	-	1,124,653	39,209	45	51,538	-	-	-	6,466
Property and equipment, net	1,245,993	2,334,322	239,213	186,747	208,690	-	4,214,965	91,574	457,285	686,446	493,659	6,853	334,021	34,495
Total assets	1,245,993	2,334,322	239,213	186,747	208,690	-	4,214,965	91,574	457,285	686,446	493,659	6,853	334,021	34,495

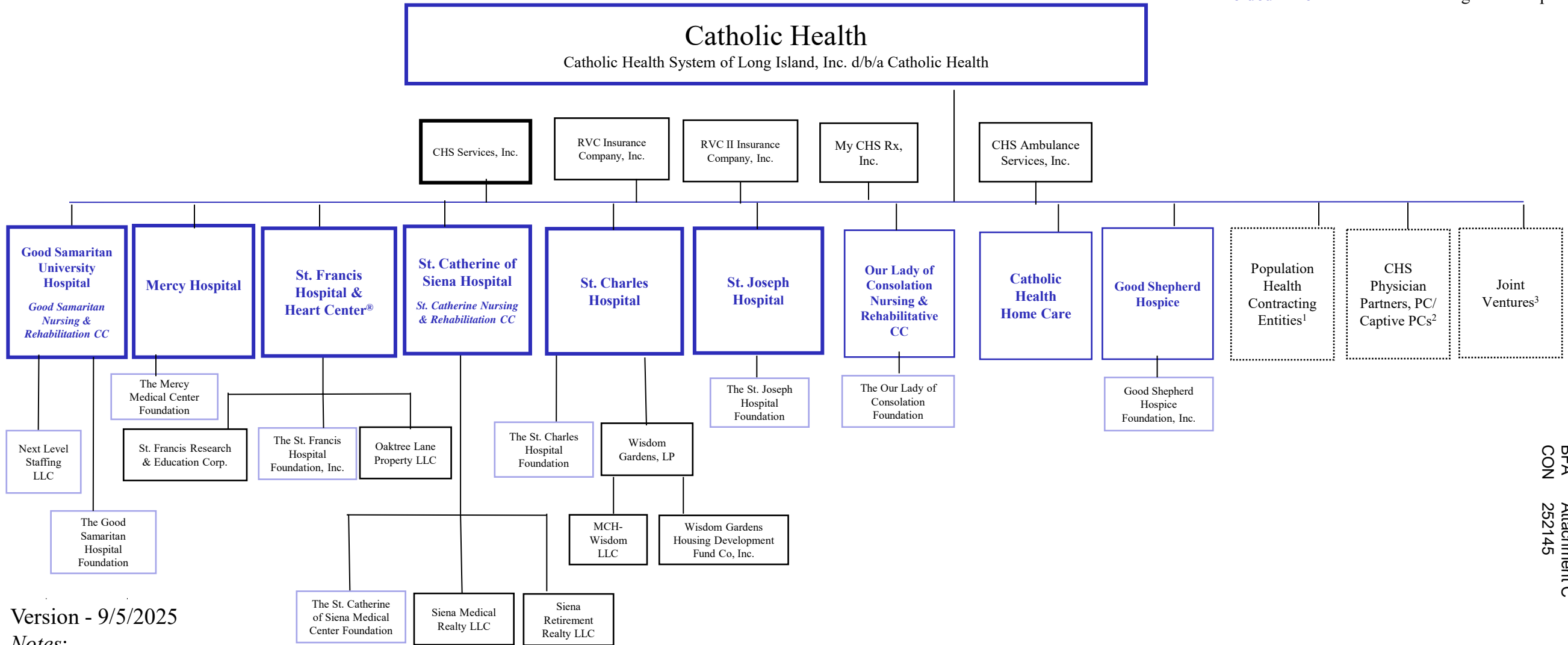
Catholic Health
Consolidating Schedule - Balance Sheet
September 30, 2025
(In thousands)

Liabilities and Net Assets	Good Samaritan Hospital	St. Francis Hospital	Mercy Medical Center	St. Charles Hospital	St. Catherine Medical Center & Affiliates	Consolidating and eliminating entries	Obligated Group total	St. Joseph Hospital	CHSII	CHS Services	RVC Insurance Company Inc.	RVC II Insurance Company Inc.	St. Francis Hospital Foundation	St. Francis R&E Corp.
Current liabilities:														
Short-term debt	61	-	172	59	-	-	292	-	9,600	-	-	-	-	-
Current portion of long-term debt	57,273	68,410	17,689	14,921	16,472	-	174,765	8,791	14,952	51,949	32,905	52	148	1,479
Accounts payable and accrued expenses	57,266	110,531	16,078	15,800	17,318	-	216,993	8,240	5,486	24,621	2	-	-	-
Accrued salaries, related withholdings, & benefits	8,934	7,766	3,071	3,225	4,275	-	27,271	1,273	641	1,648	-	-	-	-
Current portion of other self-insured liabilities	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Current portion of estimated third-party payor and other liabilities, net	12,728	13,972	9,713	2,971	11,074	-	50,458	3,753	-	-	-	-	-	-
Current portion of est. malpractice liabilities	4,990	18,132	1,867	2,197	1,499	-	28,685	459	253	5,622	-	-	-	49
Current portion of operating lease liabilities	152,981	138,291	192,933	118,432	176,522	-	779,159	96,869	73,400	437,211	146,605	2,458	29,242	23,904
Due to related parties	-	-	-	-	-	-	-	-	17	-	-	-	4	-
Total current liabilities	294,233	357,102	241,523	157,605	227,160	-	1,277,623	119,405	104,332	521,068	179,512	2,510	29,394	25,432
Long-term debt, net of current portion	398,378	45,630	2,038	1,776	-	-	447,822	-	203,827	-	-	-	-	-
Est. third-party payor and other liabilities, net of current portion	10,211	9,188	2,902	2,365	12,293	-	36,959	1,347	8,033	-	-	-	-	-
Other self-insured liabilities, net of current portion	29,719	18,753	12,037	11,152	13,686	-	85,347	4,747	8,033	-	12,852	1,864	-	-
Est. malpractice liabilities, net of current portion	129,504	81,144	46,246	30,779	27,531	-	315,004	20,592	3,180	26,446	-	-	-	-
Operating lease liabilities	34,422	29,019	10,195	11,126	7,780	-	272,542	3,314	40,889	2,905	-	-	-	38
Other long-term liabilities	25,476	-	2,347	5,278	4,565	-	69,670	200	40,889	2,905	-	-	-	-
Due to related parties, net of current portion	-	-	21,235	10,785	36,433	-	68,453	11,700	1,903	-	-	-	-	-
Total liabilities	921,943	752,840	338,523	230,866	329,248	-	2,573,420	161,305	362,164	550,419	361,283	4,374	29,394	25,470
Net assets (deficit):														
Unrestricted	307,600	1,578,052	(102,447)	(48,966)	(133,737)	-	1,610,502	(70,076)	94,752	136,013	130,126	1,904	188,499	8,800
Temporarily restricted	14,845	3,268	3,137	4,071	3,179	-	28,500	345	369	14	-	-	98,661	225
Permanently restricted	-	162	-	776	-	-	938	-	-	-	-	-	17,467	-
Capital stock and paid in capital	1,605	-	-	-	-	-	1,605	-	-	-	2,250	575	-	-
Total net assets (deficit)	324,050	1,581,482	(99,310)	(44,119)	(130,558)	-	1,641,545	(69,731)	95,121	136,027	132,376	2,479	304,627	9,025
Total liabilities and net assets (deficit)	1,245,993	2,334,322	239,213	186,747	208,690	-	4,214,965	91,574	457,285	686,446	493,659	6,853	334,021	34,495

Catholic Health

Consolidating Schedule - Statement of Operations
For the Nine months ended September 30, 2025 (actual)
(In thousands)

	Good Samaritan Hospital	St. Francis Hospital	Mercy Medical Center	St. Charles Hospital	St. Catherine Medical Center & Affiliates	CHS Physician Partners, PC	CHS MLP Hospitalists	Consolidating and eliminating entries	Obligated Group sub-total	St. Joseph Hospital	CHSLI	CHS Services	RVC Insurance Company Inc.	RVC II Insurance Company Inc.
Unrestricted revenues, gains, and other support:														
Net patient service revenue	734,033	785,945	245,599	197,643	203,273	299,541	23,951	-	2,489,985	153,356	-	(6)	-	-
Provision for bad debts	(22,940)	(9,654)	(7,162)	(4,374)	(8,030)	(4,687)	(763)	-	(57,610)	(7,102)	-	(43)	-	-
Net patient service revenue less provision for bad debts	711,093	776,291	238,437	193,269	195,243	294,854	23,188	-	2,432,375	146,254	-	(49)	-	-
Other revenue	13,540	7,011	13,506	36,413	3,540	18,330	47	-	92,387	464	36,242	250,381	26,097	2,065
Unrestricted Contributions	138	364	136	433	7	-	-	-	1,078	7	-	3	-	-
Net assets released from restrictions used for operations	40	2,074	75	30	19	-	-	-	2,238	-	29	-	-	-
Total revenues, gains, and other support	724,811	785,740	252,154	230,145	198,809	313,184	23,235	-	2,528,078	146,725	36,271	250,335	26,097	2,065
Expenses:														
Salaries	264,592	244,977	119,237	86,603	99,311	304,237	81,882	-	1,200,839	62,375	11,887	130,458	-	-
Employee benefits	60,325	45,090	30,415	21,690	26,973	51,039	19,754	-	255,286	25,133	3,615	32,494	-	-
Supplies and other expenses	226,347	246,197	70,855	75,439	53,807	102,661	6,796	-	782,102	47,140	36,676	64,909	1,143	167
Insurance	14,382	8,632	7,153	4,054	4,514	15,561	228	-	54,524	3,073	62	2,573	16,444	1,901
Reserve on amounts due from related parties	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Depreciation and amortization	17,127	20,231	8,920	5,979	7,380	6,616	-	-	66,253	3,209	46	18,712	-	-
Interest	8,696	1,475	10	33	-	-	-	-	10,214	-	4,463	-	-	-
Finance and technology services	63,498	63,951	26,890	21,877	22,664	22,746	-	-	221,626	15,152	-	-	-	-
CHS corporate office allocation	9,498	10,052	4,253	2,814	2,874	2,255	-	-	31,746	2,331	-	-	-	-
Total expenses	664,465	640,605	267,733	218,489	217,523	505,115	108,660	-	2,622,590	158,413	56,749	249,146	17,587	2,068
Operating income (loss) (prior to allocation of affiliated PC's)	60,346	145,135	(15,579)	11,656	(18,714)	(191,931)	(85,425)	-	(94,512)	(11,688)	(20,478)	1,189	8,510	(3)
Allocation of MLP/Hospitalists	(30,426)	(27,968)	(9,950)	(4,265)	(7,488)	-	85,425	-	5,328	(5,328)	-	-	-	-
Allocation of affiliated PC's	(48,900)	(76,965)	(10,408)	(23,796)	(26,488)	190,139	-	-	3,582	(3,582)	-	-	-	-
Net operating (loss) income	(18,980)	40,202	(35,937)	(16,405)	(52,690)	(1,792)	-	-	(85,602)	(20,599)	(20,478)	1,189	8,510	(3)
Nonoperating gains (losses):														
Investment Income	25,143	48,762	139	113	598	-	-	-	74,755	19	391	978	3,490	73
Change in unrealized gains (losses) on trading investments, net	2,269	57,263	-	46	2,000	-	-	-	61,578	-	4,542	-	19,038	-
(Loss) gain on debt extinguishment	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other nonoperating losses	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Income Attributable to Noncontrolling Interest	(1,053)	-	-	-	-	-	-	-	(1,053)	-	-	-	-	-
Excess (deficiency) of revenues, gains, & other support over expenses	7,379	146,227	(35,798)	(16,246)	(50,092)	(1,792)	-	-	49,678	(20,580)	(15,545)	2,167	31,038	70
Other changes in unrestricted net assets:														
Postretirement benefit plan changes other than net periodic benefit cost	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Net assets released from restriction for purchase of property and equipment	1,452	681	158	961	-	-	-	-	3,252	-	-	-	-	-
Grant income for purchases of PPE	110	58	-	2,962	3	-	-	-	3,133	-	-	-	-	-
Transfers (to) from related parties	(5,685)	3,234	(1,979)	(2,376)	(1,674)	3,496	-	-	(4,984)	(995)	(23)	19,009	-	-
Increase (Decrease) in unrestricted net assets	3,256	150,200	(37,619)	(14,699)	(51,763)	1,704	-	-	51,079	(21,575)	(15,568)	21,176	31,038	70



Version - 9/5/2025

Notes:

¹ Catholic Health controls several entities (IPA, ACO, etc.) that function as contracting entities for various population health initiatives (e.g., BIPO Holdings, LLC, parent entity of CHS Physician Partners PO, LLC, which controls CHS Physician Partners IPA, LLC; CHS Physician Partners ACO, LLC and CHS Physician Partners ACO II, LLC).

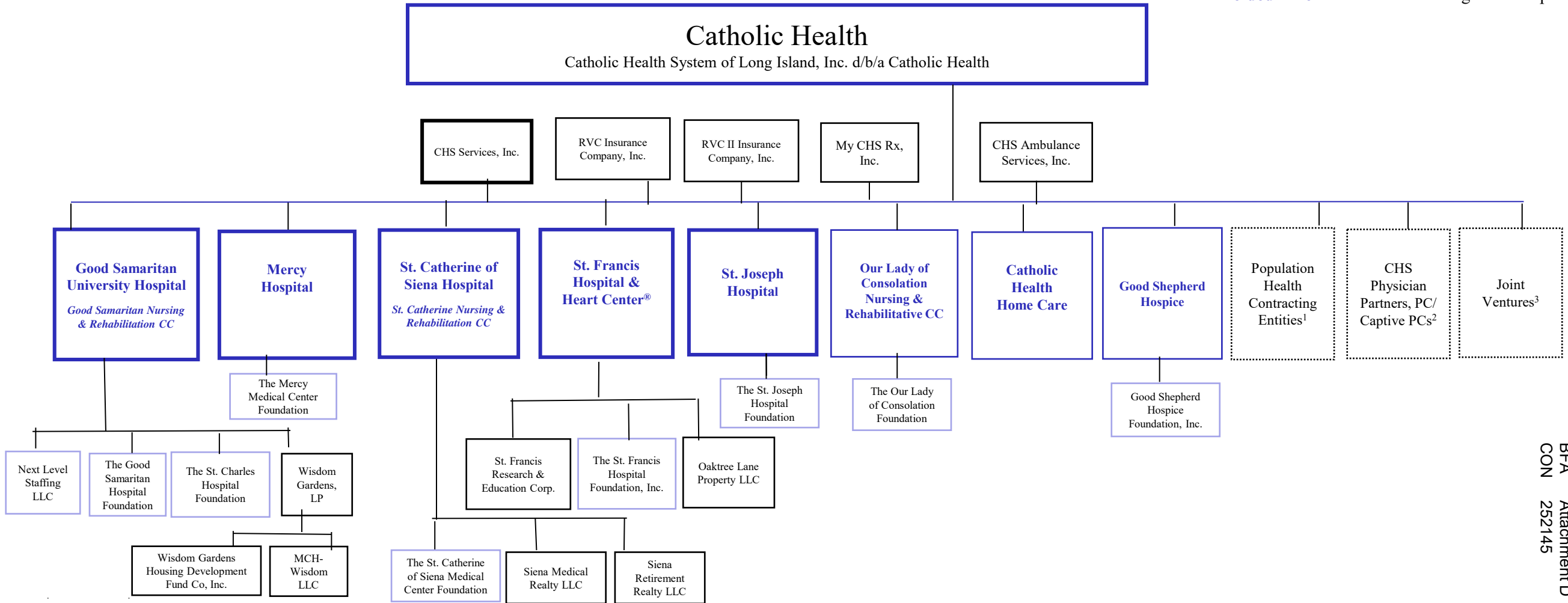
² CHS Physician Partners, PC is a professional corporation for the Catholic Health medical group. Catholic Health entities also control Southwest Suffolk Medical, PC, Samaritan Medical Services PC, Mercy Internal Medicine, PC, Samaritan Emergency Medical Services, PC, Samaritan Pediatric Services, PC, St. Francis Cardiac Prevention Services, PC, Long Island Emergency Medical Care, PC, Cardiac EKG Interpretation, PC, and Advanced Rehabilitation Medicine, PLLC d/b/a Urgent Care of Long Island.

³ Catholic Health entities have joint venture interests in SF Nassau LLC, Hauppauge SC, LLC d/b/a CASJS, Precision SC, LLC, Island Digestive Health Center LLC, Catholic Health UC, LLC, Urgent Care of New York, PLLC and New York Vascular Intervention, PLLC.



PROPOSED – AS OF 7/1/2026 SCH – GSUH MERGER

KEY: **Bolded Name** = Operating Entity
Bolded Line = Members of Obligated Group



Version - 9/5/2025 Draft

Notes:

¹ Catholic Health controls several entities (IPA, ACO, etc.) that function as contracting entities for various population health initiatives (e.g., BIPO Holdings, LLC, parent entity of CHS Physician Partners PO, LLC, which controls CHS Physician Partners IPA, LLC; CHS Physician Partners ACO, LLC and CHS Physician Partners ACO II, LLC).

² CHS Physician Partners, PC is a professional corporation for the Catholic Health medical group. Catholic Health entities also control Southwest Suffolk Medical, PC, Samaritan Medical Services PC, Mercy Internal Medicine, PC, Samaritan Emergency Medical Services, PC, Samaritan Pediatric Services, PC, St. Francis Cardiac Prevention Services, PC, Long Island Emergency Medical Care, PC, Cardiac EKG Interpretation, PC, and Advanced Rehabilitation Medicine, PLLC d/b/a Urgent Care of Long Island.

³ Catholic Health entities have joint venture interests in SF Nassau LLC, Hauppauge SC, LLC d/b/a CASJS, Precision SC, LLC, Island Digestive Health Center LLC, Catholic Health UC, LLC, Urgent Care of New York, PLLC and New York Vascular Intervention, PLLC.

Map depicts facilities within a one mile Radius providing multi-specialty ambulatory surgical services that include at least one of the specialties proposed by the applicant.



MANHATTAN ENDOSCOPY CENTER, LLC

BALANCE SHEETS

DECEMBER 31, 2024 AND 2023

ASSETS

	<u>2024</u>	<u>2023</u>
Current assets:		
Cash	\$ 1,268,129	\$ 1,167,430
Accounts receivable, net	1,395,947	1,798,233
Prepaid expenses	<u>170,200</u>	<u>201,425</u>
Total current assets	2,834,276	3,167,088
Restricted cash	241,979	241,934
Other assets	208,106	208,106
Property and equipment, net	754,237	873,611
Right-of-use assets, operating leases	4,187,228	5,065,859
Right-of-use assets, finance lease	<u>562,585</u>	<u>761,144</u>
Total assets	<u>\$ 8,788,411</u>	<u>\$ 10,317,742</u>

LIABILITIES AND MEMBERS' EQUITY

Current liabilities:		
Accounts payable and accrued expenses	\$ 1,156,579	\$ 1,283,256
Current portion of:		
Operating lease liabilities	1,052,366	978,991
Finance lease liability	213,788	194,969
Accrued distributions	807,035	-
Due to related party	<u>295,563</u>	<u>94,620</u>
Total current liabilities	3,525,331	2,551,836
Long-term liabilities		
Operating lease liabilities, net of current portion	3,931,810	4,978,252
Finance lease liability, net of current portion	<u>446,971</u>	<u>660,759</u>
Total liabilities	7,904,112	8,190,847
Members' equity		
Class A members	442,310	1,063,660
Class B members	<u>441,989</u>	<u>1,063,235</u>
Total members' equity	884,299	2,126,895
Total liabilities and members' equity	<u>\$ 8,788,411</u>	<u>\$ 10,317,742</u>

See notes to financial statements

MANHATTAN ENDOSCOPY CENTER, LLC

STATEMENTS OF INCOME

YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Revenues:		
Facility service revenue, net	\$ 15,505,076	\$ 15,595,866
Anesthesia revenue, net	<u>5,137,722</u>	<u>5,031,693</u>
Net revenues	<u>20,642,798</u>	<u>20,627,559</u>
Operating expenses:		
Personnel costs	5,945,058	5,344,961
Rent	1,284,294	1,498,085
Medical supplies and medications	993,335	907,137
Other	856,486	805,292
Repairs and maintenance	628,201	461,919
Administrative and billing fees	588,642	611,813
Depreciation and amortization	527,155	420,578
Management fees	250,000	246,445
Professional fees	247,849	107,920
Insurance	<u>174,763</u>	<u>175,706</u>
Operating expenses	<u>11,495,783</u>	<u>10,579,856</u>
Income from operations	<u>9,147,015</u>	<u>10,047,703</u>
Other income (expense):		
Other income	71,347	8,734
Interest expense	<u>(68,992)</u>	<u>(40,048)</u>
Total other income (expense), net	<u>2,355</u>	<u>(31,314)</u>
Income before provision for income taxes	9,149,370	10,016,389
Provision for income taxes	<u>404,963</u>	<u>402,961</u>
Net income	<u>\$ 8,744,407</u>	<u>\$ 9,613,428</u>

See notes to financial statements

Comparative Balance Sheet (Unaudited)

	2024 June	2025 June
Assets:		
Cash	1,322,891	693,725
Net Accounts Receivable	1,845,157	1,648,809
Prepaid Expenses and Other Current Assets	217,843	338,484
Total Current Assets	3,385,891	2,681,019
Net Property, Plant & Equipment	1,537,907	1,129,016
Intangible Assets, Net of Amortization	0	0
Total Other Assets	\$ 1,537,907	\$ 1,129,016
Other Net Long Term Assets	4,646,891	3,762,878
TOTAL ASSETS	\$ 9,570,689	\$ 7,572,913
Accounts Payable	\$ 186,960	96,231
Salaries & Wages Payable	141,698	221,202
Current Portion Long Term Debt	1,220,892	1,314,427
Accrued Interest	-	-
Patient Refunds	406,023	341,922
Other Current Liabilities	324,297	239,719
Total Current Liabilities	\$ 2,279,870	\$ 2,213,501
Non-Current Portion Long-Term Debt	5,020,392	3,712,074
Other Long-Term Liabilities	0	0
Total Long Term Liabilities	\$ 5,020,392	\$ 3,712,074
TOTAL LIABILITIES	\$ 7,300,262	\$ 5,925,575
Non-Controlling Interest	\$ (1,314,304)	\$ (1,095,419)
General Partners' Interest	(1,328,724)	(1,028,561)
Current YTD Income	4,913,454	3,771,318
TOTAL STOCKHOLDERS' EQUITY	\$ 2,270,426	\$ 1,647,338
TOTAL LIABILITIES & SH. EQUITY	\$ 9,570,689	\$ 7,572,913

Income Statement - Prior Year Comparison

	Current Month				YTD			
	Jun FY25 Actual	Jun FY24 Actual	Var	Var %	Jun FY25 Actual	Jun FY24 Actual	Var	Var %
Cases	804	1,144	(340)	-30%	4,811	5,718	(907)	-16%
Procedures	1,151	1,469	(318)	-22%	6,542	7,373	(831)	-11%
Anesthesia Cases	795	1,128	(333)	-30%	4,725	5,638	(913)	-16%
Net Patient Revenue	1,298,911	1,731,224	(432,313)	-25%	7,509,685	8,394,829	(885,143)	-11%
Anesthesia Revenue	371,567	556,460	(184,893)	-33%	2,273,870	2,725,192	(451,322)	-17%
Other Income	66	9	57	611%	146	1,132	(987)	-87%
Total Revenue	1,670,544	2,287,693	(617,149)	-27%	9,783,700	11,121,153	(1,337,452)	-12%
Anesthesia Labor	185,218	233,438	(48,220)	-21%	1,486,443	1,469,553	16,890	1%
Facility Labor	247,737	207,039	40,698	20%	1,468,115	1,409,269	58,846	4%
Drug & Medical Supplies	88,941	95,798	(6,857)	-7%	419,345	555,832	(136,487)	-25%
Fixed Expenses	120,648	119,912	735	1%	699,726	707,762	(8,036)	-1%
Other Operating Expenses	173,655	188,697	(15,042)	-8%	1,067,983	1,106,549	(38,566)	-3%
Bad Debt	49,978	67,293	(17,316)	-26%	289,263	296,519	(7,256)	-2%
Total Operating Expenses	866,177	912,178	(46,001)	-5%	5,430,876	5,545,484	(114,609)	-2%
EBITDAM	804,367	1,375,515	(571,148)	-42%	4,352,825	5,575,669	(1,222,844)	-22%
Management Fees	21,146	20,537	609	3%	126,875	123,223	3,652	3%
Depreciation & Amortization	45,095	43,140	1,955	5%	269,995	258,691	11,304	4%
Interest	4,256	9,575	(5,320)	-56%	27,548	40,499	(12,951)	-32%
Federal and State Income Taxes	27,322	69,129	(41,807)	-60%	157,089	239,802	(82,713)	-34%
Net Income	706,548	1,233,133	(526,584)	-43%	3,771,318	4,913,454	(1,142,136)	-23%
NPR/Case	1,616	1,513	102	7%	1,561	1,468	93	6%
Anesthesia Revenue/Case	467	493	(26)	-5%	481	483	(2)	0%
Labor % of Total NR	26%	19%	7%	35%	30%	26%	4%	17%
Supplies % of Total NR	5%	4%	1%	27%	4%	5%	-1%	-14%
Opex % of Total NR	18%	13%	4%	31%	18%	16%	2%	11%
Variable Expenses/Case	865	634	231	37%	923	794	129	16%
EBITDAM/Case	1,000	1,202	(202)	-17%	905	975	(70)	-7%
EBITDAM Margin	48%	60%	-12%	-20%	44%	50%	-6%	-11%

Health Equity Impact Assessment

Part 1 – Project Details

CON Number: 252080

Facility Name: Manhattan Endoscopy Center

Project Type: Full Review

Independent Entity: Sachs Policy Group

Part 2 – Health Equity Impact Summary

A summary statement or paragraph that succinctly demonstrates the anticipated health equity impacts of the proposed project (200 words or less).

The Applicant is seeking to add low acuity vein procedures including radiofrequency ablation and Varithena treatments to its gastrointestinal ambulatory surgery center located in midtown Manhattan. The addition of vein treatment services will expand access for patients, lower costs, improve services for identified medically underserved groups and alleviate the volume of low acuity vein procedures managed in hospital settings. With endoscopy services typically scheduled in the morning, staff reported that afternoon timeslots could conveniently be dedicated to vein treatments without disrupting current schedules. This approach allows the Applicant to utilize existing clinical space and staffing to expand patient services and enhance continuity of care. No staffing issues are anticipated since a new vascular surgeon will be appointed and support staff will undergo training to assist with treatments. The Independent Entity reports that women and older adults will be most impacted since they are at higher risk for chronic venous conditions. The outpatient model avoids overnight stays at the hospital, thereby reducing costs, easing mobility burdens and providing same-day procedures which may alleviate childcare constraints, and work limitations for some. Lastly, the availability of a Spanish-speaking vascular surgeon is expected to enhance access to care for racial and ethnic minority groups.

Part 3 – Impact Assessment		
When answering questions in Part 3, the reviewer should be guided by the tenet, “Have my responses been reasonable considering the potential health consequences for a proposed project?”	No or small impact may occur	Moderate to large impact may occur
1. Will the proposed project result in an adverse change in health outcomes experienced by the potentially impacted medically underserved group(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed project result in a reduction of use of services and health care by the potentially impacted medically underserved group(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed project result in a reduction of access to quality services and health care?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed project result in an increase in health disparities or negative health consequences experienced by the potentially impacted medically underserved group(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed project increase systemic barriers to equitable access to services and health care (e.g., architectural barriers, indigent care, transportation, language barriers, etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed project adversely affect the perceived health status, quality of life, access to programs/services, etc. of potentially impacted medically underserved groups?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed project impede the achievement of the highest level of health for the potentially impacted medically underserved group(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Key insights from community engagement and a summary of how the applicant plans to mitigate any negative health equity impacts to the medically underserved groups identified (200 words or less).

A total of 31 stakeholders participated in meaningful engagement with 60% expressing support for the project and 13 respondents remaining neutral or unresponsive. The Independent Entity received 22 responses from an electronic survey, though feedback from individuals without internet access may have faced barriers to participate. Meaningful engagement input highlighted that the project would increase access to care, reduce costs and overnight hospital stays, support continuity of care, and promote early intervention. Stakeholders recommended that the Applicant prioritize existing partnerships and referrals to ensure equitable access. A respondent expressed concern that the expansion could potentially affect the quality of existing endoscopy and colonoscopy services. However, staff indicated that standard of care would not be compromised since scheduling, space and staffing are well maintained and equipped for the transition.

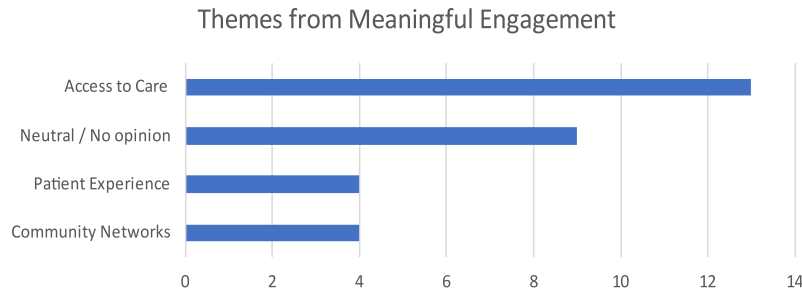
To mitigate potential barriers the Applicant will utilize its existing Charitable Care Program and offer a sliding fee scale to patients utilizing vein services. Strong relationships between health partners and Federally Qualified Health Centers will be maintained to uphold communication on the project and promote access to care. The Applicant will provide interpreter services, including

sign language and accommodations for individuals with hearing and visual impairments along with limited English proficiency.

Table depicting the impact of the project on each medically underserved group.

Underserved Group	Impact of Project on Demographic
<p>Low-income, people who are eligible for or receive public health benefits, people who do not have third-party health coverage or have inadequate third-party health coverage</p>	<ul style="list-style-type: none"> • By utilizing the facility’s existing FQHC partnerships, Medicaid acceptance, and charity care policies there may be slight improvements in access to care for these medically underserved groups.
<p>Racial and ethnic minorities</p>	<ul style="list-style-type: none"> • The project is also expected to modestly improve access for racial and ethnic minorities, particularly Spanish-speaking individuals, because the physician that will be completing the vein procedures is fluent in Spanish and currently serves a large portion of Spanish-speaking patients; reducing language and navigation barriers and supporting the continuity of care.
<p>Older Adults</p>	<ul style="list-style-type: none"> • The service area has a large aging population, and the prevalence of venous disease and varicose veins increases with age. • Older adults are also at greater risk for complications related to varicose veins, such as venous thrombosis or ulcers. Earlier intervention can reduce the likelihood of advanced skin changes, increased discomfort, ulcers, and other complications that disproportionately affect older adults. • Varicose veins are an increasingly frequent cause of discomfort and decreased quality of life with age, but surgical treatment can be more effective than conservative management. As a result, older adults may be more in need of additional access points for low acuity vein procedures in the service area. • For older adults, the outpatient model avoids an overnight stay in a hospital setting and the local community access can minimize transportation barriers for mobility-limited seniors. • This project could divert low acuity vein cases from higher need settings, such as hospital operating rooms, freeing those rooms for higher acuity and more emergent procedures.
<p>Women</p>	<ul style="list-style-type: none"> • Most studies indicate that varicose veins present more commonly in women compared with men. • Pregnancy is a contributing factor in the increased incidence of varicose veins in women and is also considered a risk factor for chronic venous insufficiency. As a result, women may be more in need of additional access points for low acuity vein procedures in the service area. • The improved access to same-day procedures in an outpatient setting with flexible scheduling may improve convenience and help with childcare constraints or other time limitations.

31 stakeholders were engaged: patients, residents, public health experts, employees, and others. 60% voiced support of the project, 13 were neutral or didn't answer.



In their words...

The respondent spoke very highly of the Applicant and their commitment to health equity and ensuring access to care for all populations, as evidenced by their current participation in free colon cancer screening and education programs and the charity care they provide for GI procedures. The respondent was confident that the organization could apply these same strategies to vein procedures and saw no reason it would fail to provide equitable access to this new service line, just as it does for existing GI services. The respondent also felt that vein procedures fit in nicely and that it would be an excellent use of the space .
- Summary statement from a Public Health Expert

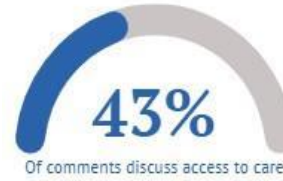
"The respondent was supportive of the project, indicating that anything that brings services closer to community members makes it more accessible. The respondent noted that all centers within the Applicant's organization have a good reputation of serving the uninsured/underinsured and that they really make charitable care a priority across their centers. The respondent also noted that the centers are proficient in developing tools, collecting data, mobilizing teams, and leveraging partnerships (e.g., FQHCs, advocacy groups) to identify community members in need of services and that they can leverage this experience to ensure equitable access to the new services ."
- Summary statement from Public Health Expert

The respondent supported the project, noting that while they are not currently experiencing any vein issues, you never know what the future holds. The respondent also noted that it would be nice to be able to receive care from a facility with doctors that they already trust .
-Summary statement from a patient

Stakeholders have feedback about:

Access to Care

Many stakeholders comment on how addition of vascular procedures and vein treatments will increase access to care. Because this service will be added to an ambulatory surgery center that is already licensed, the project can open access to safe, sterile procedures without disrupting existing services, immediately expanding healthcare options and appointment availability.



Neutral / No Opinion

As part of the meaningful engagement, the Independent Entity conducted an online survey that was open for 3 weeks and available in English and Spanish. They received 22 responses from patients and community members. When asked about support for the project, 13 respondents had no opinion or felt neutral.



Patient Experience

Stakeholders discuss the outpatient model and the convenience of same-day treatments which avoid hospital fees and overnight stays. This model will support continuity of care, earlier intervention, and reduced complications, narrowing treatment gaps and easing cost, time, and mobility burdens, all of which are expected to improve the patient experience for older adults and busy women.



Community Networks

Stakeholders reflect on broader health equity themes and ways to reduce disparities. It is recommended that the Center connect with women's health providers, nursing homes and senior centers to publicize the service and coordinate transportation. It is also advised that they leverage existing ties with FQHC's and community partners to reach broader underserved populations and sustain open dialogue with stakeholders to monitor services and capture feedback.



Part 4 – Conclusion

Approval is recommended based on the information and analysis presented in the Health Equity Impact Assessment and the applicant’s mitigation plan, which demonstrates the proposed project will not result in any significant adverse health equity impacts.

Approval is not recommended based on the information and analysis presented in the Health Equity Impact Assessment, which demonstrates that the proposed project may result in one or more potentially large or significant adverse health equity impacts.

Lead DOH Office:

Center for Health Equity Impact Assessments, Office of Health Equity and Human Rights

Date:

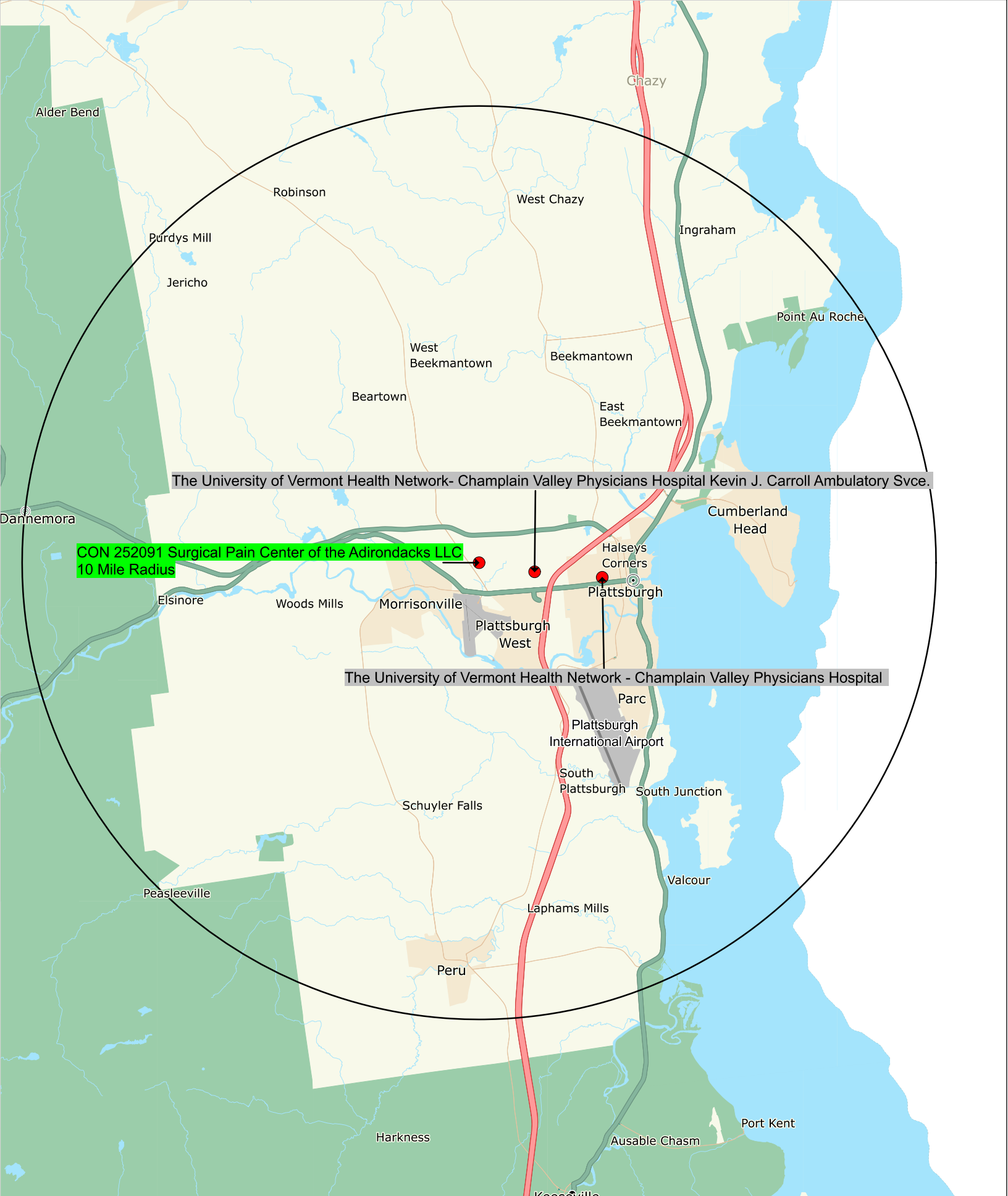
10/22/2025

Full Name of Reviewer:

Sabrina Khan

Center Director:

Olutomisin Akanbi



The map above shows facilities providing multi-specialty ambulatory surgical services within a 10-mile radius of CON 252091 Surgical Pain Center of the Adirondacks, LLC.

Balance Sheet

December 31, 2024

Assets

Current assets:

Cash	\$ 1,332,857
Accounts receivable, net of allowance for credit losses of \$18,809 (Note 2)	527,266
Inventory	<u>40,245</u>
Total current assets	1,900,368

Property and equipment, net (Note 3)	<u>21,374</u>
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Total Assets	<u><u>\$ 1,921,742</u></u>
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Liabilities And Member's Equity

Current liabilities:

Accounts payable	\$ 330,533
Accrued expenses	<u>108,665</u>
Total current liabilities	<u>439,198</u>

Total liabilities	439,198
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Member's equity	<u>1,482,544</u>
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Total Liabilities And Member's Equity	<u><u>\$ 1,921,742</u></u>
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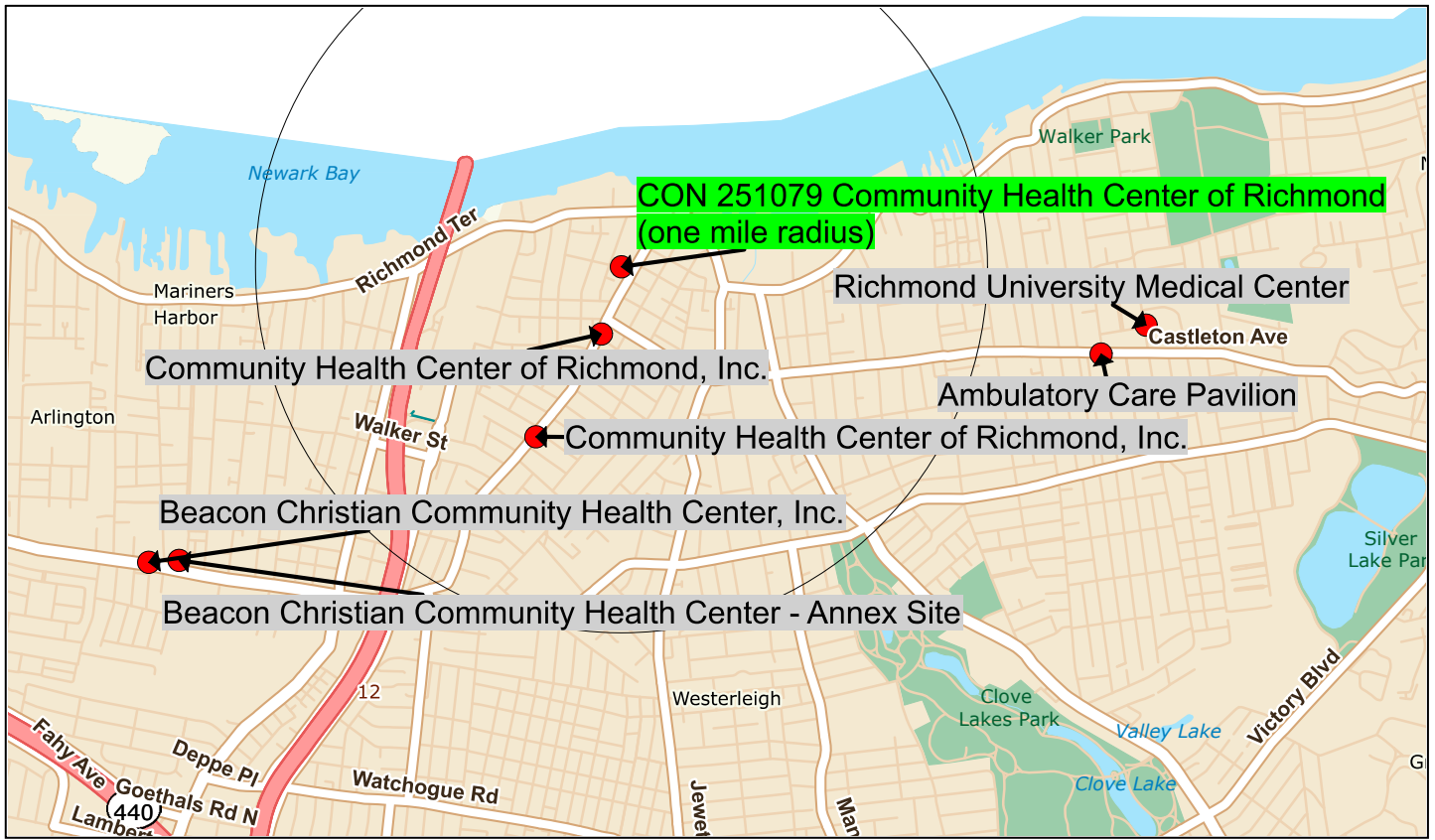
The accompanying notes are an integral part of these financial statements

Statement Of Income And Changes In Member's Equity

For The Year Ended December 31, 2024

		<u>%</u>
Revenues	\$ 6,959,709	100.0
Expenses:		
Medical supplies	2,702,698	38.8
Wages	830,254	11.9
Management fee (Note 4)	500,000	7.2
Occupancy (Note 4)	300,000	4.3
Professional fees	153,367	2.2
Insurance	115,876	1.7
Computer expenses	88,146	1.3
Payroll taxes	73,602	1.1
Fringe benefits	65,945	0.9
Utilities	59,681	0.9
Housekeeping/plant	48,996	0.7
Bank fees	47,504	0.7
Repairs and maintenance	46,945	0.7
Property taxes	31,574	0.5
Credit loss expense	19,699	0.3
Outside services	16,765	0.2
Dues and subscriptions	15,151	0.2
Advertising and promotion	13,891	0.2
Contract labor	13,780	0.2
Depreciation	13,025	0.2
Telephone	3,206	-
Automobile expense	2,568	-
Charitable contributions	1,600	-
Postage and delivery	1,441	-
Travel and entertainment	1,354	-
Total expenses	<u>5,167,068</u>	<u>74.2</u>
Net income	1,792,641	<u>25.8</u>
Member's equity - beginning	581,951	
Member's distributions	<u>(892,048)</u>	
Member's Equity - Ending	<u>\$ 1,482,544</u>	

The accompanying notes are an integral part of these financial statements



This map shows the health facilities which provide at least one service as the proposed Diagnosis and Treatment Center (D&TC) within a mile radius and those facilities adjacent.

Community Health Center of Richmond, Inc.

Consolidated Balance Sheet

December 31, 2024

Assets**Current Assets**

Cash and cash equivalents	\$ 10,961,348
Cash, restricted	688,170
Patient services receivable, net	1,715,531
Grants receivables	807,949
Other receivables	155,384
Prepays and other current assets	<u>218,576</u>

Total current assets	<u>14,546,958</u>
----------------------	-------------------

Property and Equipment

Land	9,138,783
Buildings	13,813,125
Equipment	1,565,050
Furniture and fixtures	<u>346,503</u>

	24,863,461
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Less accumulated depreciation	<u>(9,113,102)</u>
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Subtotal property and equipment	15,750,359
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Construction in progress	<u>3,321,440</u>
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Net property and equipment	19,071,799
----------------------------	------------

Right-of-Use Asset

	2,607,833
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Loan Receivable

	<u>9,491,500</u>
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Total assets	<u><u>\$ 45,718,090</u></u>
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Liabilities and Net Assets**Current Liabilities**

Long-term debt, current portion	\$ 119,327
Operating lease liabilities, current portion	524,150
Accounts payable and accrued expenses	1,097,079
Accrued compensation	306,250
Deferred revenue	<u>2,446,315</u>

Total current liabilities	4,493,121
---------------------------	-----------

Long-Term Debt

	17,104,329
--	------------

Operating Lease Liabilities, Net

	<u>2,315,774</u>
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Total liabilities	23,913,224
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Net Assets

Net assets without donor restrictions	<u>21,804,866</u>
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Total liabilities and net assets	<u><u>\$ 45,718,090</u></u>
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See notes to consolidated financial statements

Community Health Center of Richmond, Inc.

Consolidated Statement of Operations and Changes in Net Assets
Year Ended December 31, 2024

Revenue Without Donor Restrictions

Net patient service revenues	\$ 7,409,917
Department of Health and Human Services grants	5,964,333
Contract revenues	3,439,019
Other revenues	10,333,450
Contributed nonfinancial assets	<u>554,293</u>
 Total revenues without donor restrictions	 <u>27,701,012</u>

Expenses

Salaries and wages	10,001,417
Fringe benefits	3,355,677
Consultants and contractual services	1,582,385
Supplies	1,381,411
Occupancy	656,173
Depreciation	888,122
Professional fees	441,509
Donated vaccines	554,293
Interest	469,852
Travel, conferences and meetings	272,492
Telephone	263,860
Lab and x-ray	193,812
Equipment rental and maintenance	213,218
Utilities	148,658
Insurance	134,585
Dues and subscriptions	99,001
Printing, publications and postage	9,957
Other	<u>521,978</u>
 Total expenses	 <u>21,188,400</u>

Revenue in excess of expenses and increase in net assets without donor restrictions	6,512,612
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Net Assets Without Donor Restrictions, Beginning	<u>15,292,254</u>
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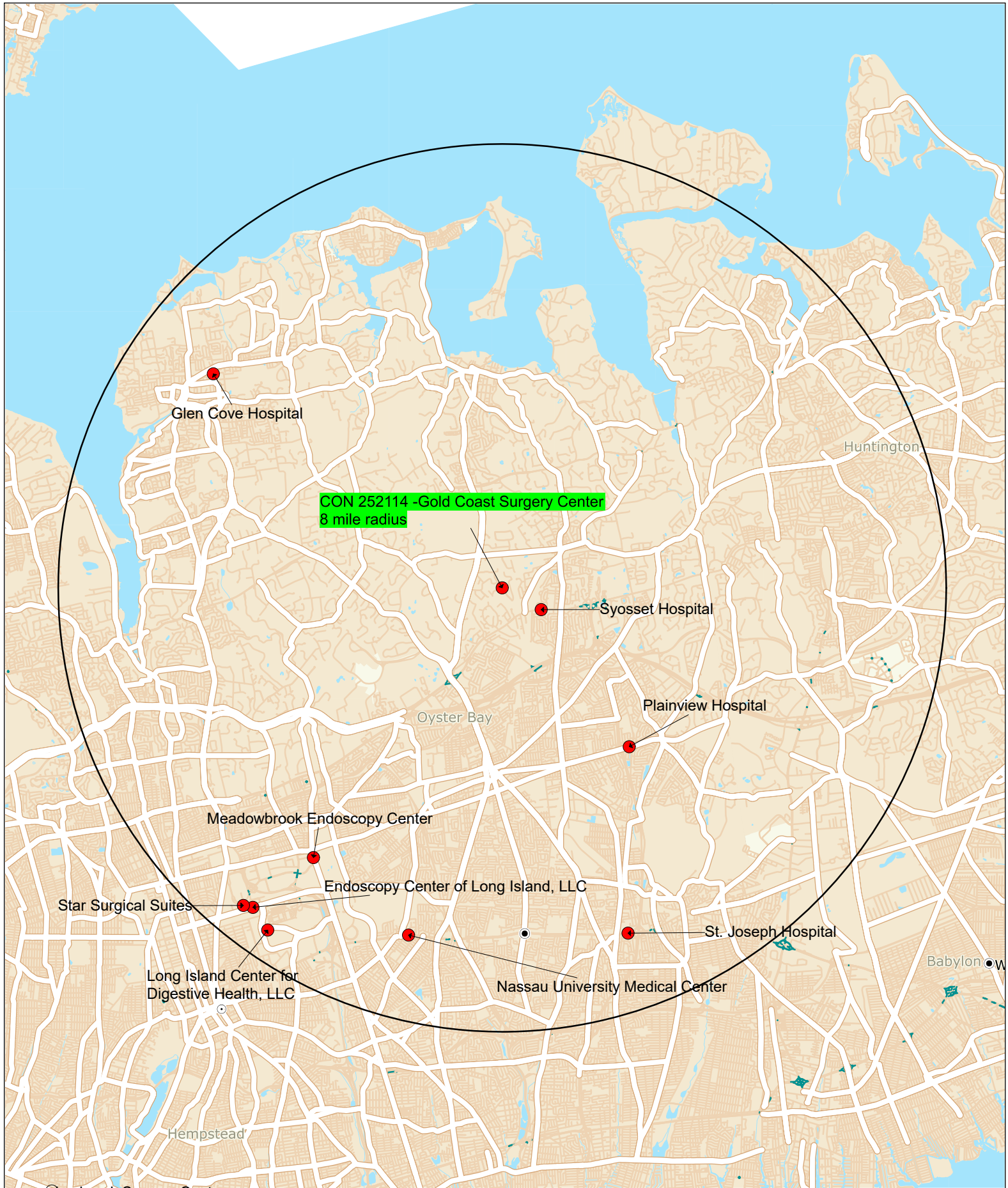
Net Assets Without Donor Restrictions, Ending	<u><u>\$ 21,804,866</u></u>
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COMMUNITY HEALTH CENTER OF RICHMOND
BALANCE SHEET
September 30, 2025

ASSETS	UNAUDITED		AUDITED
	September 30, 2025		December 31, 2024
Current Assets:			
Cash	\$ 1,715,602	\$	2,380,662
Cash-Restricted	444,276		688,170
Patient Accounts Receivable (A)	2,361,023		1,715,531
Grants Receivable (B)	670,810		807,949
Other Receivable (C)	241,320		155,384
Intercompany-CHCR Foundation	1,000,965		1,000,965
Other Current Assets (D)	85,643		165,079
Total current assets	6,519,639		6,913,740
Security Deposits	143,497		53,497
NMTC Equity Distribution	8,490,389		8,486,100
NMTC Amortizable Costs	512,544		512,544
Property and Equipment	28,563,298		28,184,902
Less: Accumulated depreciation	(9,609,572)		(9,113,102)
Total Property and Equipment	18,953,726		19,071,800
Right of Use Operating Leases (Net)	2,607,833		2,607,833
Total Assets	\$ 37,227,628	\$	37,645,514
 LIABILITIES AND NET ASSETS			
Current Liabilities			
Accounts Payable and accrued expenses	\$ 898,661	\$	978,571
Accrued Compensation	772,985		424,758
Deferred Revenue - Contracts	1,161,150		495,091
Deferred Revenue - ERTC	1,951,224		1,951,224
PCDC Loan Payable -Current	95,852		95,852
LISC Loan Payable -Current	81,184		81,184
OLS LLC Loan Payable -Current	500,000		500,000
Operating Lease Liabilities - ST	524,150		524,150
Total current liabilities	5,985,206		5,050,830
Other Liabilities			
PCDC Loan Payable	1,512,560		1,588,141
LISC Loan Payable	1,678,807		1,731,023
OLS LLC Loan Payable	1,000,000		1,000,000
Loan Payable - NYCNCC QLICI A	9,491,500		9,491,500
Loan Payable - NYCNCC QLICI B	3,248,500		3,248,500
Total Other Liabilities	16,931,367		17,059,164
Operating Lease Liabilities - LT	2,315,773		2,315,773
Total Liabilities	25,232,346		24,425,767
Net Assets			
Unrestricted	11,995,282		13,219,747
Temporarily Restricted	-		-
Total Net Assets	11,995,282		13,219,747
TOTAL LIABILITIES & NET ASSETS	\$ 37,227,628	\$	37,645,514

**COMMUNITY HEALTH CENTER OF RICHMOND
STATEMENT OF OPERATIONS - YTD vs PRIOR YTD
FOR THE NINE MONTHS ENDED SEPTEMBER 30, 2025**

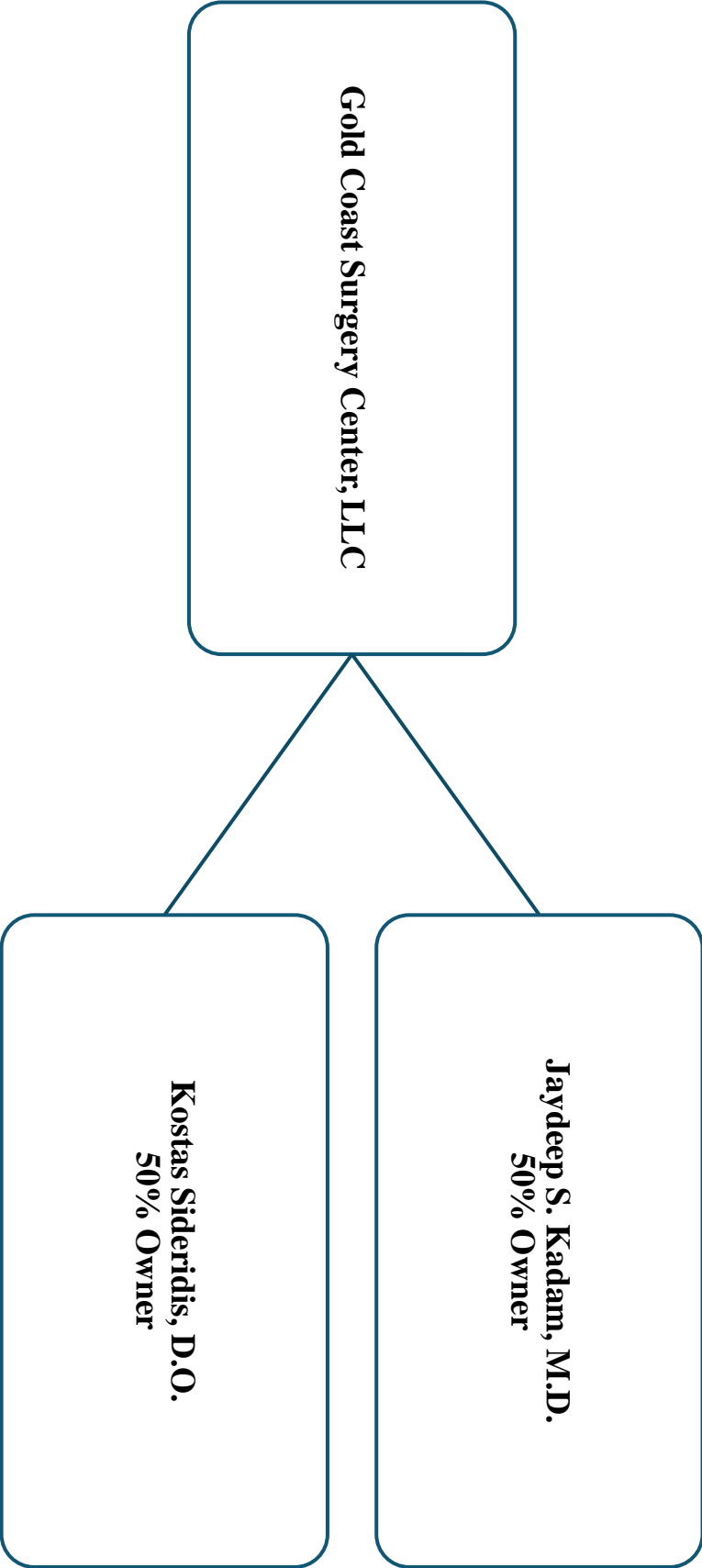
	9 MONTH ENDED September 30, 2025	9 MONTH ENDED September 30, 2024	Favorable / (Unfavorable) Variance	%
Billable Visits	24,099	24,425	(326)	-1.33%
Revenues				
Patient Services Revenue (Net)	\$ 4,515,402	\$ 4,372,873	\$ 142,529	3.26%
Bad Debt Charity Care	550,118	667,167	(117,049)	-17.54%
DHHS Grants	2,664,565	2,734,323	(69,758)	-2.55%
HRSA Healthy Start	824,999	845,348	(20,349)	-2.41%
HRSA QIF-MH	416,650	880,000	(463,350)	-52.65%
HRSA Covid Bridge	-	19,710	(19,710)	-100.00%
NYS IPANavigator	433,605	442,654	(9,049)	-2.04%
NYS Maternal & Infant	248,692	264,329	(15,637)	-5.92%
NYSDOH Family Planning	614,951	536,863	78,088	14.55%
NYS WIC	249,975	196,952	53,023	26.92%
NYS-OCS	12,427	31,055	(18,628)	-59.98%
NYC Access (PHS)	735,881	103,305	632,576	612.34%
NYC Acces (Discretionary)	484,584	253,820	230,764	90.92%
FPHNYC	121,410	61,822	59,588	96.39%
SIPPS	282,500	287,237	(4,737)	-1.65%
Other Revenue	1,299,446	1,251,951	47,495	3.66%
Total revenue	13,455,205	12,949,409	505,796	3.91%
Net Patient Revenue (NPR) per Visit	187.37	179.03		
Total Revenue per Visit	558.33	530.17		
Expenses				
Salaries and wages	7,617,963	7,325,646	(292,317)	-3.99%
Fringe benefits	2,760,106	2,566,587	(193,519)	-7.54%
Consultant and Contractors:				
Medical	-	13,240	13,240	100.00%
Other	712,141	792,730	80,589	10.17%
Laboratory and Xray	150,655	153,299	2,644	1.72%
Professional Fees:				
Audit/Accounting	45,000	45,000	0	0.00%
Legal	148,549	308,766	160,217	51.89%
Consumable supplies	583,868	721,431	137,563	19.07%
Space costs	551,593	513,754	(37,839)	-7.37%
Equip. repairs and maint.	271,635	237,539	(34,096)	-14.35%
Insurance	45,456	39,575	(5,881)	-14.86%
Telephone	217,186	198,245	(18,941)	-9.55%
Utilities	145,804	114,607	(31,197)	-27.22%
Dues and subscriptions	112,963	58,983	(53,980)	-91.52%
Printing, Publications & Postage	11,697	7,852	(3,845)	-48.97%
Interest Expense	244,767	254,521	9,754	-3.99%
Travel, Conferences & Training	230,307	182,144	(48,163)	-26.44%
Miscellaneous	333,510	376,277	42,767	11.37%
Total Expenses prior to depreciation	14,183,200	13,910,196	(273,004)	-1.96%
Personnel Cost per Visit	460.19	405.00		
Building (Occupancy, Interest Depreciation)				
Cost per Visit	64.92	59.80		
Total Cost per Visit	609.14	588.12		
Surplus/ (Deficit) prior to depreciation	(727,995)	(960,787)		
Depreciation	496,470	454,689		
Operating Surplus/ (Deficit)	(1,224,465)	(1,415,476)		
Non-Operating Revenue - HRSA/HIIP	-	-		
Non-Operating Revenue - Other	-	-		
Increase (decrease) in unrestricted net assets	(1,224,465)	(1,415,476)		
Net Assets - beginning of period	13,219,747	12,867,074		
Net Assets - End of period	\$ 11,995,282	\$ 11,451,598		



Map depicts facilities within an eight (8) mile radius that provide multi-specialty ambulatory or single-specialty gastroenterology surgical services.

GOLD COAST SURGERY CENTER, LLC

ORGANIZATIONAL CHART



GOLD COAST SURGERY CENTER

ESTABLISH A SINGLE-SPECIALTY FREESTANDING AMBULATORY SURGERY CENTER

PRO FORMA BALANCE SHEET

ASSETS

Cash (Working Capital need) *	\$	400,664
Leasehold Improvements*	\$	1,891,624
Equipment *	\$	555,000
TOTAL ASSETS	\$	2,847,288
TOTAL LIABILITIES	\$	-
MEMBER EQUITY	\$	2,847,288
TOTAL LIABILITIES AND MEMBER EQUITY	\$	2,847,288

* Funded by Drs. Kadam and Sideridis

Broadhollow Road Group, LLC (BRG) Members interest in Progressive Surgery	
Member Name	Membership Interest
Mykola R. Alyskewycz, M.D.	3.84%
Carlton B. Barnswell, M.D.	3.84%
Andrew J. Chan, M.D.	3.84%
Mitchell D. Efros, M.D.	3.84%
Evan R. Eisenberg, M.D.	3.84%
Louis Faiella, M.D.	3.84%
Joseph Fisch, M.D.	3.84%
Jeffrey Haberman, M.D.	3.84%
Toby handler, M.D.	3.84%
Joseph E. Jamal, M.D.	3.84%
Michael W. Kleeman, M.D.	3.84%
Alfred D. Kohan, M.D.	3.84%
Ashok N. Kukadia, M.D.	3.84%
Jeffrey T. Layne, M.D.	3.84%
Michael Levine, M.D.	3.84%
Robert K. Luntz, M.D.	3.84%
Matthew P. Mene, M.D.	3.84%
Eric I. Mitchnick, M.D.	3.84%
Elliot M. Paul, M.D.	3.84%
Paul A. Peller, M.D.	3.84%
Ricardo Ricciardi, M.D.	3.84%
Rajiv Saini, M.D.	3.84%
Marc A. Schumer, M.D.	3.84%
Eric H. Thall, M.D.	3.84%
Total.	92.20%

Proposed Operator	
New York Bariatric Surgery Group, PLLC d/b/a premier Bariatric Surgery	
Proposed Members ownership in Progressive Surgery	
Members:	Member Interest
Shawn Garber, M.D. (Class B Member)	54%
Wen-Ting Chiao, M.D. (Class A Member)	9%
Robert Felte, M.D. (Class A Member)	9%
Spencer Holover, M.D. (Class A Member)	9%
Brett Simenhof, M.D. (Class A Member)	9%
Total	90%

Proposed Operator	
Progressive Physicians PLLC	
Proposed Members ownership in Progressive Surgery	
Members	Members Interest
Shawn Garber, M.D. (Class B Member)	6%
Wen-Ting Chiao, M.D. (Class A Member)	1%
Robert Felte, M.D. (Class A Member)	1%
Spencer Holover, M.D. (Class A Member)	1%
Brett Simenhof (Class A Member)	1%
Total	10%

Class A units and Class B units have the same voting and economic rights. The only differentiation between the classes is that both a majority of the Class A Units and Class B units are required to approve certain significant corporate actions, including changing the LLC manager, amending the Operating Agreement, changing ownership or dissolving the company.

PROGRESSIVE SURGERY CENTER, LLC BALANCE SHEET
December 31, 2024
(In Thousands)

	Progressive <u>ASC</u>
ASSETS	
Current assets:	
Cash	\$ (12)
Accounts receivable, net	1,486
Prepaid expenses and other current assets	88
Total current assets	<u>1,562</u>
Total assets	\$ <u>1,562</u>
LIABILITIES AND MEMBERS' DEFICIT	
Current liabilities:	
Accounts payable	\$ 98
Accrued expenses and other liabilities	238
Accrued payroll and related liabilities	119
Patient liabilities	153
Services fee payable	1,250
Intercompany payable	198
Total current liabilities	<u>2,056</u>
Total liabilities	2,056
Members' deficit	<u>(494)</u>
Total members' liabilities and members' deficit	\$ <u>1,562</u>

PROGRESSIVE SURGERY CENTER, LLC STATEMENT OF OPERATIONS
December 31, 2024
(In Thousands)

	Progressive <u>ASC</u>
Revenues	
Net patient service revenue	\$ 12,219
Other medical services and other product revenue	<u>4</u>
Total revenue	12,223
Operating expenses	
Salaries and benefits	2,383
Medical supplies	650
Professional fees	9,455
General and administrative	162
Transactions costs	<u>14</u>
Total operating expenses	<u>12,664</u>
Income (loss) from operations	<u>(441)</u>
Net Loss	\$ <u>(441)</u>

Progressive Surgery Center - Summary Balance Sheet

(\$ in 000s)

As of August 2025

ASSETS

Current assets:	
Cash	(\$31.0)
Accounts receivable, net	1,321.9
Prepaid expenses and other current assets	66.0
Total current assets	<u>\$1,356.9</u>
Property and equipment, net	--
Intangible assets, net	--
Goodwill	--
Operating lease right-of-use assets	--
Services fee receivable	--
Intercompany receivable	(6.4)
Other assets	--
Total Long-term Assets	<u>(\$6.4)</u>
Total Assets	<u>\$1,350.5</u>

LIABILITIES

Current liabilities:	
Accounts payable	\$291.9
Accrued expenses and other liabilities	238.1
Accrued payroll and related liabilities	120.4
Patient liabilities	123.3
Services fee payable	247.7
Intercompany payable	74.8
Operating lease liabilities - current portion	--
Long-term debt - current portion	--
Total current liabilities	<u>\$1,096.3</u>
Operating lease liabilities - noncurrent portion	--
Officer loans	--
Long-term debt - revolver	--
Long-term debt - term loan, less current portion, net	--
Total Long-term Liabilities	<u>--</u>
Members' equity (deficit)	<u>\$254.2</u>
Total members' liabilities and members' equity (deficit)	<u>\$1,350.5</u>

Progressive Surgery Center - Summary Income Statement

(\$ in 000s)

YTD August 2025

Revenues	
Net patient service revenue	\$8,578.8
Other medical services and other product revenue	--
Total revenue	<u>\$8,578.8</u>
Operating expenses	
Salaries and benefits	\$1,510.2
Medical supplies	156.5
Professional fees	6,029.2
Office occupancy	--
Facility fees	--
General and administrative	131.5
Transactions costs	--
Amortization of goodwill	--
Depreciation	--
Total operating expenses	<u>\$7,827.4</u>
Income (loss) from operations	<u>\$751.4</u>
Other expense	
Interest expense	--
Other expense	0.0
Other taxes	--
Total other expense	<u>\$0.0</u>
Loss before income taxes	<u>\$751.4</u>
Income tax (expense) benefit	3.0
Net Income (Loss)	<u>\$748.4</u>

Progressive Surgery Center, LLC

**100% Change of Membership of an Existing Multi-Specialty Freestanding Ambulatory
Surgical Center**

PRO FORMA BALANCE SHEET

ASSETS

Purchase of FASC	\$5,420
Working Capital	\$2,038,359
Accounts Receivable	\$1,322,000
Pre-Paid Expenses	\$66,000

TOTAL ASSETS **\$3,431,779**

LIABILITIES AND MEMBER EQUITY

LIABILITIES

Current Liabilities	\$1,096,300
TOTAL LIABILITIES	\$1,096,300

MEMBER EQUITY **\$2,335,479**

**TOTAL LIABILITIES AND
MEMBER EQUITY** **\$3,431,779**

MEMBER	CURRENT MEMBERSHIP	PROPOSED MEMBERSHIP
HOWARD MALAMOOD	7.143%	6.667%
JOHN DEFRANCISCO	7.143%	6.667%
WILLIAM GUSTEN	7.143%	6.667%
DAVID GOETZ	7.143%	6.667%
NATALYA BELOVA	7.143%	6.667%
MARK METWALLY	7.143%	6.667%
JUSTIN PROVOST	7.143%	6.667%
CHAD CORNISH	7.143%	6.667%
VINAY SOOD	7.143%	6.667%
ZACHARY FEINBERG	7.143%	6.667%
CHRISTOPHER BROWN	7.143%	6.667%
LEON AVERBUKH	7.143%	6.667%
MOHAMMAD SOHAIL	7.143%	6.667%
PRITHVI SREENIVASAN	0	6.667%
TOTAL	100%	100%

SARATOGA SCHENECTADY ENDOSCOPY CENTER, LLC
BALANCE SHEETS
DECEMBER 31, 2024 AND 2023

ASSETS

	<u>2024</u>	<u>2023</u>
Current Assets		
Cash	\$ 5,400,933	\$ 2,432,486
Accounts receivable, net of contractual allowances and allowances for credit losses	1,832,233	1,186,466
Inventory	319,023	187,470
Prepaid expenses	55,101	19,951
Total Current Assets	<u>7,607,290</u>	<u>3,826,373</u>
Fixed Assets		
Equipment	1,703,316	1,590,049
Office furniture	104,310	95,928
Leasehold improvements	62,796	62,796
Total Fixed Assets	<u>1,870,422</u>	<u>1,748,773</u>
Less: Accumulated depreciation	<u>1,513,482</u>	<u>1,379,322</u>
Net Fixed Assets	<u>356,940</u>	<u>369,451</u>
Other Assets		
Right-of-use assets - operating	<u>9,910,318</u>	<u>10,334,277</u>
TOTAL ASSETS	<u>\$ 17,874,548</u>	<u>\$ 14,530,101</u>

LIABILITIES AND MEMBERS' EQUITY

Current Liabilities		
Accounts payable	\$ 292,042	\$ 236,008
Lease liability, operating - current portion	1,238,788	934,361
Accrued retirement contributions	163,477	137,585
Accrued salaries and related expenses	358,881	254,596
Total Current Liabilities	<u>2,053,188</u>	<u>1,562,550</u>
Long-Term Liabilities		
Long-term lease liability, operating	<u>8,729,387</u>	<u>9,438,487</u>
Total Liabilities	<u>10,782,575</u>	<u>11,001,037</u>
Members' Equity	<u>7,091,973</u>	<u>3,529,064</u>
TOTAL LIABILITIES AND MEMBERS' EQUITY	<u>\$ 17,874,548</u>	<u>\$ 14,530,101</u>

SARATOGA SCHENECTADY ENDOSCOPY CENTER, LLC
STATEMENTS OF OPERATIONS AND CHANGES IN MEMBERS' EQUITY
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Income		
Facility fees, net	\$ 21,952,830	\$ 17,017,219
Expenses		
Salaries	5,074,727	3,902,831
Administrative services	512,168	432,707
Rent	1,047,858	1,047,858
Medical supplies	2,210,671	1,966,730
Consultants	202,980	187,880
Repairs and maintenance	488,842	577,551
Payroll taxes	369,770	322,885
Depreciation	134,637	126,763
Insurance	462,295	391,175
Utilities	87,493	87,648
Office and computer expense	338,510	359,171
Equipment lease expense	430,723	208,695
Uniforms and laundry	183,941	173,288
Property tax	138,054	130,809
Professional fees	142,540	72,527
Retirement plan contribution	163,477	134,733
Telephone	32,075	25,202
Dues, subscriptions and licenses	2,179	15,530
Miscellaneous	7,504	3,304
Credit loss expense	37,573	245,721
Medical meetings and education	32,396	23,388
Meals and entertainment	709	-
Fees	98,870	94,336
Charitable contributions	3,421	18,602
Total Expenses	<u>12,203,413</u>	<u>10,549,334</u>
Operating Income	9,749,417	6,467,885
Other Income (Expense)		
Interest income	78,857	-
New York State filing fee	(3,615)	-
Miscellaneous income	98	321
Total Other Income (Expense)	<u>75,340</u>	<u>321</u>
Net Income	<u>\$ 9,824,757</u>	<u>\$ 6,468,206</u>
Members' Equity		
Balance January 1	\$ 3,529,064	\$ 3,009,918
Add:		
Net Income	9,824,757	6,468,206
Member buy-ins	1,635,581	-
Less:		
Members' draws	(7,897,429)	(5,949,060)
Balance December 31	<u>\$ 7,091,973</u>	<u>\$ 3,529,064</u>

12:59 PM
10/23/25
Cash Basis

Saratoga-Schenectady Endoscopy Center LLC
Balance Sheet
As of September 30, 2025

	<u>Sep 30, 25</u>
ASSETS	
Current Assets	
Checking/Savings	
1001 · Money Market Account	4,323,769.82
1005 · BSNB Checking	483,317.34
Total Checking/Savings	4,807,087.16
Other Current Assets	
1130 · Petty Cash-Endo Registration	160.00
1131 · Cash Drawer-Sat	50.00
1327 · Pre-paid Expense	107,824.54
Total Other Current Assets	108,034.54
Total Current Assets	4,915,121.70
Fixed Assets	
1100 · Equipment	
1101 · Accumulated Depreciation	-2,688,360.63
1100 · Equipment - Other	2,870,542.53
Total 1100 · Equipment	182,181.90
1110 · Office Furn	
1113 · Accum Depr - Office Furniture	-68,322.45
1110 · Office Furn - Other	104,310.03
Total 1110 · Office Furn	35,987.58
1200 · Improvements & Enhancemnts	
1201 · Accum Depr- Improvements	-50,605.97
1200 · Improvements & Enhancemnts - Other	145,177.68
Total 1200 · Improvements & Enhancemnts	94,571.71
Total Fixed Assets	312,741.19
TOTAL ASSETS	5,227,862.89
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
1006 · American Express	5,521.39
Total Credit Cards	5,521.39
Other Current Liabilities	
2141 · Accrued 401k	-0.01
2142 · Accrued Profit Sharing	143,382.87
2143 · Accrued 401k Match	32,766.05
2172 · Exchange - Section 125	-1,286.45
2181 · Exchange - Aflac	2,348.48
2183 · Exchange - Pass Thru	-0.04
2188 · Exchange - HSA	-80.00
2189 · Exchange - LFSA	1,666.34
2202 · Exchange - DCAP	559.28
Total Other Current Liabilities	179,356.52
Total Current Liabilities	184,877.91
Total Liabilities	184,877.91

Saratoga-Schenectady Endoscopy Center LLC

Balance Sheet

As of September 30, 2025

12:59 PM

10/23/25

Cash Basis

	Sep 30, 25
Equity	
3010 · Boyar	208,392.32
3011 · Capital	45,000.00
3012 · Capital Contribution	-2,341,538.10
3013 · Draw	-2,088,145.78
Total 3010 · Boyar	
3050 · Adsit	208,393.14
3051 · Capital	45,000.00
3052 · Capital Contribution	-260,674.56
3053 · Draw	-7,281.42
Total 3050 · Adsit	
3060 · Malamood	208,396.18
3061 · Capital	45,000.00
3062 · Capital Contribution	-2,140,019.13
3063 · Draw	-1,886,622.95
Total 3060 · Malamood	
3070 · DeFrancisco	208,594.62
3071 · Capital	45,616.00
3072 · Capital Contribution	-2,140,019.13
3073 · Draw	-1,885,808.51
Total 3070 · DeFrancisco	
3080 · Goetz	208,394.62
3081 · Capital	86,430.00
3082 · Capital Contribution	-2,140,019.13
3083 · Draw	-1,845,194.51
Total 3080 · Goetz	
3090 · Belova	208,398.62
3091 · Capital	86,430.00
3092 · Capital Contribution	-2,647,048.03
3093 · Draw	-2,352,219.41
Total 3090 · Belova	
3100 · Gusten	208,388.93
3101 · Capital	86,430.00
3102 · Capital Contribution	-1,726,339.89
3103 · Draw	-1,431,520.96
Total 3100 · Gusten	
3210 · Metwally	208,393.78
3211 · Capital	221,231.00
3212 · Capital Contribution	-2,140,019.13
3213 · Draw	-1,710,394.35
Total 3210 · Metwally	
3218 · Cornish	193,128.35
3219 · Capital	242,547.00
3220 · Capital Contribution	-2,653,442.26
3221 · Draw	-2,217,766.91
Total 3218 · Cornish	
3222 · Provost	193,128.35
3223 · Capital	242,547.00
3224 · Capital Contribution	-2,140,019.13
3225 · Draw	-1,704,343.78
Total 3222 · Provost	

12:59 PM

Saratoga-Schenectady Endoscopy Center LLC

Balance Sheet

10/23/25

As of September 30, 2025

Cash Basis

	<u>Sep 30, 25</u>
3226 · Sood	
3227 · Capital	192,973.89
3228 · Capital Contribution	271,090.00
3229 · Draw	<u>-2,140,019.13</u>
Total 3226 · Sood	-1,675,955.24
3230 · Feinberg	
3231 · Capital	190,605.88
3232 · Capital Contribution	277,839.00
3233 · Draw	<u>-2,140,019.13</u>
Total 3230 · Feinberg	-1,671,574.25
3234 · Brown	
3236 · Capital Contribution	454,999.00
3237 · Draw	<u>-947,315.61</u>
Total 3234 · Brown	-492,316.61
3238 · Averbukh	
3240 · Capital Contribution	590,290.84
3241 · Draw	<u>-503,211.45</u>
Total 3238 · Averbukh	87,079.39
3242 · Josephson	
3244 · Capital Contribution	590,290.84
3245 · Draw	<u>-453,971.25</u>
Total 3242 · Josephson	136,319.59
3246 · Sohail	
3248 · Capital Contribution	<u>567,142.02</u>
Total 3246 · Sohail	567,142.02
3900 · Retained Earnings	18,668,954.33
Net Income	<u>6,552,634.33</u>
Total Equity	<u>5,042,984.98</u>
TOTAL LIABILITIES & EQUITY	<u>5,227,862.89</u>

9:18 AM
10/24/25
Cash Basis

Saratoga-Schenectady Endoscopy Center LLC
Profit & Loss
January through September 2025

	Jan - Sep 25
Income	
4320 · Refunds	
4321 · Insurance	-11,733.26
4322 · Patient	-6,285.84
4320 · Refunds - Other	-665.20
Total 4320 · Refunds	-18,684.30
5000 · Miscellaneous Income	75,082.15
5003 · Vendor Refund	115.78
5100 · Daily Receipts	17,238,838.76
5104 · Interest Earned	120,843.41
Total Income	17,416,195.80
Gross Profit	17,416,195.80
Expense	
4000 · Accounting Fees	43,881.36
4004 · Benchmarking	10,667.00
4009 · Miscellaneous	3,167.54
4010 · Advertising	
4013 · Help Wanted	9,089.01
4010 · Advertising - Other	1,492.65
Total 4010 · Advertising	10,581.66
4019 · Attorney Fees	20,997.00
4020 · Banking Fee	1,268.71
4021 · Credit Card Fees	37,420.69
4040 · Building Expense	
4041 · Cleaning Services	97,022.16
4042 · Maintenance & Repair	37,781.02
4043 · Security	4,102.65
4044 · Cable	1,232.86
4045 · Pest Control	401.25
4046 · Furniture & Fixtures	1,380.08
4047 · Maintenance Supplies	20,737.34
4048 · Generator Fuel	835.62
4049 · Landscaping	21,956.41
4051 · Snow Removal	24,306.12
4052 · Fees	22.40
4053 · Septic Service	9,778.73
4368 · Trash Removal	9,595.03
Total 4040 · Building Expense	229,151.67
4050 · Compliance Materials	0.00
4060 · Computer Expenses	
4061 · Hardware Support	48.15
4063 · Software Support	107,023.90
4064 · Software Purchase	2,679.43
4065 · Website	727.50
4066 · Hardware Purchases	16,857.58
Total 4060 · Computer Expenses	127,336.56
4070 · Consulting Fees	
4072 · Pharmacy Services	4,500.00
4073 · Quality Assurance	3,600.00
4075 · Clinic Management	64,035.00
4076 · Computer	4,480.00
4070 · Consulting Fees - Other	72,000.00
Total 4070 · Consulting Fees	148,615.00

9:18 AM
10/24/25
Cash Basis

Saratoga-Schenectady Endoscopy Center LLC
Profit & Loss
January through September 2025

	Jan - Sep 25
4080 · Courier Service	174.29
4082 · Credentials	2,427.27
4090 · CON Application Fee	16,291.00
4099 · Depreciation	87,336.03
4109 · Donations	7,458.45
4110 · Dues	4,015.00
4111 · Employee Relations	10,837.05
4113 · Patient Relations	493.50
4119 · Electronic Billing	7.27
4120 · Education	
4122 · Staff	23,329.99
4135 · Heidi	1,415.90
Total 4120 · Education	24,745.89
4130 · Equipment Leases	
4131 · Olympus	432,755.90
4132 · Postage Machine	616.20
4134 · Copier Lease	10,347.35
Total 4130 · Equipment Leases	443,719.45
4137 · Equipment Maintenance	
4143 · Copier Meter Readings	9,513.90
4137 · Equipment Maintenance - Other	128,729.41
Total 4137 · Equipment Maintenance	138,243.31
4138 · Equipment Rental	115.56
4139 · Equipment Purchases	1,580.82
4142 · Fees	1,795.50
4150 · Inspections	
4151 · Equipment	3,296.19
Total 4150 · Inspections	3,296.19
4160 · Insurance Expense	
4161 · Health	
4175 · HSA - ER Contribution	-1,150.00
4176 · Prescriptions	117,204.47
4161 · Health - Other	216,371.14
Total 4161 · Health	332,425.61
4169 · Disability	8,280.00
4170 · Workers Comp	16,066.50
4171 · Malpractice	63,540.00
4172 · Business Owners	20,397.89
4174 · Directors & Officers	11,820.00
Total 4160 · Insurance Expense	452,530.00
4180 · Laundry	130,047.29
4192 · LLC Filing Fee	3,000.00
4200 · Medical Supplies	
4200D · Medical Supplies - Discount Ear	-15,571.37
4200 · Medical Supplies - Other	1,809,576.76
Total 4200 · Medical Supplies	1,794,005.39
4210 · Medical Waste Removal	19,548.43
4220 · Medical Services	3,200.00
4230 · Office Supplies	
4231 · Coffee	1,206.12
4232 · Breakroom Supplies	8,489.36
4230 · Office Supplies - Other	11,118.06
Total 4230 · Office Supplies	20,813.54

9:18 AM
10/24/25
Cash Basis

Saratoga-Schenectady Endoscopy Center LLC
Profit & Loss
January through September 2025

	Jan - Sep 25
4240 · Payroll Expense	
4290 · Tax	
4291 · Disability	-2,247.70
4292 · Federal	0.00
4293 · FUTA	11,451.58
4294 · Medicare	312,254.05
4295 · State	18.64
4296 · SUI	29,325.48
4303 · Paid Family Leave	-3,505.32
Total 4290 · Tax	347,296.73
4240 · Payroll Expense - Other	4,235,885.42
Total 4240 · Payroll Expense	4,583,182.15
4280 · PC Support Services	411,591.24
4299 · Processing Fee	19,976.67
4300 · Pension	
4301 · Profit Sharing	143,382.87
4302 · 401k Match	32,766.05
Total 4300 · Pension	176,148.92
4310 · Postage Expense	600.00
4314 · Record Destruction	1,700.22
4330 · Rent	771,428.97
4350 · Taxes	
4352 · Property	19,350.00
4353 · School	82,800.00
Total 4350 · Taxes	102,150.00
4356 · PTET	816,842.32
4360 · Telephone	
4361 · Cell Phones	3,500.00
4360 · Telephone - Other	23,400.00
Total 4360 · Telephone	26,900.00
4370 · Travel Expense	
4371 · Management	1,484.85
4370 · Travel Expense - Other	772.11
Total 4370 · Travel Expense	2,256.96
4380 · Utilities	101,493.78
4390 · Water	3,762.03
4403 · Interest Expense	204.71
4997 · Uniforms	12,111.08
4999 · HCRA	34,444.00
Total Expense	10,863,561.47
Net Income	6,552,634.33

ASSETS:	
Cash	\$1,687,687
Moveable Equipment	563,370
Leasehold Improvements	<u>1,402,450</u>
TOTAL ASSETS	\$3,653,507
LIABILITIES	\$0
NET ASSETS	\$3,653,507



Diagnostic and Treatment Center facilities providing primary care, specialty care, podiatry O/P, occupational therapy O/P, and/or physical therapy O/P services within 2 miles of CON 252045 Doctors of New York Health Care Center

HEALTHSPAN & LONGEVITY LLC - 194-11 NORTHERN BLVD

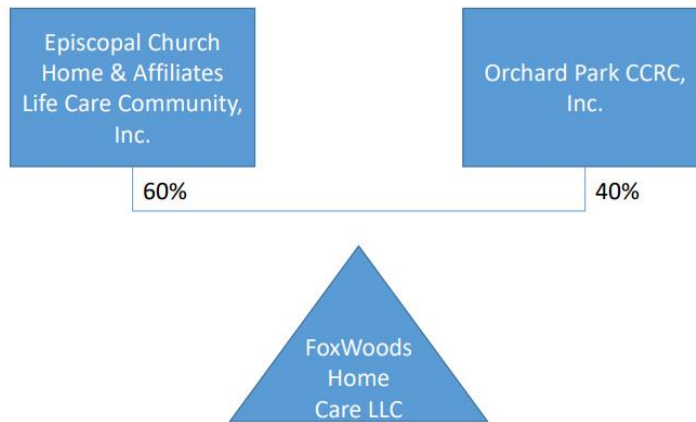
Pro Forma Balance Sheet

ASSETS

Cash	\$	1,187,886
Leasehold Improvement	\$	2,819,020
Moveable/Fixed Equipment	\$	405,527
Total Assets	\$	4,412,434

LIABILITIES & MEMBERS EQUITY

Long Term Debt	\$	-
Deferred Revenue: Rent Credit	\$	-
Total Liabilities	\$	-
Members Equity	\$	4,412,434
Total Liabilities and Members Equity	\$	4,412,434



Foxwoods LLC Board of Directors:

- Robert Wallace – Chair
- William Wlodarczyk – Vice Chair
- James Juliano – Treasurer
- Jill Szalach – Secretary
- Isadore Demarco

The Board Members of Episcopal Church Home & Affiliates Life Care Community include:

- Paul Belter,
- Greg Carballada,
- Joseph Speth,
- Rhonda Frederick,
- Laura Hunt,
- Francisco Vasquez,
- Sarah Goodwin
- Katherine Mohny, and
- Michael Rossi.

The President and CEO of this entity is Robert Wallace and Vice-President/ Chief Financial Officer is James Juliano.

The Board Members of Orchard Park CCRC Inc. include:

- Theresa Hart,
- John Sherman,
- Gretchen Librock,
- Robert Hoover,
- Craig Clark,
- Richard Holmes,
- Joseph Grisanti,
- Benjamin Rand,
- Terrie Murray,
- Francis Vavonese, and
- Donna Hanlon

The Chief Executive Officer is William Wlodarczyk and Chief Financial Officer is Jill Szalach.

What is the current availability and accessibility of professional/paraprofessional workers to staff your program?

The availability and accessibility of professional and paraprofessional workers for home care services in New York State can be influenced by several factors, including workforce shortages, regulatory requirements, and the overall demand for services. An overview from Home At Last shows:

1. Workforce Shortages:

Demand vs. Supply: New York State has witnessed a growing demand for home care services due to an aging population and an increased preference for aging in place. However, there has been a persistent shortage of qualified home care workers, including both professionals (e.g., registered nurses, nurse practitioners) and paraprofessionals (e.g., home health aides, personal care aides).

High Turnover Rates: The home care industry is characterized by high turnover rates, often exceeding 50%. This can be attributed to factors such as low wages, limited benefits, and challenging working conditions, which can discourage potential workers from entering or remaining in the field.

2. Regulatory Requirements:

Certification and Training: In New York, home health aides must complete a state-approved training program and be certified. This requirement can pose a barrier to entry for some individuals, potentially limiting the pool of available workers.

Background Checks: All home care workers must pass background checks, which, while essential for safety, can also slow down the hiring process and further limit available staff.

3. Accessibility of Services:

Geographic Disparities: The availability of home care workers can vary significantly between urban and rural areas. Urban areas may have a larger pool of workers but can also experience higher competition among agencies for skilled staff. In contrast, rural areas often face more significant challenges in attracting and retaining workers due to geographic isolation and fewer local resources.

Transportation Challenges: Accessibility can also be impacted by transportation issues. Workers may struggle to reach clients in areas with limited public transit options, further complicating staffing efforts, particularly in less populated regions.

4. Impact of COVID-19:

Pandemic Effects: The COVID-19 pandemic has exacerbated existing workforce issues, leading to burnout among current staff and a decline in new entrants to the field. Many healthcare workers have left the profession due to health concerns, increased workload, and stress.

Increased Training and Support Needs: There is a growing recognition of the need for better support systems for home care workers, including mental health resources and training programs that can help retain staff and improve job satisfaction.

5. Efforts to Improve Workforce Availability:

Incentives and Support Programs: Some agencies and state initiatives are working on strategies to improve recruitment and retention, such as offering competitive wages, benefits, and flexible scheduling. Additionally, programs aimed at providing scholarships or financial incentives for training can help bolster the workforce.

Collaboration with Educational Institutions: Partnerships between home care agencies and educational institutions can also enhance the training pipeline for new workers, ensuring a steady flow of qualified candidates into the field.

Outcome:

Home At Last has worked since the inception of the company to address these issues. We now have over 450 aides who have applied to work for us and we have completed all regulatory checks. As we serve a number of underserved populations and the population is aging and asking for care in their homes, demand for our services is high and we are proactive in addressing that need by having a robust database of workers that have multiple fields filled out including language, zip codes and other compatibilities that allow us to place the best possible aide with the patient. We analyze the needs of the communities we serve on an ongoing basis.

In summary, while the demand for home care services in New York State is high, the availability and accessibility of professional and paraprofessional workers face significant challenges. Addressing these challenges requires a multifaceted approach that includes improving working conditions, enhancing training programs, and developing incentives to attract and retain staff. Home At Last will continue to adapt to the evolving landscape in home care to ensure that they can meet the needs of clients effectively.

Who are the competing employers? How do you propose to successfully compete? Include training, recruitment, and transportation strategies.

In New York State, the home care sector is highly competitive, and several types of employers vie for professional and paraprofessional workers. The competition often stems from various healthcare and social service organizations that offer similar roles and benefits. The main competing employers in the home care landscape are:

1. Home Health Care Agencies:
Licensed Home Care Services Agencies (LHCSAs): These are often the primary providers of home care services, employing a large number of home health aides and nurses. They compete based on pay, benefits, and work conditions.

Certified Home Health Agencies (CHHAs): These agencies provide more comprehensive medical services at home, often employing registered nurses and nurse practitioners alongside home health aides.
2. Hospitals and Medical Centers:
Many hospitals have their own home health programs or discharge planning services that offer in-home care. These facilities often provide competitive salaries and benefits to attract skilled and paraprofessional staff, making them strong competitors for home care workers.
3. Skilled Nursing Facilities (SNFs):
Skilled nursing facilities often compete for the same pool of nursing staff, as many professionals prefer working in a facility with structured hours and additional support. The demand for staffing in SNFs can draw workers away from home care settings. Home Health Aides can train to be CNAs and the stability of the same facility and no travel is a great draw for some aides.
4. Assisted Living Facilities:
These facilities provide a level of care that may overlap with home care services and often seek similar types of staff, such as personal care aides and licensed practical nurses (LPNs).
5. Hospice and Palliative Care Services:

Organizations providing hospice and palliative care often require skilled professionals and para-professionals, including nurses and social workers and HHAs. They may attract workers who are specifically interested in end-of-life care, further competing with home care agencies.

6. Private Duty Services

Private duty home care services are often less formal than agency-based care and can offer competitive pay and flexibility. Workers may choose these settings for higher wages or more personalized care environments.

7. Rehabilitation Centers

Facilities focused on rehabilitation (e.g., physical therapy centers) may also employ professionals who provide home care services, which can draw staff away from traditional home care roles.

8. Non-Profit Organizations and Community Health Programs

Many non-profit organizations provide home care services, often with a focus on specific populations such as the elderly, disabled, or low-income individuals. They may offer unique incentives or mission-driven work environments that appeal to potential employees.

9. Government Agencies

Local and state government programs may provide home care services, including programs funded by Medicare or Medicaid, which can sometimes offer more stable employment compared to private sector jobs.

10. Travel Nursing and Agency Workers

Some nurses and health aides opt for travel positions or work through staffing agencies that place them in various healthcare settings, including home care. These roles can sometimes offer higher pay rates and travel incentives, making them attractive alternatives.

Outcome:

Home At Last follows through with competing employers and follows the industry closely, noting what draws a person to apply for work at a certain agency.

The competition for professional and paraprofessional workers in New York State's home care sector is robust, with numerous entities vying for the same talent pool. Each type of employer offers distinct advantages and challenges, contributing to the complexities of staffing within the home care industry. To attract and retain qualified workers, home care agencies must continually assess and enhance their compensation packages, working conditions, and support systems. Home At Last does assess and analyze what draws people to an agency and have worked to make Home At Last and agency that prospective employees are drawn to.

How do you propose to successfully compete? Include training, recruitment, and transportation strategies.

Successfully competing for talent in the home care sector requires a multifaceted approach that addresses recruitment, training, retention, and logistical challenges. Below are strategies that Home At Last has implemented to enhance workforce availability, along with the necessary personnel and resources dedicated to these efforts.

1. Recruitment Strategies

A. Competitive Compensation Packages: Home At Last routinely does the following:

Regularly conducts market surveys to ensure that wages and benefits are competitive with other local home care agencies, hospitals, and healthcare facilities.

Offers sign-on bonuses for new hires to attract talent, particularly in high-demand roles such as registered nurses and home health aides or aides specialty trained (i.e. Hospice, Dementia, Rehabilitation etc.)

B. Flexible Work Schedules: Home At Last routinely offers the following:

Shift Options: Provide flexible scheduling options, including part-time, full-time, and weekend shifts, to accommodate diverse lifestyles and preferences.

Remote Hiring Processes: Utilize virtual interviews and onboarding processes to reduce barriers for potential employees.

C. Community Partnerships: Home At Last participates in the following:

Local Outreach: Partner with community organizations, schools, and vocational training programs to promote job openings and the benefits of working in home care.

Job Fairs and Events: Participate in job fairs and community events to directly engage with potential candidates and share information about career opportunities.

2. Training Strategies

A. Comprehensive Onboarding Program: Home At Last provides the following:

Structured Orientation: Home At Last has developed a robust orientation program that includes both administrative and clinical training, ensuring new hires are well-prepared for their roles.

Mentorship Programs: Home At Last pairs new hires with experienced staff members who can provide guidance, support, and practical skills training during their initial weeks.

B. Ongoing Training and Development: Home At Last provides the following for our staff:

Continuing Education: Regular training sessions on topics such as patient care best practices, safety protocols, and communication skills to keep staff updated and engaged.

Certification Support: Financial support or reimbursement for staff seeking certifications (e.g., CPR, specialized care certifications) that enhance their skills and career advancement.

C. Utilization of Technology: Home At Last provides this to our staff:

E-Learning Platforms: e-learning modules for training that allow staff to complete courses at their own pace, covering essential topics related to home care.

Simulation-Based Training: simulation tools for hands-on practice with medical equipment and patient care scenarios, enhancing learning outcomes.

3. Transportation Strategies

A. Transportation Assistance: Home At Last provides transportation assistance to all staff if necessary.

Travel Stipends: Stipends or reimbursements for employees who rely on public transportation or personal vehicles to reach clients, alleviating financial burdens.

Carpool Programs: Facilitates carpooling options among staff members to improve access to remote client locations and foster team cohesion.

B. Strategic Scheduling: Home At Last provides this within our technology systems

Client Location Optimization: Maximize aide-client schedules to minimize travel distances and maximize time spent providing care, thereby making roles more appealing.

Local Service Areas: Focus on specific geographic areas to reduce travel time and enhance job satisfaction for care workers.

Please describe the personnel and resources dedicated to adding and training additional members of the workforce, including committed resources in an organized training program.

1. Dedicated Personnel and Resources

A. Human Resources Team: Home At Last has hired:

Recruitment Specialists: Dedicated recruitment personnel to focus on sourcing and attracting candidates through various channels and strategies. Home At Last has made inroads with web site

development and social media input to make people aware of the possibility of employment with Home At Last.

Retention Coordinators: Designated staff to monitor employee satisfaction, conduct exit interviews, and implement retention strategies based on feedback.

B. Training and Development Coordinators: Home At Last has the following positions for employees and actively seeks out partnerships with educational entities:

Training Managers: Assign personnel responsible for developing and overseeing training programs, ensuring they are effective and aligned with industry standards.

Partnerships with Educational Institutions: Collaborate with local colleges and training centers to create internship programs and apprenticeships, providing a pipeline of potential employees.

C. Budget and Resources: Home At Last includes in their annual budgeting process:

Investment in Training Materials: Allocating budget resources for training resources, including online training platforms, educational materials, and simulation equipment.

Technology Utilization: Investing in software systems that facilitate scheduling, training management, and employee communication, improving operational efficiency.

Outcome

Home At Last strives to be a good employer. We do get a lot of applicants who come to apply through word of mouth. Our pay rates are competitive, and we provide other benefits such as PTO, Health Care insurance, 401K, transportation assistance, and things such as cultural sensitivity, flexible scheduling and providing education that is more than the regulatory requirements; i.e., difficult to serve patient, hospice, dementia, chronic disease management.

To compete effectively in the home care sector, it is essential to implement comprehensive recruitment, training, and transportation strategies that address the unique challenges of the industry. By dedicating personnel and resources to these initiatives, Home At Last enhances their appeal to potential employees, improves our retention rates, and ultimately delivers high-quality care to clients. The commitment to investing in workforce development not only benefits Home At Last, but also contributes to a more stable and skilled workforce in the home care sector.

How do you coordinate with the Department of Labor or any other local workforce initiatives?

Coordinating with the Department of Labor (DOL) and local workforce initiatives is essential for home care agencies to enhance recruitment efforts, access training resources, and stay informed about labor market trends. Here is how Home At Last has begun to effectively engage:

1. Establishing Partnerships

A. **Collaboration with Local Workforce Development Boards:** Home At Last has spoken to DOL to review our job description and plan to participate in DOL Job Placement programs. We will also collaborate on joint training programs or career fairs that target individuals interested in healthcare and home care careers.

B. **Participation in Community Initiatives:** Home At Last is always reviewing ways we can partner by doing community outreach. Home At Last has partnered with community organizations that work with job seekers, especially targeting populations such as veterans, low-income individuals, or those transitioning from other industries.

C. **Home At Last is committed to work with local workforce agencies to create or support job training programs designed specifically for home care roles, ensuring that participants receive relevant skills and certifications. Home At Last collaborates on skill assessments to identify the competencies needed in the home care sector, ensuring that training programs align with market demands.**

2. Accessing Funding and Resources

A. **Leveraging Grant Opportunities:** Home At Last stays informed about grant opportunities that are aimed at workforce development. We have also explored state-funded subsidies for training and hiring, which can help cover costs associated with onboarding new staff or providing continuing education.

B. **Utilizing Labor Market Information:** Home At Last works with the DOL to obtain labor market data that can guide recruitment strategies. Understanding local employment trends, wage data, and skills gaps can help tailor programs to meet workforce needs.

3. Recruitment Initiatives

A. **Job Placement Services:** Home At Last will partner with local workforce initiatives and DOL's employment services to promote job openings and access a broader pool of potential candidates. We have also utilized referral programs offered by workforce agencies that connect job seekers with available positions in home care.

B. **Hosting Job Fairs and Workshops:** Home At Last has and would in the future, Co-sponsor job fairs or recruitment events with the DOL or local workforce agencies to attract job seekers. We can provide information about career pathways in home care and on-the-spot

interviews for interested candidates. We are also open to offer workshops in collaboration with workforce agencies that educate potential employees about the home care field, application processes, and required certifications.

4. Training and Development Coordination

A. Tailored Training Programs: Customized Training: Work with local workforce development agencies to create customized training programs that meet the specific needs of the home care sector, focusing on skills development for new hires. Collaborate with educational institutions and the DOL to provide certification programs that enhance the qualifications of home care staff.

B. Apprenticeship and Internship Opportunities: Apprenticeship Programs: Develop apprenticeship programs in partnership with the DOL that allow individuals to gain hands-on experience while working under the guidance of experienced professionals. Create internship opportunities for students in healthcare-related fields to gain practical experience in home care, fostering a pipeline of future employees.

5. Continuous Communication and Feedback

A. Regular Meetings

Stakeholder Meetings: Attend regular meetings with the DOL and other local workforce stakeholders to discuss current challenges, share best practices, and explore collaborative solutions to workforce issues.

Feedback Mechanism: Establish a feedback loop to share insights from both employers and job seekers regarding workforce needs and necessary adjustments in training programs.

B. Reporting Outcomes

Data Sharing: Share data with the DOL regarding hiring trends, turnover rates, and the effectiveness of training programs to inform future initiatives and improve workforce strategies.

Success Stories: Highlight success stories of individuals who have transitioned into home care roles through workforce initiatives, showcasing the impact of collaboration.

Outcome

Coordinating with the Department of Labor and local workforce initiatives is vital for Home At Last to effectively address recruitment and training challenges. By establishing partnerships, accessing resources, and actively participating in community and training initiatives, we enhance both of our workforce capabilities, and ensure a steady supply of qualified professionals to meet the growing demand for home care services. This collaborative approach not only benefits Home At Last but also contributes positively to the local economy and community health outcomes.

What impact will the initiation/expansion of your program have on the workforce or other health care providers in the community? How will you minimize any adverse impact?

The initiation or expansion of a home care program can have significant positive impacts on the workforce and other healthcare providers in the community, but it also requires careful planning to minimize any potential adverse effects.

Positive Impacts

1. Increased Job Opportunities

- **Employment Growth:** The expansion of Home At Last will create new job opportunities for a variety of roles, including home health aides, nurses, social workers, and administrative staff. This can help reduce local unemployment rates and provide career pathways for individuals seeking jobs in healthcare.

- **Skill Development:** As new positions are created, there will be an emphasis on training and skill development, leading to a more skilled workforce in the home care sector and enhancing the overall quality of care.

2. Improved Access to Care

- **Enhanced Service Availability:** The expanded program can improve access to essential healthcare services for underserved populations, such as the elderly, disabled, or low-income individuals who may have difficulty accessing care in a traditional healthcare setting.

- **Continuity of Care:** By providing more home care options, patients can receive consistent care in familiar environments, which can lead to better health outcomes and increased patient satisfaction.

3. Reduced Burden on Other Healthcare Providers

- **Decreased Hospital Readmissions:** Home At Last helps manage chronic conditions through our clinical programs and Quality Cycle Management program, reducing the need for hospital readmissions and alleviating pressure on hospitals and emergency departments.

- **Collaboration with Other Providers:** Home At Last fosters collaboration with hospitals, primary care providers, and specialists, promoting a holistic approach to patient care and improving overall healthcare delivery in the community.

Adverse Impacts and Mitigation Strategies

Workforce Competition: Potential Staffing Shortages as any growth in any program may lead to competition for the same pool of healthcare workers, particularly home health aides and nurses, potentially straining the workforce.

Mitigation Strategies: Home At Last collaborates with other healthcare providers to create a unified recruitment strategy that addresses workforce shortages together rather than alone.

Home At Last, with any program within our agency, offers competitive wages and benefits to attract workers while also promoting retention strategies to maintain a stable workforce.

Resource Allocation: The initiation of a new home care program within Home At Last could potentially divert resources such as staff, funding, or patient referrals from existing providers in the community.

Mitigation Strategies: Home At Last, as much as possible, engages with existing providers to discuss the program's objectives and collaborate on care coordination. Establishing partnerships

can help streamline resources and ensure that all providers can continue to serve our patient populations effectively.

With any new program, Home At Last will consider shared training programs or resource pools among local providers to maximize efficiency and minimize the strain on individual organizations.

Quality of Care Concerns: Rapid expansion of any new program might lead to inconsistencies in care quality if training and oversight are not adequately maintained.

Mitigation Strategies: Standardized Training Programs: Home At Last has implemented robust training and onboarding processes for new hires to ensure high standards of care from the outset. In addition Home At Last has established a Quality Cycle Management program which takes all workflow processes and creates workflow processes and audits them and then and reviews quality measures, patient feedback mechanisms, and performance evaluations to maintain high care standards and address any issues promptly.

Community Perception: The community may have concerns about the adequacy of care or the potential for increased competition between providers.

Mitigation Strategies: Home At Last continues to engage in transparent communication with the community regarding the goals and benefits of the program. We also highlight success stories and the positive impact on patient care and community health.

Home At Last would continue to advocate to establish advisory boards that include community stakeholders, patients, and other healthcare providers to provide input and feedback on the program's impact and address community concerns actively.

OUTCOME

The initiation or expansion of a home care program is poised to have a significant positive impact on the workforce and healthcare landscape in the community. By creating new job opportunities, improving access to care, and reducing the burden on other healthcare providers, the program can enhance overall health outcomes. However, it is crucial to implement proactive strategies to mitigate any adverse impacts, ensuring that the program complements existing services and contributes to a cohesive healthcare ecosystem. Through collaboration, transparency, and a commitment to quality, the program can foster a sustainable and effective workforce while addressing community health needs.

What measures will you adopt to promote retention of specific categories of your workforce?

Promoting retention of specific categories of the workforce in home care services is essential for maintaining a stable and skilled team. Retention strategies should be tailored to the unique needs and challenges faced by different roles within the organization, such as home health aides, nurses, and administrative staff. Below are several measures that Home At Last has adopted to enhance retention:

Home Health Aides (HHAs) and Personal Care Aides

A. Competitive Compensation and Benefits: Home At Last regularly reviews and adjusts wages to ensure they are competitive with the local market, providing regular raises based on performance and tenure. Home At Last also offers comprehensive benefits, including health insurance, retirement plans, paid time off, and flexible spending accounts, to enhance job appeal.

B. Training and Professional Development: Through our growth, Home At Last has created clear career pathways that allow HHAs and PCAs to advance to higher positions, through additional training and education. A few of our employees are also attending LPN courses which we encourage and provide flexible scheduling for. Home At Last also provides regular training sessions that not only cover job-specific skills but also professional development topics, such as communication and stress management.

C. Recognition and Appreciation: Home At Last has implemented programs that recognize outstanding performance, including employee of the month awards, shout-outs in team meetings, or small bonuses for exceptional service. We also acknowledge work anniversaries and personal milestones to foster a sense of belonging and appreciation.

Nurses (Registered Nurses and Nurse Practitioners)

A. Work-Life Balance: Home At Last offers flexible work schedules to accommodate the personal needs of nursing staff, including options for part-time, per diem, or shift-swapping arrangements. We also provide mental health support through providing access to mental health resources, counseling services, and wellness programs to help nurses manage stress and burnout.

B. Professional Development Opportunities: Home At Last offers financial support for continuing education, certifications, and advanced training programs that help nurses stay current in their field and expand their skill sets. We also could provide leadership training programs for nurses who are interested in advancing into management or supervisory roles.

C. Competitive Compensation and Benefits: Home At Last conducts regular salary reviews to ensure compensation remains competitive, especially for specialized nursing roles. Home At Last has implemented retention bonuses and loyalty programs that reward nurses for staying with the organization for extended periods.

3. Administrative and Support Staff

A. Professional Growth and Development: Home At Last offers workshops and training sessions focused on administrative skills, customer service, and organizational management to enhance career growth. We have also paired administrative staff with mentors who can provide guidance and support for career advancement within the organization.

B. Employee Engagement and Inclusion: Implement regular surveys and feedback sessions to understand the needs and concerns of administrative staff, ensuring they feel heard and valued. Home At Last is a tightly knit administrative group and has organized team-building events and social activities to foster a positive workplace culture and strengthen relationships among staff. We value diversity and encourage collaboration among all staff, but focus on administrative staff. We also have recognition programs for administrative staff that celebrate their contributions and achievements within our organization.

4. General Strategies Applicable to All Workforce Categories

A. Onboarding and Integration: Home At Last has implemented a thorough onboarding process that helps new employees understand their roles, the organization's mission, and available resources for support. We pair new hires with experienced employees for guidance and support during the initial transition into their roles.

B. Communication and Transparency: We focus on fostering an environment where employees feel comfortable voicing their concerns, suggestions, and feedback to management. We hold regular team meetings to discuss goals, challenges, and successes, ensuring that all staff feel informed and included in the organization's direction.

C. Exit Interviews and Feedback Loops: We have utilized exit interviews to gather insights from departing employees about their experiences, which can inform future retention strategies and we use feedback from current and former employees to identify areas for improvement within the organization's culture, policies, and practices that we utilize within our Quality Cycle Management Program.

OUTCOME

By adopting a comprehensive set of measures tailored to the specific needs of different workforce categories, Home At Last has enhanced employee retention, reduced turnover, and maintained a skilled and dedicated workforce. Focusing on competitive compensation, professional development, recognition, and a supportive work environment will foster employee satisfaction and loyalty, ultimately leading to improved patient care and organizational success. Our retention rate is in the high 90th percentile within job descriptions that normally have a high rate of turnover.

Please provide a detailed anticipated source of referrals. This does not have to include established referral sources, but it should include the names of specific agencies in the area anticipated to have as referral sources. (They should not list Hospitals, Nursing Homes, etc. in general.)

When establishing a home care agency, identifying specific referral sources beyond hospitals and nursing homes is crucial for building a robust pipeline of clients. Below are anticipated sources of referrals, including specific agencies and organizations in the area that may serve as potential referral pathways:

1. Community Organizations and Non-Profits

- **United Way of New York City:** This organization supports various community programs and may refer clients needing home care services, especially among low-income populations.

- **The New York City Department for the Aging (DFTA):** This agency provides resources and services for older adults, including information about home care options for seniors.

- **Senior Services of America:** A network that provides resources and support to older adults, including referrals for home care services.

2. Faith-Based Organizations

- **Catholic Charities of New York:** Offers services to vulnerable populations, including seniors and individuals with disabilities, and may refer clients needing in-home care assistance.

- **Jewish Community Relations Council of New York:** This organization serves the Jewish community and may have programs that assist seniors or individuals with disabilities, providing referrals for home care.

3. Social Services Agencies

- **The Department of Social Services (DSS):** Local branches can refer clients who are eligible for various assistance programs, including those needing home care.

- **The Aging and Disability Resource Center (ADRC):** Offers information and referrals for seniors and individuals with disabilities, connecting them to home care services.

4. Senior Centers

- **The Lenox Hill Neighborhood House:** A community organization that serves seniors and may refer clients to home care services based on individual needs.

- **The City of New York Senior Centers:** Various senior centers throughout the city can serve as referral sources by connecting seniors with appropriate home care services.

5. Advocacy Groups

- **AARP New York:** The local chapter of AARP provides resources and advocacy for older adults and may refer members needing home care services.

- **The New York State Office for the Aging (NYSOFA):** Provides information and resources for seniors, and can refer individuals to home care agencies.

6. Care Management and Case Management Agencies

- **Visiting Nurse Service of New York (VNSNY):** While primarily a home health agency, they may refer clients needing ongoing non-medical home care services to partner agencies.

- **Care Coordination Services:** Organizations that provide care management services for elderly clients may refer them to home care providers as part of their comprehensive care plans.

7. Local Government Programs

- **New York City Department of Health and Mental Hygiene:** They may have programs addressing health disparities among vulnerable populations and can refer clients needing home care services.

- **Community Board Offices:** Local community boards may have resources and programs to connect residents with home care services.

8. Home Accessibility and Modification Services

- **Rebuilding Together NYC:** This organization focuses on safe and healthy housing for low-income homeowners, and they may refer clients who need home care following modifications or repairs.

- **New York State Independent Living Council (NYSILC):** This organization may refer individuals with disabilities who require home care assistance.

9. Support Groups and Networks

- Alzheimer's Association – New York City Chapter: Offers support and resources for families dealing with Alzheimer's and may refer caregivers needing respite or in-home support.

- National Alliance on Mental Illness (NAMI) New York City: Provides support for individuals with mental health needs and their families, potentially referring clients needing home care services.

10. Insurance Providers and Managed Care Organizations

- Healthfirst: A managed care organization that may refer members needing home care services as part of their health management programs.

- Molina/Affinity Health Plan: Another managed care organization that might connect members with home care resources depending on their coverage and needs.

Outcome

By cultivating relationships with these specific agencies and organizations, Home At Last can create a diverse and reliable referral network. Engaging with community organizations, advocacy groups, and local government programs not only helps to build a strong client base but also enhances the agency's visibility and reputation within the community. Continuous outreach and collaboration with these potential referral sources will be essential for sustained growth and success in providing home care services.

1. What is the current availability of professionals/paraprofessional workers to staff your program?

As Nannies for Grannies, Inc. DBA The Home Agency is fully operational, there are currently 296 active home health aides and personal care aides. In addition, on an ongoing basis the currently approved operator recruits from various recruitment sources, as more fully described in response 3 and 4 herein. The Home Agency Inc., as the proposed new operator, intends to rehire all 296 current employees of Nannies for Grannies Inc. DBA The Home Agency and adopt the same recruitment practices.

2. Who are the competing employers?

The competing employers are all agencies that are currently authorized to provide services in Nassau, Suffolk and Queens counties who are contracted with the same payors as Nannies for Grannies Inc. DBA The Home Agency. More specifically, they are agencies that provide services through the NHTD waiver in Nassau and Suffolk Counties, as well as agencies that contract with the Department of Social Services of Suffolk County to provide immediate need home care to Medicaid applicants. Note that generally, providing the names of competing employers is a request reserved for applications that must overcome the presumption of no need. Since the current agency has over 25 active patients, the presumption of no need does not apply to this application.

3. How do you propose to successfully compete? Include training, recruitment, and transportation strategies.

Nannies for Grannies Inc. DBA The Home Agency, the currently approved and active operator, already has in place highly successful training, recruitment and transportation strategies and practices. The Home Agency Inc., the proposed operator, will adopt the same practices. Nannies for Grannies Inc. provides extensive theoretical and hands-on training to its employees at orientation and regularly at in-service training. All field staff are also supervised and guided extensively in the field to ensure compliance with proper procedures and protocols. As a testament to its highly successful training programs, Nannies for Grannies Inc. DBA The Home Agency remains among a limited number of providers successfully serving high acuity patients in NHTD Medicaid waiver. Nannies for Grannies Inc. DBA The Home Agency utilizes a mixed approach of recruitment of field employees. It works closely to recruit from the Depart of Labor of Nassau and Suffolk counties, the Suffolk County Department of Social Services, Wyndach Resource Center, and Alliance Center. It also recruits and has relationships with all the HHA/PCA schools

on Long Island, including Global, NY Institute, HHA institute, and Ideal Training School. It utilizes online employee recruitment websites such as Indeed and Monster. Lastly, it runs a PCA school allowing it to train appropriate candidates who are not already licensed. For transportation, Nannies for Grannies Inc. DBA The Home Agency uses a mixed approach. Firstly, it reimburses its field staff for travel expenses. In addition, where assignments are remote, it contracts with a non-profit transportation company to assist in the delivery of the work staff to their assigned clients. As such, many payors that the agency works with submit several weekly referrals to the agency without the need to advertise directly to patients. In addition, several elder law attorney firms refer to the agency as well due to the high standard of care it provides.

4. How do you coordinate with the Department of Labor or any other workforce initiatives?

As Nannies for Grannies, Inc. DBA The Home Agency is fully operational, the proposed operator (The Home Agency Inc.) intends to continue the same relationships with the Department of Labor and any other sources of employees as the currently approved agency. The current agency, Nannies for Grannies Inc., has arrangements with the Department of Labor of Nassau and Suffolk counties to recruit from both on an ongoing basis. In addition, the current operator (Nannies for Grannies Inc DBA The Home Agency) recruits from the Suffolk County Department of Social Services, Wyndach Resource Center, and Alliance Center. The current agency also recruits and has relationships with all the HHA/PCA schools on Long Island, including Global, NY Institute, HHA institute, and Ideal Training School.

5. What impact will the initiation/expansion of your program have on the workforce of other health care providers in the community? How will you minimize any adverse impact?

The proposed operator foresees a positive impact on the local workforce or other health care providers in the community from its growth and expansion. The proposed operator will continue to utilize the processes currently in place at Nannies for Grannies Inc. DBA The Home Agency. Currently, there is a shortage of home care staff in New York State and the proposed operator's local communities. Specifically, there are extreme shortages of staff available to cover remote areas of Suffolk and Nassau Counties. The current operator, under the management of the proposed operator, specializes in staffing these very hard-to-reach areas. Specifically, the current operator receives multiple calls a day from its payors, including NHTD and Suffolk County DSS, with staffing requests that no other agencies can assist with. The current operator staffs almost all the requests they

receive. Its recruitment efforts, which have been successful to date due to the extensive training, fair pay and bonus incentives, will help relieve this state-wide problem in its service area and help the community. No adverse impact is expected in the community. In fact, the proposed operator will positively affect the community as it will ensure clients in remote areas of Long Island receive care while creating more jobs. Moreover, through its internal PCA training program, the proposed operator will increase the number of paraprofessional personnel in its proposed service area. By doing so, it will naturally increase the employment pool that other employers will benefit from.

6. What measures will you adopt to promote retention of specific categories of your workforce?

To retain field workers, we have adopted several measures. We have competitive pay rates, bonuses, incentives, complementary transportation or mileage reimbursements, full health insurance, vacation time, and holiday pay to attract and retain the right talent. We also offer flexible work schedules for those employees who cannot work on a steady schedule. Our rigorous in-service program ensures that our workers are well trained and do not experience workplace anxiety due to the lack of knowledge of the job tasks. We have skilled coordinators who ensure that our field workers feel wanted, are treated with respect, and have a reliable support network. We treat our staff with dignity and respect and do not discriminate based on race, color, gender, orientation, origin or otherwise. Lastly, it will institute a loyalty bonus program for field workers to ensure their retention.

What is the current availability of professional/paraprofessional workers to staff your program? Who are the competing employers? How do you propose to successfully compete? Include training, recruitment, and transportation strategies. How do you coordinate with the Department of Labor or any other local workforce initiatives?

The applicant is an ongoing operation, and this application is simply for a change in membership. Therefore, they are fully staffed and have in place a regular program of recruiting, training, and maintaining staffing. Competing employers are several other agencies in the county. However, the applicant maintains competitive wages, bonuses, ongoing training, and a clear path to advancement. Located in a city near a bus line, there is no issue with transportation. There are no ongoing DOL or other workplace initiatives in place; however, it has not been the experience of the applicant that it is needed.

What impact will the initiation/expansion of your program have on the workforce or other health care providers in the community? How will you minimize any adverse impact?

This is not an initiation nor is it an expansion; therefore, this is not an issue.

What measures will you adopt to promote retention of specific categories of your workforce?

As mentioned above, the applicant pays competitive wages, bonuses staff regularly, provides workplace enhancements to create a safe and friendly workplace, and most importantly, provides staff with a clear path to advancement with ongoing training and available opportunities.

What is the current availability of professional/paraprofessional workers to staff your program? Who are the competing employers? How do you propose to successfully compete? Include training, recruitment, and transportation strategies. How do you coordinate with the Department of Labor or any other local workforce initiatives?

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Office of the State Long Term Care Ombudsman

Two Empire State Plaza
Fifth Floor, Albany, NY 12223-1251
www.ltombudsman.ny.gov

Claudette Royal
State Ombudsman
1-855-582-6769

To: Public Health and Health Planning Council

Re: 378SYWOOD LLC d/b/a Cold Spring Hills Ctr for Nursing & Rehab

Date: January 02, 2026

Long Term Care Ombudsman Program Review:

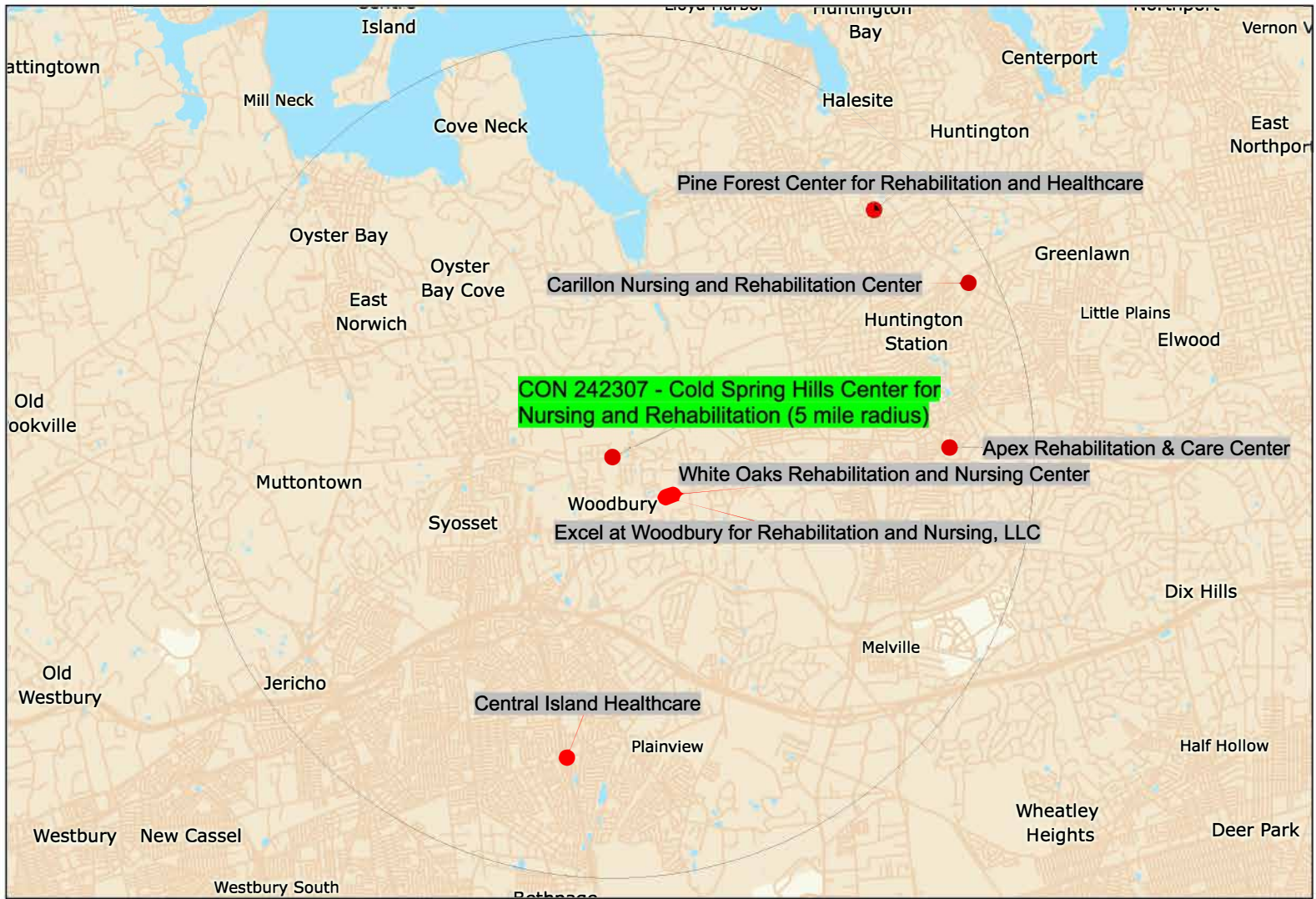
The Office of the State Long Term Care Ombudsman has received and reviewed the application for change in ownership submitted by 378SYWOOD LLC d/b/a Cold Spring Hills Ctr for Nursing & Rehab. The Office reviewed the six facilities currently operated by the proposed owners, which includes the subject facility. There is a weekly Ombudsman presence in two facilities, a monthly presence in one facility, and a quarterly presence in three facilities.

In each of the facilities, the administration is responsive to residents and the Ombudsman when they raise concerns. Issues are addressed and resolved in a timely manner.

Based on the Office's review of any programmatic interactions and complaints received for these facilities, the Office has no objection to the approval of this application.

A handwritten signature in cursive script that reads "Claudette Royal".

Claudette Royal
New York State Ombudsman



Map depicts RHCs within a 5 mile radius of Cold Spring Hills Center for Nursing and Rehabilitation (currently under receivership as Woodbury Heights Nursing and Rehabilitation Center).

Cold Spring Hills Center For Health & Rehabilitation
D/B/A Cold Spring Hills Center For Health & Rehabilitation
Balance Sheet
December 31, 2024

CON#242307
BFA Attachment B

Assets

Cash	\$	381,599	
Accounts Receivable (Net of Allowance for Credit Losses of \$3,000,000)		7,461,996	
Exchanges		551,641	
Prepaid Expenses		19,812	
Total Current Assets		8,415,048	\$ 8,415,048
 Restricted Cash		 4,362,773	
Total Restricted Assets			4,362,773
 Leasehold Improvements		 4,357,932	
Furniture & Equipment		789,021	
		5,146,953	
Less: Accum. Depreciation & Amortization		2,307,742	
Total Fixed Assets		2,839,211	2,839,211
 Right-of-Use Asset		 124,526,243	
Patients' Trust Fund		789,131	
Total Other Assets		125,315,374	125,315,374
 Total Assets			 \$ 140,932,406

Liabilities and Equity

Accounts Payable	\$	42,074,338	
Lease Liabilities		4,302,730	
Accrued Payroll		3,608,093	
Accrued Expenses & Taxes		255,086	
Total Current Liabilities		50,240,247	\$ 50,240,247
 Lease Liabilities		 120,223,513	
Loans Related Party		3,492,000	
Patients' Trust Fund Payable		789,131	
Total Long Term Liabilities		124,504,644	124,504,644
 Members' Deficit			 (33,812,485)
 Total Liabilities & Members' Deficit			 \$ 140,932,406

Cold Spring Hills Center For Health & Rehabilitation
D/B/A Cold Spring Hills Center For Health & Rehabilitation
Statement of Operations
For the year ended December 31, 2024

Total Revenue From Patients		\$ 60,932,591
Operating Expenses:		
Payroll	\$ 41,338,266	
Employee Benefits	17,926,009	
Professional Care	3,143,622	
Dietary & Housekeeping	2,557,175	
Plant & Maintenance	9,485,839	
General & Administrative	<u>10,871,042</u>	
Total Operating Expenses		<u>85,321,953</u>
Loss From Operations		(24,389,362)
Other Income		<u>3,006,563</u>
Net Loss		<u>\$ (21,382,799)</u>

Cold Spring Hills
Balance Sheet

Reporting Book:

As of Date:

Location:

Year To Date
06/30/2025

	<u>Actual</u>
Assets	
Current Assets	
Cash and Cash Equivalents	\$ 2,904,907
Accounts Receivable, Net	\$ 2,785,795
Prepaid Expenses	\$ 1,045,845
Total Current Assets	<u>\$ 6,736,547</u>
Fixed Assets, Net	
Fixed Assets	\$ 134,335
Total Fixed Assets, Net	<u>\$ 134,335</u>
Total Assets	<u><u>\$ 6,870,882</u></u>
Liabilities and Equity	
Liabilities	
Current Liabilities	
Accounts Payable	\$ 6,643,598
Accrued Liabilities	\$ 2,972,082
Short Term Debts	\$ 82,915
Other Current Liabilities	\$ (275,288)
Total Current Liabilities	<u>\$ 9,423,307</u>
Total Liabilities	<u>\$ 9,423,307</u>
Stockholders Equity	
Retained Earnings	\$ 0
Net Income	\$ (2,552,425)
Total Stockholders Equity	<u>\$ (2,552,425)</u>
Total Liabilities and Equity	<u><u>\$ 6,870,882</u></u>

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Cold Spring Hills
Profit & Loss summarized - by Location

Reporting Book:

As of Date:

Location:

YTD
06/30/2025

Actual

Routine Revenue

Medicaid	\$ 3,443,820.99
Managed Medicaid	\$ 699,398.15
Medicare Part A	\$ 829,193.87
HMO	\$ 123,069.05
Private	\$ 103,725.00
Hospice	\$ 50,045.82
Total Routine Revenue	<u>\$ 5,249,252.88</u>

Part B Revenue

Medicare B	\$ 56,953.40
Managed Care B	\$ 948.18
HMO B	20,838.10
Medicaid B	\$ 443.38
Private Ancillary	19.08
Total Part B Revenue	<u>\$ 79,202.14</u>

Total SNF Revenue \$ 5,328,455.02

Other Income

OTHER INCOME	\$ 10,765.48
Total Other Income	<u>\$ 10,765.48</u>

Total Current Revenue \$ 5,339,220.50

Past Period Revenue \$ 8,483.55

Total REVENUE \$ 5,347,704.05

EXPENSES

Nursing

DON Payroll & Benefits	\$ 75,813.75
MDS Payroll & Benefits	\$ 47,960.64
Contracted MDS	9,756.00
Unit Manager Payroll & Benefits	\$ 216,245.14
In Service Coordinator Payroll & Benefits	\$ 8,017.96
Wound Manager Payroll & Benefits	
WOUND MANAGER WAGES	

P/R WOUND MANAGER	30,559.40
Total WOUND MANAGER WAGES	<u>30,559.40</u>
WOUND MANAGER PAYROLL TAXES	
PAYROLL TAXES	2,810.75
Total WOUND MANAGER PAYROLL TAXES	<u>2,810.75</u>
WOUND MANAGER OT	
OVERTIME	98.21
Total WOUND MANAGER OT	<u>98.21</u>
WOUND MANAGER PTO	
PTO	395.60
Total WOUND MANAGER PTO	<u>395.60</u>
Total Wound Manager Payroll & Benefits	<u>33,863.96</u>
RN Payroll & Benefits	\$ 252,501.76
LPN Payroll & Benefits	\$ 476,943.43
Med Tech Payroll & Benefits	\$ 4,316.09
CNA Payroll & Benefits	\$ 1,189,648.83
Aides in Training Payroll & Benefits	\$ 2,692.77
Contracted RN	\$ 1,450.00
ADC Caregiver Payroll & Benefits	\$ 12,603.77
Medical Records Payroll & Benefits	\$ 34,912.94
Nursing Clerical Payroll & Benefits	\$ 52,721.00
Medical Supplies non-PPD	\$ 52,402.19
Nursing Fees & Services	\$ 280.00
Nursing Minor Equipment	\$ 238.57
Medical Equipment Rental	\$ 11,045.01
Wound Care	\$ 0.00
Medical Director	\$ 24,385.84
Total Nursing Services	<u>\$ 2,507,799.65</u>
Therapy and Ancillary	
Therapy Payroll & Benefits	\$ 310,627.06
Contracted Therapy	\$ 14,679.75
Contracted Therapy Consulting	\$ 10,000.00
Pharmacy	\$ 49,103.76
Contracted Pharmacy Consulting	\$ 7,108.50
Labs	\$ 5,256.95
Oxygen	\$ 27,698.85
Radiology	\$ 1,500.00
Total Therapy & Ancillary Services	<u>\$ 425,974.87</u>
Social Services	
Social Services Payroll & Benefits	\$ 52,514.99
Total Social Services	<u>\$ 52,514.99</u>
Recreation	
Recreation Payroll & Benefits	\$ 68,702.92
Recreation Supplies & Fees	\$ 4,373.47
Total Recreation Services	<u>\$ 73,076.39</u>
Housekeeping	

Housekeeping Payroll & Benefits	\$ 175,417.72
Housekeeping Supplies & Fees	\$ 2,293.33
Total Housekeeping Services	<u>\$ 177,711.05</u>

Laundry	
Laundry Payroll & Benefits	\$ 66,862.32
Linens & Towels	\$ 38,772.64
Laundry Supplies & Fees	\$ 329.06
Laundry Contracted Services	\$ 1,277.39
Total Laundry Services	<u>\$ 107,241.41</u>

Maintenance	
Maintenance Payroll & Benefits	\$ 245,510.24
Maintenance Supplies	\$ 20,563.72
Exterminator	\$ 6,976.78
Carting	\$ 15,572.43
Maintenance Contracted	\$ 32,812.90
Maintenance Other Services	\$ 10,531.77
Total Maintenance Services	<u>\$ 331,967.84</u>

Dietary	
Dietary Payroll & Benefits	\$ 242,726.58
Raw Food	\$ 122,685.47
Supplements	\$ 9,024.19
Dietary Supplies & Fees	\$ 16,837.29
Enteral Supplies	\$ 3,689.90
Total Dietary Services	<u>\$ 394,963.43</u>

General & Administrative	
General & Administrative Payroll & Benefits	\$ 258,486.90
Corporate Allocation	\$ 28,926.83
Auto & Travel	\$ 2,478.61
Insurance non-Payroll	\$ 652,649.75
Bank Charges	\$ 1,650.11
Payroll Fees	\$ 14,282.50
Accounting Fees	\$ 18,000.00
Legal Fees	\$ 2,055.00
Consulting Fees	\$ 45,613.36
TV, Internet & Phone	\$ 11,312.40
Rentals	\$ 29,954.60
Office Supplies	\$ 14,034.05
IT Support & Software	\$ 33,254.12
Dues & Subscriptions	\$ 8.66
Marketing	\$ 14,112.87
Placement & Recruitment	\$ 10,897.91
G&A Contracted Services	\$ 122,971.29
Printing & Postage	\$ 2,600.18
Licenses, Permits & Fees	\$ 680.00
Bad Debt Expense	\$ 53,477.04
Transportation	\$ 625.98

Employee Appreciation	\$ 7,389.25
Background Checks	\$ 204.50
Bed Tax	\$ 130,424.00
Total General & Administrative	<u>\$ 1,456,089.91</u>
Property	
Property Insurance	\$ 98,325.77
Property Tax	
REAL ESTATE TAX	\$ 487,620.00
Total Property Tax	<u>\$ 487,620.00</u>
Electric	\$ 124,145.59
Gas	\$ 26,222.31
Water & Sewer	\$ 6,461.17
Total Property	<u>\$ 742,774.84</u>
Total EXPENSES	<u>\$ 6,270,114.38</u>
EBITDARM	<u>\$ (922,410.33)</u>
Management Fees	\$ 267,385.19
EBITDAR	<u>\$ (1,189,795.52)</u>
Rent	\$ 1,362,630.20
EBITDA	<u>\$ (2,552,425.72)</u>
Net Income	<u>\$ (2,552,425.72)</u>

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Achieve Rehab and Nursing	<u>2023</u>	<u>2024</u>
Current Assets	\$3,061,053	\$5,791,000
Fixed Assets	\$12,747,426	\$10,126,000
Total Assets	\$15,808,479	\$15,917,000
Current Liabilities	\$8,983,425	\$10,730,000
Long Term Liabilities	\$8,272,172	\$5,790,000
Total Liabilities	\$17,255,597	\$16,520,000
Working Capital Position	(\$5,922,372)	(\$4,939,000)
Net Assets	(\$1,447,118)	(\$603,000)

Revenues	\$18,097,118	\$19,886,000
Expenses	\$19,699,560	\$19,133,000
Net Income	(\$1,602,442)	\$753,000

Regal Heights	<u>2023</u>	<u>2024</u>
Current Assets	\$14,304,840	\$15,797,000
Fixed Assets	\$64,489,716	\$17,010,000
Total Assets	\$78,794,556	\$32,807,000
Current Liabilities	\$13,024,614	\$12,957,000
Long Term Liabilities	\$59,823,529	\$28,507,000
Total Liabilities	\$72,848,143	\$41,464,000
Working Capital Position	\$1,280,226	\$2,840,000
Net Assets	\$5,946,413	(\$8,657,000)

Revenues	\$47,270,662	\$48,652,000
Expenses	\$43,000,082	\$39,527,000
Net Income	\$4,270,580	\$9,125,000

New York Congregation	<u>2023</u>	<u>2024</u>
Current Assets	\$6,900,833	\$7,339,000
Fixed Assets	\$25,692,329	\$23,500,000
Total Assets	\$32,593,162	\$30,839,000
Current Liabilities	\$12,833,039	\$11,520,000
Long Term Liabilities	\$25,418,104	\$22,570,000
Total Liabilities	\$38,251,143	\$34,090,000
Working Capital Position	(\$5,932,206)	(\$4,181,000)
Net Assets	(\$5,657,981)	(\$3,251,000)

Revenues	\$29,907,816	\$31,826,000
Expenses	\$31,592,056	\$30,372,000
Net Income	(\$1,684,240)	\$1,454,000

Pro Forma Balance Sheet

ASSETS:

Cash	\$15,651,344
Accounts Receivable	7,077,400
Fixed Assets	<u>148,980</u>
TOTAL ASSETS	\$22,877,724

LIABILITIES:

Accounts Payable	\$3,823,823
Working Capital Loan	7,825,672
Other Liabilities	<u>1,019,686</u>
TOTAL LIABILITIES	\$12,669,181

NET ASSETS	\$10,208,543
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