

**STATE OF NEW YORK**  
**PUBLIC HEALTH AND HEALTH PLANNING COUNCIL**

**COMMITTEE DAY**

**AGENDA**

*April 23, 2026*

*10:15 a.m.*

*Empire State Plaza, Concourse Level, Meeting Rooms 2-4, Albany*

**I. COMMITTEE ON ESTABLISHMENT AND PROJECT REVIEW**

Peter Robinson, Chair

**A. Application for Construction of Health Care Facilities/Agencies**

**Residential Healthcare Facility – Construction**

<b><u>Number</u></b>	<b><u>Applicant/Facility</u></b>
1. 252188 C	Rosary Hill Home (Westchester County)

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

**Ambulatory Surgery Centers – Establish/Construct**

<b><u>Number</u></b>	<b><u>Applicant/Facility</u></b>
1. 252226 B	Access Surg Care, LLC (New York County)
2. 261017 E	Dutchess Ambulatory Surgical Center, LLC (Dutchess County)

**Diagnostic and Treatment Centers – Establish/Construct**

<b><u>Number</u></b>	<b><u>Applicant/Facility</u></b>
1. 252029 B	White Glove Community Health, LLC (Kings County)
2. 252183 B	St. Mary's Center, Inc. (New York County)
3. 252184 B	New Windsor Family Care, LLC (Orange County)

4. 252207 B Rosh Medical Management LLC d/b/a Rosh Medical Center  
(Kings County)
5. 261044 E GAMMS LLC d/b/a Zelcare Family Health Network, LLC  
(Orange County)

**Hospice Services – Establishment**

- | <u>Number</u> | <u>Applicant/Facility</u>   |
|---------------|---|
| 1. 252144 E   | Hospice and Palliative Care Inc<br>(Please see exhibit for list of Geographical Service Area) |

**Residential Healthcare Facilities – Establish/Construct**

- | <u>Number</u> | <u>Applicant/Facility</u>  |
|---------------|--|
| 1. 211102 E   | Rockville Holdings Operating LLC d/b/a<br>Rockville Skilled Nursing and Rehabilitation Center<br>(Nassau County) |
| 2. 232239 E   | OLP SNF OPCO LLC d/b/a Our Lady of Peace Nursing Care Residence<br>(Niagara County)                              |

**Home Care Service Agency Licensures**

**New Licensed Home Care Services Agencies**

- | <u>Number</u> | <u>Applicant/Facility</u>   |
|---------------|---|
| 1. 252172 E   | PACE at Hudson Headwaters, Inc.<br>(Please see exhibit for list of Geographical Service Area) |

**Changes of Ownership**

- | <u>Number</u> | <u>Applicant/Facility</u>   |
|---------------|---|
| 1. 222245 E   | Family Respite Homecare Agency, Inc.<br>(Please see exhibit for list of Geographical Service Area)              |
| 2. 231045 E   | Medford Hamlet LLC d/b/a Medford Hamlet Home Care<br>(Please see exhibit for list of Geographical Service Area) |
| 3. 231252 E   | 1st Home Care Of NY Corp.<br>(Please see exhibit for list of Geographical Service Area)                         |

4. 241067 E S & A Unified Home Care, Inc.  
(Please see exhibit for list of Geographical Service Area)
5. 241102 E Kirenaga Home Care Manhattan Inc. d/b/a Synergy Homecare  
(Please see exhibit for list of Geographical Service Area)
6. 241125 E Novel Home Health Care Services Of New York, Corp.  
(Please see exhibit for list of Geographical Service Area)
7. 251019 E Carelink, Inc.  
(Please see exhibit for list of Geographical Service Area)

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



# Department of Health Public Health and Health Planning Council

## Project # 252188-C Rosary Hill Home

**Program:** Residential Health Care Facility      **County:** Westchester  
**Purpose:** Construction      **Acknowledged:** November 21, 2025

### Executive Summary

#### Description

Rosary Hill Home (Rosary Hill), an existing not-for-profit, 42-bed, Article 28 Residential Health Care Facility (RHCF) at 600 Linda Avenue, Hawthorne, New York (Westchester County), requests approval to decertify 13 RHCF beds, and undertake renovations to the first and second floor to modernize the facility. Upon approval, Rosary Hill's total certified RHCF bed capacity will be reduced to 29 beds from 42 beds.

The proposed renovations include upgrades to two residential units (one for men and one for women), a diagnostic and treatment room, resident community areas, television entertainment systems, support services, administrative offices and building system areas.

This proposal also includes the relocation of all residential units, common areas and support areas to the second floor of the facility for optimal efficiency, patient care and staff coverage.

**OALTC Recommendation**  
Contingent Approval

#### Need Summary

As of March 3, 2026, the facility reported 87.5% occupancy of its staffed beds, and Westchester County had 94.9% occupancy of staffed beds.

#### Program Summary

Based on the results of this review, a favorable recommendation can be made regarding the facility's current compliance pursuant to 2802-(3)(e) of the New York State Public Health Law.

#### Financial Summary

The total project cost for the renovations is \$46,912,176 and will be met with cash equity from operations. The proposed budget is as follows:

<u>Budget</u>	<u>Year One</u>	<u>Year Three</u>
Revenues & Support	\$4,556,025	\$4,556,025
Expenses	<u>\$3,425,469</u>	<u>\$3,425,469</u>
Change in Net Assets	\$1,130,556	\$1,130,556

#### Health Equity Impact Assessment

The information and analysis presented in the Health Equity Impact Assessment and the applicant's mitigation plan demonstrate the proposed project will not result in any significant adverse health equity impacts.

## Recommendations

### Health Systems Agency

There will be no HSA recommendation for this project.

### Office of Aging and Long-Term Care

#### Approval contingent upon:

1. Submission of a check for the amount enumerated in the approval letter, payable to the New York State Department of Health. Public Health Law Section 2802.7 states that all construction applications requiring review by the Public Health and Health Planning Council shall pay an additional fee of fifty-five hundredths of one percent of the total capital value of the project, exclusive of CON fees. [PMU]
2. The submission of State Hospital Code (SHC) Drawings for review and approval, as described in BAER Drawing Submission Guidelines DSG-1.0. [AEL]
3. The submission of Engineering (MEP) Drawings for review and approval, as described in BAER Drawing Submission Guidelines DSG-1.0. [AEL]

#### Approval conditional upon

1. This project must be completed by **February 1, 2029**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. The operator shall submit a plan to maintain resident services and safety during construction to the Metropolitan Area Regional Office and must receive approval for such plan prior to the commencement of construction. [LTC]
3. Construction must start on or before **November 1, 2026**, and construction must be completed by **November 1, 2028**, presuming the Department has issued a letter deeming all contingencies have been satisfied prior to commencement. It is the responsibility of the applicant to request prior approval for any changes to the start and completion dates. In accordance with 10 NYCRR Section 710.10(a), if construction is not started on or before the approved start date, this shall constitute abandonment of the approval. [PMU]
4. The submission of Final Construction Documents, as described in BAER Drawing Submission Guidelines DSG-05, is required prior to the applicant's start of construction. [AEL]

### Council Action Date

May 7, 2026

# Need Analysis

## Background and Analysis

The primary service area is Westchester County, which has a population projected to increase to 1,040,900 by 2031 based upon Cornell Program of Applied Demographic estimates. The general service area is comprised of New York State overall, as patients come from throughout Westchester County and New York State to receive care. Demographics for the primary service area are noted below, including a comparison with New York State.

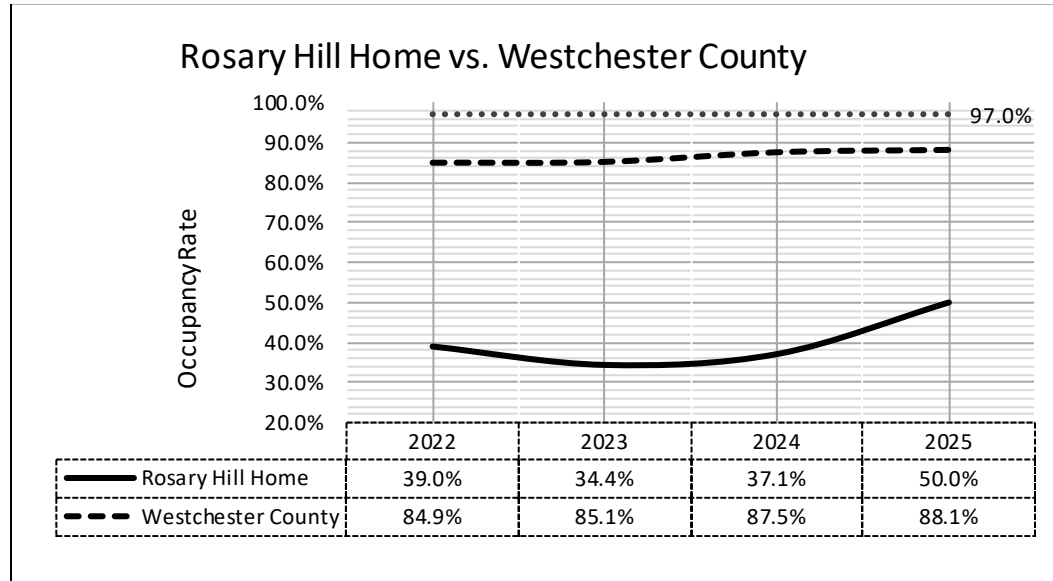
Demographics	Westchester County	New York State
Total Population (2024 Estimate)	999,677	19,852,366
Hispanic or Latino (of any race)	27.4%	19.8%
White (non-Hispanic)	49.2%	52.8%
Black or African American (non-Hispanic)	12.7%	13.4%
Asian (non-Hispanic)	6.2%	9.0%
Other (non-Hispanic)	4.6%	5.0%

Source: 2024 American Community Survey (5-year Estimates Data Profiles)

The table below provides population estimates of individuals 65 years old and above in Westchester County and New York State.

	Westchester County Age Group 65-84	Westchester County Age Group 85+	New York State Age Group 65-84	New York State Age Group 85+
Estimated 2024 Population	154,650	26,879	3,108,608	445,420
Population Projection by 2031	189,883	36,933	3,749,085	638,383
Percent Change	+22.8%	+37.4%	+20.6%	+43.3%

Source: 2024 American Community Survey (5 Year Estimates) and Cornell Program on Applied Demographics



Source: Occupancy for all years is from non-certified Health Electronic Response Data System (HERDS)

The table below shows the CMS Rating and the utilization of the closest RHCs to Rosary Hill Home within a 6-mile radius.

Facility Name	CMS Overall Rating	Beds	Distance from other RHCs	Occupancy			
	As of 2/2026			Miles/Time	2022	2023	2024*
Rosary Hill Home**	N/A	42	0 miles/0 mins	39.0%	34.4%	37.1%	50.2%
The Grove at Valhalla Rehab and Nursing Center	2	160	4.4 miles/14 mins	95.7%	94.5%	95.8%	95.9%
Briarcliff Manor Center for Rehab and Nursing Care	1	120	6.1 miles/15 mins	93.1%	92.7%	91.8%	93.4%
Bethel Nursing Home Company Inc	4	42	6.9 miles/14 mins	72.7%	82.5%	87.2%	78.9%
Martine Center for Rehab and Nursing Center	1	200	7.6 miles/20 mins	94.4%	93.1%	96.9%	95.7%
Tarrytown Rehab and Nursing Center (formerly Tarrytown Hall Care Ctr)	3	120	7.8 miles/18 mins	88.9%	92.2%	97.6%	95.2%
EPIC Rehab and Nursing at White Plains	2	160	8.8 miles/16 mins	87.3%	92.4%	92.2%	89.2%

Source: CMS, RHC cost report, HERDS

\*Excluding Rosary Hill Home, occupancy through 2024 is from the RHC cost reports. 2025 occupancy data is self-reported from non-certified data in the Health Electronic Response Data System (HERDS).

\*\*2022- 2025 occupancy data for Rosary Hill Home is solely from the HERDS annual reports.

The facility reported 57.1% of their 42 licensed beds staffed and 50% occupied on March 3, 2026, for a 87.5% occupancy of staffed beds. Westchester County had 93.9% of the county's 6,641 licensed beds staffed and 89.2% occupied for a 94.8% occupancy of staffed beds.

The facility provides palliative care to indigent, terminally ill, cancer patients, and does not accept payment from its residents, their families or insurers. Care provided is funded through charitable donations.

According to the applicant, the facility's building was constructed in 1983 with no major renovations completed. Of note, CON 241262 was approved on October 11, 2024, to decertify twelve RHC beds. This project proposes to decertify an additional 13 RHC beds and complete modernization renovations. They plan to renovate the first and second floors of the facility in a phased approach, which includes the relocation of all residential units, common areas and support areas to the second floor. In addition, they plan to upgrade the facility to a home-like environment with space to create private and semi-private rooms. The applicant reports they will maintain the full range of services throughout the decertification.

The applicant disclosed the facility has experienced relatively consistent utilization over the past several years. According to the average daily census between January 1, 2020, and August 16, 2025, Rosary Hill reports an occupancy rate of 48%, with approximately 21 beds unutilized throughout the year. Assuming an average daily census of 20.3 (consistent with the past five-year average for Rosary Hill Home), the occupancy rate would be approximately 70% if utilization continued to remain the same. The facility would prefer to have the option of staffing additional beds should there be growing patient demand and sufficient staffing, hence their request to decertify no more than 13 beds. The applicant notes that no current residents will be displaced or required to relocate as a result of this project.

Per the Health Equity Impact Assessment provided in the application, the project was looked upon favorably and the facility is seen as a great resource for the community for patients who are unable to afford care elsewhere. In addition, the assessment cited that there are not a lot of facilities in the area like Rosary Hill Home who accept low-income patients or patients without health insurance.

**Conclusion**

Upon approval of this application, the facility will be licensed for 29 RHCF beds. The facility reported 57.1% of their 42 licensed beds staffed and 50% occupied on March 3, 2026, for a 87.5% occupancy of staffed beds. Westchester County had 93.9% of the county's 6,641 licensed beds staffed and 89.2% occupied for a 94.8% occupancy of staffed beds.

## Program Analysis

### Program Description

	Existing	Proposed
<b>Facility Name</b>	Rosary Hill Home	Same
<b>Address</b>	600 Linda Avenue Hawthorne, New York 10532	Same
<b>RHCF Capacity</b>	42	29
<b>ADHCP Capacity</b>	N/A	Same
<b>Type of Operator</b>	Not-for-Profit Corporation	Same
<b>Class of Operator</b>	Voluntary	Same
<b>Operator</b>	Dominican Sisters-The Servants of Relief for Incurable Cancer	Same

### Project Review

Rosary Hill Home is a 42-bed, not-for-profit Residential Health Care Facility (RHCF) located in Westchester County. The facility provides specialized care to indigent, terminally ill cancer patients at no cost and operates solely through philanthropic donations. The current facility was constructed in 1983, and the home is now seeking to renovate its existing infrastructure.

The proposed project involves the decertification of 13 RHCF beds and a comprehensive 58,448-square-foot gut renovation encompassing the first and second floors, as well as exterior improvements. The project will consolidate resident units, communal space, and clinical support areas on the second floor to improve efficiency, patient care, and staff coverage. The project will be conducted in four phases to ensure facility operations during construction.

### Physical Environment

Rosary Hill Home is a four-story, T-shaped skilled nursing facility. The ground level is comprised of non-Article 28 convent support areas and staff quarters, while the first and second floors are dedicated to Article 28 residential healthcare, topped by a fourth-story attic. The facility currently has a total capacity of 42 Residential Health Care Facility (RHCF) beds, distributed as 20 beds on the first floor (4 double bedded rooms and 12 private rooms) and 22 beds on the second floor (5 double bedded rooms and 12 private rooms).

The proposed first-floor renovation includes the decertification of 13 RHCF beds and the relocation of 7 existing RHCF beds to the second floor. The renovation involves repurposing vacant resident rooms and clinical support areas to create centralized space for additional administrative, residential support, and facility maintenance rooms on the first floor. The renovation includes the conversion of resident rooms, dayrooms, and clinical support space into administrative offices, staff dining, a new pharmacy, two new guest rooms, a new centralized kitchen, staff locker rooms, new IT room, and facility engineering and maintenance suite. Additionally, the existing main laundry room will be reduced in size as a laundry room will be added to the second floor and the existing kitchenette in room 120 will be renovated. The existing administrative offices adjacent to the lobby, John Paul II Room, morgue, and mechanical rooms will remain unaltered.

The proposed second-floor renovation involves the construction of two residential units utilizing a cluster or neighborhood concept. The second floor will have a total capacity of 29 Residential Health Care Facility (RHCF) beds on two residential units, distributed as 11 beds on one unit (3 double bedded rooms and 5 private rooms) and 18 beds on the other unit (5 double bedded rooms and 8 private rooms). The two units are set up to function independently and feature a kitchen, nurse station, nurse lounge, soiled and clean utility rooms, medication room, and a day room. Centralized dining is provided on the floor with seating for up to 32 individuals in Sunroom 267. An additional activity lounge will be located between the two residential units. The existing central kitchen, staff bathrooms, and staff break room on the second

floor will be renovated into a laundry room, equipment and supply storage rooms, an exam room, and a beauty salon.

**Compliance**

Rosary Hill Home is deemed to be currently operating in substantial compliance with all applicable Federal and State codes, rules, and regulations.

**Conclusion**

Based on the results of this review, a favorable recommendation can be made regarding the facility's current compliance pursuant to 2802-(3)(e) of the New York State Public Health Law.

## Financial Analysis

### Total Project Cost and Financing

The total project costs for renovations and movable equipment are estimated at \$46,912,176 in 2026 dollars, and broken down as follows:

Renovation & Demolition	\$33,842,092
Design Contingency	\$3,384,209
Construction Contingency	\$3,384,209
Architect/Engineering Fees	\$4,061,051
Construction Manager Fees	\$1,426,335
Other Fees	\$158,850
Movable Equipment	\$396,835
Application Fee	\$2,000
Processing Fee	<u>\$256,595</u>
Total Project Cost	\$46,912,176

### Operating Budget

The applicant has provided the Current Year (2025) results, and the Years One and Three incremental operating budget, in 2026 dollars. The budget is summarized below:

	<u>Current Year</u>		<u>Year One</u>		<u>Year Three</u>	
	<u>Per Diem</u>	<u>Total</u>	<u>Per Diem</u>	<u>Total</u>	<u>Per Diem</u>	<u>Total</u>
<u>Revenues and Support</u>		<u>\$8,965,134</u>		<u>\$4,556,025</u>		<u>\$4,556,025</u>
		\$8,965,134		\$4,556,025		\$4,556,025
<u>Expenses</u>						
Operating	\$1,296.41	\$9,483,269	\$206.49	\$1,510,439	\$206.49	\$1,510,439
Capital	<u>\$83.72</u>	<u>\$612,421</u>	<u>\$261.79</u>	<u>\$1,915,030</u>	<u>\$261.79</u>	<u>\$1,915,030</u>
Total Expenses	\$1,380.13	\$10,095,690	\$468.28	\$3,425,469	\$468.28	\$3,425,469
Change in Net Assets		(\$1,130,556)		\$1,130,556		\$1,130,556
Utilization: (Days)		7,315		7,315		7,315
Occupancy		47.72%		69.11%		69.11%

The following is noted with respect to the submitted operating budget:

- Current Year revenues and support, expenses and utilization are based on 2025 Certified Financial Statements.
- Rosary Hill Home does not accept any form of payment for its services from its patients, their families, or reimbursement from insurers.
- Rosary Hill Home does not submit for Medicaid reimbursement and is exempt from submitting the RHCFC Cost Report.
- Operating expenses are supported through contributions, legacy income, trust income and investment returns.
- The number and mix of staff in the Current Year is based on Rosary Hill Home's historical experience. Staffing FTEs consists of The Dominican Sisters of Hawthorne, who are not compensated for their charitable work, as well as other employees of the facility, including contractors, agency staff and volunteers.
- Years One and Three staffing is based upon the operator's staffing plan, which may be adjusted further based upon resident needs, and reflect compliance with the minimum staffing requirements outlined in Public Health Law (PHL).
- Utilization is based upon the experience of Rosary Hill Home and assumes an average daily census of 20.3. Utilization and staffing is projected to remain constant.

- Occupancy in 2025 for the facility is 47.72%. The facility is projected to achieve occupancy of 69.11% in Years One and Three.
- Staffing ratios for the facility provide 5.1 hours of licensed nursing per resident per day.

Utilization by payor source is projected as follows:

<u>Payor</u>	<u>Current Year</u>		<u>Year One</u>		<u>Year Three</u>	
	<u>Patient Days</u>	<u>%</u>	<u>Patient Days</u>	<u>%</u>	<u>Patient Days</u>	<u>%</u>
All Other*	7,315	47.72%	7,315	69.11%	7,315	69.11%
Total RHCFC	7,315	47.72%	7,315	69.11%	7,315	69.11%

\*Current year is based on 42 beds and Years One and Three are based on 29 beds.

### **Capability and Feasibility**

The total project cost of \$46,912,176 will be funded with equity from the applicant. The working capital requirement is estimated at \$570,912, equivalent to two months of the first year’s incremental expenses and will be funded with existing equity. BFA Attachment B, 2023-2025 Financial Summary for Rosary Hill Home shows sufficient resources to meet the operating and working capital equity requirements.

The submitted budget projects a change in net assets of \$1,130,556 during Years One and Three of operations, respectively. The budget appears reasonable.

BFA Attachment B, 2023-2025 Financial Summary for Rosary Hill Home, shows for the time period ending on April 30, 2025, the facility maintained a positive working capital position, a positive net asset position, and a decrease in net assets before other gains and losses. The facility shows a surplus in other income, resulting in a surplus in change in net assets with donor restrictions. For the period ending December 31, 2025, the facility maintained a positive working capital position, a positive net asset position, and a surplus in change in net assets. The negative change in net assets from operations is attributed to Rosary Hill Home’s long-standing charitable operating model rather than financial instability. The facility maintains unrestricted net assets and liquidity to support operations and long-term sustainability. Ongoing oversight includes review of staffing levels and expense controls, prudent investment management consistent with the New York Prudent Management of Institutional Funds Act, diversified investment holdings, and multi-year liquidity planning.

### **Conclusion**

The applicant has demonstrated the capability to proceed in a financially feasible manner.

## **Health Equity Impact Assessment**

### **Health Equity Impact Assessment Summary**

This project proposes renovating a 42-bed residential health care facility, located in Hawthorne, NY, which provides palliative care to terminally ill patients. The proposal includes the decertification of 13 beds, reducing the total number to 29. This project follows up on a 2024 renovation that decertified 12 beds and modified 3-bed rooms into 2-bed rooms.

Located in Westchester County, the facility admits both New York and non-New York residents, resulting in a unique service area comprised of zip codes from across the country. The county has low levels of social and economic stress.

The independent entity did not identify any negative impacts despite the reduction in beds, as the facility's bed capacity will still exceed patient demand. There will not be any changes in admissions criteria, eligibility requirements, or the amount of indigent care provided by the facility. The project will expand room sizes, update technology, and centralize patient care on one single floor. Patient comfort and privacy, as well as quality of care, will additionally improve. These changes will advance health equity for underserved groups in the service area, including low-income people, racial and ethnic minorities, immigrants, women, and people with disabilities.

### **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.

## **Attachments**

BHFP Attachment	Map
BFA Attachment A	Organizational Chart
BFA Attachment B	2023-2025 Financial Summary – Rosary Hill Home
OHEHR Attachment	Health Equity Impact Assessment



Project # 252226-B
Access Surg Care, LLC

Program: Diagnostic and Treatment Center County: New York
Purpose: Establishment and Construction Acknowledged: December 22, 2025

Executive Summary

Description

Access Surg Care, LLC (the Center) is seeking approval to establish and construct an article-28 multi-specialty Freestanding Ambulatory Surgery Center (FASC) in leased space at 4778 Broadway, New York (New York County).

Access Surg Care will have five (5) operating rooms and two (2) procedure rooms. The Center will specialize in cardiology (vascular), facial plastic/reconstructive surgery, gastroenterology, general surgery, ophthalmology, orthopedics, otolaryngology, pain management, and urology. The Center will also be certified for Lithotripsy O/P.

Eight (8) non-member physicians have submitted letters of commitment to providing services to the Center.

Bienvenido Fajardo, M.D., will be the sole member and manager of the Center. Dr. Fajardo, who is board-certified in Internal Medicine and Nephrology, will also serve as the Medical Director.

The applicant will enter into a transfer agreement for backup and emergency services with The New York and Presbyterian Hospital-Columbia/Irving Medical Center, 2 mile/13 minutes away.

OPCHSM Recommendation

Contingent approval with an expiration of the operating certificate five years from the date of its issuance.

Need Summary

The applicant projects 10,335 procedures in Year One and 13,780 procedures in Year Three, with Medicaid at 39.0% and Charity Care at 2.5%.

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Summary

Total project cost of \$8,000,000 will be funded with member equity of \$1,500,000 and a \$6,500,000 Landlord Tenant Improvement Loan at 7% interest and a 5-year term.

Table with 3 columns: Budget, Year One, Year Three. Rows: Revenues, Expenses, Net Income.

Health Equity Impact Assessment

This project does not meet the requirements for a Health Equity Impact Assessment under Section 2802-B of the PHL.

## **Recommendations**

### **Health Systems Agency**

There will be no HSA recommendation for this project.

### **Office of Primary Care and Health Systems Management**

#### **Approval with an expiration of the operating certificate five years from the date of its issuance, contingent upon:**

1. Submission of a check for the amount enumerated in the approval letter, payable to the New York State Department of Health. Public Health Law Section 2802.7 states that all construction applications requiring review by the Public Health and Health Planning Council shall pay an additional fee of fifty-five hundredths of one percent of the total capital value of the project, exclusive of CON fees. [PMU]
2. Architectural Design Development Drawings: Submission of architectural and life safety drawings, acceptable to the Department, as described in the Bureau of Architecture and Engineering Review Drawing Submission Guidelines DSG-1.0. [AER]
3. Engineering Design Development Drawings: Submission of mechanical, electrical, plumbing and fire protection drawings, acceptable to the Department, as described in the Bureau of Architecture and Engineering Review Drawing Submission Guidelines DSG-1.0. [AER]
4. Submission of an executed loan agreement, acceptable to the Department of Health. [BFA]
5. Submission of an executed Building Lease Agreement, acceptable to the Department of Health. [BFA]
6. Submission by the governing body of the ambulatory surgery center of an Organizational Mission Statement which identifies, at a minimum, the populations and communities to be served by the center, including underserved populations (such as racial and ethnic minorities, women, and handicapped persons) and the centers commitment to meet the health care needs of the community, including the provision of services to those in need, regardless of ability to pay. The statement shall also include a commitment to the development of policies and procedures to ensure that charity care is available to those who cannot afford to pay. [RNR]
7. Submission of a signed agreement with an outside, independent entity satisfactory to the Department to provide annual reports to DOH. Reports are due no later than April 1st for the prior year and are to be based upon the calendar year. Submission of annual reports will begin after the first full or, if greater or equal to six months after the date of certification, partial year of operation. Reports should include:
  - a. Data displaying actual utilization including procedures;
  - b. Data displaying the breakdown of visits by payor source;
  - c. Data displaying the number of patients who needed follow-up care in a hospital within seven days after ambulatory surgery;
  - d. Data displaying the number of emergency transfers to a hospital;
  - e. Data displaying the percentage of charity care provided;
  - f. The number of nosocomial infections recorded during the year reported;
  - g. A list of all efforts made to secure charity cases; and
  - h. A description of the progress of contract negotiations with Medicaid managed care plans. [RNR]

**Approval conditional upon:**

1. This project must be completed by **August 15, 2027**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Construction must start on or before **November 15, 2026**, and construction must be completed by **May 15, 2027**, presuming the Department has issued a letter deeming all contingencies have been satisfied prior to commencement. It is the responsibility of the applicant to request prior approval for any changes to the start and completion dates. In accordance with 10 NYCRR Section 710.10(a), if construction is not started on or before the approved start date, this shall constitute abandonment of the approval. [PMU]
3. The submission of Final Construction Documents, as described in BAER Drawing Submission Guidelines DSG-05, is required prior to the applicant's start of construction. [AER]
4. The submission of annual reports to the Department as prescribed by the related contingency, each year, for the duration of the limited life approval of the facility. [RNR]
5. The staff of the facility must be separate and distinct from the staff of other entities; the signage must clearly denote the facility is separate and distinct from other entities; the entities will operate at two separate times; there will be no overlap in hours; the clinical space must be used exclusively for the approved purpose; medical records will be separately maintained for reach entity and the entrance must not disrupt any other entity's clinical program space. [HSP]
6. The applicant must ensure registration for and training of facility staff on the Department's Health Commerce System (HCS). The HCS is the secure web-based means by which facilities must communicate with the Department and receive vital information. Upon receipt of the Operating Certificate, the Administrator/director that has day-to-day oversight of the facility's operations shall submit the HCS Access Form at the following link to begin the process to enroll for HCS access for the first time or update enrollment information as necessary:  
[https://www.health.ny.gov/facilities/hospital/docs/hcs\\_access\\_form\\_new\\_clinics.pdf](https://www.health.ny.gov/facilities/hospital/docs/hcs_access_form_new_clinics.pdf). Questions may be directed to the Division of Hospitals and Diagnostic & Treatment Centers at 518-402-1004 or email: [hospinfo@health.ny.gov](mailto:hospinfo@health.ny.gov). [HSP]

**Council Action Date**

May 7, 2026

# Need Analysis

## Project Description

Access Surg Care, LLC (the Center), is seeking approval to establish and construct a multi-specialty freestanding ambulatory surgery center (FASC) at 4778 Broadway, New York, 10034 in New York County. The ASC will be specializing in cardiology (vascular), facial plastic/reconstructive, gastroenterology, general surgery, ophthalmology, orthopedics, otolaryngology, pain management, and urology. The ASC is also looking to be certified for Lithotripsy O/P. The ASC will have five operating rooms and two procedure rooms.

## Background & Analysis

The relevant service area is New York County, including Upper Manhattan, which encompasses Harlem, Hamilton Heights, Washington Heights and Inwood (Community Districts 9, 10, and 12). The population of New York County is projected to grow to 1,730,911 by 2031 per projection data from the Cornell Program on Applied Demographics, an increase of 6.2%. Demographics for the service area are noted below, including a comparison with New York State (NYS).

Demographics	Manhattan Community District 9 PUMA	Manhattan Community District 10 PUMA	Manhattan Community District 12 PUMA	New York County	New York State
Total Population – 2024 Estimate	112,952	135,011	197,225	1,629,477	19,852,366
Hispanic or Latino (of any race)	37.8%	24.7%	65.4%	24.4%	19.8%
White (non-Hispanic)	24.4%	15.8%	20.3%	45.5%	52.8%
Black or African American (non-Hispanic)	22.4%	49.3%	7.2%	12.5%	13.4%
Asian (non-Hispanic)	10.5%	4.1%	3.5%	12.4%	9.0%
Other (non-Hispanic)	4.9%	6.1%	3.5%	5.2%	5.0%

Source: 2024 American Community Survey (5-year Estimates Data Profiles)

The service area demographics show a higher minority population compared to New York County and NYS. The Center is also in a Health Professional Shortage Area (HPSA) for dental health, mental health, and primary care and is in a Medically Underserved Area (MUA), indicating a need for healthcare services and/or limited access to care.

In 2023, 95.7% of the population of New York County had health coverage as follows:

<b>Employer Plans</b>	52.4%
<b>Medicaid</b>	19.3%
<b>Medicare</b>	11.0%
<b>Non-Group Plans</b>	12.8%
<b>Military or VA</b>	0.284%

Source: Data USA

The table below shows the number of patient visits for relevant facilities providing ambulatory surgery services in New York County from 2022 to 2025.

<b>Ambulatory Service within 5.5-miles of Applicant</b>					
<b>Facility Name</b>	<b>Type</b>	<b>Patient Visits</b>			
		<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
New York-Presbyterian Hospital – Allen Hospital	Hospital	4,429	4,630	5,043	6,045
Gramercy Park DDC – Bennett Avenue	ASC	6,323	6,494	5,862	5,889
New York-Presbyterian Hospital – Columbia Presbyterian Center	Hospital	38,753	40,839	42,045	47,787
Harlem Hospital Center	Hospital	3,850	4,488	5,072	4,981
Mount Sinai Morningside	Hospital	8,882	9,870	12,996	12,461
NY Endovascular Center <sup>1</sup>	ASC	0	145	1,591	1,625
<b>Total Visits</b>		<b>62,237</b>	<b>66,466</b>	<b>72,609</b>	<b>78,788</b>

Source: HFIS & SPARCS

<sup>1</sup>Partial data available for 2022 and 2023 due to facility opening in Aug 2022; EMR system changes and setting up payor contracts.

All facilities listed above provide multi-specialty ambulatory surgery services except for Gramercy Park DDC – Bennett Avenue, which provides single-specialty gastroenterology service and NY Endovascular Center, which provides vascular access and peripheral artery disease services.

The applicant projects 10,335 procedures in Year One and 13,780 procedures in Year Three, with Medicaid at approximately 39.0% and Charity Care at 2.5%. The projected procedures are existing patients of each participating physician's private practices and reside in the area with none of the projected cases being performed in hospitals. According to the applicant, many patients must travel outside the area for ambulatory surgical services. Patients may forgo care due to the inconvenience and need for travel outside of their area. After the Center is established, the physicians will continue to be on call, see patients and perform inpatient and ambulatory cases that are more appropriately performed in a hospital setting at the hospitals they are affiliated with.

The table below shows the projected payor source utilization for Years One and Three.

<b>Payor</b>	<b>Year One</b>		<b>Year Three</b>	
	<b>Volume</b>	<b>%</b>	<b>Volume</b>	<b>%</b>
Commercial FFS	878	8.5%	1,171	8.5%
Commercial MC	1,034	10.0%	1,378	10.0%
Medicare FFS	1,137	11.0%	1,516	11.0%
Medicare MC	2,274	22.0%	3,032	22.0%
Medicaid FFS	1,034	10.0%	1,378	10.0%
Medicaid MC	2,997	29.0%	3,996	29.0%
Private Pay	517	5.0%	689	5.0%
Charity Care	258	2.5%	345	2.5%
All Other (Workers' Comp & No Fault)	206	2.0%	275	2.0%

Source: Applicant

The Center expects to contract with several insurance carriers including some Medicaid Managed Care plans such as: Healthfirst; Fidelis; Metroplus; and Molina. The Center will also reach out to any local Federally Qualified Health Centers (FQHC), such as Urban Health Plan, La Clinica de Las Americas (Dyckman Health Center), Morris Heights Health Center and Bronx Community Health Center, to bring in additional Charity Care and Medicaid patient referrals and provide services to the under-insured in their service area. The Center will develop a financial assistance policy with a sliding fee scale to be utilized when the Center is operational.

**Conclusion**

Approval of this project will provide more convenient and high-quality ambulatory surgery services in an outpatient setting for the residents of Suffolk County.

## Program Analysis

### Program Proposal

<b>Proposed Operator</b>	Access Surg Care, LLC
<b>Site Address</b>	4778 Broadway, New York, NY 10034
<b>Specialties</b>	Ambulatory Surgery- Multi-Specialty (Vascular, Facial Plastic/Reconstructive, Gastroenterology, General Surgery, Ophthalmology, Orthopedics, Otolaryngology, Pain Management and Urology)
<b>Hours of Operation</b>	Monday through Friday from 6:30 a.m. to 6:00 p.m. and Saturdays from 6:30 a.m. to 2:00 p.m. As the Center matures, it is expected that an expanded operating schedule will be maintained to accommodate the needs of both patients and physicians. Additional weekend and/or evening procedures will be made available, if needed, to accommodate patient scheduling issues.
<b>Operating Rooms</b>	5
<b>Procedure Rooms</b>	2
<b>Staffing (1<sup>st</sup> Year / 3<sup>rd</sup> Year)</b>	27.0 FTEs / 34.2 FTEs
<b>Medical Director(s)</b>	Bienvenido Fajardo, M.D.
<b>Emergency, In-Patient and Backup Support Services Agreement and Distance</b>	The New York and Presbyterian Hospital - Columbia/Irving Medical Center 2.0 miles / 13 minutes travel time

### Character and Competence

**Bienvenido Fajardo, M.D.** will be the sole member and Medical Director of the Center. Dr. Fajardo is the President of Hudson Heights IPA, a healthcare organization in New York that operates as an Internal Medicine clinic, providing primary care services to patients of all ages, and Bronx United IPA, an independent practice association of physicians in New York, created to support private practice doctors by promoting quality patient care, preventive medicine and preserving physician independence. Dr. Fajardo is also the Medical Director of Associated Medical Group. Dr. Fajardo graduated from Autonomous University of Santo Domingo, College of Medicine with a Doctor of Medicine in 1979 and completed an internship at Bronxcare Hospital Health System in 1983, followed by a residency at Catholic Medical Center of Brooklyn and Queens in 1985. Dr. Fajardo is Board Certified in Internal Medicine and Nephrology.

The table below shows the projected FTEs in Year One and Year Three following completion of the project:

<b>Position</b>	<b>Year One</b>	<b>Year Three</b>
Management and Supervision	3.6	3.6
Technician and Specialist	9.4	12.5
Registered Nurses	9.4	12.5
Physicians	1.0	1.0
Infection Control, Environment and Food Service	1.0	2.0
Clerical and Other Administrative	2.6	2.6
<b>Totals</b>	<b>27.0</b>	<b>34.2</b>

### **Integration with Community Resources**

The applicant commits that all patients will be treated on the basis of need for the procedures, without discrimination due to any personal characteristics or ability to pay. The applicant has developed a Mission Statement and will develop a sliding fee scale. The residents in the areas of New York County that this Center will primarily serve have characteristics that make them likely candidates for being medically underserved and/or otherwise in need of the services that are the subject of this application. The proposed Center, through its architectural design, will also address the needs of disabled persons, including persons with visual impairments (signs and forms in large print), hearing impairments (TTY and sign-language interpreter service, if available in the local area) and other physical impairments (handicapped accessible entrances and toilets). Finally, the proposed Center will enhance access through its location, which is easily reached by major roads and public transportation.

For patients who may not have an assigned Primary Care Provider, Access Surg Care will act as a bridge to the broader healthcare system. Access Surg Care will utilize a patient navigation system to assist unassigned patients in selecting a provider and, where possible, scheduling their first post-operative wellness check before they even leave the facility as part of the post-surgery services.

Access Surg Care will establish relationships with the following Accountable Care Organizations (ACOs) to ensure patients' continuity of care: CINCARE REACH ACO, CINCARE MSSP ACO, Mount Sinai Health System's participation in an Accountable Care Organization (ACO), Balance Accountable Care Network.

Access Surg Care will utilize a comprehensive Electronic Medical Record (EMR) system to ensure high-quality care, patient safety, and regulatory compliance. The facility has selected eClinicalWorks (ECW) as its primary EMR platform. This choice is strategic for an Ambulatory Surgical Center (ASC) because it provides a unified platform for clinical documentation, surgical scheduling, and interoperability. Access Surg Care will be connected to the Bronx RHIO and Healthix, allowing for the retrieval of a patient's longitudinal health history from other participating institutions.

Staff from the Division of Certification & Surveillance reviewed the disclosure information submitted regarding licenses held, formal education, training in pertinent health and/or related areas, employment history, a record of legal actions, and a disclosure of the applicant's ownership interest in other health care facilities. Licensed individuals were checked against the Office of Medicaid Management, the Office of Professional Medical Conduct, and the Education Department databases as well as the US Department of Health and Human Services Office of the Inspector General Medicare exclusion database.

Additionally, the staff from the Division of Certification & Surveillance reviewed the ten-year surveillance history of all associated facilities. Sources of information included the files, records, and reports found in the Department of Health. Included in the review were the results of any incident and/or complaint investigations, independent professional reviews, and/or comprehensive/focused inspections. The review found that any citations were properly corrected with appropriate remedial action.

### **Conclusion**

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

## Financial Analysis

### Total Project Cost and Financing

The total project cost for renovations and movable equipment is estimated at \$8,000,000, and is broken down as follows:

Renovation & Demolition	\$4,447,227
Design Contingency	\$444,723
Construction Contingency	\$444,723
Architect/Engineering Fees	\$444,723
Construction Manager Fees	\$111,180
Other Fees	\$20,000
Movable Equipment	\$1,890,009
Interim Interest Expense	\$151,667
Application Fees	\$2,000
Additional Processing Fees	<u>\$43,748</u>
Total Project Cost	\$8,000,000

The applicant's financing plan is as follows:

Cash	\$1,500,000
Tenant Improvement Loan funded by the landlord at 7% interest with a 5-year term	\$6,500,000
Total Project Financing	<u>\$8,000,000</u>

### Operating Budget

The applicant has submitted Year One and Year Three's projected operating budgets, summarized below:

	<u>Year One</u>		<u>Year Three</u>	
	<u>Per Proc.</u>	<u>Total</u>	<u>Per Proc.</u>	<u>Total</u>
Commercial FFS	\$1,632.32	\$1,433,175	\$1,632.32	\$1,911,444
Commercial MC	\$1,224.24	\$1,265,862	\$1,224.24	\$1,687,000
Medicare FFS	\$1,632.32	\$1,855,945	\$1,632.32	\$2,474,593
Medicare MC	\$1,224.24	\$2,783,917	\$1,224.24	\$3,711,890
Medicaid FFS	\$879.38	\$909,280	\$879.38	\$1,211,787
Medicaid MC	\$751.17	\$2,251,265	\$751.17	\$3,001,686
Private Pay	\$816.16	\$421,954	\$816.16	\$562,333
All Other	\$816.16	<u>\$168,129</u>	816.16	<u>\$224,444</u>
Total Revenues:		\$11,089,527		\$14,785,177
Expenses:				
Operating	\$892.08	\$9,219,624	\$869.99	\$11,988,457
Capital	<u>\$155.75</u>	<u>\$1,609,667</u>	<u>\$108.57</u>	<u>\$1,496,131</u>
Total Expenses:	\$1,047.83	\$10,829,291	\$978.56	\$13,484,588
Net Income/(Loss)		<u>\$260,226</u>		<u>\$1,300,589</u>
Procedures		10,335		13,780

The following is noted with respect to the operating budget:

- The number and mix of staff are based on the experience of the applicant and participating physicians currently providing surgical services in other facilities.
- The total projected number of procedures is 10,335 in Year One and 13,780 in Year Three. This projection is based, conservatively, upon the current caseload of the participating physicians that is appropriate for this setting and is indicative of the existing demand for this service. The applicant has provided letters of support from the physicians who are committing to perform cases at the proposed Center.
- Projections are based on the current experience of the applicant and of each participating doctor. Revenues were determined based on the applicant's and participating physicians' experience in providing ambulatory service center procedures and similar services at other New York State facilities.
- Operating expenses are based on the experience of the applicant and the committed participating physicians providing ambulatory surgery services, as well as the projections and experience of other ambulatory service centers in New York State.
- The payer mix for this project was determined based on the applicants and the proposed participating physicians' existing payer mix in their respective private practices.

	<u>Year One</u>		<u>Year Three</u>	
	<u>Procedures</u>	<u>%</u>	<u>Procedures</u>	<u>%</u>
Commercial FFS	878	8.50%	1,171	8.50%
Commercial MC	1,034	10.00%	1,378	10.00%
Medicare FFS	1,137	11.00%	1,516	11.00%
Medicare MC	2,274	22.00%	3,032	22.00%
Medicaid FFS	1,034	10.00%	1,378	10.00%
Medicaid MC	2,997	29.00%	3,996	29.00%
Private Pay	517	5.00%	689	5.00%
Charity Care	258	2.50%	345	2.50%
All Other	206	2.00%	275	2.00%
Total	10,335	100.00%	13,780	100.00%

### Lease Rental Agreement

The applicant submitted a Draft Lease Agreement. The terms are summarized below:

<b>Date</b>	November 11, 2025
<b>Premises</b>	4778 Broadway New York, New York 10034 (New York County)
<b>Lessor</b>	M4778 Broadway LLC
<b>Lessee</b>	Access Surg Care LLC
<b>Term</b>	Twenty Years with two renewal options of five years each.
<b>Rental</b>	\$825,000 annual, \$68,750 monthly, with 3% annual escalation. Rent Abatement: Tenant shall receive twelve months of free rent upon CON Application Approval.
<b>Provisions</b>	NNN Triple Net Lease.

The lease arrangement is an arms-length agreement, and the applicant submitted a no relationship affidavit. The applicant submitted letters of rent reasonableness from two NYS licensed realtors attesting to the rental rate for the site being of fair market value.

### Capability and Feasibility

The total project cost of \$8,000,000 will be funded with \$1,500,000 of member equity and a \$6,500,000 loan from the landlord, M4778 Broadway LLC. A letter from JP Morgan was provided, verifying the landlord's principal, Jorge Madruga, has sufficient equity to fund this loan. BFA Attachment A, Net Worth Summary, shows adequate cash to fund the required equity contribution.

The working capital requirement, estimated at \$2,247,431 based on two months of third year expenses, will be funded with equity from Dr. Fajardo. BFA Attachment A shows sufficient resources to meet both the equity and the working capital requirements.

BFA Attachment B, Pro Forma Balance Sheet, shows operations will start with \$3,747,431 in member equity as of the first day of operations.

The submitted budget projects a Net Income of \$260,226 and \$1,300,589 in Year One and Year Three, respectively. The budget appears reasonable.

**Conclusion**

The applicant has demonstrated the capability to proceed in a financially feasible manner.

<b>Attachments</b>
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BHFP Attachment	Map
BFA Attachment A	Net Worth Summary- Access Surg Care, LLC
BFA Attachment B	Access Surg Care, LLC., Pro Forma Balance Sheet
BFA Attachment C	Organizational Chart – The Center



**Project # 261017-E**  
**Dutchess Ambulatory Surgical Center, LLC d/b/a**  
**Dutchess Ambulatory Surgical Center**

**Program:** Diagnostic and Treatment Center    **County:** Dutchess  
**Purpose:** Establishment    **Acknowledged:** January 15, 2026

**Executive Summary**

**Description**

Dutchess Ambulatory Surgery Center, LLC (DASC), a proprietary Article 28, multi-specialty Freestanding Ambulatory Surgery Center (FASC) at 325 Founders Way, Poughkeepsie, New York (Dutchess County), requests approval to transfer 6.666% interest from the fifteen (15) current members to one (1) new member, Dr. Paul Carey. DASC has exceeded the 25% threshold for membership changes over the past five years, requiring this application to be submitted as a full review.

Membership before and after the requested change is as follows:

Current Members	
Dutchess Ambulatory Surgery Center, LLC.	
Member	Ownership %
Niraj Sharma, M.D.	7.142%
Andreas Wolter, M.D.	7.142%
Yu Kuan Lin, M.D.	7.142%
John Nichols, M.D.	7.142%
Evan Goldfischer, M.D.	7.142%
Scott Kahn, M.D.	7.142%
Daniel Katz, M.D.	7.142%
Jason Krumholtz, M.D.	7.142%
Walter Parker, M.D.	7.142%
Jaspreet Singh, D.O.	7.142%
Praneeth Vemulapalli, M.D.	7.142%
Michael Stern, M.D.	3.577%
Niel Kocher, M.D.	7.142%
Christos Kyrou, DPM	3.577%
Kevin Carnes, M.D.	7.142%
<b>Total</b>	<b>100%</b>

Proposed Members	
Dutchess Ambulatory Surgery Center, LLC.	
Member	Ownership %
Niraj Sharma, M.D. (Class A)	6.666%
Andreas Wolter, M.D. (Class A)	6.666%
Yu Kuan Lin, M.D. (Class A)	6.666%
John Nichols, M.D. (Class A)	6.666%
Evan Goldfischer, M.D. (Class A)	6.666%
Scott Kahn, M.D. (Class A)	6.666%
Daniel Katz, M.D. (Class A)	6.666%
Jason Krumholtz, M.D. (Class A)	6.666%
Walter Parker, M.D. (Class A)	6.666%
Jaspreet Singh, D.O. (Class A)	6.666%
Praneeth Vemulapalli, M.D. (Class A)	6.666%
Michael Stern, M.D. (Class A)	3.333%
Niel Kocher, M.D. (Class A)	6.666%
Christos Kyrou, DPM. (Class A)	3.333%
Kevin Carnes, M.D. (Class A)	6.666%
Paul A. Carey M.D. (Class B)	6.666%
<b>Total</b>	<b>100%</b>

**OPCHSM Recommendation**

Approval

**Need Summary**

There will be no need review per Public Health Law §2801-a (4).

**Program Summary**

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

**Financial Summary**

There is no project cost associated with this application. The total purchase price for the 20 Class B membership units or 6.666% interest is \$175,000 and will be funded with member equity.

<u>Budget:</u>	<u>Current</u> <u>Year</u>	<u>Year One</u> <u>(2026)</u>	<u>Year Three</u> <u>(2028)</u>
Revenues:	\$13,714,109	\$14,002,859	\$14,172,935
Expenses:	<u>\$11,787,888</u>	<u>\$12,316,816</u>	<u>\$12,843,724</u>
Net Income	\$1,926,221	\$1,686,043	\$1,329,211

**Health Equity Impact Assessment**

This project does not meet the requirements for a Health Equity Impact Assessment under Section 2802-B of the PHL.

## Recommendations

### **Health Systems Agency**

There will be no HSA recommendation for this project.

### **Office of Primary Care and Health Systems**

#### **Approval conditional upon:**

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]

### **Council Action Date**

May 7, 2026

## Program Analysis

### Project Proposal

Dutchess Ambulatory Surgical Center, LLC filed this application in connection with a proposed sale of a 6.66% membership interest to Paul Carey, M.D. The issuance of a 6.66% membership interest to Dr. Carey, when aggregated with other membership admissions over the past five years, would have exceeded 25%.

Dutchess Ambulatory Surgical Center (DASC), at 325 Founders Way, Poughkeepsie, New York (Dutchess County), has been in continuous operation since 1998. The primary service areas are Dutchess County and Ulster County. The facility is accredited by the Accreditation Association for Ambulatory Health Care, Inc (AAAHC).

Dutchess Ambulatory Surgical Center is currently licensed as a Diagnostic and Treatment Center (D&TC) and provides Ambulatory Surgery-Multi Specialty services. There will be no change to staffing or services. DASC has four (4) operating rooms (OR) and one (1) procedure room.

Dr. Carey will perform surgery on his patients at the facility. Dutchess Ambulatory Surgical Center hours of operation are Monday through Friday from 6 a.m. to 4 p.m.

The following table presents the current and proposed membership of Dutchess Ambulatory Surgical Center, LLC:

	CURRENT	PROPOSED
Member	Interest	Interest
Niraj Sharma, MD	7.14%	6.67%
Andreas Wolter, MD	7.14%	6.67%
Yu Kuan Lin, MD	7.14%	6.67%
John Nichols, MD	7.14%	6.67%
Evan Goldfischer, MD	7.14%	6.67%
Scott Kahn, MD	7.14%	6.67%
Daniel Katz, MD	7.14%	6.67%
Jason Krumholtz, MD	7.14%	6.67%
Walter Parker, MD	7.14%	6.67%
Jaspreet Singh, DO	7.14%	6.67%
Praneeth Vemulapalli, MD	7.14%	6.67%
Michael Stern, MD	3.57%	3.33%
Neil Kocher, MD	7.14%	6.67%
Christos Kyrou, DPM	3.57%	3.33%
Kevin Carnes, MD	7.14%	6.67%
Paul Carey, MD	0%	6.67%
<b>Total</b>	<b>100%</b>	<b>100%</b>

Naixi Li, M.D. is the current Medical Director for Dutchess Ambulatory Surgical Center.

The facility has a transfer and affiliation agreement with Vassar Brothers Hospital d/b/a Vassar Brothers Medical Center, 4.9 miles/14 minutes away.

### Character and Competence

**Paul Andrew Carey, MD** is certified by the American Board of Orthopaedic Surgery and is licensed to practice in both New York State and in West Virginia. Dr. Carey completed a fellowship at the Curtis National Hand Center at Union Memorial Hospital and at Walter Reed Hospital in Maryland from 2020 to 2021, graduated with a Medical Degree from SUNY Downstate in Brooklyn, New York in 2008, and received a Bachelor of Science degree from West Point in 2004.

Since 2023, Dr. Carey has been employed by Optum as an orthopedic surgeon specializing in hand surgery at Optum's Poughkeepsie and Fishkill Multi-Specialty Center offices. He is also employed since 2021 at Fort Belvoir Community Hospital in Virginia as an Orthopaedic Hand, Upper Extremity and Sports Surgeon. Dr. Carey was an Orthopaedic Surgeon and Chief for the Department of Orthopaedic Surgery and Podiatry at Guthrie Ambulatory Health Care Clinic at Fort Drum, New York from 2013 to 2021; was assigned to the 934<sup>th</sup> Combat Support Hospital Forward Surgical Team in Iraq from 2021 to 2022; and was assigned to the 399<sup>th</sup> Combat Support Hospital Forward Surgical Team in Afghanistan from 2017 to 2018.

**Compliance with Applicable Codes, Rules and Regulations**

Staff from the Division of Certification & Surveillance reviewed the disclosure information submitted regarding licenses held, formal education, training in pertinent health and/or related areas, employment history, a record of legal actions, and a disclosure of the applicant's ownership interest in other health care facilities. Licensed individuals were checked against the Office of Medicaid Management, the Office of Professional Medical Conduct, and the Education Department databases as well as the US Department of Health and Human Services Office of the Inspector General Medicare exclusion database.

**Conclusion**

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

## Financial Analysis

### Operating Budget

The applicant provided the current year (2024) results and the first- and third-year operating budget, in 2026 dollars, after the change in ownership. The budget is summarized below:

	<u>Current Year</u>		<u>Year One</u>		<u>Year Three</u>	
	<u>2024</u>		<u>2026</u>		<u>2028</u>	
	<u>Per Proc.</u>	<u>Total</u>	<u>Per Proc.</u>	<u>Total</u>	<u>Per Proc.</u>	<u>Total</u>
<b>Revenues:</b>						
Commercial FFS	\$1,790	\$5,902,051	\$1,790	\$6,016,190	\$1,790	\$6,077,050
Medicare FFS	\$1,725	\$6,685,108	\$1,725	\$6,818,925	\$7,725	\$6,900,000
Medicare MC	\$1,618	\$736,000	\$1,618	\$747,516	\$1,618	\$760,460
Medicaid FFS	\$1,066	\$80,000	\$1,066	\$83,148	\$1,066	\$85,280
Medicaid MC	\$993	\$148,950	\$993	\$158,880	\$993	\$163,845
Charity Care		\$0		\$0		\$0
Other Oper. Rev.	\$1,620	<u>\$162,000</u>	\$1,620	<u>\$178,200</u>	\$1,620	<u>\$186,300</u>
<b>Total Revenue</b>		<u>\$13,714,109</u>		<u>\$14,002,859</u>		<u>\$14,172,935</u>
<b>Expenses:</b>						
Operating	\$1,335.70	\$10,653,514	\$1,364.74	\$11,125,387	\$1,404.12	\$11,591,048
Capital	<u>\$142.20</u>	<u>\$1,134,374</u>	<u>\$146.15</u>	<u>\$1,191,429</u>	<u>\$151.75</u>	<u>\$1,252,676</u>
<b>Total Expenses</b>	<u>\$1,477.90</u>	<u>\$11,787,888</u>	<u>\$1,510.89</u>	<u>\$12,316,816</u>	<u>\$1,555.87</u>	<u>\$12,843,724</u>
<b>Net Income/(Loss)</b>		\$1,926,221		\$1,686,043		\$1,329,211
<b>Procedures</b>		7,976		8,152		8,255

The following is noted with respect to the submitted budget:

- Revenues and expenses are based on current operations of DASC, LLC.
- Years One and Three utilization is based on the experience of the fifteen (15) physician members of Dutchess Ambulatory Surgery Center, LLC., as well as the proposed new physician, Dr. Paul A. Carey M.D.
- The applicant expects to sustain the existing volume of procedures, revenues and expenses with conservative increases in Years One and Year Three based on the current and proposed physician members of DASC, LLC.
- As of February 20, 2026, the facility had no outstanding Medicaid overpayment liabilities.

Utilization by payor source during first and third years is broken down as follows:

	<u>Current Year</u>		<u>Year One</u>		<u>Year Three</u>	
	<u>Procedures</u>	<u>Current Year</u>	<u>Procedures</u>	<u>Year One</u>	<u>Procedures</u>	<u>Year Three</u>
Commercial FFS	3,296	43.04%	3,361	42.96%	3,395	42.88%
Medicare FFS	3,875	48.75%	3,953	48.70%	4,000	48.68%
Medicare MC	455	5.37%	462	5.34%	470	5.37%
Medicaid FFS	75	.58%	78	.59%	80	.60%
Medicaid MC	150	1.09%	160	1.13%	165	1.16%
Charity	25	0.00%	28	0.00%	30	%
All Other	<u>100</u>	<u>1.18%</u>	<u>110</u>	<u>1.27%</u>	<u>115</u>	<u>1.31%</u>
<b>Total</b>	7,976	100.0%	8,152	100.0%	8,255	100.0%

**Membership Interest Transfer Agreement**

The applicant submitted a Membership Interest Subscription Agreement for the proposed member; the terms are summarized below:

Date:	August 14, 2025
Description:	Transfer a combined 6.666% ownership interest of the 15 Class A members in DASC to Dr. Paul Carey
Transferers:	Niraj Sharma, M.D., Andreas Wolter, M.D., Yu Kan Lin, M.D., John Nichols, M.D., Evan Goldfischer, M.D., Scott Kahn, M.D., Daniel Katz, M.D., Jason Krumholtz, M.D., Walter Parker, M.D., Jaspreet Singh, D.O., Praneeth Vemulapalli, M.D., Michael Stern, M.D. Niel Kocher, M.D., Christos Kyrou, DPM., Kevin Carnes, M.D.,
Transferee:	Dr. Paul A. Carey
Purchase Price:	\$175,000.00
Percentage Interest:	Niraj Sharma, M.D., .444%, Andreas Wolter, M.D., .444%, Yu Kan Lin, M.D., .444%, John Nichols, M.D., .444%, Evan Goldfischer, M.D., .444%, Scott Kahn, M.D., .444%, Daniel Katz, M.D., .444%, Jason Krumholtz, M.D., .444%, Walter Parker, M.D., .444%, Jaspreet Singh, D.O., .444%, Praneeth Vemulapalli M.D., .444%, Michael Stern, M.D., .238%, Niel Kocher, M.D., .444%, Christos Kyrou, DPM., .238%, Kevin Carnes, M.D., .444%.
Total Transfer:	Paul Carey, M.D. 6.666%

**Capability and Feasibility**

There is no project cost associated with this application. The total purchase price for the transfer of ownership of 20 units of Class B membership or 6.666% ownership interest is \$175,000 and will be funded with equity from the proposed new member. BFA Attachment A, Proposed New Member Net Worth Statement, shows sufficient liquid resources available for the purchase.

BFA Attachment B, 2024 Certified Financial Statements of Dutchess Ambulatory Surgical Center, LLC, show positive working capital, positive net asset position, and a net income of \$1,926,221. BFA Attachment C, 2025 Internal Financial Statements of Dutchess Ambulatory Surgical Center, LLC, show positive working capital, positive net asset position, and a net income of \$2,213,244

**Conclusion**

The applicant has demonstrated the capability to proceed in a financially feasible manner.

**Attachments**

BFA Attachment A	Proposed New Member Net Worth Statement
BFA Attachment B	2024 Audited Financial Statements of Dutchess Ambulatory Surgical Center, LLC
BFA Attachment C	2025 Internal Financial Statements of Dutchess Ambulatory Surgical Center, LLC



Project # 252029-B
White Glove Community Health, LLC

Program: Diagnostic and Treatment Center County: Kings
Purpose: Establishment and Construction Acknowledged: July 28, 2025

Executive Summary

Description

White Glove Community Health, LLC (White Glove), a newly formed limited liability company, is seeking approval to establish and construct an Article 28 Diagnostic and Treatment Center (D&TC) in leased space at 213 Park Avenue, Brooklyn, New York (NY) (Kings County).

White Glove will be comprised of three (3) exam rooms, one (1) multi-purpose room, two (2) multi-purpose therapy rooms, and requisite support spaces and be certified for Medical Services – Primary Care, Therapy – Occupational O/P, Therapy – Physical O/P, and Therapy – Speech Language O/P. The clinic also intends to offer Mental Health Services under the 30% of visits threshold to treat patients with depression, anxiety, substance use disorders and trauma through cognitive behavioral therapy, and utilization of Applied Behavioral Analysis (ABA) for pediatric patients.

Meir Lefkowitz is the sole member of White Glove Community Health, LLC. Regina Belkin will serve as the Medical Director.

White Glove will have a transfer and affiliation agreement with NYC Health and Hospitals - Woodhull 1.7 miles/12 minutes away.

OPCHSM Recommendation

Contingent Approval

Need Summary

The applicant projects 10,000 visits in Year One and 30,000 visits in Year Three with Medicaid at 75.7% and Charity Care at 4.0% by Year Three.

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Summary

Total project cost of \$791,371 will be funded with equity from the current operations of the landlord, Vanderbilt Neighborhood Realty LLC.

Table with 3 columns: Budget, Year One, Year Three. Rows: Revenues, Expenses, Net Income/(Loss).

Health Equity Impact Assessment

This project does not meet the requirements for a Health Equity Impact Assessment under Section 2802-B of the PHL.

## Recommendations

### Health Systems Agency

There will be no HSA recommendation for this project.

### Office of Primary Care and Health Systems Management

#### Approval contingent upon:

1. Submission of a check for the amount enumerated in the approval letter, payable to the New York State Department of Health. Public Health Law Section 2802.7 states that all construction applications requiring review by the Public Health and Health Planning Council shall pay an additional fee of fifty-five hundredths of one percent of the total capital value of the project, exclusive of CON fees. [PMU]

#### Approval conditional upon:

1. This project must be completed by **April 15, 2027**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Construction must start on or before **November 15, 2026**, and construction must be completed by **January 15, 2027**, presuming the Department has issued a letter deeming all contingencies have been satisfied prior to commencement. It is the responsibility of the applicant to request prior approval for any changes to the start and completion dates. In accordance with 10 NYCRR Section 710.10(a), if construction is not started on or before the approved start date, this shall constitute abandonment of the approval. [PMU]
3. The submission of Final Construction Documents, as described in BAER Drawing Submission Guidelines DSG-05, is required prior to the applicant's start of construction. [AER]
4. The staff of the facility must be separate and distinct from the staff of other entities; the signage must clearly denote the facility is separate and distinct from other entities; the clinical space must be used exclusively for the approved purpose; and the entrance must not disrupt any other entity's clinical program space. [HSP]
5. The applicant must ensure registration for and training of facility staff on the Department's Health Commerce System (HCS). The HCS is the secure web-based means by which facilities must communicate with the Department and receive vital information. Upon receipt of the Operating Certificate, the Administrator/director that has day-to-day oversight of the facility's operations shall submit the HCS Access Form at the following link to begin the process to enroll for HCS access for the first time or update enrollment information as necessary:  
[https://www.health.ny.gov/facilities/hospital/docs/hcs\\_access\\_form\\_new\\_clinics.pdf](https://www.health.ny.gov/facilities/hospital/docs/hcs_access_form_new_clinics.pdf). Questions may be directed to the Division of Hospitals and Diagnostic & Treatment Centers at 518-402-1004 or email: [hospinfo@health.ny.gov](mailto:hospinfo@health.ny.gov). [HSP]

### Council Action Date

May 7, 2026

# Need Analysis

## Project Description

White Glove Community Health, LLC is seeking approval to establish and construct an Article 28 diagnostic and treatment center at 213 Park Avenue, Brooklyn, New York 11205 (Kings County). The Center will be certified for Medical Services – Primary Care, Therapy – Occupational O/P, Therapy – Physical O/P, and Therapy – Speech Language O/P.

## Background and Analysis

The facility address is in Kings County with the primary service area (PSA) encompassing parts of the neighborhoods of Bushwick, Bedford-Stuyvesant, and Williamsburg (Zip codes 11205 (site Zip Code), 11206, 11216, and 11221) in Kings County. While the facility address is not within a Health Professional Shortage Area (HPSA), the primary service area is in an HPSA for Primary Care, Dental Health, and Mental Health. Both the facility address, and primary service area are within a Medically Underserved Area. The population of Kings County is expected to increase to 2,872,808 by 2031, according to projections from the Cornell Program on Applied Demographics, an increase of 9.2%. Demographics for the primary service area are noted below, including a comparison with New York State.

Demographics	Zip Code – 11205	Zip Code – 11206	Zip Code – 11216	Zip Code – 11221	Kings County	New York State
Total Population	51,676	93,020	60,685	91,588	2,631,580	19,852,366
Hispanic or Latino (of any race)	13.4%	34.4%	12.8%	30.8%	19.0%	19.8%
White (non-Hispanic)	52.3%	39.4%	28.0%	22.3%	36.1%	52.8%
Black or African American (non-Hispanic)	20.5%	16.6%	45.5%	35.2%	26.6%	13.4%
Asian (non-Hispanic)	6.80%	6.30%	4.90%	5.30%	12.1%	9.00%
Other (non-Hispanic)	7.00%	3.30%	8.80%	6.40%	6.20%	5.00%

Source: 2024 American Community Survey (5-Year Estimates Data Profiles)

In 2023, 94.1% of the population of Kings County had health coverage as follows

Health Coverage	Kings County
Employee plans	40.8%
Medicaid	33.8%
Medicare	8.29%
Non-group plans	11.0%
Military or VA plans	0.274%

Source: 2023: Data USA

In 2024, the population within the service area had health coverage as follows:

Health Coverage	Zip Code – 11205	Zip Code – 11206	Zip Code – 11216	Zip Code – 11221
Medicare coverage alone	2.7%	3.2%	3.6%	3.2%
Medicaid/means-tested coverage alone	34.4%	43.1%	15.9%	24.0%

Source: 2024: ACS 5-Year US Census Data Estimates, Table S2704

The projected payor mix includes:

<b>Applicant Projected Payor Mix</b>		
<b>Payor</b>	<b>Year One</b>	<b>Year Three</b>
Commercial	12.5%	12.3%
Medicare	4.3%	4.3%
Medicaid	75.4%	75.7%
Private Pay	3.4%	3.3%
Charity Care	4.0%	4.0%
All Other	0.36%	0.37%

Source: Applicant

The applicant projects 10,000 visits in Year One and 30,000 visits in Year Three for the proposed facility. The D&TC intends to offer primary care, speech, occupational, and physical therapy, and mental health services under the 30% of visits threshold primarily targeting the Medicaid population. According to the applicant, Medicaid and public insurance programs are the most common forms of coverage, as many residents are low-income. Woodhull Hospital estimates 310,000 outpatient clinic visits annually primarily related to primary care and/or preventative health concerns. By expanding primary care in the area, it will reduce reliance on outpatient/urgent care facilities and help residents manage chronic conditions leading to better health outcomes.

The applicant reports that Woodhull Hospital has 35% of patients having a primary language other than English. This project will address the diverse cultural and ethnic backgrounds of its patients by hiring staff that is culturally competent and provide services that are linguistically and culturally accessible. They will hire staff who speak Spanish, French, Polish, Arabic, and Haitian Creole, which are the languages commonly spoken in the area.

Prevention Quality Indicators (PQIs) are rates of admission to the hospital for conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. The table below provides information on PQI rates for 2024 related to this application.

<b>PQI Name</b>	<b>Zip Code - 11205</b>	<b>Zip Code - 11206</b>	<b>Zip Code - 11216</b>	<b>Zip Code - 11221</b>	<b>Kings County</b>	<b>New York State</b>
Diabetes Short-Term Complications	5	11	8	9	7	7
Diabetes Long-Term Complications	12	16	9	12	13	13
Chronic Obstructive Pulmonary Disease or Asthma	44	49	42	35	25	25
Hypertension	6	9	7	13	7	7
Heart Failure	36	52	31	43	37	38
Community-Acquired Pneumonia	10	10	8	8	8	12
Uncontrolled Diabetes	10	6	5	8	6	5
<i>Prevention Quality Overall Composite</i>	<i>110</i>	<i>143</i>	<i>100</i>	<i>120</i>	<i>106</i>	<i>113</i>

Source: NYSDOH, Data Hub

Rates are per 10,000 and are rounded crude rates

## **Conclusion**

Approval of this project will allow for reduced reliance on outpatient hospital services, increase preventative care, access to mental health services, and access to culturally competent care for residents of Kings County.

## Program Analysis

### Project Proposal

<b>Proposed Operator</b>	White Glove Community Health, LLC
<b>To Be Known As</b>	White Glove Community Health, LLC
<b>Site Address</b>	213 Park Avenue Brooklyn, New York 11205 (Kings County)
<b>Specialties</b>	Medical Services - Primary Care Therapy - Occupational O/P Therapy - Physical O/P Therapy - Speech Language Pathology O/P
<b>Hours of Operation</b>	Monday & Wednesday Friday, 9:00 a.m. to 7:00 p.m. Tuesday & Thursday 9 a.m. to 5 p.m. Fridays 9 a.m. to 3 p.m. and Sundays 11 a.m. to 3 p.m.
<b>Staffing (1<sup>st</sup> Year / 3<sup>rd</sup> Year)</b>	16.0 FTEs / 25.0 FTEs
<b>Medical Director</b>	Regina Belkin, M.D.
<b>Transfer Agreement and Distance</b>	New York City Health & Hospitals Corporation, NYC Health + Hospitals/Woodhull 1.7 Miles away / 12.0 Minutes away.
<b>Nearest Hospital</b>	NYC Health + Hospital/Gotham Health, Cumberland 0.4 Miles / 2 Mins

The Center will be certified for Medical Services – Primary Care, Occupational Therapy, Physical Therapy and Speech therapy. The clinic also intends to offer Mental Health Services under the 30% of visits threshold to treat patients with depression, anxiety, substance use disorders and trauma through cognitive behavioral therapy, and utilization of Applied Behavioral Analysis (ABA) for pediatric patients. The goal is to have lower income patients decrease their reliance on hospital services by providing preventive care and screenings. This clinical holistic focus will lessen urgent care and emergency room visits and create stronger relationships between patients and their primary care physicians. To strengthen continuity of care, White Glove Community Health, LLC will play a critical role in care coordination for patients who receive home care services from them.

The agency's intent is to offer these services primarily for Medicaid recipients to best reduce reliance on outpatient hospital services by offering mental health services along with primary care services. White Glove Community Health, LLC will establish formal linkages and coordinate care with specialized providers in Mental Health programs within the community. Nurses will be trained to handle both physical health and Mental Health concerns, offering immediate advice on symptom management, medication concerns, or when to seek emergency care.

The proposed clinic will be located on the first floor of an existing building. There will be 2489 square feet of renovations. Plumbing, electric, mechanical, sprinkler and fire alarm systems will all be newly constructed. The clinic will include three (3) exam rooms, two (2) therapy rooms, laboratory, and one (1) therapy gym.

The following table shows the FTEs in Year One and Year Three following completion of this project:

Position	Year One	Year Three
Management and Supervision	1.0	2.0
Registered Nurses	1.0	1.0
Physicians	1.0	2.0
Physician Assistants	1.0	3.0
Social Workers & Psychologists	2.0	2.0

<b>Position</b>	<b>Year One</b>	<b>Year Three</b>
Physical Therapists & PT Assistants	2.0	3.0
Occupational Therapists & OT Assistants	2.0	3.0
Speech Therapists & Speech Assistants	2.0	3.0
Other Therapists & Assistants	3.0	4.0
Clerical and Other Administrative	1.0	2.0
<b>Totals</b>	<b>16.0</b>	<b>25.0</b>

Meir Lefkowitz is the sole member and manager of White Glove Community Health, LLC.

Dr. Regina Belkin will serve as the clinic's Medical Director and will provide on-site medical services for patients one (1) day per week and spend three (3) full-time days per week on site during hours of operations.

The Center will enter into an Administrative Services Agreement with Sapient Health Management, LLC, to provide administrative functions for the operation of the Center.

### **Character and Competency**

**Dr. Regina Belkin** received a Medical Degree from the State University of New York Health Science Center at Brooklyn in New York in 1997. She completed a post graduate degree in Medicine at Lenox Hill Hospital in New York in 1998 and completed an Internal Medicine apprenticeship at Mount Sinai Medical Center in New York in 2001.

Since 2017, Dr. Belkin has practiced at Internal Medicine Belkin Medical P.C. in Brooklyn, New York and at Pain Management at Belkin Medical P.C. in Staten Island, New York. Dr. Belkin was an Attending Physician - Wound Care at Concord Nursing Home in Brooklyn from 2008 to 2010.

**Meir Lefkowitz** was previously approved by the Department of Health for his membership in Licensed Home Care Service Agencies (LHCSAs) in New York State. In 1995, he received a degree in Theology - Religious Education from the Greater Yeshiva of D'Spinka in Brooklyn, New York.

Meir Lefkowitz has been the president and owner of White Glove Travel Nursing, Inc. since 2021. The travel nursing agency places nursing professionals in hospitals and health care organizations with short-term staffing needs. He has worked at White Glove Placement, Inc., a Health Care Staffing firm that recruits nurses in the Northeast to provide immediate, interim and long-term supplemental staffing services to augment nursing resources in healthcare agencies, since 1998. He has also worked at White Glove Community Care, Inc. since 1995. This is a home care agency licensed by the NYS DOH to provide nursing intervention and pediatric private duty nursing services and complex care.

**Nadia Neranjan**, who will be the on-site administrator, has been the Chief Executive Director of White Glove Community, Inc. since 2024. She was the Operations Manager from 2014 to 2024. She has a Bachelor of Science in Accounting and Business Management.

## **Disclosures**

White Glove Community Health, LLC disclosed affiliations with the following licensed homecare service agencies (LHCSA):

### White Glove Community Care, Inc.

9839L001 at 195 Park Avenue, Brooklyn, NY

9839L002 at 42-44 North Main Street, Spring Valley, NY

9839L003 at 55 Carleton Avenue, Suite 3, East Islip, NY

299995540 White Glove Community Care of Florida, Inc. at 2727 Mahan Drive, MS 6., Tallahassee, Florida

White Glove Behavioral Health, Inc.

White Glove Placement, Inc.

White GloveTravel Nursing, Inc.

Central Neighborhood

## **Integration with Community Resources**

The Center plans to work closely with its patients to educate them regarding the availability of services offered by local providers, including an array of outpatient care services offered by in the community. Patients will be better able to make informed choices regarding preventive medicine, to understand personal health care options going forward and to hopefully avoid unnecessary hospitalization and emergency room visits. Prior to leaving the Center, each patient will be provided information concerning the local availability of primary care services.

The Center plans to utilize an Electronic Medical Record (EMR) system and to fully integrate and exchange information with an established Regional Health Information Organization (RHIO) with the capability for clinical referral and event notification

Staff from the Division of Certification & Surveillance reviewed the disclosure information submitted regarding licenses held, formal education, training in pertinent health and/or related areas, employment history, a record of legal actions, and a disclosure of the applicant's ownership interest in other health care facilities. Licensed individuals were checked against the Office of Medicaid Management, the Office of Professional Medical Conduct, and the Education Department databases as well as the US Department of Health and Human Services Office of the Inspector General Medicare exclusion database.

Additionally, the staff from the Division of Certification & Surveillance reviewed the ten-year surveillance history of all associated facilities. Sources of information included the files, records, and reports found in the Department of Health. Included in the review were the results of any incident and/or complaint investigations, independent professional reviews, and/or comprehensive/focused inspections. The review found that any citations were properly corrected with appropriate remedial action.

## **Enforcements**

The applicant disclosed on November 18, 2025, the following lawsuits:

- **White Glove Community Care, Inc. (LHCSA)** - New York State Office of Medicaid inspector General resolved by settlement agreement in June 2022 for an audit of claims for personal care services from 1/1/17 to 2/31/19. The overpayment of \$52,525 has been paid in full.
- **White Glove Community Care, Inc. (LHCSA)** - New York Attorney General resolved by settlement agreement in November 2022 an investigation of compliance with the Wage Parity Law and was fined for \$2 million.

Based on the most recent surveillance information this facility is deemed to be currently operating in substantial compliance with all applicable State and Federal codes, rules, and regulations. This determination was made based on a review of the files of the Department of Health, including all pertinent records and reports regarding the results of routine Article 28 surveys as well as investigations of reported incidents and complaints.

**Conclusion**

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

## Financial Analysis

### Total Project Cost and Financing

The total project cost, which is for new construction and movable equipment, is estimated at \$791,371 further broken down as follows:

Renovation & Demolition	\$523,262
Design Contingency	\$52,326
Construction Contingency	\$52,326
Architect Fees/Engineering Fees	\$40,000
Construction Manager Fees	\$6,500
Architectural Engineering Fees	\$35,000
Movable Equipment	\$50,639
Telecommunications	\$25,000
Total Basic Cost of Construction	\$785,053
Application Fee	\$2,000
Processing Fee	<u>\$4,318</u>
Total Project Cost with CON Fees	\$791,371

<u>Source of Financing</u>	<u>Amount</u>
Lease/Landlord Cash	\$785,053
Cash Equity	<u>\$6,318</u>
Total Project Cost	\$791,371

### Operating Budget

The applicant has submitted an operating budget, in 2026 dollars, for years one and three, summarized below:

<u>Revenues</u>	<u>First Year</u>		<u>Third Year</u>	
	<u>Per Visit</u>	<u>Total</u>	<u>Per Visit</u>	<u>Total</u>
Commercial FFS	\$220.00	\$47,520	\$220.00	\$140,360
Commercial MC	\$220.00	\$228,360	\$220.00	\$673,200
Medicare FFS	\$170.00	\$29,410	\$170.00	\$86,700
Medicare MC	\$179.00	\$44,030	\$170.00	\$129,880
Medicaid FFS	\$149.48	\$273,102	\$149.48	\$810,260
Medicaid MC	\$147.88	\$845,264	\$147.88	\$2,505,660
Private Pay	\$192.60	\$64,520	\$189.34	\$188,960
All Other	\$170.00	<u>\$6,120</u>	\$170.00	<u>\$18,700</u>
		\$1,538,326		\$4,553,720
<u>Expenses</u>				
Operating	\$136.52	\$1,365,150	\$73.64	\$2,209,192
Capital	<u>\$15.04</u>	<u>\$150,392</u>	<u>\$5.01</u>	<u>\$150,392</u>
Total Operating Exp.	\$151.56	\$1,515,542	\$78.65	\$2,359,584
Net Income/(Loss)		\$22,784		\$2,194,136
Visits		10,000		30,000

Utilization by payor source for the first and third years is as follows:

	<u>Visits</u>	<u>%</u>	<u>Visits</u>	<u>%</u>
Comm. FFS	216	2.16%	638	2.13%
Comm. MC	1,038	10.38%	3,060	10.20%
Medicare FFS	173	1.73%	510	1.70%
Medicare MC	259	2.59%	764	2.55%
Medicaid FFS	1,827	18.27%	5,500	18.33%
Medicaid MC	5,716	57.16%	17,220	57.40%
Private Pay	335	3.35%	998	3.33%
Charity	400	4.00%	1,200	4.00%
All Other	36	.36%	110	.37%
Total Payor Source	10,000	100.00%	30,000	100.00%

The following is noted with respect to the budget:

- The projected utilization is based on the experience of other providers in the area. A 2022 Community Needs Assessment prepared by Woodhull Hospital estimates 35,000 to 65,000 visits can be diverted from the hospital setting to the clinic. The primary service area hospital, Woodhull, had nearly 400k total patient visits, with 310,000 visits through various outpatient clinic affiliates of Woodhull, 80,000 Emergency Department visits and 9,000 inpatient visits.
- The projected Medicare rates for Year One and Year Three reflect the equivalent rates for the Medicaid FFS and Medicaid MC rates used as a conservative baseline rate.
- The projected Commercial rates reflect the average contracted rates among existing insurers serving the residents of the proposed service area.
- The Private Pay rate for Year One and Year Three reflects the proposed average rate anticipated to be charged by the proposed facility.
- The projected Medicaid FFS and Medicaid MC rates for Year One and Year Three reflect the NYS Medicaid Applied Behavioral Analysis Services.
- Expense assumptions are based on the proposed staffing levels and operating and capital costs associated with the Years One and Year Three utilization projections.

### Lease Rental Agreement

The applicant has submitted an executed lease rental agreement for the site summarized below:

<b>Premises:</b>	213 Park Ave. Brooklyn, New York
<b>Lessor:</b>	Vanderbilt Neighborhood Realty, LLC. 89 Bartlett Street Brooklyn, New York 11206
<b>Lessee:</b>	White Glove Community Health, LLC. 89 Barlett Street Brooklyn, New York 11206
<b>Term of Lease:</b>	10 years
<b>Rental Amount:</b>	Years One-Ten annually \$142,450 or (\$11,870.83 monthly)
<b>Additional Rent:</b>	Security Deposit \$11,870.83
<b>Provisions:</b>	Possession Date: 12/01/2024 Termination Date: 12/31/2034

An affidavit has been submitted stating the lease is a non-arm's length agreement as the Landlord and the Tenant have a familial relationship. The applicant has provided two (2) letters of rent reasonableness from licensed NYS Realtors.

**Capability and Feasibility**

Total project cost of \$791,371 will be funded with \$785,053 in cash from the landlord, with the remaining \$6,318 for the application fee and processing fee funded with cash from the proposed sole member/owner. BFA Attachment A, Net Worth Statement of Sole Owner, shows sufficient resources to fund the total project costs.

The working capital requirement for this application is estimated at \$393,264, which is based on two months of third year expenses and will be covered through contributions from the sole member of White Glove Community Health, LLC’s Mier Lefkowitz’s existing equity. BFA Attachment A shows sufficient resources to fund the working capital requirement.

The submitted budget shows a net income of \$22,784 in Year One and \$2,194,136 in Year Three. The budget appears reasonable.

BFA Attachment C, Pro Forma Balance Sheet, indicates a net equity asset position of \$393,264 as of the first day of operations.

**Conclusion**

The applicant has demonstrated the capability to proceed in a financially feasible manner.

**Attachments**

BHFP Attachment	Map
BFA Attachment A	Net Worth Statement of Sole Owner of White Glove Community Care Mier Lefkowitz dated 2/12/2026
BFA Attachment B	2025 Certified Financial Statement of Vanderbilt Community Realty
BFA Attachment C	Pro Forma Balance Sheet of White Glove Community Care
BFA Attachment D	Organization Chart of White Glove Community Care



Project # 252183-B
St. Mary's Center, Inc.

Program: Diagnostic and Treatment Center
Purpose: Establishment and Construction
County: New York
Acknowledged: November 26, 2025

Executive Summary

Description

St. Mary's Center, Inc. ("SMC"), a New York not-for-profit corporation, requests approval to establish and construct an Article 28 Diagnostic and Treatment Center (D&TC) in leased space at 73 Lenox Avenue in Central Harlem.

St. Mary's Center will be certified for Medical Services – Primary Care and Certified Mental Health Services O/P. The D&TC will occupy the first floor and a portion of the third floor of an existing three-story building.

Argus Community, Inc. (Argus), a New York not-for-profit corporation, is the sole corporate member of St. Mary's Center, Inc.

Stuart Wasser, M.D., board-certified in Internal Medicine, will serve as the Medical Director.

St. Mary's Center has a Transfer and Affiliation Agreement for backup and emergency services with Harlem Hospital Center, 1.1 miles/9 minutes away.

OPCHSM Recommendation

Contingent Approval

Need Summary

The applicant projects 3,285 visits in Year One and 10,951 visits in Year Three, with 85% Medicaid and 5% Charity Care. The ADHCP projects 6,750 visits in Year One and 12,000 visits in Year Three with 100% Medicaid.

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Summary

The total project cost of \$5,833,509 will be funded by \$33,899 in equity from St. Mary's Center, Inc., and a \$5,799,610 Statewide Health Care Facility Transformation Program II Grant.

Table with 3 columns: Budget, Year One, Year Three. Rows: Revenues, Expenses, Net Income/(Loss).

Health Equity Impact Assessment

This project does not meet the requirements for a Health Equity Impact Assessment under Section 2802-B of the PHL.

## Recommendations

### Health Systems Agency

There will be no HSA recommendation for this project.

### Office of Primary Care and Health Systems Management

#### Approval contingent upon:

1. Submission of a check for the amount enumerated in the approval letter, payable to the New York State Department of Health. Public Health Law Section 2802.7 states that all construction applications requiring review by the Public Health and Health Planning Council shall pay an additional fee of fifty-five hundredths of one percent of the total capital value of the project, exclusive of CON fees. [PMU]
2. Architectural Design Development Drawings: Submission of architectural and life safety drawings, acceptable to the Department, as described in the Bureau of Architecture and Engineering Review Drawing Submission Guidelines DSG-1.0. [AER]
3. Engineering Design Development Drawings: Submission of mechanical, electrical, plumbing and fire protection drawings, acceptable to the Department, as described in the Bureau of Architecture and Engineering Review Drawing Submission Guidelines DSG-1.0. [AER]

#### Approval conditional upon:

1. This project must be completed by **July 15, 2027**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Construction must start on or before **November 15, 2026**, and construction must be completed by **April 15, 2027**, presuming the Department has issued a letter deeming all contingencies have been satisfied prior to commencement. It is the responsibility of the applicant to request prior approval for any changes to the start and completion dates. In accordance with 10 NYCRR Section 710.10(a), if construction is not started on or before the approved start date, this shall constitute abandonment of the approval. [PMU]
3. The submission of Final Construction Documents, as described in BAER Drawing Submission Guidelines DSG-05, is required prior to the applicant's start of construction. [AER]
4. The staff of the facility must be separate and distinct from the staff of other entities; the signage must clearly denote the facility is separate and distinct from other entities; the clinical space must be used exclusively for the approved purpose; and the entrance must not disrupt any other entity's clinical program space. [HSP]
5. The applicant must ensure registration for and training of facility staff on the Department's Health Commerce System (HCS). The HCS is the secure web-based means by which facilities must communicate with the Department and receive vital information. Upon receipt of the Operating Certificate, the Administrator/director that has day-to-day oversight of the facility's operations shall submit the HCS Access Form at the following link to begin the process to enroll for HCS access for the first time or update enrollment information as necessary: [https://www.health.ny.gov/facilities/hospitals/docs/hcs\\_access\\_forms\\_new\\_clinics.pdf](https://www.health.ny.gov/facilities/hospitals/docs/hcs_access_forms_new_clinics.pdf). Questions may be directed to the Division of Hospitals and Diagnostic & Treatment Centers at 518-402-1004 or email: [hospinfo@health.ny.gov](mailto:hospinfo@health.ny.gov). [HSP]

### Council Action Date

May 7, 2026

# Need Analysis

## Project Description

St. Mary’s Center, Inc. (SMC), an affiliate of Argus Community, an organization which provides comprehensive health, housing, and social services to vulnerable New Yorkers, focusing on those with substance use disorders (SUD), mental health challenges, and histories of homelessness or incarceration, and operator of Article 28 – Licensed RHC and ADHCP services, is seeking approval to establish and construct an Article 28 diagnostic and treatment center (D&TC) at 73 Lenox Avenue, New York, NY 10026 (New York County). The Center will be certified for Medical Services – Primary Care, Certified Mental Health Services O/P, and a 50 slot AIDs Adult Day Health Care Program.

## Background and Analysis

The primary service area (PSA) for this project includes New York County and Bronx County specifically within Manhattan neighborhoods of West Harlem (within Manhattan Community District 9 PUMA), Central Harlem (within Manhattan Community District 10 PUMA), and East Harlem (within Manhattan Community District 11 PUMA), as well as the Bronx neighborhood of Melrose/Mott Haven (within Bronx Community Districts 1&2 PUMA). The primary service area is in a Health Professional Shortage Area (HPSA) for Primary Care, Dental Health, and Mental Health. It is also within a Medically Underserved Area (MUA).

The population of New York County is projected to increase to 1,730,911, a 6.2% increase, and the population of Bronx County is projected to increase to 1,610,332, an increase of 14.6% by 2031, according to the Cornell Program on Applied Demographics. Demographics for the primary service area are noted below, including a comparison with New York State.

Demographics	Manhattan Community District 9	Manhattan Community District 10	Manhattan Community District 11	Bronx Community Districts 1&2	Bronx County	New York County	New York State
Total Population	112,952	135,011	127,516	154,955	1,404,779	1,629,477	19,852,366
Hispanic or Latino (of any race)	37.8%	24.7%	41.0%	69.6%	55.1%	24.4%	19.8%
White (non-Hispanic)	24.4%	15.8%	14.6%	2.2%	8.7%	45.5%	52.8%
Black or African American (non-Hispanic)	22.4%	49.3%	30.7%	24.6%	28.7%	12.5%	13.4%
Asian (non-Hispanic)	10.5%	4.1%	9.1%	0.7%	4.0%	12.4%	9.0%
Other (non-Hispanic)	4.9%	6.1%	4.7%	2.9%	3.5%	5.2%	5.0%

Source: 2024 American Community Survey (5-Year Estimates Data Profiles)

In 2023, 95.7% of New York County and 92.7% of Bronx County had health coverage as follows.

Health Plans	Bronx County	New York County
Employer plans	29.5%	52.4%
Medicaid	43.4%	19.3%
Medicare	7.06%	11.0%
Non-group plans	12.3%	12.8%
Military or VA plans	0.392%	0.284%

Source: Data USA

The population within the service area had health coverage as follows.

Health Coverage	Manhattan Community District 9 PUMA*	Manhattan Community District 10 PUMA*	Manhattan Community District 11 PUMA*	Bronx Community Districts 1&2 PUMA**
Medicare coverage alone	3.6%	3.3%	6.5%	3.2%
Medicaid/means-tested coverage alone	21.5%	28.5%	30.1%	47.9%

\*Source 2021: ACS 5-Year Estimates, Table S2704

\*\*Source: 2024: ACS 5-Year Estimates, Table S2704

The projected payor mix for the D&TC is shown below.

Applicant Projected Payor Mix		
Payor	Year One	Year Three
Commercial	0%	5.00%
Medicare	4.99%	5.00%
Medicaid	90.02%	84.99%
Charity Care	4.99%	5.00%

Source: Applicant

The applicant projects 3,285 visits in Year One and 10,951 visits in Year Three for the proposed D&TC (excluding ADHCP visits). The ADHCP visits are projected at 6,750 for Year One and 12,000 in Year Three, with 100% Medicaid as the payor.

The ADHCP services are currently operated under the organization's RHC operating certificate and will be transferred to the D&TC through this application. The ADHCP will be relocated from its existing site at 512–516 West 126th Street, New York, NY 10027, and will maintain its approved capacity of 50 AIDS slots. At present, the program serves approximately 50 registrants daily, provides approximately 5,000 annual visits and projects an increase due to the new location and the benefits of co-location with primary care services. According to the applicant, St. Mary's Center's ADHCP is one of only five AIDS-designated ADHC programs in New York City and one of two located in Harlem.

SMC anticipates a significant demand for the proposed Center's services due to its long-standing service to the populations in Harlem and South Bronx, with barriers to healthcare access. Although SMC does not currently operate a D&TC, the proposed site will provide comprehensive primary and behavioral healthcare. Patient engagement will be supported through SMC's partnerships with community organizations (SMC's ADHCP, community outpatient and residential substance use and HIV treatment programs, as well as food pantries and transitional housing programs). According to the applicant, the center will offer services designed to meet the needs of the community, especially in managing chronic conditions such as hypertension, diabetes, asthma, and HIV. They will also provide nutrition counseling and health education. SMC will serve all New Yorkers, however, will specialize in serving those with mental health needs, those who use substances, people living with HIV, individuals experiencing homelessness, and people residing in public housing. SMC will provide walk-in appointments and flexible scheduling. Outreach and signage will make clear that all individuals can access care at SMC regardless of their insurance status.

The proposed D&TC will be near several public housing complexes. It will be directly across from the King Towers, and will be one avenue from the Taft complex, which houses New York City Housing Authority residents. Its goal is to eliminate obstacles to care by providing culturally sensitive services and preventive screenings and continuous care coordination. By being conveniently located, they aim to build trust and collaboration with patients to provide comprehensive and accessible health care.

Prevention Quality Indicators (PQIs) are rates of admission to the hospital for conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe diseases. The table below provides information on PQI rates for 2024 related to this application.

PQI Name	Bronx County	New York County	New York State
Diabetes Short-Term Complications	12	7	7
Diabetes Long-Term Complications	27	13	13
Chronic Obstructive Pulmonary Disease or Asthma	59	25	25
Hypertension	16	7	7
Heart Failure	61	36	38
Community-Acquired Pneumonia	15	9	12
Uncontrolled Diabetes	11	5	5
Urinary Tract Infection	17	10	13
Prevention Quality Overall Composite	202	103	113

Source: NYSDOH, Data Hub

Rates are per 10,000 and are rounded crude rates

### Conclusion

Approval of this project will allow SMC to provide access to primary care and behavioral health services while addressing health disparities in the communities served.

## Program Analysis

### Program Proposal

<b>Proposed Operator</b>	St. Mary's Center, Inc.
<b>Doing Business As</b>	St. Mary's Center, Inc.
<b>Site Address</b>	73 Lenox Avenue, New York, NY 10026 (New York County)
<b>Shift/Hours/Schedule</b>	Monday through Friday from 8 am to 6 pm Saturday from 9 am to 2 pm
<b>Approved Services</b>	Medical Services - Primary Care Certified Mental Health Services O/P 50-bed Adult Day Health Care-Aids
<b>Staffing (1<sup>st</sup> Year/3<sup>rd</sup> Year)</b>	13.0 FTEs for 1 <sup>st</sup> year and 24.5 in 3 <sup>rd</sup> year
<b>Medical Director(s)</b>	Dr. Stuart Wasser
<b>Emergency, In-Patient and Backup Support Services Agreement and Distance</b>	Harlem Hospital Center 506 Lenox Avenue, New York, NY 10037  Nearest hospital is Harlem Hospital Center - 1.1 miles / 9 minutes.

SMC's D&TC will specialize in serving patients with HIV/AIDs as well as those with co-occurring Mental Health and Substance Use Disorder (SUD). SMC's goal is to provide expanded primary care for residents from Argus's residential programs and for individuals across NYC. SMC will offer Medical Services - Primary Care and Certified Mental Health Services O/P. An additional fifty (50) Adult Day Health Care - AIDS slots will be included on the operating certificate. SMC will provide comprehensive and integrated behavioral health services which will include Mental Health screenings, therapy, psychiatric care, primary care, HIV services and case management; and other basic services such as wound care, screenings and vaccines.

St. Mary's Center, Inc. has an executed Transfer and affiliation agreement with Harlem Hospital which is located at 506 Lenox Avenue, New York, New York. Harlem Hospital is located 1.1 miles away/9 minutes away from this proposed D&TC.

All administrative aspects of SMC will be overseen by Argus Community's CEO, Dr. Miriam Vega. Dr. Vega is a nationally known turnaround specialist who developed the CHANGE (customized, holistic, analytical, network building, grassroots & evaluator) model of capacity program. Prior to joining Argus Community, Dr. Vega served as CEO and as COO of multiple Federally Qualified Health Centers (FQHCs), including Joseph P. Addabbo in NYC. Dr. Vega has a Ph.D. in Social Psychology from the University of California, Berkeley and a BA from Vassar College in Psychology; and completed a 2-year Prevention Fellowship at SUNY Downstate Medical Center, sponsored by the Centers for Disease Control and Prevention (CDC).

The following table shows the projected FTEs in Year One and Year Three following completion of the project.

<b>Positions</b>	<b>Year One</b>	<b>Year Three</b>
Management & Supervision	2.0	2.0
Physicians	1.0	1.0
Social Worker & Psychologist	2.4	4.8
Nurse Practitioners	0.1	2.2
Licensed Practical Nurse	1.0	3.0
Registered Nurse	1.5	2.0

Positions	Year One	Year Three
Infection Control, Environment and Food Service	0.2	0.5
Clerical & other Administrative	2.0	4.0
Psychiatrist	0.1	0.1
Business Development Associate	1.0	2.0
ADHC Intake Associate	1.0	2.0
Other Therapists and Assistants	0.5	1.0
<b>Totals</b>	13.0	24.5

Argus Community, Inc. is the sole corporate member (passive parent corporation) of St. Mary's Center, Inc. They share the same Board of Directors.

Board Member/Title
William S. Friedman / Director, Chairperson & Treasurer
Leslie A. Ross / Vice-Chair, Director & Secretary
Tom Javits / Director
Peter G. Samuels / Director
Ayanna Y. Thomas / Director
Frederick Harris / Director
Father Larry Ford / Director
Diane B. Pollard / Director

### Character and Competence

Dr. Stuart Wasser will serve as Medical Director. He received a Doctor of Medicine degree from the New York University School of Medicine in 1986 and received a Bachelor of Arts degree from Columbia University in 1982. Dr. Stuart is certified by the American Board of Addiction Medicine and the American Board of Internal Medicine.

Since 1998, Dr. Wasser has operated private medical practice in Internal Medicine and Addiction Medicine in Rockville Centre, Long Island. He has worked in an Urgent Care Medicenter in Huntington, NY since 2003, and has held directorships of outpatient substance abuse clinics at EDNY in Hempstead, NY, Peninsula Counseling Center in Valley Stream, NY and at Friends of Bridge Valley Stream in New York.

**William S. Friedman** is the current chairperson, director and treasurer of the board. He graduated from Columbia University School of Law in 1970 and was admitted to the New York Bar in 1971. Mr. Friedman is also a graduate of Brandeis University. Mr. Friedman practiced law primarily in real estate and tax law until 1990 when he retired to devote more time to real estate investments and management. He is the founder and former general partner and chief executive officer of Beachwold Partners LP and was a former member of the Peace Corps.

**Leslie A. Ross** is currently the board's vice-chair, secretary and director. In 1993 Ms. Ross completed a master's degree in education from Bank Street College in New York City and received a bachelor's degree from Hunter College/CUNY in New York City. She was an educator at the Barnard Center for Toddler Development at Columbia University and from 1971-1975, Ms. Ross was the assistant to Elizabeth L. Sturz, who was the founder of Argus Community, Inc.

**Tom Javits** is currently a director of the board and serves on the Trust for Public Land - NYC Advisory Council. Mr. Javits completed a Master of Business Administration at Harvard Business School in Boston, Massachusetts in 1984; completed a Master of Science degree at Antioch University in San Francisco, California in 1977, and received a Bachelor of Science degree from the University of California in Berkeley, California in 1974. Mr. Javits has been a licensed NY State Real Estate Broker since 1992. Mr. Javits is a Principal and Real Estate executive at Javits Development Consulting in New York City. He was the Vice President for Construction and Facilities at the Metropolitan Museum of Art in New York City from 2010 – 2020 and is has been retired since January 1, 2021.

**Peter G. Samuels** is currently a director of the board. Mr. Samuels completed a Jurist Doctorate degree from Harvard Law School in 1974 and has been an attorney since 1975. Mr. Samuels has been a partner at Proskauer Rose Law Firm in New York City since 1971. He served for six years as co-head of the Firm's Mergers & Acquisitions Group. He advises on corporate governance and issues relating to strategic considerations and related matters. Mr. Samuels plays a leading role with Proskauer's pro bono initiatives and serves on the Independent Commission on NYC Criminal Justice and Incarceration Reform.

**Ayanna Yasmin Thomas** is currently a director on the board. She serves as an Associate at Bond Schoeneck & King; is affiliated with the New York City Bar Association and the New York State Bar Association. Ayanna Thomas has been a board member for nine (9) years; possesses a license as an Associate Broker; received a law degree from St. John's University School of Law in Queens, New York in 2015 and is a licensed Notary. Ayanna Thomas completed a Bachelor of Arts degree in Political Science at the State University of New York at New Paltz, New York in 2012; was admitted to the Bar in 2016 and admitted to the Southern and Eastern district of New York in 2023. Since 2024, Ayanna Thomas has been the general counsel for the Democracy Prep Public Schools in New York City; and was a member and partner at Bond, Schoeneck & King, PLLC in White Plains, New York from 2023 to 2024.

**Fred Harris** has been a director of the board since 2018. Mr. Harris has advanced degrees in Engineering and Law and is currently the executive vice president of development at Vornado Realty Trust. Mr. Harris served as a special advisor for real estate development of Jonathan Rose Companies; was a governor of the Real Estate Board of New York; was a Trustee of Brooklyn Hospital and was an adjunct professor at Columbia University.

**Larry Ford** is currently a director of the board; serves as a director with the Office Revitalization and Restructuring for US Franciscans; serves on the Board of St. Bonaventure University, and was formerly the board chair of CREATE, Inc. Father Ford is also a member of the Presbyteral Council of the Archdiocese of New York. Father Ford serves as the secretary for the Province of Our Lady of Guadalupe; and was the Pastor for Holy Name of Jesus-St. Gregory The Great Parish in New York City. Father Ford holds degrees in Industrial Relations, Divinity and non-Profit Administration with completed Doctorial work in Higher Education.

**Diane B. Pollard** is currently a director on the board and was the board chair for the St. Mary's Center. She was the founder of the St. Mary's Episcopal AIDS Center which is a residential community for individuals with HIV/AIDS; and established the outpatient center.

Staff from the Division of Certification & Surveillance reviewed the disclosure information submitted regarding licenses held, formal education, training in pertinent health and/or related areas, employment history, a record of legal actions, and a disclosure of the applicant's ownership interest in other health care facilities. Licensed individuals were checked against the Office of Medicaid Management, the Office of Professional Medical Conduct, and the Education Department databases as well as the US Department of Health and Human Services Office of the Inspector General Medicare exclusion database.

### **Conclusion**

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

## Financial Analysis

### Total Project Cost and Financing

Total project costs for renovations and movable equipment are estimated at \$5,833,509, broken down as follows:

Renovation & Demolition	\$3,828,125
Design Contingency	382,813
Construction Contingency	382,813
Planning Fees	48,750
Architect/Engineering Fees	420,000
Other Fees	237,110
Movable Equipment	500,000
CON Application Fee	2,000
CON Processing Fee	<u>31,898</u>
Total Project Cost	\$5,833,509

The applicant's financing plan appears as follows:

Applicant Equity	\$33,899
Grant - Statewide Health Care Facility Transformation Program II	<u>5,799,610</u>
Total	\$5,833,509

BFA Attachment C, 2023-2024 St. Mary's Center, Inc. and SMC Manhattan Health Center, Inc.'s Certified Financial Statements, indicate sufficient resources to meet the equity requirement.

### Operating Budget

The applicant has submitted first and third-year operating budgets in 2026 dollars, as summarized below:

	<u>Year One</u>		<u>Year Three</u>	
	Per Visit	Total	Per Visit	Total
Revenues-D&TC:				
Medicaid-FFS	\$328.48	\$108,069	\$379.82	\$208,144
Medicaid-MC	\$263.18	691,644	\$380.13	3,330,296
Medicare-MC	\$155.02	25,424	\$161.19	88,169
Commercial-MC		0	\$100.10	54,756
Other Operating Income*		<u>16,210</u>		<u>243,243</u>
Sub-Total -		\$841,347		\$3,924,608
Revenues-ADHC				
Medicaid-MC	\$173.11	<u>\$1,168,465</u>	\$173.11	<u>\$2,077,272</u>
Total Revenues		\$2,009,812		\$6,001,880
Expenses:				
Operating	\$551.85	\$1,812,813	\$275.29	\$3,014,660
Capital	\$162.81	534,825	\$48.84	534,825
Operating-ADHC	\$188.99	<u>1,275,712</u>	\$159.99	<u>1,919,890</u>
Total		\$3,623,350		\$5,469,375
Net Income (Loss)		(\$1,613,538)		\$532,505
Visits – D&TC		3,285		10,951
Visits - ADHC		6,750		12,000

\*First Year Indigent Care \$16,210, Third Year Indigent Care \$62,443, and New York State Patient Centered Medical Home incentive program \$180,800

The following is noted concerning the submitted budget:

- Revenue and rates for the D&TC assume Federally Qualified Health Center (FQHC) with a Look-Like designation 6 months into the first year.
- Revenue and rate for the ADHC is based on the amounts the Center expects to be entitled and collected.
- The staffing plan aligns with standard provider productivity ratios and complies with Federal and NYS regulations for primary care and ADHC. The staff will be attentive to the patient's cultural and linguistic factors.
- Expenses are based on experience, staffing ratios, and input from Argus Community.
- SMC will actively engage patients from nearby public housing complexes, shelters, and supportive housing programs. It will use outreach, walk-in appointments, and trauma-informed care models to reduce barriers to access and build trust within the community.
- SMC has incorporated several strategies to ensure success.
  - The D&TC and ADHC will be situated in a visible, easily accessible location on Lenox Avenue, improving patient access and community visibility
  - The ADHC will help in transportation planning and will provide Metro Cards or transportation reimbursement.
  - SMC will leverage Argus Community's outreach and engagement networks to foster referral pathways and partnerships with local agencies and community organizations.
  - Argus Community will oversee operational planning and financial management for sustainability and assist in adapting to unforeseen challenges.
- Breakeven utilization for the third year is 9,905 D&TC visits and 11,091 ADHC visits.

Utilization broken down by payor source during the Year One and Year Three is as follows:

	Year One		Year Three	
	Visits	%	Visits	%
Medicaid-FFS	329	10.02%	548	5.00%
Medicaid-MC	2,628	80.00%	8,761	80.00%
Medicare-MC	164	4.99%	547	5.00%
Commercial-MC	0	0.00%	547	5.00%
Charity	164	4.99%	548	5.00%
Total	3,285	100%	10,951	100%

ADHC Payor:	Visits	%	Visits	%
Medicaid-MC	6,750	100%	12,000	100%

### Lease Rental Agreement

The applicant has submitted an executed lease for the proposed site; the terms are summarized below:

<b>Date:</b>	March 2, 2026
<b>Premises:</b>	Total 8,830 sq ft at 73 Lenox Avenue, NY, NY 10026 D&TC (5,143 sq ft) (3,434 sq ft on 1 <sup>st</sup> floor and 1,709 sq ft on 2 <sup>nd</sup> floor), ADHC (3,687 sq ft.) (816 sq ft in basement and 2,871 on 2 <sup>nd</sup> floor)
<b>Landlord:</b>	Create, Inc.
<b>Lessee:</b>	St. Mary's Center, Inc.
<b>Term:</b>	10 Years, two (2) ten (10) year automatic renewals
<b>Payment:</b>	\$220,750 annually (\$25 per square foot) for the initial term, \$309,050 annually (\$35 per square foot) for the first renewal term, and \$397,350 annually (\$45 per square foot) for the second renewal term.
<b>Provisions:</b>	Utilities, Maintenance, and Insurance. The property is exempt from real property taxation.

The applicant has provided an affidavit attesting that the lease is a non-arms-length agreement. Letters from two NYS licensed realtors have been provided attesting to the rental rate being fair market value.

**Capability and Feasibility**

The total project costs of \$5,833,509 will be funded by \$33,899 in equity from St. Mary’s Center, Inc., and a \$5,799,610 grant from the Statewide Health Care Facility Transformation Program.

The working capital requirement, estimated at \$2,217,430 based on two months of first-year expenses plus a projected loss of (\$1,613,538), will be funded from operations.

The submitted budget projects a net loss of (\$1,613,538) in Year One and a net income of \$532,505 in Year Three. The budget appears reasonable. Argus Community, Inc.’s Chief Strategy Officer, has submitted a letter committing to supporting the projected loss and to meet working capital needs that may arise.

BFA Attachment A, Argus Community, Inc. and Affiliates’ June 30, 2024, Certified Consolidated Financial Statements, show \$44,763,783 in net assets, including \$15,544,486 in liquid resources. BFA Attachment B, Argus Community, Inc. June 30, 2025, Internal Financial Statements, shows a negative working capital position, a positive net asset position, and a net income of \$2,465,138.

BFA Attachment C, St. Mary’s Center, Inc., and SMC Manhattan Health Center, Inc., 2024 Consolidated Financial Statements show negative working capital, positive net assets, and an operating loss of (\$890,074). BFA Attachment D, St. Mary’s Center, Inc., and SMC Manhattan Health Center, Inc., October 31, 2025, Internal Financial Statements, show a negative working capital position, a positive net asset position, and a net loss of (\$472,675).

The applicant has demonstrated the capability to proceed in a financially feasible manner.

**Conclusion**

The applicant has demonstrated the capability to proceed in a financially feasible manner.

**Attachments**

BHFP Attachment	Map
BFA Attachment A	Argus Community Inc. June 30, 2024, Certified Financial Statements
BFA Attachment B	Argus Community, Inc.’s July 1, 2024 - June 30, 2025, Internal Financial Statements.
BFA Attachment C	St. Mary’s Center, Inc. and SMC Manhattan Health Center, Inc.’s 2024 and 2023 Certified Financial Statements.
BFA Attachment D	St. Mary’s Center, Inc. and SMC Manhattan Health Center, Inc., October 31, 2025, Internal Financial Statements



Project # 252184-E
New Windsor Family Care, LLC

Program: Diagnostic and Treatment Center
Purpose: Establishment
County: Orange
Acknowledged: November 18, 2025

Executive Summary

Description

New Windsor Family Care, LLC (the Center), an existing Article 28 Diagnostic and Treatment Center (D&CT) at 377 Broadway, Newburgh (Orange County), requests approval to transfer 99% ownership interest in the Center and certify Medical Services - Primary Care.

On January 26, 2024, the current members of New Windsor Family Care, LLC, Mino Pedoem-Shapiro, M.D. and Mark Pedoem, entered into an Assignment of Interest Agreement (AIA) with Ariel Pedoeem, D.O. to transfer Dr. Pedoem-Shapiro's 99% membership in the Center.

Ownership before and after the requested change is as follows:

Current Operator

Table with 2 columns: Ownership, %
New Windsor Family Care, LLC
Minoo Pedoem-Shapiro, M.D. 99%
Mark Pedoem 1%

Proposed Operator

Table with 2 columns: Ownership, %
New Windsor Family Care, LLC
Ariel Pedoeem, D.O. 99%
Mark Pedoem 1%

Ariel Pedoeem, D.O., board-certified in Family Medicine, will continue to serve as the Medical Director.

OPCHSM Recommendation

Contingent Approval

Need Summary

The applicant projects 4,643 visits in Year One and 5,107 in Year Three with 97.5% Medicaid, 0.5% Medicare, and 2% Charity Care.

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Summary

There is no project costs associated with this transaction. Ariel Pedoeem, D.O. will acquire 99% interest in New Windsor Family Care, LLC, for \$1.

Table with 3 columns: Budget, Year One, Year Three
Revenues: \$2,173,386 \$2,390,724
Expenses: 1,211,662 1,282,244
Net Income: \$961,724 \$1,108,480

Health Equity Impact Assessment

This project does not meet the requirements for a Health Equity Impact Assessment under Section 2802-B of the PHL.

## Recommendations

### **Health Systems Agency**

There will be no HSA recommendation for this project.

### **Office of Primary Care and Health Systems Management**

#### **Approval contingent upon:**

1. Submission of an executed transfer and affiliation agreement, acceptable to the Department, with a local acute care hospital. [HSP]

#### **Approval conditional upon:**

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]

### **Council Action Date**

May 7, 2026

# Need Analysis

## Project Description

New Windsor Family Care LLC, an existing Diagnostic and Treatment Center (D&TC) at 377 Broadway, Newburgh, New York 12550 (Orange County) is seeking approval to transfer 99% of the existing membership interest and certify Medical Services - Primary Care. They currently provide Medical Services – Other Medical Specialties. There will be no other changes to the existing operation.

## Background and Analysis

The proposed service area is Orange County. The facility is within a Health Professional Shortage Area for Primary Care and Mental Health and is within a Medically Underserved Area. The population of Orange County is estimated to decrease to 398,705 by 2031, per projection data from the Cornell Program on Applied Demographics, a decrease of 1.9%. Demographics for the primary service area including the facility zip code are noted below as well as a comparison with New York State.

Demographics	Zip Code 12550	Orange County	New York State
Total Population	55,152	406,616	19,852,366
Hispanic or Latino (of any race)	37.6%	23.9%	19.8%
White (non-Hispanic)	35.3%	57.9%	52.8%
Black or African American (non-Hispanic)	20.3%	10.5%	13.4%
Asian(non-Hispanic)	2.0%	2.8%	9.0%
Other (non-Hispanic)	4.7%	4.9%	5.0%

Source: 2024 American Community Survey (5-Year Estimates Data Profiles)

In 2023, 95.2% of the population of Orange County had health coverage as follows:

Health Plans	Orange County
Employee plans	48.2%
Medicaid	23.6%
Medicare	10.4%
Non-group plans	11.7%
Military or VA plans	1.27%

Source: Data USA

In 2024, the population within the area of the facility had health coverage as follows.

Health Coverage	Zip Code 12550
Medicare coverage alone	5.6%
Medicaid/mean tested coverage alone	25.2%

Source: 2024: ACS 5-Year Estimates, Table S2704

The projected payor mix includes:

Applicant Projected Payor Mix			
Payor	Current	Year One	Year Three
	Outpatient		
Medicare	0.56%	0.54%	0.55%
Medicaid	99.44%	97.50%	97.49%
Charity Care	0.00%	1.96%	1.96%
Total Visits	4,138	4,643	5,107

As seen in the table above, the facility treats mostly Medicaid patients and will continue to focus on underserved populations in Orange County. According to the applicant, the urban areas of Orange County, including Newburgh, have socioeconomic and health inequities compared to Orange County as a whole.

The center commits to ongoing collaboration with community/religious leaders to provide education on healthy lifestyles, disease prevention, and chronic illness management. Staff will continue to address cultural, financial, and language barriers to remove the stigma of illness and ensure compliance with treatment.

Prevention Quality Indicators (PQIs) are rates of admission to the hospital for conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. The table below provides information on PQI rates for 2024 related to this application.

PQI Name	Zip Code 12550	Orange County	New York State
Diabetes Short-Term Complications	11	7	7
Diabetes Long-Term Complications	16	11	13
Chronic Obstructive Pulmonary Disease or Asthma	26	29	25
Hypertension	10	8	7
Heart Failure	43	39	38
Community-Acquired Pneumonia	11	19	12
Uncontrolled Diabetes	7	4	5
Urinary Tract Infection	8	15	13
Prevention Quality Overall Composite	125	124	113

Source: NYSDOH, Data Hub

Rates are per 10,000 and are rounded crude rates

**Conclusion**

Approval of this project will allow for increased access to primary care services and continue to support underserved populations in Orange County.

## Program Analysis

### Project Proposal

<b>Proposed Operator</b>	New Windsor Family Care, LLC
<b>Site Address</b>	377 Broadway, Newburgh, NY 12550 (Orange County)
<b>Specialties</b>	Medical Services- Primary Care, Medical Services-Other Medical Specialties
<b>Hours of Operation</b>	Monday through Thursday from 8 a.m. to 7p.m. and Fridays from 8 a.m. to 6 p.m.
<b>Staffing (1<sup>st</sup> Year / 3<sup>rd</sup> Year)</b>	10.4 FTEs / 10.4 FTEs
<b>Medical Director(s)</b>	Ariel Y. Pedoeem, D.O.
<b>Emergency, In-Patient and Backup Support Services Agreement and Distance</b>	TBD

### Character and Competence

**Ariel Y. Pedoeem, D.O.** will become part of the membership and continue to serve as the Medical Director. Dr. Pedoeem has been the lead Family Medicine Doctor at New Windsor Family Care since 2021. Prior to this, Dr. Pedoeem was a Medical Resident at Lourdes Hospital from 2018 to 2021 and worked as a Lab Technician at Columbia University from 2014 to 2015. Dr. Pedoeem graduated from Rutgers College in 2013 with a bachelor's degree, and from Touro College with a Doctor of Osteopathy in 2018. Dr. Pedoeem is Board Certified in Family Medicine.

The following table shows the projected FTEs in Year One and Year Three following completion of this project:

Position	Year One	Year Three
Management and Supervision	1.0	1.0
Physicians	3.0	3.0
Physicians' Assistants	4.25	4.25
Clerical and Other Administrative	2.15	2.15
<b>Totals</b>	<b>10.4</b>	<b>10.4</b>

Staff from the Division of Certification & Surveillance reviewed the disclosure information submitted regarding licenses held, formal education, training in pertinent health and/or related areas, employment history, a record of legal actions, and a disclosure of the applicant's ownership interest in other health care facilities. Licensed individuals were checked against the Office of Medicaid Management, the Office of Professional Medical Conduct, and the Education Department databases as well as the US Department of Health and Human Services Office of the Inspector General Medicare exclusion database.

Additionally, the staff from the Division of Certification & Surveillance reviewed the ten-year surveillance history of all associated facilities. Sources of information included the files, records, and reports found in the Department of Health. Included in the review were the results of any incident and/or complaint investigations, independent professional reviews, and/or comprehensive/focused inspections. The review found that any citations were properly corrected with appropriate remedial action

### Conclusion

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

## Financial Analysis

### Operating Budget

The applicant has provided the Current Year (2024) results and the Year One and Year Three operating budgets after the transfer in 2026 dollars, summarized as follows:

	<u>Current Year</u>		<u>Year One</u>		<u>Year Three</u>	
	<u>Per Visit</u>	<u>Total</u>	<u>Per Visit</u>	<u>Total</u>	<u>Per Visit</u>	<u>Total</u>
Revenues:						
Medicaid -FFS	\$482.64	\$126,452	\$482.98	\$139,097	\$482.67	\$153,007
Medicaid-MC	\$476.90	1,837,498	\$476.82	2,021,248	\$476.91	2,223,372
Medicare -FFS	\$515.43	<u>11,855</u>	\$521.64	<u>13,041</u>	\$512.32	<u>14,345</u>
Total		\$1,975,805		\$2,173,386.		\$2,390,724
Expenses:						
Operating	\$249.50	\$1,032,447	\$229.04	\$1,063,420	\$220.36	\$1,125,367
Capital	<u>\$34.78</u>	<u>143,924</u>	<u>\$31.93</u>	<u>148,242</u>	<u>\$30.72</u>	<u>156,877</u>
Total Expenses	\$284.28	\$1,176,371	\$260.97	\$1,211,662	\$251.08	\$1,282,244
Net Income (Loss):		<u>\$799,434</u>		<u>\$961,724</u>		<u>\$1,108,480</u>
Visits:		4,138		4,643		5,107

The following is noted with respect to the operating budget:

- The Current Year reflects the facility's 2024 revenues and expenses.
- Medicaid FFS and Manage Care rates are based on 2024 cost reports.
- Medicare FFS is based on 2024 cost reports.
- Staffing is based on current staffing levels, and review of existing D&TC centers
- Expenses were based on the current expenses on the 2024 cost report and certified financial statements.

Utilization by payor for the first and third year after the transfer is summarized below:

	<u>Current Year</u>	<u>Year One</u>	<u>Year Three</u>
Medicaid-FFS	6.33%	6.20%	6.20%
Medicaid-MC	93.11%	91.30%	91.29%
Medicare-FFS	0.56%	0.54%	0.55%
Charity Care	<u>0%</u>	<u>1.96%</u>	<u>1.96%</u>
	100%	100%	100%

### Assignment of LLC Interest Agreement (AIA)

The applicant has submitted an executed AIA which will be effectuated upon Public Health and Health Planning Council (PHHCP) approval of this CON. The terms of the agreement are summarized below:

<b>Date:</b>	January 26, 2024, effective February 1, 2024
<b>Assignment:</b>	Membership interest in New Windsor Family Care, LLC
<b>Transaction:</b>	Minoo Pedeem-Shapiro, M.D. (99%) and Mark Pedeem (1%) owners of New Windsor Family Care, LLC, (assignor) entered into an Assignment of LLC Interest Agreement (AIA) with Ariel Pedeem DO (assignee) to transfer Dr. Pedeem-Shapiro's 99% membership in the Center for \$1.

**Capability and Feasibility**

There are no project costs associated with this application. Ariel Pedoeem, DO will acquire 99% membership interest in New Windsor Family Care, LLC for \$1.

The working capital requirement, estimated at \$201,944 based on two months of first year expenses, will be funded through ongoing operations and, if necessary, from its members. BFA Attachment A, New Windsor Family Care LLC’s Members’ Net Worth Statement, indicates sufficient resources to meet potential equity requirements.

The submitted budget projects a first and third-year net income of \$961,724 and \$1,108,480, respectively. The budget appears reasonable.

BFA Attachment B, 2023–2024 New Windsor Family Care LLC’s Certified Financial Statements, shows a positive working capital position, positive net asset position, and a net income of \$56,997 and \$799,434 in 2023 and 2024, respectively. New Windsor Family Care LLC’s December 31, 2025, Internal Financial Statements show operating income of \$548,802.

**Conclusion**

The applicant has demonstrated the capability to proceed in a financially feasible manner.

<b>Attachments</b>	
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BFA Attachment A	New Windsor Family Care LLC’s Members’ Net Worth Statement
BFA Attachment B	2023-2024 New Windsor Family Care LLC’s Certified Financial Statements



Project # 252207-B
Rosh Medical Management LLC, d/b/a Rosh Medical Center

Program: Diagnostic and Treatment Center County: Kings
Purpose: Establishment and Construction Acknowledged: December 3, 2025

Executive Summary

Description

Rosh Medical Management LLC, d/b/a Rosh Medical Center, is seeking approval to establish and construct an Article 28 diagnostic and treatment center (D&TC) in leased space at 670 Flushing Avenue, Brooklyn, NY (Kings County). A private OB/GYN group practice currently occupies the site, and will be absorbed under Rosh Medical Management, LLC as part of the Article 28 D&TC. Rosh Medical Center will be certified for Medical Services – Primary Care, and Medical Services – Other Medical Specialties, exclusively for women (obstetrics and gynecology).

Elana Roshan is the sole member of Rosh Medical Management LLC. Dr. Daniel F. Roshan, M.D., spouse of Elana Roshan, currently operates the existing practice at this location and will serve as Medical Director of Rosh Medical Center.

Rosh Medical Center has a transfer and affiliation agreement with NYC Health and Hospitals/Woodhull, .2 miles/4 minutes away.

OPCHSM Recommendation

Contingent Approval

Need Summary

The applicant projects 16,050 visits in Year One and 19,259 visits in Year Three, with 80.5% Medicaid and 4% Charity Care.

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Summary

The total project cost is \$588,822 and will be funded with member equity.

Table with 3 columns: Budget, Year One, Year Three. Rows: Revenues, Expenses, Excess Rev./Exp.

Health Equity Impact Assessment

This project does not meet the requirements for a Health Equity Impact Assessment under Section 2802-B of the PHL.

## Recommendations

### Health Systems Agency

There will be no HSA recommendation for this project.

### Office of Primary Care and Health Systems Management

#### Approval contingent upon:

1. Submission of a check for the amount enumerated in the approval letter, payable to the New York State Department of Health. Public Health Law Section 2802.7 states that all construction applications requiring review by the Public Health and Health Planning Council shall pay an additional fee of fifty-five hundredths of one percent of the total capital value of the project, exclusive of CON fees. [PMU]
2. Architectural Design Development Drawings: Submission of architectural and life safety drawings, acceptable to the Department, as described in the Bureau of Architecture and Engineering Review Drawing Submission Guidelines DSG-1.0. [AER]
3. Engineering Design Development Drawings: Submission of mechanical, electrical, plumbing and fire protection drawings, acceptable to the Department, as described in the Bureau of Architecture and Engineering Review Drawing Submission Guidelines DSG-1.0. [AER]

#### Approval conditional upon:

1. This project must be completed by **April 15, 2027**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Construction must start on or before **November 15, 2026**, and construction must be completed by **January 15, 2027**, presuming the Department has issued a letter deeming all contingencies have been satisfied prior to commencement. It is the responsibility of the applicant to request prior approval for any changes to the start and completion dates. In accordance with 10 NYCRR Section 710.10(a), if construction is not started on or before the approved start date, this shall constitute abandonment of the approval. [PMU]
3. The submission of Final Construction Documents, as described in BAER Drawing Submission Guidelines DSG-05, is required prior to the applicant's start of construction. [AER]
4. The staff of the facility must be separate and distinct from the staff of other entities; the signage must clearly denote that the facility is separate and distinct from other entities; the clinical space must be used exclusively for the approved purpose; and the entrance must not disrupt any other entity's clinical program space. [HSP]
5. The applicant must ensure registration for and training of facility staff on the Department's Health Commerce System (HCS). The HCS is the secure web-based means by which facilities must communicate with the Department and receive vital information. Upon receipt of the Operating Certificate, the Administrator/director that has day-to-day oversight of the facility's operations ll submit the HCS Access Form at the following link to begin the process to enroll for HCS access for the first time or update enrollment information as necessary:  
[https://www.health.ny.gov/facilities/hospital/docs/hcs\\_access\\_form\\_new\\_clinics.pdf](https://www.health.ny.gov/facilities/hospital/docs/hcs_access_form_new_clinics.pdf). Questions may be directed to the Division of Hospitals and Diagnostic & Treatment Centers at 518-402-1004 or email: [hospinfo@health.ny.gov](mailto:hospinfo@health.ny.gov) [HSP]

### Council Action Date

May 7, 2026

# Need Analysis

## Project Description

Rosh Medical Management LLC, doing business as Rosh Medical Center, is seeking approval to establish and construct an Article 28 diagnostic and treatment center (D&TC) at 670 Flushing Avenue in Brooklyn, NY 11206. The Center will be certified for Medical Services – Primary Care, and Medical Services – Other Medical Specialties, exclusively for women (obstetrics and gynecology).

## Background and Analysis

The Primary Service Area (PSA) for the center will be within the Kings County zip Codes 11206, 11211, and 11249 (East Williamsburg, Williamsburg, and South Williamsburg). The site location for the facility is within a Health Professional Shortage Area for Primary Care, Mental Health, and Dental Health. It is also within a Medically Underserved Area. The population of Kings County is projected to increase to 2,872,808 by 2031, based on the Cornell Program of Applied Demographics estimates an increase of 9.1%. Demographics for the primary service area are noted below, including a comparison with New York State.

Demographics	Zip Code-11206	Zip Code-11211	Zip Code-11249	Kings County	New York State
Total Population-2024 Estimate	93,020	65,314	47,728	2,631,580	19,852,366
Hispanic or Latino (of any race)	34.4%	25.4%	15.4%	19.0%	19.8%
White (non-Hispanic)	39.4%	58.2%	62.2%	36.1%	52.8%
Black or African American (non-Hispanic)	16.6%	3.6%	10.8%	26.6%	13.4%
Asian(non-Hispanic)	6.3%	7.7%	5.4%	12.1%	9.0%
Other (non-Hispanic)	3.3%	5.1%	6.2%	6.2%	5.0%

Source: American Community Survey (2024 5-year Estimates Data Profiles)

Given the applicant's services are exclusive to women's health, the table below provides data on demographics by gender in the PSA.

Demographics	Zip Code - 11206	Zip Code - 11211	Zip Code - 11249	Kings County	New York State
Total Population	93,020	65,314	47,728	2,631,580	19,852,366
Male	43,352 (46.6%)	33,121 (50.7%)	22,078 (46.3%)	1,253,704 (47.6%)	9,695,214 (48.8%)
Female	49,668 (53.4%)	32,193 (49.3%)	25,650 (53.7%)	1,377,876 (52.4%)	10,157,152 (51.2%)

Source: American Community Survey (2024 5-year Estimates Data Profiles)

In 2023, 94.1% of the population of Kings County had health coverage as follows:

Employee plans	40.8%
Medicaid	33.8%
Medicare	8.29%
Non-group plans	11.0%
Military or VA plans	0.274%

Source: Data USA

In 2024, the population within the service area had health coverage as follows:

<b>Health Coverage</b>	<b>Zip Code-11206</b>	<b>Zip Code- 11211</b>	<b>Zip Code-11249</b>
Medicare coverage alone	3.2%	3.3%	2.3%
Medicaid/means-tested coverage alone	43.1%	29.2%	35.6%

Source: 2024: ACS 5-Year US Census Data Estimates, Table S2704

The projected payor mix includes:

<b>Applicant Projected Payor Mix</b>		
<b>Payor</b>	<b>Year One</b>	<b>Year Three</b>
Commercial	13.0%	13.0%
Medicare	1.5%	1.5%
Medicaid	80.5%	80.5%
Private Pay	1.0%	1.0%
Charity Care	4.0%	4.0%

Source: Applicant

The applicant reports that the current practice provides approximately 5,600 visits per year and expects projected visits to be 16,050 in Year One and 19,259 visits in Year Three, with 80.5% Medicaid and 4% Charity Care in Year One and Year Three of operations.

The applicant currently operates an OB/GYN group practice providing comprehensive women's health services at the current proposed location and plans to expand and transition the practice into an Article 28 D&TC. With this application, the Center is planning to offer a wider range of services and provide all-encompassing OB/GYN care for women, including on-site imaging, additional ultrasound capacity, laboratory testing, and preventive screenings. They also plan to provide Fetal Medicine (MFM), reproductive, sexual, and breast health. As part of MFM, the Center will provide complete care for pregnant women, including high-risk pregnancies.

If approved this designation will also allow the Center to participate in Medicaid Managed Care and value-based payment initiatives, increasing access to care for a more diverse patient population, including uninsured and underserved women. They note the PSA's population being diverse including those of Black, Hispanic, and Asian races, as well as those of Orthodox Jewish and Muslim religions. They plan to provide communication in several languages including Spanish and Yiddish, to reflect the needs of the area. The Center plans to have staff available the speak applicable languages and/or use translations technologies as needed.

According to the applicant, their projected growth in volume is based on the improved access to Medicaid-covered services, addition of clinical staff, expanded hours of operation, and the ability to provide additional services within the Article 28 framework. These enhancements are expected to attract existing patients who receive additional services elsewhere and new patients from the surrounding community.

Prevention Quality Indicators (PQIs) are rates of admission to the hospital for conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. The table below provides information on PQI rates for 2024 related to this application, indicating the zip codes for facility service area, as well as PQI rates for Kings County and New York State.

PQI Name	Zip Code 11206	Zip Code 11211	Kings County	New York State
Severe Maternal Morbidity Rate	160	142	184	149
Diabetes Short-Term Complications	11	4	7	7
Diabetes Long-Term Complications	16	11	13	13
Chronic Obstructive Pulmonary Disease or Asthma	49	20	25	25
Hypertension	9	3	7	7
Heart Failure	52	19	37	38
Community-Acquired Pneumonia	10	5	8	12
Uncontrolled Diabetes	6	3	6	5
Urinary Tract Infection	8	5	9	13
Prevention Quality Overall Composite	143	62	106	113

Source: NYSDOH, Data Hub

Rates are per 10,000 and are rounded crude rates

\*PQIs are unavailable for zip code 11249

### Conclusion

Approval of this project will allow the center to continue providing women's health services in Williamsburg, Kings County while expanding to serve more patients with Medicaid coverage.

## Program Analysis

### Project Proposal

<b>Proposed Operator</b>	Rosh Medical Management LLC d/b/a Rosh Medical Center
<b>To Be Known As</b>	Rosh Medical Center
<b>Site Address</b>	670 Flushing Avenue, Brooklyn, New York 11206 (Kings County)
<b>Specialties</b>	Medical Services - Primary Care Medical Services - Other Medical Specialties (OB/GYN)
<b>Hours of Operation</b>	Sunday through Thursday 9:00 am to 5:00 pm
<b>Staffing (1<sup>st</sup> Year / 3<sup>rd</sup> Year)</b>	10.5 FTEs / 12.7 FTEs
<b>Medical Director(s)</b>	Daniel Roshan, M.D.
<b>Emergency, In-Patient and Backup Support Services Agreement and Distance</b>	NYC Health + Hospitals/Woodhull 760 Broadway, Brooklyn, New York 11206 Distance away: 0.2 Minutes away: 4

Rosh Medical Management LLC, DBA Rosh Medical Center (“The Center”) is submitting this Certificate of Need Application for the establishment and construction of an Article 28 Diagnostic and Treatment Center (D&TC). The proposed Center will be at 670 Flushing Avenue in Brooklyn (Kings County), NY 11206, and will provide primary and specialty services exclusively for women (obstetrics and gynecology).

The proposed site is currently occupied by Dr. Daniel Roshan’s OB/GYN’s group practice. The site will be renovated to meet Article 28 standards, with a sonogram room being added to provide more extensive services and increased patient visits.

Rosh Medical Center will offer a wide array of comprehensive women’s health services, including obstetrics, gynecology, prenatal imaging, and newly introduced nutrition and genetic counseling. The Center will be better equipped with on-site imaging, laboratory testing and preventive screenings. Patients across the reproductive spectrum will be provided access to licensed dieticians for personalized nutrition counseling, with a focus on prenatal and postpartum nutrition weight management, gestational diabetes, and chronic condition prevention. These services will support improved maternal and fetal outcomes and align with the Center’s holistic model of care. In addition to wider comprehensive medical care, the clinic will offer access to prenatal education, provide parenting resources, offer lactation support, postpartum care and genetic counseling.

The following table shows the projected FTEs in Year One and Year Three following completion of this project:

<b>Positions</b>	<b>Year One</b>	<b>Year Three</b>
Management & Supervision	1.0	1.0
Technician & Specialist	2.5	3.0
Aides, Orderlies & Attendants	2.0	2.5
Physicians	1.7	2.0
Nurse Practitioner	0.8	1.0
Dietician	0.5	0.7
Clerical, Administrative & Other	2.0	2.5
<b>Totals</b>	<b>10.5</b>	<b>12.7</b>

**Daniel Roshan M.D.** (aka Faramarz Roshanfekar), board-certified in obstetrics and gynecology, will serve as Medical Director. Dr. Roshan currently provides clinical services at 110 East 40th Street, NY. While Dr. Roshan is affiliated with several group practice locations, he does not regularly provide direct patient care at each site. Patients seen at the other locations may receive care from other providers within the group practice and may be referred to Dr. Roshan for maternal-fetal medicine consultations when appropriate. At the onset of operations, Dr. Roshan's anticipated schedule will be approximately 10 hours per week at the proposed site.

Rosh Medical Management LLC, doing business as Rosh Medical Center Membership:

<u>Name:</u>	<u>Membership Interest</u>
Elana Roshan	100%
<b>Total</b>	<b>100%</b>

### **Character and Competence**

**Elana Roshan** has managed and overseen eight (8) private practices and a management agency for over ten (10) years. Each facility or site operates with an on-site manager responsible for the day-to-day administrative and operational functions of that location. The managers' report directly to Elana Roshan, and it is anticipated that this proposed D&TC will have a manager who will report directly to Mrs. Roshan.

Staff from the Division of Certification & Surveillance reviewed the disclosure information submitted regarding licenses held, formal education, training in pertinent health and/or related areas, employment history, a record of legal actions, and a disclosure of the applicant's ownership interest in other health care facilities. Licensed individuals were checked against the Office of Medicaid Management, the Office of Professional Medical Conduct, and the Education Department databases as well as the US Department of Health and Human Services Office of the Inspector General Medicare exclusion database.

### **Disclosures**

The following four (4) legal court cases were disclosed:

- *Rachael Wiseman; filed on March 22, 2016; malpractice case against Dr. Daniel Roshan; case remains pending.*
- *Marina Blitshteyn; filed on August 3, 2021; malpractice case; listed Dr. Daniel Roshan; case was settled for \$500,000.*
- *Angel Moya Ramos v. Asher 26 Management LLC, Rosh Management LLC; filed on January 4, 2022; property damage with ceiling collapse; parties settled for \$70,000 in September of 2022.*
- *J-B, G.V. (infant) Jaffe; filed June 4, 2024; malpractice case alleging multiple providers and entities, including Rosh Maternal-Fetal Medicine PLLC, departed from accepted standards of care during pregnancy management and delivery in June 2022, resulting in severe and permanent injuries to the infant. Dr. Roshan was not specifically named as a defendant; the case remains pending.*

### **Compliance with Applicable Codes, Rules and Regulations**

The medical staff will continue to ensure that the procedures performed at the facility conform to generally accepted standards of practice and that privileges granted are within the physician's scope of practice and expertise. The Facility's admissions policy includes anti-discrimination provisions regarding age, race, creed, color, national origin, marital status, sex, sexual orientation, religion, disability, or source of payment. All procedures are performed in accordance with all applicable federal and state codes, rules, and regulations.

### **Conclusion**

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

## Financial Analysis

### Total Project Cost and Financing

Total project cost, which is for construction and movable equipment, is estimated at \$588,822 in 2026 dollars, further broken down as follows:

Renovation & Demolition	\$109,405
Design Contingency	10,940
Construction Contingency	10,940
Architect/Engineering Fees	49,500
Other Fees	50,000
Movable Equipment	352,827
Application Fee	2,000
<u>Processing Fee</u>	<u>3,210</u>
Total Project Cost with CON Fees	\$588,822

The project cost will be funded through equity, with accumulated funds from the applicant. BFA Attachment A, Net Worth Statement, shows that the sole member, Elana Roshan, has sufficient funds to support this project.

### Operating Budget

The applicant has submitted an operating budget, in 2026 dollars, for years one and three, summarized below:

<u>Revenue</u>	<u>Per Visit</u>	<u>Total Revenue</u>	<u>Per Visit</u>	<u>Total Revenue</u>
Commercial FFS	\$131.79	\$84,609	\$131.79	\$101,478
Commercial MC	\$131.79	\$190,436	\$131.79	\$228,392
Medicare FFS	\$103.38	\$8,270	\$103.38	\$9,924
Medicare MC	\$103.37	\$16,642	\$103.37	\$19,950
Medicaid FFS	\$172.43	\$13,794	\$172.42	\$16,552
Medicaid MC	\$172.42	\$2,213,873	\$172.42	\$2,656,647
Private Pay	<u>\$150.00</u>	<u>\$24,000</u>	<u>\$150.00</u>	<u>\$28,950</u>
Total Revenue		\$2,551,624		\$3,061,893
 <u>Expenses</u>				
Operating	\$126.54	\$2,031,037	\$132.42	\$2,550,359
Capital	<u>\$10.20</u>	<u>\$163,663</u>	<u>\$8.70</u>	<u>\$167,521</u>
Total Expenses	\$136.74	\$2,194,700	\$141.12	\$2,717,880
Excess Revenue/Expenses		\$356,924		\$344,013
Average Cost per Visit		\$136.74		\$141.12

The following is noted with respect to the operating budget:

- Revenues are based on current volume, service mix, and payor distribution of the existing OB/GYN group.
- Expenses were based on the current staffing models of the existing OB/GYN operational expenses and payor mix.
- Staffing is projected to be 10.5 in Year One and 12.7 in Year Three based on Dr. Roshan's current practice experience. It is structured around anticipated patient utilization and the Centers' hours of operation.

Utilization is projected in Year One and Year Three is as follows:

<u>Utilization</u>	<u>Year One</u>		<u>Year Three</u>	
Commercial FFS	642	4.00%	770	4.00%
Commercial MC	1,445	9.00%	1,733	9.00%
Medicare FFS	80	0.50%	96	0.50%
Medicare MC	161	1.00%	193	1.00%
Medicaid FFS	80	0.50%	96	0.50%
Medicaid MC	12,840	80.00%	15,408	80.00%
Private Pay	160	1.00%	193	1.00%
<u>Charity Care</u>	<u>642</u>	<u>4.00%</u>	<u>770</u>	<u>4.00%</u>
<b>Total</b>	<b>16,050</b>	<b>100.00%</b>	<b>19,259</b>	<b>100.00%</b>

### **Lease Rental Agreement (Executed)**

The applicant has submitted an executed Lease rental agreement for the site, which is summarized below:

<b>Premises:</b>	301 Broadway, Brooklyn, NY 11211, estimated space 2,500 sq. ft.
<b>Landlord:</b>	Williamsburg Plaza LLC
<b>Tenant:</b>	Rosh Medical Management LLC
<b>*Executed Rider</b>	Rosh Medical Center LLC – Executed and added to the original Lease.
<b>Term of Lease:</b>	10-Year Lease, which started January 1, 2023, with one 10-year extension.
<b>*Rental Amount:</b>	<ol style="list-style-type: none"> <li>1. \$90,000 annually or \$7,500 per month</li> <li>2. \$91,800 annually or \$7,650 per month</li> <li>3. \$93,636 annually or \$7,803 per month</li> <li>4. \$95,508 annually or \$7,959.06 per month</li> <li>5. \$97,418.89 annually or \$8,118.24 per month</li> <li>6. \$99,367.27 annually or 8,280.61 per month</li> <li>7. \$101,354.61 annually or \$8,446.22 per month</li> <li>8. \$103,381.70 annually or \$8,815.14 per month</li> <li>9. \$105,449.32 annually or \$8,787.44 per month</li> <li>10. \$107,558.30 annually or \$8,963.19 per month</li> </ol>
<b>Provisions:</b>	Tenant is responsible for cleaning, tax assessments, and public charges imposed on the tenant's business. The Lease is structured as a comprehensive agreement covering the entire premises. Rosh Medical Center will assume responsibility for the full Lease under Article 28 conversion.

The applicant provided two (2) letters of rent reasonableness from licensed New York State Realtors. Additionally, an executed affidavit has been submitted stating that the Lease is a non-arm's-length agreement because the tenant and sub-tenant are parties in common, and the sub-tenant is the tenant's spouse. The original Lease does not change, as the spouse is only occupying the existing unused space and is annexed as an executed agreement between Landlord and (Rider to original executed lease agreement). Rosh Medical Center LLC will assume the entire lease payments as the conversion of the existing group practice will fall under the new proposed Article 28 practice.

### **Capability and Feasibility**

Total project cost of \$588,822 will be funded with sole member's equity. The working capital requirement is estimated at \$452,980 based on two months of third year expenses and will be funded with member equity. BFA Attachment A, Net Worth Statement, shows sufficient equity to cover the project cost and working capital requirements.

The budget indicates an excess of revenues over expenses of \$356,924 in Year One and \$344,013 in Year Three. The budget appears reasonable.

BFA Attachment B, Rosh Medical Center Pro Form Balance Sheet, shows a net asset position of \$452,980 as of the first day of operation.

**Conclusion**

The applicant has demonstrated the capability to proceed in a financially feasible manner.

<b>Attachments</b>
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BHFP Attachment	Map
BFA Attachment A	Net Worth Statement
BFA Attachment B	Rosh Medical Center Pro Forma Balance Sheet



Project # 261044-E
GAMMS LLC d/b/a Zelcare Family Health Network, LLC

Program: DTC
Purpose: Establishment

County: Orange
Acknowledged: February 12, 2026

Executive Summary

Description

GAMMS LLC d/b/a Zelcare Family Health Network, LLC (The Center), an existing Article 28 Diagnostic and Treatment Center (D&TC) at 3 Hamaspik Way, Monroe, New York (Orange County), is seeking approval to assign 25% membership interest to a new member, Dov Markowitz, through a dilution of approximately 8.33% ownership of each of the three (3) existing members. There will be no changes to the services provided.

Current Membership

Table with 2 columns: Members, Ownership. Rows: Jonathan Gamss, MD. (33.4%), Moses Jacobowitz (33.3%), Lazar Schwartz (33.3%), Total (100%)

Proposed Membership

Table with 2 columns: Members, Ownership. Rows: Jonathan Gamss, MD. (25.00%), Moses Jacobowitz (25.00%), Lazar Schwartz (25.00%), Dov Markowitz (25.00%), Total (100%)

OPCHSM Recommendation

Approval

Need Summary

There will be no need review per Public Health Law §2801-a (4).

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Summary

There is no project cost or purchase price associated with this application. The assignment is non-cash and based on future performance.

Table with 3 columns: Budget, Year One, Year Three. Rows: Revenues (\$6,859,411, \$7,262,905), Expenses (\$3,703,239, \$3,755,236), Net Income (\$3,156,172, \$3,507,669)

Health Equity Impact Assessment

This project does not meet the requirements for a Health Equity Impact Assessment under Section 2802-B of the PHL.

## Recommendations

### **Health Systems Agency**

There will be no HSA recommendation for this project.

### **Office of Primary Care and Health Systems Management**

#### **Approval conditional upon:**

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]

### **Council Action Date**

May 07, 2026

## Program Analysis

### Project Description

Gamms LLC d/b/a Zelcare Family Health Network, an Article 28 Diagnostic and Treatment Center (D&TC), is seeking to add a new member via a dilution of membership interest of the three (3) existing members, through a membership interest transfer agreement. Upon the addition of the new member, there will be four members each with a 25.0% share.

The transfer of ownership interest will ensure the continued provision of comprehensive primary care to all residents of Kings County. Zelcare Family Health Network, located at 3 Hamaspik Way in Monroe, New York 10950 (Orange County), is in a Mental Health Professional Shortage Area (HPSA) as well as a Primary Care HSPA.

The Center provides Medical Services - Other Medical Specialties; Medical Services - Primary Care Optometry O/P and Podiatry O/P services. Other Medical Specialties include internal medicine, neurology, ophthalmology/optometry, cardiology, pain management, psychiatry and psychology, pulmonology, gastroenterology and orthopedics. There will be no changes to the services provided. Provision of medical care, outreach, education and advocacy will continue with this transfer.

All aspects of Zelcare Family Health Network's operations will continue with the addition of Dov Markowitz as a member.

	Current	Proposed
Members	Percentage Interest	Percentage Interest
Jonathan Gamss, MD.	33.40%	25%
Moses Jacobowitz	33.30%	25%
Lazar Schwartz, PA	33.30%	25%
Dov Markowitz, PA	0%	25%
<b>Total</b>	<b>100%</b>	<b>100%</b>

Dr. Gamss is the current Medical Director of Zelcare Family Health Network.

The following table shows no change in the FTEs Year One and Year Three following completion of this project:

Position	Year One	Year Three
Management and Supervision	1.2	1.2
Technician and Specialist	2.0	2.0
Registered Nurses	1.0	1.0
Aides, Orderlies and Attendants	5.0	5.0
Physicians	8.25	8.25
Nurse Practitioners	2.0	2.0
Social Workers and Psychologists	2.0	2.0
Infection Control, Environment and Food Service	4.0	4.0
Clerical and Other Administrative	5.0	5.0
<b>Totals</b>	<b>30.45</b>	<b>30.45</b>

The Center's hours of operation are:

Monday through Friday from 9:00 AM - 11:00 PM.

Saturday 4:00 PM - midnight

Sunday 10:00 AM - 11:00 PM

Zelcare Family Health Network has an existing Transfer and Affiliation Agreement with St. Luke's Cornwall Hospital, 17 miles /11 minutes away.

### **Character and Competence**

**Dov Markowitz, PA** has been practicing medicine for over a decade and has served as a Physician Assistant at this facility for more than fourteen (14) years, delivering comprehensive primary care to patients. Dov Markowitz graduated from Touro college which is located in Manhattan, New York with a Bachelor of Science (BS) and a Master's in Science (MS) degree in 2012; and graduated from SUNY Rockland located in Suffern, New York with an Associate of Applied Science (AAS) degree in 2002. Currently, Dov Markowitz is employed by Vladimir Zelenko, M.D., P.C. as a Family Medicine Physician Assistant since 2012. Dov Markowitz is registered as a physician assistant in New York until June 2029 and in New Jersey until August 2029. Dov Markowitz disclosed two (2) medical malpractice actions arising from the same episode of care were filed in Queens County Supreme Court: Dana R. Fusco v. Dov Markowitz P.A. (Index No. 701439/2017) and Dana R. Fusco v. Catskill Regional Medical Center et al. (Index No. 710786/2016). The cases were consolidated and discontinued

### **Compliance with Applicable Codes, Rules and Regulations**

Staff from the Division of Certification & Surveillance reviewed the disclosure information submitted regarding licenses held, formal education, training in pertinent health and/or related areas, employment history, a record of legal actions, and a disclosure of the applicant's ownership interest in other health care facilities. Licensed individuals were checked against the Office of Medicaid Management, the Office of Professional Medical Conduct, and the Education Department databases as well as the US Department of Health and Human Services Office of the Inspector General Medicare exclusion database.

Additionally, the staff from the Division of Certification & Surveillance reviewed the surveillance history of all associated facilities. Sources of information included the files, records, and reports found in the Department of Health. Included in the review were the results of any incident and/or complaint investigations, independent professional reviews, and/or comprehensive/focused inspections. The review found that any citations were properly corrected with appropriate remedial action.

### **Conclusion**

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

## Financial Analysis

### Operating Budget

The applicant has submitted an operating budget, in 2026 dollars, for the first and third year of operation, summarized below:

	<u>Year One</u>		<u>Year Three</u>	
	<u>Per Visit</u>	<u>Total</u>	<u>Per Visit</u>	<u>Total</u>
<b>Revenues:</b>				
Commercial FFS	\$200.00	\$850,000	\$200.00	\$900,000
Commercial MC	\$170.00	\$289,000	\$170.00	\$306,000
Medicare FFS	\$200.00	\$1,275,000	\$200.00	\$1,350,000
Medicare MC	\$170.00	\$216,750	\$170.00	\$229,500
Medicaid FFS	\$183.46	\$155,941	\$183.46	\$165,114
Medicaid MC	\$146.77	\$3,804,970	\$146.77	\$4,028,791
Private Pay	\$210.00	<u>\$267,750</u>	\$210.00	<u>\$283,500</u>
Total		\$6,859,411		\$7,262,905
<b>Expenses:</b>				
Operating	\$76.67	\$3,258,687		\$3,306,971
Capital	<u>\$10.46</u>	<u>\$444,552</u>		<u>\$448,265</u>
Total Expenses	\$87.13	\$3,703,239		\$3,755,236
Net Income		\$3,156,172		\$3,507,669
Utilization: (Visits)		42,500		45,000

The following is noted with respect to the submitted operating budget:

- Expense and utilization assumptions are based on the actual experience of the existing PC, review of existing Article 28 D&TCs, and a review of existing AHCF-1s.
- Commercial Insurance (fee for service and managed care) and Medicare (fee for service and managed care) will not change
- Medicaid Fee for Service was based on the Medicaid base rate plus approved cost capital.
- Medicaid Managed Care is based on a percentage of the Medicaid fee for service rates.

Utilization, broken down by payor source, for the first and third years are as follows:

	<u>Years One</u>		<u>Year Three</u>	
	<u>Visits</u>	<u>%</u>	<u>Visits</u>	<u>%</u>
Commercial FFS	4,250	10%	4,500	10%
Commercial MC	1,700	4%	1,800	4%
Medicare FFS	6,375	15%	6,750	15%
Medicare MC	1,275	3%	1,350	3%
Medicaid FFS	850	2%	900	2%
Medicaid MC	25,925	61%	27,450	61%
Private Pay	1,275	3%	1,350	3%
Charity Care	<u>850</u>	<u>2%</u>	<u>900</u>	<u>2%</u>
Total	42,500	100.00%	45,000	100.00%

**Membership Joinder Agreement**

The applicant has submitted an executed membership joinder agreement for the 25% assignment, summarized below:

<b>Date:</b>	January 12, 2026
<b>Purpose</b>	Assignment of 25% ownership interest in Gamms, LLC d/b/a Zelcare Family Health Network, LLC
<b>Assignor</b>	Dr. Jonathan Gamss (8.34%), Moses Jacobowitz (8.33%) and Lazar Schwartz (8.33%)
<b>Assignee</b>	Dov Markowitz (25%)

The 25% membership transfer is a non-cash transfer based on future performance.

**Lease and Sublease Rental Agreements**

The lease and sublease agreements for the facility have not changed as a result of this project.

**Capability and Feasibility**

There are no project costs associated with this application. This is a non-cash assignment for the 25% ownership interest in Gamms, LLC d/b/a Zelcare Family Health Network, LLC.

The submitted budget indicates a net income of \$3,156,172 and \$3,507,669 during the first and third years, respectively. Revenues are based on current reimbursement methodologies for providing primary care and other medical specialties. The submitted budget appears reasonable.

**Conclusion**

The applicant has demonstrated the capability to proceed in a financially feasible manner.

<b>Attachments</b>
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BFA Attachment A	Organizational Chart
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**Department of Health** **Public Health and Health Planning Council**

**Project # 252144-E**  
**Hospice and Palliative Care Inc**

**Program:** Hospice  
**Purpose:** Establishment

**County:** Chenango  
**Acknowledged:** October 8, 2025

**Executive Summary**

**Description**

Hospice and Palliative Care Inc (HPCI), a voluntary not-for-profit corporation, Article 40 Hospice at 4277 Middle Settlement Road, New Hartford (Oneida County), requests approval to merge with Hospice and Palliative Care of Chenango County (HPCCC) with HPCI being the surviving entity.

HPCCC, a voluntary not-for-profit corporation, Article 40 Hospice operated by Hospice of Chenango County Inc. (HPCC) at 33-39 Court Street, Norwich (Chenango County) is authorized to provide hospice services in Chenango County.

HPCI is currently authorized to provide hospice services in Herkimer, Madison and Oneida counties, and through this merge with HPCCC, is requesting to add Chenango County and the HPCCC location in Norwich, NY to its operating certificate. HPCI will be the surviving entity, serving all four 4 counties and maintaining both physical locations post-merger.

Other than what is noted above, there will be no additional changes to services, clinical programs, service area, or office locations.

**OALTC Recommendation**

Approval

**Need Summary**

This project will combine two existing hospices to consolidate resources, enhance operations and efficiency, and provide financial stability.

**Program Summary**

Based on the results of this review, a favorable recommendation can be made regarding the applicant's current compliance.

**Financial Summary**

There are no project costs or acquisition price associated with this application. The proposed budget is as follows:

<u>Budget</u>	<u>Current Year</u>	<u>Year One</u>	<u>Year Three</u>
Revenues	\$7,136,838	\$8,379,407	\$8,889,713
Expenses	<u>7,247,175</u>	<u>8,812,600</u>	<u>9,258,742</u>
Change in	(\$110,337)	(\$433,193)	(\$369,029)
Net Assets			

## **Recommendations**

### **Health Systems Agency**

There will be no HSA recommendation for this project.

### **Office of Aging and Long-Term Care**

#### **Approval conditional upon:**

1. This project must be completed by one year from the date of the approval letter, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date.  
[PMU]

### **Council Action Date**

May 7, 2026

# Need Analysis

## Background and Analysis

Hospice and Palliative Care, Inc. (HPCI) currently serves Herkimer, Madison, and Oneida Counties, while Hospice and Palliative Care of Chenango County (HPCCC) serves Chenango County. With this merger, the service area for the surviving hospice, HPCI, will include all four counties. The table below provides population estimates of individuals 65 years old and above for the four counties that will be served post-merger and New York State.

	Estimated 2024 Population	Population Projection by 2031	Percent Change
Herkimer County: Age Group 65-84	11,887	13,571	+14.2%
Herkimer County: Age Group 85+	1,431	2,077	+45.1%
Madison County: Age Group 65-84	12,206	13,402	+9.8%
Madison County: Age Group 85+	1,477	2,153	+45.8%
Oneida County: Age Group 65-84	39,893	46,117	+15.6%
Oneida County: Age Group 85+	5,537	9,128	+64.9%
Chenango County: Age Group 65-84	9,097	10,560	+16.1%
Chenango County: Age Group 85+	1,250	2,006	+60.5%
New York State: Age Group 65-84	3,108,608	3,749,085	+20.6%
New York State: Age Group 85+	445,420	638,383	+43.3%

*Source: 2024 American Community Survey (5-Year Estimates) and Cornell Program on Applied Demographics*

The purpose of this project is to combine two existing hospices to consolidate resources, enhance operations and efficiency, and provide financial stability. Upon approval of this application, HPCI will remain as the surviving operating entity. Through this merge with HPCCC, HPCI is requesting to add Chenango County and the HPCCC location in Norwich, NY. Other than this addition of Chenango County and the HPCCC location to HPCI's operating certificate, there will be no other change to services, clinical programs, service area, or office locations. HPCCC does not have any beds on its operating certificate and HPCI will remain licensed for the four hospice residence beds currently on their operating certificate. Staff will be retained with additional staff hired if demand increases. Each hospice currently owns the existing buildings of each site, and HPCI will own each building with post- project approval.

HPCI will continue to promote education and programs on hospice and palliative care in the community to schools, senior citizen centers, churches, nursing homes and other community organizations, advertising the various services that HPCI offers to the community. They plan to significantly expand fundraising and grant procurement efforts.

HPCI and HPCCC are 45 miles/57 minutes driving distance from each other. The following hospice facilities serve patients within the following catchment areas:

- Hospice at Lourdes serves Chenango County.
- Hospice of Central New York/Hospice and Palliative Care Associates/Hospice of the Finger Lakes serves Madison County.

Average annual utilization of patient services for the last three years for both hospices are noted below.

<b>Hospice and Palliative Care Inc</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
Total hospice patients served	791	729	751
Average length of stay (days)	37	Unavail	36.93
Routine Home Care	28,151	29,880	27,580
Continuous Home Care	25	2	0
General Inpatient Care	96	2	24
Inpatient Respite Care	0	25	44
Total hospice days	28,272	29,909	27,648
<b>Hospice Residence Bed Utilization – HPCI</b>			
Hospice Residence Beds – Days Used	1,192 days	1,254 days	1,254 days
Hospice Residence Bed Occupancy	82%	86%	86%

Source: Applicant

<b>Hospice and Palliative Care of Chenango County</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
Total hospice patients served	149	133	180
Average hospice days	8,248	7,504	10,234

Source: Applicant

### **Conclusion**

Upon approval of this merger, Hospice and Palliative Care Inc will remain the surviving operating entity, with the addition of Chenango County and the Norwich site to its license. Four hospice residence beds will remain on its license.

## Program Analysis

### **Project Description**

Upon approval of this application, the two not-for-profit hospices, Hospice & Palliative Care, Inc. (HPCI) and Hospice and Palliative Care of Chenango County (HPCCC), will be merged into one not-for-profit hospice, with HPCI as the surviving operating entity. Certain Board members from Hospice of Chenango County, Inc. will be added to the surviving hospice's board. Thus, officers and board members of the surviving hospice (HPCI) will be comprised of existing officers and board members from HPCI and HPCCC. With this merger, the site location for HPCCC, 33-39 Court Street, Norwich, will be added to the Operating Certificate of HPCI, but there will be no additional change to services, clinical programs, service area or office locations.

The applicant will continue to serve the residents of the following counties:

- Herkimer
- Madison
- Oneida

The applicant will be adding the following county after completion of merger:

- Chenango

The applicant will continue to provide the following health care services:

- Audiology
- Baseline Services – Hospice
- Bereavement
- Clinical Laboratory Service
- Home Health Aide
- Homemaker
- Hospice Residence
- Housekeeper
- Inpatient Services
- Medical Social Services
- Medical Supplies Equipment and Appliances
- Nursing
- Nutritional
- Pastoral Care
- Personal Care
- Pharmaceutical Service
- Physician Services
- Psychology
- Therapy – Occupational
- Therapy – Physical
- Therapy – Respiratory
- Therapy – Speech Language Pathology

### **Character and Competence Review**

Hospice & Palliative Care, Inc. will be comprised of the following members:

#### **Claudia Jasinski, President of the Board**

##### Employment

- Vice President, Third Gate Partners, Inc., (August 2014 - Present)

##### Affiliations

- Hospice & Palliative Care, Inc., (Hospice), January 2023 - Current)

### **Camille Dillard, Vice President of the Board**

#### Employment

- President, Camille Dillard, D.O., MPH, Preventive Medicine, (September 2004 - Present)

#### Affiliations

- Hospice & Palliative Care, Inc., (Hospice), (January 2021 - Current)
- Camille Dillard, D.O., MPH, (Preventive Medicine), (September 2004 - Present)

### **Wayne Tilley, 2nd Vice President of the Board**

#### Employment

- Retired, September 2022

#### Affiliations

- Hospice and Palliative Care of Chenango County, Inc. (Hospice), (January 2021 - Present)

### **Mary Bogdan, Chief Executive Officer**

#### Employment

- Chief Executive Officer, Hospice & Palliative Care, Inc., (September 2021 - Present)

#### Affiliations

- Hospice & Palliative Care, Inc., (Hospice), (September 2021 - Present)

### **Vincent Bono, Director**

#### Employment

- Partner, Bono Bros, LLC (1984 - Present)

#### Affiliations

- Hospice & Palliative Care, Inc., (Hospice), (January 2024 - Present)

### **Kacie Crouse, Director**

#### Employment

- Attorney, Michael N. Kalil Esq., LLC (September 2014 - Present)

#### Affiliations

- Hospice & Palliative Care, Inc., (Hospice), (January 2019 - Present)

### **Joannie Grande, Director**

#### Employment

- Executive Assistant, Mac-Clark Restaurants, Inc., (1991 - Present)

#### Affiliations

- Hospice & Palliative Care, Inc., (Hospice), (January 2014 - Present)

### **Melanie Greene, Director**

#### Employment

- Retired, March 2020

#### Affiliations

- Hospice & Palliative Care, Inc., (Hospice), (January 2024 - Present)

### **Eric Reille, Director**

#### Employment

- Regional Vice President, Lee & Mason Financial Services, Inc., (April 2018 - Present)

#### Affiliations

- Hospice & Palliative Care, Inc., (Hospice), (January 2021 - Present)

**Sam Spellman, Director**

Employment

- Executive Director of Legal Affairs, Sony Pictures Televisions, (June 2020 - Present)

Affiliations

- Hospice & Palliative Care, Inc., (Hospice), (January 2021 - Present)

**Jeremiah Sweet, Director**

Employment

- Vice President of Finance & CFO, Oneida Health, (2017 - Present)

Affiliations

- Hospice & Palliative Care, Inc., (Hospice), (January 2018 - Present)

**Justin Wilcox, Director**

Employment

- Professor of Marketing and Management, Mohawk Valley Community College, (2006 - Present)

Affiliations

- Hospice & Palliative Care, Inc., (Hospice), (January 2024 - Present)

**Grady Thompson, Director**

Employment

- Corporate Communications Content Creator, Preferred Mutual Insurance Company, (January 2024-Present)

Affiliations

- Hospice and Palliative Care of Chenango County, Inc. (Hospice), (January 2022 - Present)

**Dave Kirsch, Director**

Employment

- Retired, June 2011

Affiliations

- Hospice and Palliative Care of Chenango County, Inc. (Hospice), (January 2018 - Present)

**Brianna Curley, Director**

Employment

- Retail Experience Manager, NT Bank, (November 2024 - Present)

Affiliations

- Hospice and Palliative Care of Chenango County, Inc. (Hospice), (January 2025 - Present)

**Alcia Burrell, Director**

Employment

- Dental Hygienist, Peter Ward, DDS, (December 2021 - Present)

Affiliations

- Hospice and Palliative Care of Chenango County, Inc. (Hospice), (January 2022 - Present)

**Edward Hooke, Director**

Employment

- Operations Assistant, NBT Bank Mail Room, (January 2020 - Present)

Affiliations

- Hospice and Palliative Care of Chenango County, Inc. (Hospice), (January 2025 - Present)

**Trevor Tompkins, Director**

Employment

- Family Nurse Practitioner, Bassett Healthcare, Norwich Health Center, (July 2019 - Present)

Affiliations

- Hospice and Palliative Care of Chenango County, Inc. (Hospice), (January 2025 - Present)

**Brian Wessels, Director**

Employment

- County Clerk, Chenango County Clerk’s Office, (2022 - Present)

Affiliations

- Hospice and Palliative Care of Chenango County, Inc. (Hospice), (January 2020 - Present)

**Facility Compliance/Enforcement**

The information provided by the Center of Home and Community Based Services has indicated that the applicant has provided sufficient supervision to prevent harm, maintain the health, safety, and welfare of residents, and to prevent recurrent code violations.

Hospice Quality of Patient Care Star Ratings as of 2/18/2026	
New York Average: 2 out of 5 stars    National Average: 3.5 out of 5 stars	
Hospice Name	Quality of Care Rating
Hospice and Palliative Care, Inc.	4 out of 5 stars
Hospice of Chenango County, Inc.	3 out of 5 stars

**Conclusion**

Based on the results of this review, a favorable recommendation can be made regarding the applicant’s current compliance.

## Financial Analysis

### Operating Budget

The applicant has submitted their current operating results (2024) and the combined operating budget, in 2026 dollars, for the first- and third-year post-merger, as summarized below:

	<u>Current Year</u>	<u>Year One</u>	<u>Year Three</u>
<u>Revenues</u>			
Medicare (General I/P) <sup>1</sup>	\$35,112	\$0	\$0
Medicaid (General I/P)	4,390	0	0
Medicare (Home Care)	4,886,739	6,280,600	\$6,663,088
Medicaid (Home Care)	93,513	520,911	552,635
Commercial/Other (Home Care)	<u>162,291</u>	<u>705,296</u>	<u>748,248</u>
Total Operating Revenues	5,182,045	\$7,506,807	\$7,963,971
Non-Oper. Revenue	<u>\$1,954,793</u>	<u>\$872,600</u>	<u>\$925,742</u>
Total Revenue.	\$7,136,838	\$8,379,407	\$8,889,713
<u>Expenses</u>			
Inpatient	\$0	\$0	\$0
Home Care	<u>5,252,636</u>	<u>8,812,600</u>	<u>9,258,742</u>
Total Operating Expenses	5,252,636	8,812,600	9,258,742
Non-Oper. Expenses	1,994,539	0	0
Total Expenses	<u>7,247,175</u>	<u>8,812,600</u>	<u>9,258,742</u>
Change in Net Assets	(\$110,337)	(\$433,193)	(\$369,029)

<sup>1</sup> General Inpatient refers to hospice patients who are admitted to a contracted hospital for short-term management.

Budget projections are based on the following:

- Current Year revenues, expenses and utilization is based on the 2024 audited financial statements for HPCI. Years One and Three revenues, expenses and utilization are based on combined HPCI and HPCCC's 2024 cost reports.
- Current Year Total Operating Revenues exclude \$445,871 in room and board revenue associated with residential care and palliative care clinical revenue as these categories do not constitute hospice per-diem reimbursement.
- Current Year Non-Operating Revenue is comprised of the following: contributions of \$661,401, grants of \$318,351, development council \$262,148, investment income \$257,897, other revenue \$7,656 and \$445,871 in room and board revenue associated with residential care and palliative care clinical revenue.
- Total Operating Expenses exclude \$318,977 in palliative program expenses, \$1,445,235 in general and administrative expenses and \$230,327 in fundraising.
- Change in Net Assets with Donor Restriction in the Current Year includes \$1,469 Investment Income.
- The negative Change of Net Assets from Years One and Three presents an improvement compared to the current operating losses that both HPCI and HPCCC are experiencing. The combined hospices plan to expand fundraising and grant procurement efforts to mitigate losses.
- Utilization projections were based on a combination of both hospices' historical utilization and service offering.
- Revenue and expenses were determined based on the historical data and experience of the applicant.
- Years One and Three represent a combined weighted average of the existing payer mix of each.
- Medicaid revenues are based on historical experience.

Projected utilization by service site is as follows:

<b><u>Service Site</u></b>	<b><u>Current Year</u></b>	<b><u>Year One</u></b>	<b><u>Year Three</u></b>
Inpatient Days	68	0	0
Home Care Visits	<u>27,580</u>	<u>36,601</u>	<u>37,907</u>
Total	27,648	36,601	37,907

Projected utilization by payor source is as follows:

<b><u>Payor</u></b>	<b><u>Current Year</u></b>	<b><u>Year One</u></b>	<b><u>Year Three</u></b>
Medicare	98.24%	92.86%	93.06%
Medicaid	1.28%	5.59%	5.42%
Commercial	<u>0.48%</u>	<u>1.55%</u>	<u>1.52%</u>
Total	100.00%	100.00%	100.00%

### **Agreement and Plan for Merger**

An executed Plan of Merger Agreement between HPCCC and HPCI has been submitted, to be effectuated upon PHHPC approval. The terms are summarized below:

Date:	May 23, 2025
Merging Entity:	Hospice and Palliative Care of Chenango County, Inc.
Surviving Corporation:	Hospice and Palliative Care, Inc.
Asset Acquired:	All remaining assets
Liabilities Acquired:	All remaining liabilities
Purchase Price:	\$0

On May 23, 2025, the Board of Directors of HPCCC and HPCI, passed a resolution to merge HPCCC into HPCI (surviving corporation). The goals of the merger include consolidating resources, enhancing operations and efficiency, and providing financial stability for the surviving hospice. BFA Attachment B provides the combined pro-forma balance sheet of the merged entities as of day one, which indicates positive working capital and net assets.

### **Capability and Feasibility**

There are no project costs or acquisition price associated with this application. The working capital requirement is estimated at \$1,468,766 based on two months of first year expenses and will be funded through equity from the existing operations of HPCI.

The submitted budget projects a negative change in net assets of (\$433,193) and (\$369,029) for Years One and Three, respectively. HPCI provided a letter indicating willingness to cover the projected Years One and Three operating losses. The submitted budget is reasonable.

BFA Attachment C, Certified Financial Statements for Hospice and Palliative Care Inc for the year ending December 31, 2024, shows the organization maintained positive working capital, a positive net asset position, and a negative change in net assets with donor restrictions of (\$110,337). BFA Attachment D, Hospice and Palliative Care Inc Internal Financial Statements for year ending December 31, 2025, shows positive working capital, positive net assets, and negative change in net assets of (\$683,636).

BFA Attachment E, Certified Financial Statements for Hospice and Palliative Care of Chenango County, Inc for the year ending December 31, 2024, show the organization maintained positive working capital, positive net asset positions, and negative change in net assets of (\$81,332). BFA Attachment F, Hospice and Palliative Care of Chenango County, Inc Internal Financial Statement for the year ending December 31, 2025, shows a positive working capital, positive net assets, and negative change in net assets of (\$629,931).

HPCI and HPCCC have experienced operating losses during the past three fiscal years. These losses are attributed to systemic factors affecting hospice providers in small and rural organizations. To address these challenges and ensure long-term sustainability, both organizations have implemented operational and financial improvement strategies, including participation in a hospice Independent Practice Association to support cost containment, operational efficiency, and shared best practices. In addition, the proposed merger represents a necessary and appropriate strategy to eliminate duplicative administrative and compliance costs associated with operating two separate licensed entities. Both organizations maintain positive net asset positions, including approximately \$2 million in invested assets per organization, which support ongoing operations, liquidity, and financial stability.

**Conclusion**

The applicant has demonstrated the capability to proceed in a financially feasible manner.

<b>Attachments</b>
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BFA Attachment A	Organizational Charts
BFA Attachment B	Pro Forma Balance Sheet, Hospice and Palliative Care, Inc
BFA Attachment C	Hospice and Palliative Care, Inc – December 31, 2024, Certified Financial Statements
BFA Attachment D	Hospice and Palliative Care, Inc – December 31, 2025, Internal Financial Statements
BFA Attachment E	Hospice and Palliative Care of Chenango County, Inc – December 31, 2024, Certified Financial Statements
BFA Attachment F	Hospice and Palliative Care of Chenango County – December 31, 2025, Internal Financial Statements



Project # 211102-E
Rockville Holdings Operating LLC d/b/a
Rockville Skilled Nursing & Rehabilitation Center

Program: Residential Health Care Facility
Purpose: Establishment

County: Nassau
Acknowledged: May 5, 2021

Executive Summary

Description

Rockville Holdings Operating, LLC, d/b/a Rockville Skilled Nursing & Rehabilitation Center (Rockville), an existing 66-bed Residential Health Care Facility (RHCF) at 50 Maine Avenue, Rockville Centre, (Nassau County), requests approval to be established as the new operator of Rockville Skilled Nursing & Rehabilitation Center, LLC.

Rockville Skilled Nursing & Rehabilitation Center, LLC, the current operator of Rockville Skilled Nursing & Rehabilitation Center, LLC, entered into an Operations Transfer and Surrender Agreement (OTSA) with Rockville Holdings Operating, LLC for the sale and acquisition of the operations and certain other assets of the RHCF, effective upon approval by the Public Health and Health Planning Council (PHHPC). The current real property owner, Rockville Holdings Property, LLC, purchased the property from Rockville Skilled Nursing & Rehabilitation Center, LLC for \$13,880,000 on December 26, 2020.

Ownership of the operations before and after the requested change in ownership is:

Table with 2 columns: Members, Ownership %. Rows include Teddy Lichtschein (50%), Benjamin Landa (45%), and Mitchell Teller (5%).

Proposed Operator

Rockville Holdings Operating, LLC d/b/a Rockville Skilled Nursing & Rehabilitation Center

Table with 2 columns: Members, Ownership %. Rows include Akiva Rudner (50%) and Steven Sax (50%).

OALTC Recommendation

Contingent Approval

Need Summary

There will be no changes to beds or services as a result of this application. As of March 3, 2026, the facility reported 100% occupancy of its staffed beds, and Nassau County had 95% occupancy of staffed beds.

Program Summary

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

Financial Summary

There are no project costs associated with this application. The purchase price for the assets is the assumption by Rockville Holdings Operating, LLC of Rockville Skilled Nursing & Rehabilitation Center's accounts receivable and accounts payable at the time of closing.

The proposed budget is as follows:

<u>Budget</u>	<u>Year One</u>	<u>Year Three</u>
Revenues	\$11,188,800	\$11,259,500
Expenses	<u>\$10,619,746</u>	<u>\$10,627,506</u>
Net Income/(Loss)	\$569,054	\$631,994

### **Health Equity Impact Assessment**

There was no Health Equity Impact Assessment required for this project under Public Health Law §2802-B, as it was received by the Department on March 15, 2021.

## Recommendations

### **Long-Term Care Ombudsman Program**

The LTCOP recommends Approval. (See LTCOP Attachment A)

### **Health Systems Agency**

There will be no HSA recommendation for this project.

### **Office of Aging and Long-Term Care**

#### **Approval contingent upon:**

1. Submission of an executed lease Agreement acceptable to the Department of Health. [BFA]
2. Submission of a commitment signed by the applicant which indicates that, within two years from the date of the council approval, the percentage of all admissions who are Medicaid and Medicare/Medicaid eligible at the time of admission will be at least 75 percent of the planning area average of all Medicaid and Medicare/Medicaid admissions, subject to possible adjustment based on factors such as the number of Medicaid patient days, the facility's case mix, the length of time before private paying patients became Medicaid eligible, and the financial impact on the facility due to an increase in Medicaid admissions. [RNR]
3. Submission of a plan to continue to enhance access to Medicaid residents. At a minimum, the plan should include, but not necessarily be limited to, ways in which the facility will: a. Reach out to hospital discharge planners to make them aware of the facility's Medicaid Access Program; b. Communicate with local hospital discharge planners on a regular basis regarding bed availability at the nursing facility; and c. Identify community resources that serve the low-income and frail elderly population who may eventually use the nursing facility, and inform them about the facility's Medicaid Access policy. [RNR]

#### **Approval conditional upon:**

1. This project must be completed by one year from the date of the approval letter, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]

### **Council Action Date**

May 7, 2026

# Need Analysis

## Background and Analysis

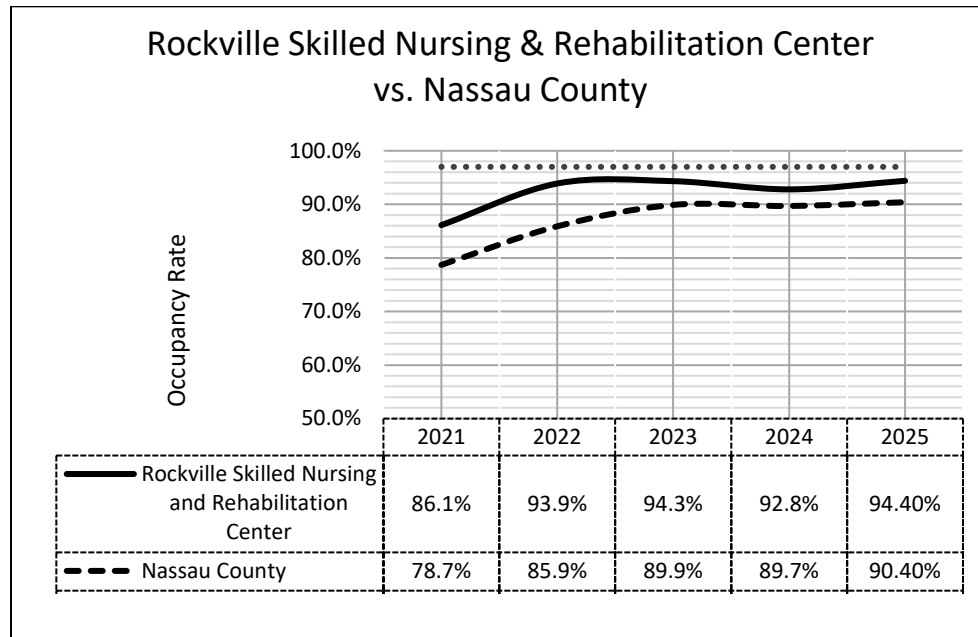
The primary service area is Nassau County, which has a population projected to increase to 1,436,421 by 2031 based on Cornell Program of Applied Demographic estimates. Demographics for the primary service area are noted below, including a comparison with New York State.

Demographics	Nassau County	New York State
Total Population (2024 Estimate)	1,389,591	19,852,366
Hispanic or Latino (of any race)	18.7%	19.8%
White (non-Hispanic)	54.3%	52.8%
Black or African American (non-Hispanic)	10.8%	13.4%
Asian(non-Hispanic)	12.2%	9.0%
Other (non-Hispanic)	4.0%	5.0%

Source: 2024 American Community Survey (5-year Estimates Data Profiles)

	Nassau County Age Group 65-84	Nassau County Age Group 85+	New York State Age Group 65-84	New York State Age Group 85+
Estimated 2024 Population	223,417	36,083	3,108,608	445,420
Population Projection by 2031	287,678	50,365	3,749,805	638,383
Percent Change	+28.8%	+39.6	+20.6%	+43.3%

Source: 2024 American Community Survey (5-year Estimates Data Profiles) and Cornell Program of Applied Demographic County projection estimates.



Source: Occupancy through 2024 is from RHCf cost reports, 2025 data is from non-certified Health Electronic Response Data System (HERDS)

The table below shows the CMS Rating and the utilization of the six closest RHCs to Rockville Skilled Nursing & Rehabilitation Center.

Facility Name	CMS Overall Rating	RHCF Beds	Distance from other RHCs	Occupancy			
	As of 2/2026		Miles/Time	2022	2023	2024	2025
Rockville Skilled Nursing & Rehabilitation Center, LLC	4	66	0 miles/0 mins	93.9%	94.3%	92.8%	94.4%
The Grand at Rockville	3	158	0.1 miles/2 mins	97.5%	97.3%	95.7%	97.0%
Lynbrook Restorative	5	100	1.7 miles/7 mins	90.4%	92.5%	89.8%	90.2%
Oceanside Care Center	5	100	1.9 miles/7 mins	92.8%	95.5%	94.8%	96.7%
North Shore-LIJ Orzac	3	120	3.1 miles/9 mins	80.0%	84.8%	89.2%	88.2%
Mayfair Care Center	1	200	3.5 miles/8 mins	53.1%	90.8%	97.8%	96.7%
Meadowbrook Care*	5	272	3.5 miles/11mins	91.9%	91.1%	93.9%	93.7%

Source: CMS and RHCF Cost Reports through 2024, 2025 data is from non-certified Health Electronic Response Data System (HERDS)

\*Source: HFIS; facility has 10 Ventilator Dependent beds

Based on weekly census data, the facility reported that 92.4% of its 66 licensed beds were staffed and 92.4% occupied on March 3, 2026, resulting in a 100% occupancy rate of staffed beds. Nassau County had 97.8% of its 7,373 licensed beds staffed and 93.1% occupied, resulting in a 95% occupancy rate of staffed beds.

The following table provides the Case Mix Index (CMI) for the facility and surrounding RHCs, which reflects the relative resources predicted to provide care to a resident. The higher the case mix weight, the greater the resource requirement for the residents.

Case Mix Index	2021		2022		2023	
	All Payor Mix	Medicaid Only	All Payor Mix	Medicaid Only	All Payor Mix	Medicaid Only
Rockville Skilled Nursing & Rehabilitation Center, LLC	1.553	1.437	1.5443	1.4198	1.4488	1.3251
The Grand at Rockville	1.471	1.299	1.4605	1.3699	1.4859	1.3795
Lynbrook Restorative	1.456	1.013	1.6632	1.43	1.637	1.4865
Oceanside Care Center	1.241	1.146	1.4102	1.429	1.4254	1.4303
North Shore-LIJ Orzac	1.45	1.338	1.4831	1.2075	1.4402	1.1244
Mayfair Care Center	1.097	1.063	1.1507	1.1186	1.3384	1.3087
Meadowbrook Care	1.499	1.343	1.4987	1.3313	1.5575	1.3587

### Medicaid Access

To ensure that the Residential Health Care Facility needs of the Medicaid population are met, 10 NYCRR §670.3 requires applicants to accept and admit a reasonable percentage of Medicaid residents in their service area. The benchmark is 75% of the annual percentage of residential health care facility admissions that are Medicaid-eligible individuals in their planning area. This benchmark may be increased or decreased based on the following factors:

- the number of individuals within the planning area currently awaiting placement to a residential health care facility, and the proportion of total individuals awaiting such placement that are Medicaid patients and/or alternate level of care patients in general hospitals.
- the proportion of the facility's total patient days that are Medicaid patient days and the length of time that the facility's patients who are admitted as private paying patients remain such before becoming Medicaid eligible;
- the proportion of the facility's admissions who are Medicare patients or patients whose services are paid for under provisions of the federal Veterans' Benefit Law;

- the facility's patient case-mix based on the intensity of care required by the facility's patients or the extent to which the facility provides services to patients with unique or specialized needs;
- the financial impact on the facility due to an increase in Medicaid patient admissions.

An applicant will be required to make appropriate adjustments in its admission policies and practices to meet the resultant percentage. The facility's Medicaid admissions rate was below the threshold of 75% of the Nassau County rate for the years 2023 through 2024.

<b>Medicaid Access</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
Nassau County Total	20.2%	22.4%	22.5%
<i>Nassau Threshold Value</i>	15.2%	16.8%	16.9%
Rockville Skilled Nursing	20.5%	<b>10.1%</b>	<b>14.5%</b>

**Conclusion**

There will be no changes to beds or services as a result of this application. As of March 3, 2026, the facility reported 100% occupancy of its staffed beds, and Nassau County had 95% occupancy of staffed beds.

## Program Analysis

### Program Description

	Existing	Proposed
<b>Facility Name</b>	Rockville Skilled Nursing & Rehabilitation Center, LLC	Same
<b>Address</b>	50 Maine Avenue Rockville Centre, NY 11570	Same
<b>RHCF Capacity</b>	66 beds	Same
<b>ADHCP Capacity</b>	N/A	N/A
<b>Type of Operator</b>	Limited Liability Corporation	Same
<b>Class of Operator</b>	Proprietary	Same
<b>Operator</b>	<b>Rockville Skilled Nursing &amp; Rehabilitation Center, LLC</b>  <u>Membership:</u> Benjamin Landa                      45% Teddy Lichtschein                      50% Mitchell Teller                              5%	<b>Rockville Holdings Operating LLC d/b/a Rockville Skilled Nursing &amp; Rehabilitation Center</b>  <u>Membership:</u> Akiva Rudner                              50% Steven Sax                                      50%

Rockville Holdings Operating LLC d/b/a Rockville Skilled Nursing & Rehabilitation Center has indicated there will be an administrative services agreement with CareRite Centers, LLC, Comprehensive Healthcare Solutions, LLC, and CareRite Services, LLC. The proposed operators, Steven Sax and Akiva Rudner, have ownership interests in other business ventures, including skilled nursing facilities. Yossie Zucker with CareRite Services, LLC, and Mark Friedman and Neal Einhorn with CareRite Center LLC also have ownership interests in skilled nursing facilities, and in some cases, there is common ownership with the proposed operators.

CareRite Center, LLC, which is owned by Mark Friedman and Neal Einhorn, will consult and assist the established operator with the following, as noted in the consulting and services agreement: administrative services, HIPAA compliance services, and credentialing/re-credentialing services.

Comprehensive Healthcare Solutions, LLC, which is owned by Shaindl Shur, will consult and assist the established operator with billing functions.

CareRite Services, LLC, which is owned by Yossie Zucker and Chana Zucker, will consult and assist the established operator with the following services, as noted in the consulting and services agreement: accounts payable, cash management, payroll, financial statements, and purchasing.

### Character and Competence

**Akiva Rudner** is currently employed at CareRite LLC as the Chief Operating Officer. Akiva holds a master's degree in public administration from NYU Wagner, a nursing home administrator license in New York, and discloses the following health facility interests:

#### New York Nursing Homes

Glengariff Rehabilitation and Healthcare Center (4%)	03/2019 to Present
Waters Edge at Port Jefferson for Rehabilitation and Nursing (4%)	03/2019 to Present
St. James Rehabilitation and Healthcare Center (1%)	08/2012 to Present
The Emerald Peek Rehabilitation and Nursing Center (2%)	03/2016 to Present
The Enclave at Rye Rehabilitation and Nursing Center (2%)	07/2016 to Present
The Paramount at Somers Rehabilitation and Nursing Center (4%)	02/2018 to Present
The Chateau at Brooklyn Rehabilitation and Nursing Center (4%)	02/2017 to Present
The Hamlet Rehabilitation and Healthcare Center at Nesconset (4%)	02/2019 to Present

### Out-of-State Nursing Homes

Jupiter Rehabilitation and Healthcare Center (FL) (4%)	10/2016 to Present
The Encore at Boca Raton Rehabilitation and Nursing Center (FL) (4%)	01/2018 to Present
Palmetto Subacute Care Center (FL) (4%)	02/2018 to Present
Coral Reef Subacute Care Center (FL) (4%)	07/2021 to Present
Legacy at Boca Raton Rehabilitation and Nursing Center (FL) (4%)	11/2021 to Present
The Savoy at Fort Lauderdale Rehabilitation and Nursing Center (FL) (4%)	12/2022 to Present
The Pearl at Fort Lauderdale Rehabilitation and Nursing Center (FL) (4%)	12/2022 to Present
Gallatin Center for Rehabilitation and Healing (TN) (4%)	07/2016 to Present
Quality Center for Rehabilitation and Healing (TN) (4%)	07/2016 to Present
Bethany Center for Rehabilitation and Healing (TN) (4%)	03/2017 to Present
Trevecca Center for Rehabilitation and Healing (TN) (4%)	03/2017 to Present
Creekside Center for Rehabilitation and Healing (TN) (4%)	06/2018 to Present
Lebanon Center for Rehabilitation and Healing (TN) (4%)	08/2019 to Present
Manchester Center for Rehabilitation and Healing (TN) (4%)	08/2019 to Present
Green Hills Center for Rehabilitation and Healing (TN) (4%)	12/2019 to Present
Nashville Center for Rehabilitation and Healing (TN) (4%)	12/2017 to Present

### End Dated Ownership

Beeghly Oaks Center for Rehabilitation & Healing (OH) (4%)	10/2016 to 07/2018
Oasis Center for Rehabilitation & Healing (OH) (4%)	10/2016 to 07/2018
Heritage Center for Rehabilitation & Specialty Care (OH) (4%)	10/2016 to 04/2018
Hospitality Center for Rehabilitation and Healing (OH) (4%)	02/2014 to 04/2018
Harmony Center for Rehabilitation & Healing (OH) (4%)	07/2017 to 04/2018
The Bristol at Tampa Rehabilitation and Nursing Center (FL) (4%)	06/2017 to 06/2021

### Diagnostic and Treatment Center

Glengariff Dialysis Center (NY) (40%)	07/2022 to Present
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**Steven Sax** is currently employed at CareRite Centers LLC as the Director of Clinical Reimbursement and Development. Steven holds a bachelor's degree from Israel Toral Research Institute and discloses the following health facility interests:

### New York Nursing Homes

Glengariff Rehabilitation and Healthcare Center (4%)	03/2019 to Present
Waters Edge at Port Jefferson for Rehabilitation and Nursing (4%)	03/2019 to Present
St. James Rehabilitation and Healthcare Center (3%)	08/2012 to Present
The Emerald Peek Rehabilitation and Nursing Center (2%)	07/2016 to Present
The Enclave at Rye Rehabilitation and Nursing Center (2%)	07/2016 to Present
The Paramount at Somers Rehabilitation and Nursing Center (4%)	02/2018 to Present
The Chateau at Brooklyn Rehabilitation and Nursing Center (2%)	02/2017 to Present
The Hamlet Rehabilitation and Healthcare Center at Nesconset (4%)	02/2019 to Present
Cortlandt Healthcare (2%)	03/2014 to Present

Out-of-State Ownership

Jupiter Rehabilitation and Healthcare Center (FL) (4%)	10/2016 to Present
The Encore at Boca Raton Rehabilitation and Nursing Center (FL) (4%)	01/2018 to Present
Palmetto Subacute Care Center (FL) (4%)	02/2018 to Present
Coral Reef Subacute Care Center (FL) (4%)	07/2021 to Present
Legacy at Boca Raton Rehabilitation (FL) (4%)	11/2021 to Present
The Savoy at Fort Lauderdale Rehabilitation and Nursing Center (FL) (4%)	12/2022 to Present
The Pearl at Fort Lauderdale Rehabilitation and Nursing Center (FL) (4%)	12/2022 to Present
Gallatin Center for Rehabilitation and Healing (TN) (4%)	07/2016 to Present
Quality Center for Rehabilitation and Healing (TN) (4%)	07/2016 to Present
Bethany Center for Rehabilitation and Healing (TN) (4%)	03/2017 to Present
Trevecca Center for Rehabilitation and Healing (TN) (4%)	03/2017 to Present
Creekside Center for Rehabilitation and Healing (TN) (4%)	06/2018 to Present
Lebanon Center for Rehabilitation and Healing (TN) (4%)	08/2019 to Present
Manchester Center for Rehabilitation and Healing (TN) (4%)	08/2019 to Present
Green Hills Center for Rehabilitation and Healing (TN) (4%)	12/2019 to Present
Nashville Center for Rehabilitation and Healing (TN) (4%)	12/2017 to Present

End Dated Ownership

Beeghly Oaks Center for Rehabilitation & Healing (OH) (4%)	10/2016 to 07/2018
Oasis Center for Rehabilitation & Healing (OH) (4%)	10/2016 to 07/2018
Heritage Center for Rehabilitation & Specialty Care (OH) (4%)	10/2016 to 04/2018
Hospitality Center for Rehabilitation and Healing (OH) (4%)	02/2014 to 04/2018
Harmony Center for Rehabilitation & Healing (OH) (4%)	07/2017 to 04/2018
The Bristol at Tampa Rehabilitation and Nursing Center (FL) (4%)	06/2017 to 06/2021

Diagnostic and Treatment Center

Glengariff Dialysis Center (NY) (4%)	07/2022 to Present
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**Quality Review**

The owners have been evaluated, in part, on the distribution of CMS Star ratings for their portfolios. For all proposed owners, the distribution of CMS Star ratings for their facilities meets the standard described in state regulations.

CMS Star Rating Criteria					
		Duration of Ownership*			
		< 48 Months		48 months or more	
Owner	Total Nursing Homes	Number of Nursing Homes	Percent of Nursing Homes With a Below Average Rating	Number of Nursing Homes	Percent of Nursing Homes With a Below Average Rating
Akiva Rudner	23	2	100%	21	23.8%
Steven Sax	24	2	100%	22	22.7%

\*Duration of Ownership as of 5/7/2026

Data date: 02/2026

**New York**

The proposed owner’s portfolio includes ownership in nine New York facilities. Seven of the facilities in the ownership portfolio have a CMS overall quality rating of average or higher. The remaining two facilities, Water’s Edge at Port Jefferson for Rehabilitation and Nursing and The Paramount at Somers Rehabilitation and Nursing Center have a CMS overall quality rating of below average. When asked to explain what measures were being put into place to improve the low overall CMS ratings, the applicant indicated the following.

### Water's Edge at Port Jefferson for Rehabilitation and Nursing

*Waters Edge Rehabilitation and Nursing Center maintains a comprehensive Performance Improvement Plan designed to systematically monitor and enhance all aspects of facility operations, regulatory compliance, and resident care quality. Our evidence-based approach focuses on measurable outcomes while identifying and implementing targeted strategies for continuous improvement across quality of care, governance, management, clinical and supportive activities.*

#### **Comprehensive Fall Prevention**

*Our facility has implemented an advanced Fall Prevention Program utilizing evidence-based interventions and multidisciplinary coordination:*

#### **Interdisciplinary Risk Management:**

- *IDT Risk Management Team created to review all high-risk residents and discuss interventions and implementation as a team weekly*
- *Fall assessments completed for each resident to identify individual risk factors including medical conditions, medications, mobility limitations, cognitive impairments and environmental hazards*
- *Routine pain assessments for all residents*
- *Care Plans reviewed and adjusted as needed to address individual risks*

#### **Clinical Intervention Strategies:**

- *Medication Reviews performed minimum monthly to identify potential drug interactions or side effects that could increase fall risk*
- *Hourly rounding ensuring all items needed are within reach and residents are safely positioned*
- *Implementation of toileting schedules to address continence needs and reduce need for patients to get out of bed without supervision*
- *Assessing beds and surfaces with specialized equipment including low beds, perimeter mattresses, and fall mats when applicable*
- *Identifying early and night risers and implementing group activities to allow for better oversight*
- *Increasing number of kiosks in hallways to ensure staff are in close proximity to residents at all times*

#### **Education and Training:**

- *Comprehensive staff, resident, and family education on fall prevention strategies including risk assessment, care planning and patient-centered interventions*

#### **Advanced Wound Care Program**

*Our evidence-based wound care program has been reassessed and revised to ensure residents receive high-quality care, prevent complications, and promote healing while improving quality of life and comfort:*

#### **Multidisciplinary Wound Care Team:**

- *IDT Wound Care Team created to review all high-risk residents and discuss interventions and implementation weekly, comprised of:*
  - *Wound Care Nurse specifically trained in wound care assessment and treatment*
  - *Director of Nursing overseeing nursing decisions and treatments*
  - *Physician(s) overseeing clinical decisions and treatments*
  - *Dietician ensuring proper nutrition to support wound healing*
  - *Physical and Occupational Therapists assisting with mobility and pressure relief*
  - *Certified Nursing Assistants providing daily care and monitoring*
  - *Pharmacy Consultant reviewing medications that may impact healing*
  - *Infection Control Officer helping prevent and manage infections*

**Comprehensive Assessment and Treatment Protocols:**

- Weekly rounds with IDT Wound Care Team
- Initial skin assessment within 24 hours of admission
- Ongoing skin checks daily by CNAs and weekly skin checks and evaluations by licensed nurses
- Utilization of Braden Scale for pressure injury risk assessment and wound evaluation tools
- Patient-centered treatment plans based on wound type including pressure ulcers, diabetic ulcers, venous/arterial ulcers and surgical wounds
- Evidence-based dressings and products as part of wound care treatment protocol
- Pain management protocols
- Turning and positioning schedules for all wound care and bed-bound patients
- Debridement performed bedside or outpatient basis as needed
- Referrals to wound care specialists or clinics for complex cases if needed

**Documentation and Quality Monitoring:**

- Accurate and consistent wound documentation indicating location, size, stage, drainage, odor
- Photo documentation with consent
- Weekly wound rounds with documentation updates
- Tracking healing progress and outcomes continually
- Root cause analysis of new or worsening wounds
- QAPI Committee review of all findings monthly with implementation of changes based on findings

**Prevention and Education:**

- Ongoing staff education on wound care including skin integrity, pressure injury prevention, infection control, and proper dressing application
- Annual competencies performed for all staff
- Repositioning schedules and use of pressure-relieving mattresses and cushions
- Moisture management and incontinence care
- Hydration and nutrition optimization

**Regulatory Compliance and Survey**

While a citation from our recent survey is currently under administrative review through the appropriate regulatory channels, we remain committed to operational excellence and continuous improvement. The facility maintains robust compliance monitoring systems ensuring adherence to all regulatory standards.

**Strategic Workforce Development**

Recognizing that staffing consistency directly impacts quality outcomes and that turnover rates have impacted our staffing ratings, we have developed comprehensive workforce strategies addressing recruitment, retention, and professional satisfaction:

**Enhanced Employee Benefits and Support program:** Realizing the critical importance of attracting and retaining employees, as the cost of turnover can have a significant impact on CMS Star ratings as well as an economic impact, the operators of Water's Edge have implemented additional benefits, based on feedback from current employees. These benefits will include, but not limited to supplemental insurance programs, giveaways including tickets to sporting events, and negotiated employee discounts on outside services such as cell phone plans, restaurants. Employee education programs are being implemented to all CNSs, LPNs and RNs in an effort to either receive Continuing Education credits and/or additional degrees to enhance their skill set.

In working with current employees, the Operators of Water's Edge have implemented a Refer-A-Friend Program providing referral rewards up to \$2,000 per referral paid over first 1000 hours of employment. This is in addition to sign-on bonuses that range from \$1,000 to \$10,000 based on position to differentiate our facility and reinforce employee value. During the new hire process, a mentorship program has been created to provide support to new hires during the onboarding

process, pairing new employees with experienced mentors to provide guidance, share knowledge, and foster belonging and connection.

**Employee Benefits and Recognition Programs:** *Fostering a relationship between the staff of Water's Edge, the residents and the resident's family is critical, as it creates a further feeling of appreciation. As a result, where appropriate, the Administration of Water's Edge have created monthly programs to such mutual appreciation such as the Ray of Sunshine program offering recognition by patients, residents, and families for staff hard work. There are also staff appreciation events: Nursing Home Week events including food trucks, ice cream trucks, raffles with high value items, Oktoberfest open to all staff and families with food, beverages, music, photo booth, activities, rides, petting zoo; tickets to local sporting events including New York Yankees games.*

*These strategic workforce initiatives demonstrate our commitment to creating a positive work environment that attracts and retains qualified healthcare professionals, positioning the facility for improved staffing stability and enhanced ratings.*

### **Performance Monitoring and Continuous Improvement**

*Waters Edge maintains comprehensive performance monitoring systems ensuring sustained excellence across all operational areas. Our systematic approach to quality improvement, evidence-based clinical programs, strategic workforce development, and commitment to regulatory excellence positions the facility for continued advancement in overall star rating enhancement while providing exceptional resident care.*

### The Paramount at Somers Rehabilitation and Nursing Center

*The facility's overall Five-Star Quality Rating decreased from three stars to two stars because of the health inspection domain. Over the past 12 months, the facility has undergone several complaint investigations related to concerns raised by residents, families, and the facility itself. These investigations resulted in certain citations, including some higher-level deficiencies. It is important to note that while these citations were issued during Complaint Investigation Surveys conducted in September and December 2025, the cases reviewed related to events that occurred in December 2024 and June and August 2025.*

*In response, the facility has undertaken several corrective and quality improvement initiatives to strengthen clinical oversight and operational performance. These efforts included enhanced staff education and administrative leadership changes, such as appointing a new Medical Director, to support continued improvement in clinical practices and regulatory compliance.*

*The facility has also expanded its Quality Assurance and Performance Improvement (QAPI) activities to further promote early identification and resolution of potential issues. Through this program, the facility actively monitors key performance indicators, evaluates trends, and implements corrective actions when opportunities for improvement are identified.*

*Additionally, the facility implemented regular Town Hall meetings with frontline staff to review regulatory expectations, reinforce best practice standards, and discuss quality initiatives and performance metrics related to QAPI focus areas. Staff education regarding the grievance process has also been reinforced, and the facility adopted a "see something, say something" approach to encourage open communication and timely reporting of concerns for prompt addressing.*

*The facility also instituted weekly Environment of Care rounding, which includes both leadership and frontline staff. These rounds promote staff engagement, provide real-time education regarding regulatory standards, and allow for the timely identification and resolution of any environmental or operational concerns. Through these initiatives, the facility remains committed to continuous quality improvement and ensuring the delivery of safe, high-quality care to all residents.*

## **Florida**

The proposed owner's portfolio includes ownership in six Florida facilities. Four of the Florida facilities have a CMS overall quality rating of average or higher. The remaining two facilities, The Savoy at Fort Lauderdale Rehabilitation and Nursing Center and The Pearl at Fort Lauderdale Rehabilitation and Nursing Center have a CMS overall quality rating of below average. When asked to explain what measures were being put into place to improve the low overall CMS ratings, the applicant indicated the following.

### The Savoy at Fort Lauderdale Rehabilitation and Nursing Center

*For the July 2025 5-star release, The Savoy obtained 1,263 points, placing us 4 points below the cutoff for a 4-star QM rating. While this represents a change from our 4-star status maintained since January 2025, our comprehensive data demonstrates significant improvements across multiple quality measures and strong positive trajectory.*

### *MDS-Based Measures: Consistent Improvement Trajectory*

*Our MDS-based quality measures show remarkable and sustained improvement:*

#### **Performance Highlights**

- *Overall Point Improvement: Increased from 920 points (January 2025) to a projected 1,025 points (October 2025) out of 1,250 available points*
- *Perfect Scores Maintained: UTI prevention, and catheter management all at 100/100*
- *Enhanced Discharge Function: Improved from 60/150 to projected 135/150*
- *Mobility Independence: Achieved maximum score of 150/150 in July, maintaining strong performance*

*These improvements result directly from our comprehensive QAPI processes, ongoing staff education initiatives, and strategic partnership with new psychiatric providers delivering enhanced patient care.*

#### **Claims-Based Measures: Active Improvement Initiatives**

*While our claims-based measures present opportunities for improvement (105 of 600 potential points in July 2025 versus 300 of 600 in January 2025), it's important to note that the July 5-star report utilizes CY 2024 claims data, which does not reflect our current operational improvements.*

#### **Current Performance Trends**

*Our facility data shows encouraging improvements in key metrics:*

*30-Day Rehospitalizations (12-month averages):*

- *July 2025 report (CY 2024 data): 20.4%*
- *October 2025 projected: 18.5%*
- *SimpleLTC tracking shows further improvement to 18.4% for the period ending June 2025*

#### **Total Rehospitalizations per 1,000 Resident Days:**

- *July 2025 report: 3.7*
- *October 2025 projected: 3.4*

#### *Strategic Initiatives for Continued Improvement*

#### **Provider Model Enhancement**

- *Transitioning to full-time in-house physician model (starting October 1, 2025)*
- *Two new nurse practitioners onboarded (August and September 2025)*
- *Additional 12 hours daily telemedicine coverage, including weekends*

### **Nursing Department Revitalization**

- *New nursing leadership structure being implemented*
- *Created dedicated nursing education roles*
- *Comprehensive staff training on treat-in-place protocols completed*

### **Quality Improvement Processes**

- *Root cause analysis through QAPI for all rehospitalizations*
- *Enhanced collaboration with medical providers*
- *Continuous monitoring systems for real-time performance tracking*

### **Conclusion**

*The Savoy demonstrates a clear upward trajectory in quality metrics, with MDS-based measures showing consistent improvement and claims-based measures trending positively as our strategic initiatives take effect. Our comprehensive approach—combining enhanced provider models, strengthened nursing leadership, and robust quality improvement processes—positions us to exceed the 4-star threshold in upcoming reporting periods. We remain committed to delivering exceptional patient experiences and outcomes through systematic improvements and data-driven decision-making*

### The Pearl at Fort Lauderdale Rehabilitation and Nursing Center

*For January 2026 Star Rating Update The Pearl is a 2 star overall, with a 2 star in health inspection, 4 star in quality measures, and 3 star in staffing.*

*The facility is focused on improving patient outcomes which will have a positive impact on the overall 5-star rating system. Improvement in the overall rate can come from 3 realms (Health Inspection, Quality Measures, and Staffing)*

*In regard to health inspection the facility is a 2 star. They are in survey window and a survey resulting in a score of 37 points or better would improve this star rating. With a focus on a positive health inspection, the facility has been preparing by having a mock survey conducted, with follow up actions in regard to corrective actions. The facility completed a Joint Commission re-accreditation survey in which they did achieve accreditation status on 12/31/2025. Along with ongoing auditing and reviews via the facility QAPI program.*

*For Quality Measures, it is an ongoing focus. For MDS based measures the facility has improved from 970 points to 1050 points out of 1250 from July 5 Star through what is projected for the April 5 Star. Improvements have been made via the QAPI processes, education, and with a change in some of the providers. The areas for most room of improvement in relation to the MDS based measures have been the short stay antipsychotic medication and the discharge function score.*

*The antipsychotic medication is trending positively, and the new Psych provider is very involved in reviewing medication on admission and readmission.*

*The discharge function score is the major focus for improvement. The facility this quarter hired both a new MDS Director and Director of Rehab. They are incorporating discussions of the expected score and current score into the weekly utilization review meeting, focusing on barriers to achievement and education of staff in regard to this measure. The facility had made an improvement from 43.86% in Q3 of 2025 to 47.62% in Q4, with the expectation of the new experienced staff will assist in rising to even greater levels.*

*Despite the steady improvement in MDS based QMs, the facility has room for improvement in claims based measures as for the January 5 star report in relation to hospitalizations, the facility obtained 240 out of a potential 600 points for the measures of re-hospitalization and emergency department visits for the long and short stay measures. The January 5 star report claims-based data utilized from 7/1/204-6/30/25, so it is not entirely reflective of current status.*

*The facility has worked with providers through the QAPI process in attempt to reduce rehospitalizations, by reviewing each return to hospital for the potential to have treated in place. The facility has made wholesale changes with each focused on improving the clinical outcomes. A new LNHA started in May of 2025, a new director of nursing started in August of 2025, and the facility changed medical directors in November of 2025. We do not have the ability to review the claims but based on facility available data there are noted improvements in the areas, specifically with the change in medical directors in November. With the continued focus and desire for improvement in rehospitalizations, it is expected the points in these areas will increase to give the facility the ability to be a 5 star in the quality measures and 3 star overall.*

*In relation to staffing star rating, the facility has incorporated exit surveys as well as satisfaction surveys with desire to determine rationales for staffing turnover and make improvements in that realm to assist in the staffing star rating.*

### **Tennessee**

The proposed owner's portfolio includes ownership in nine Tennessee facilities. Six of the Tennessee facilities have a CMS overall quality rating of average or higher. The remaining three facilities, Quality Center for Rehabilitation and Healing, Bethany Center for Rehabilitation and Healing, Green Hills Center for Rehabilitation and Healing, and Nashville Center for Rehabilitation and Healing have a CMS overall quality rating of below average. When asked to explain what measures were being put into place to improve the low overall CMS ratings, the applicant indicated the following.

#### Quality Center for Rehabilitation and Healing

*For the January 2026 Star Rating Update , Quality Center is a 2 star overall, with a 2 star in health inspection, with no rating for the quality measures, and 2 star in staffing.*

*The facility chose to forgo a schizophrenia audit in January 2025 as they were continuing to review and validate their information. This has resulted in a suppression of the Quality Measures for almost a year whereas the initial documentation indicated a lesser penalty if forgoing the audit. The facility has been in contact with CMS and received notification on 2/3/26 that Myers and Stauffer will be conducting an audit soon. If the audit is favorable, the facility will be 5 star in quality measures based on internal metrics used to track the status. This would increase the facility to a 3 star overall.*

*Additionally. In regard to Health Inspection the facility is currently a 2 star. The facility has not had a full survey since August of 2023, thus not an accurate status of the current facility. Without an annual or complaint survey the facility will have 8 of the previous 8 points fall off the calculation and return to a 3 star for health inspection in April 2026 as a March 2023 complaint deficiency will no longer be factored into the Star Rating Calculations. By April , assuming the CMS Schizophrenia suppression is unsuppressed and the March 2023 Complaint falls off , the facility will be a 4 Star Facility Overall. The facility has been preparing for health inspections by having a mock survey conducted, with follow up actions in regard to corrective actions. They completed a Joint Commission re-accreditation survey in which they did achieve accreditation status on 1/23/2025. They also continue with ongoing auditing and reviews via the facility QAPI program.*

#### Bethany Center for Rehabilitation and Healing

*Bethany's overall star rating declined from 3 stars to 2 stars, driven primarily by our staffing rating decrease to 1 star. This decline directly reflects a strategic workforce transformation initiative implemented over the past six months to improve care quality and staffing consistency.*

*Recognizing that inconsistent staffing patterns and over-reliance on agency personnel were impacting care continuity, Bethany made the deliberate decision to substantially reduce agency utilization and transition poor-performing staff in favor of building a stable, competent in-house workforce. While this approach was essential for long-term care quality improvement, the transition period resulted in significant turnover that dramatically impacted our Payroll-Based Journal (PBJ) data and staffing star rating.*

### **Strategic Workforce Transformation Results over the past six months:**

- Replaced and filled 50 positions with newly hired in-house staff
- Added 10 additional per diem staff as a consistent internal pool (not agency)
- Substantially reduced agency dependence in favor of direct-hire employees
- Implemented enhanced recruitment and retention strategies to maintain workforce stability
- This proactive workforce restructuring was undertaken specifically to improve patient care quality through increased staffing consistency and competency. While the temporary high turnover rate negatively impacted our staffing star rating during this transition period, we are now positioned with a more stable, skilled, and dedicated workforce that will be reflected in future PBJ reporting periods.

### **Demonstrated Clinical Improvement**

Bethany's current 2-star health inspection rating reflects survey data from two distinct periods that illustrate significant progress in our clinical practices. It is important to note that our overall rating continues to be substantially impacted by a survey conducted over six years ago in October 2019, which resulted in 108 points and still accounts for 28 weighted points in our current health inspection calculation.

In contrast, our most recent survey in April 2025 yielded only 28 points—a 74% reduction in deficiency points compared to the 2019 survey. This substantial improvement demonstrates the effectiveness of our enhanced clinical protocols and staff training programs implemented over the past several years.

While survey data from October 2019—more than six years ago—continues to significantly impact our current rating due to CMS weighting methodology, our April 2025 survey results clearly reflect the marked advancement in our care delivery systems and current operational standards. We anticipate further improvement in our health inspection rating following our next annual survey, at which point the legacy 2019 data will no longer factor into our rating.

### **Excellence in Quality Measures**

Bethany currently maintains a 5-star Quality Measures rating, reflecting our commitment to superior clinical outcomes. This achievement is sustained through:

- *Comprehensive Walking Rounds Process:* Our holistic review system evaluates long-term residents for current status, clinical deficits, and referral needs, ensuring proactive and individualized care planning.
- *Weekly Utilization Review Meetings:* In-depth reviews of short-term patients assess current status, progress toward goals, and barriers to optimal outcomes, enabling our team to make real-time adjustments to care plans.

We are projected to maintain our 5-star Quality Measures rating with the January 2026 refresh, demonstrating consistent clinical excellence and validating that our workforce transformation has not compromised—and in fact supports—superior resident outcomes.

### **Summary**

Bethany's recent star rating decline was a direct consequence of our strategic decision to improve care quality through workforce stabilization. Our deliberate transition from agency-dependent staffing to a competent, stable in-house team resulted in temporary high turnover that impacted our staffing metrics. However, this investment in our workforce foundation positions us for sustained improvement.

Our performance across other domains demonstrates this commitment to excellence:

- 74% reduction in health inspection deficiency points (April 2025 vs. October 2019)
- Sustained 5-star Quality Measures rating with projected continuation
- 60 new staff members hired in the past six months to build workforce stability
- Significant reduction in agency dependence in favor of consistent in-house staffing

Our current overall rating does not reflect our present-day operational excellence, as it remains weighted by survey data from over six years ago and temporary workforce transition metrics. Our most recent survey results, ongoing 5-star Quality Measures performance, and completed workforce transformation provides a more accurate representation of our current and future care delivery standards.

Bethany remains committed to continuous improvement across all performance domains while maintaining our focus on resident-centered care and operational excellence.

**Green Hills Center for Rehabilitation and Healing**

Green Hills Center has a two overall star rating mostly due to our health inspections. Two IJs from early 2021 have affected the facility survey rating and the total points. Staffing star ratings average and considering the national nursing shortage. IJs resulted from improper management of glucometers and ineffective wound program. Both have been a major focus for GH and proper policies for glucometer management are in place and the wound program is running at full speed with a dedicated wound nurse and regional support for wounds. Frequent audits and oversight are being provided by the facility leadership team members.

GH staffing is averaging in a good status. Licensed and non-licensed staff is on par with national and state averages. We currently have 4.5 FT RNs and are constantly trying to recruit more to have close to 24-hour RN coverage on a daily basis and using agency services to help increase the RN hours.

Quality Measures have been a 5 star for a long time. A seasoned 29-year GreenHills MDS veteran helps to ensure facility stay at this level. Facility leadership members are confident that the QMs will remain in a good spot due to fantastic care programming.

Facility has advanced their orientation program to ensure staff on boarding and retention.

The biggest factor for the center will be time to allow their IJs fall off the points system. Points should fall off from this last cycle this coming year and it will do the same in 2023 until 3 years has passed. Facility has had many IC deficiency IC surveys and complain survey are reduced significantly RN staffing could potentially help bump us up in 2022 when the facility maintains RN coverage levels. Facility will continue aggressively to work on recruiting, retention, job fairs, TNA programs, Medication Aid programs, customer service, patient, and family satisfaction.

Facility	Ownership Since	Overall	Health Inspection	Quality Measure	Staffing
<b>New York</b>					
Rockville Skilled Nursing & Rehabilitation Center, LLC	Subject Facility	****	****	*****	*
The Enclave at Rye Rehabilitation and Nursing Center	Current	****	***	*****	**
	07/2016	***	****	**	*
Water's Edge at Port Jefferson for Rehabilitation and Nursing	Current	**	*	*****	*
	03/2019	****	***	*****	**
St James Rehabilitation and Healthcare Center	Current	*****	****	*****	**
	08/2012	**	***	****	*
The Hamlet Rehabilitation and Healthcare Center at Nesconset	Current	*****	****	*****	**
	02/2019	*	**	****	*

<b>Facility</b>	<b>Ownership Since</b>	<b>Overall</b>	<b>Health Inspection</b>	<b>Quality Measure</b>	<b>Staffing</b>
The Emerald Peek Rehabilitation and Nursing Center	Current	***	**	*****	**
	03/2016	**	***	****	*
The Paramount at Somers Rehabilitation and Nursing Center	Current	**	*	*****	**
	01/2018	****	****	****	****
The Chateau at Brooklyn Rehabilitation and Nursing Center	Current	****	****	*****	*
	02/2017	****	****	****	***
Glengariff Rehabilitation and Healthcare Center	Current	***	**	*****	**
	03/2019	***	**	*****	***
Cortlandt Healthcare	Current	*****	****	*****	**
	03/2014	***	***	****	***
<b>Florida</b>					
Palmetto Subacute Care Center	Current	****	****	****	****
	02/2018	*****	*****	*****	****
The Encore at Boca Raton Rehabilitation and Nursing Center	Current	***	**	*****	**
	01/2018	**	*	*****	*****
Legacy at Boca Raton Rehabilitation and Nursing	Current	****	***	*****	***
	11/2021	**	*	****	****
Coral Reef Subacute Care Center LLC	Current	***	**	*****	***
	07/2021	*	*	*	**
The Savoy at Fort Lauderdale Rehabilitation and Nursing Center	Current	**	**	****	***
	12/2022	****	****	****	***
The Pearl at Fort Lauderdale Rehabilitation and Nursing Center	Current	**	**	****	***
	12/2022	**	**	****	****
<b>Tennessee</b>					
Lebanon Center for Rehabilitation and Healing	Current	*****	****	*****	**
	08/2019	***	**	*****	***
	Current	**	**	<b>20</b>	**

<b>Facility</b>	<b>Ownership Since</b>	<b>Overall</b>	<b>Health Inspection</b>	<b>Quality Measure</b>	<b>Staffing</b>
Quality Center for Rehabilitation and Healing	07/2016	****	****	****	***
Manchester Center for Rehabilitation and Healing	Current	****	***	*****	**
	08/2019	*	*	***	**
Trevecca Center for Rehabilitation and Healing	Current	****	***	*****	**
	03/2017	*****	*****	*****	****
Creekside Center for Rehabilitation and Healing	Current	****	****	*****	*
	06/2018	**	*	****	****
Gallatin Center for Rehabilitation and Healing	Current	****	***	*****	**
	07/2016	*****	*****	**	***
Bethany Center for Rehabilitation and Healing	Current	**	**	*****	*
	03/2017	*****	****	*****	*****
Green Hills Center for Rehabilitation and Healing	Current	**	*	*****	**
	12/2019	**	*	*****	****
Nashville Center for Rehabilitation and Healing	Current	***	**	*****	**
	12/2017	**	*	*****	****

Data date: 02/2026

20-The accuracy of the data for this rating could not be validated by CMS.

<b>End Dated Ownership</b>					
<b>Ohio</b>					
Beeghly Oaks Center for Rehabilitation & Healing	07/2018	*	*	**	**
	10/2016	*	*	*	***
Oasis Center for Rehabilitation & Healing	07/2018	*	*	***	**
	10/2016	***	**	***	****
	04/2018	**	**	**	***

<b>End Dated Ownership</b>					
Heritage Center for Rehabilitation & Specialty Care	10/2016	****	****	***	***
Hospitality Center for Rehabilitation and Healing	04/2018	***	****	****	*
	02/2014	*****	*****	*****	*****
Harmony Center for Rehabilitation & Healing	04/2018	****	****	**	**
	07/2017	**	**	*****	*
<b>Florida</b>					
The Bristol at Tampa Rehabilitation and Nursing Center	06/2021	**	*	****	****
	06/2017	****	***	**	****
Jupiter Rehabilitation and Healthcare Center	02/2025	**	**	****	***
	10/2016	*****	***	*****	****

## **Enforcement History**

### **New York**

A review of The Enclave at Port Chester Nursing & Rehabilitation Center under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was assessed a CMP of \$650.00 on 2/22/2021 for failure to report COVID information.
- The facility was fined \$10,000.00 on 05/20/2024 for surveillance findings on 12/13/2023. Deficiencies were found under 10 NYCRR 412.12 (h)(2) Quality of Care Adequate supervision to prevent accidents. The facility was also assessed a CMP of \$63,210.00 under F689 for failure to ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.

A review of Waters Edge Rehab & Nursing Center at Port Jefferson under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was fined \$4,000.00 pursuant to Stipulation and Order NH-21-040 issued on 03/13/2021 for surveillance findings on 01/26/2021. Deficiencies were found under Executive Order 202.1 (9 NYCRR §8.202.1) and 10 NYCRR §400.2, resumption of construction without notice to the Department, construction in or adjacent to a functioning and occupied dedicated COVID unit.
- The facility was fined \$2,000.00 pursuant to Stipulation and Order NH-22-008 issued on 01/13/2022 for surveillance findings on 11/29/2021. Deficiencies were found under 10 NYCRR §415.19(a)(2) for failure of housekeeping staff to change gloves between resident rooms.
- The facility was fined \$10,000.00 pursuant to Stipulation and Order NH-25-069 for surveillance findings on 02/21/2025. Deficiencies were found under 10 NYCRR §415.12 Quality of Care. The facility failure to ensure that each resident received treatment and care in accordance with professional standards of practice. The facility was also assessed a CMP of \$41,090.00 under F684 for failure to provide appropriate treatment and care according to orders, resident's preferences, and goals.

A review of St. James Rehabilitation & Healthcare Center under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

A review of The Hamlet Rehabilitation and Healthcare Center at Nesconset under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was fined \$10,000.00 pursuant to Stipulation and Order NH-24-010 issued on 01/18/2024 for surveillance findings on 09/08/2023. Deficiencies were found under 10 NYCRR §415.12 (a)(2) The facility failed to effectively implement a system to monitor a Resident's bowel movements, which resulted in the Resident's hospitalization and death from septic shock related to stercoral colitis with perforation.

A review of The Emerald Peek Rehabilitation and Nursing Center under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was fined \$2,000.00 pursuant to Stipulation and Order NH-22-050 issued on 03/25/2022 for surveillance findings on 12/22/2021. Deficiencies were found under 10 NYCRR §415.19(b)(4) for failure to perform hand hygiene appropriately during wound care.
- The facility was assessed a CMP of \$139,425.00 based on surveillance findings on 08/28/2024 under F689 for failure to ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. The facility was also assessed a state CMP of \$10,000.00 pursuant to Stipulation and Order NH-25-007 issued on 01/22/2025. Deficiencies were found under 10 NYCRR §415.12(h)(2) the facility failed to ensure each resident received adequate supervision and assistance to prevent accidents.

A review of The Paramount at Somers Rehabilitation and Nursing Center under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was assessed a CMP of \$10,000.00 based on surveillance findings on 09/10/2025 under 10 NYCRR §415.12 (m)(2) for failure to ensure that a resident was free from medication errors.
- The facility was assessed a CMP of \$46,078.50 based on surveillance findings on 08/07/2024 under F600 for failure to protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. The facility was also assessed a state CMP of \$2,000.00 pursuant to Stipulation and Order NH-24-072 issued on 11/5/2024. Deficiencies were found under 10 NYCRR §415.4(b)(1)(i) for abuse: verbal, sexual, physical, and mental, corporal punishment, and involuntary seclusion.

A review of The Chateau at Brooklyn Rehabilitation and Nursing Center under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

A review of Glengariff Rehabilitation and Healthcare Center under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was fined \$4,000.00 pursuant to Stipulation and Order NH-21-064 issued on 04/1/2021 for surveillance findings on 01/6/2021. Deficiencies were found under 10 NYCRR §415.19(a)(1-2) for failure to don and doff a new gown each time staff entered and exited a resident room located on a unit placed on contact and droplet precautions.
- The facility was fined \$10,000.00 pursuant to Stipulation and Order NH-22-140 issued on 09/16/2022 for surveillance findings on 04/19/2022. Deficiencies were found under 10 NYCRR §415.4(b)(1)(i) for failure to ensure that residents were free from inappropriate physical contact by staff, for which no consent was given, and no medical or therapeutic justification was provided.

A review of Cortlandt Healthcare under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

#### Diagnostic and Treatment Center

A review of Glengariff Dialysis Center noted in the applicant's ownership reveals no enforcements.

## Florida

A review of Palmetto Subacute Care Center under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

A review of The Encore at Boca Raton Rehabilitation and Nursing Center under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was assessed a CMP of \$650.00 on 9/13/2021 for failure to report COVID information.
- The facility was assessed a CMP of \$13,905.00 based on surveillance findings on 03/10/2020 for immediate jeopardy under F600 for failure to protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. and F689 for failure to ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.

A review of Legacy at Boca Raton Rehabilitation and Nursing under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

A review of Coral Reef Subacute Care Center LLC under 10 NYCRR §600.2 requirements for approval reveals the following:

- A federal CMP in the amount of \$249,618.00 was assessed for the surveillance findings on 10/22/2021. The facility was cited for immediate jeopardy under F600 for failure to protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody, F656 for failure to develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured, and F742 for failure to provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder.
- A federal CMP in the amount of \$10,039.00 was assessed for the surveillance findings on 12/06/2024. The facility was cited for immediate jeopardy under F689 for failure to ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.

A review of Jupiter Rehabilitation and Healthcare Center under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was assessed CMP's of \$655.00 on 01/03/2022, \$983.00 on 01/10/2022, \$1,326.00 on 01/17/2022, \$1,657.00 on 01/31/2022, \$1,988.00 on 03/28/2022, \$3,523.00 on 08/02/2022, and \$8,454.00 on 07/11/2022 for failure to report COVID information.
- A federal CMP in the amount of \$14,508.00 was assessed for the surveillance findings on 11/04/2020. The facility was cited for harm under F686 for failure to provide appropriate pressure ulcer care and prevent new ulcers from developing.

A review of The Savoy at Fort Lauderdale Rehabilitation and Nursing Center under 10 NYCRR §600.2 requirements for approval reveals the following:

- A federal CMP in the amount of \$29,816.00 was assessed for the surveillance findings on 06/20/2024 for surveillance findings related to harm under F600 for failure to protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. The fine associated with the deficiency is still pending.

A review of The Pearl at Fort Lauderdale Rehabilitation and Nursing Center under 10 NYCRR §600.2 requirements for approval reveals the following:

- A federal CMP in the amount of \$34,937.00 was assessed for the surveillance findings on 08/31/2023. The facility was cited for harm under F684 for failure to provide appropriate treatment and care according to orders, resident's preferences, and goals and for harm under F693 for failure to ensure that feeding tubes are not used unless there is a medical reason, and the resident agrees; and provide appropriate care for a resident with a feeding tube.

A review of The Bristol at Tampa Rehabilitation and Nursing Center under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was cited for immediate jeopardy on 10/25/2018 under F578 for failure to ensure residents have the right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive, F600 for failure to protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody, and F835 for failure to administer the facility in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.

### **Tennessee**

A review of Lebanon Center for Rehabilitation and Healing under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was assessed a CMP of \$655.00 on 2/8/2021 for failure to report COVID information.

A review of Quality Center for Rehabilitation and Healing under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was assessed a CMP of \$7,901.00 on 3/22/2023 for harm under F689 for failure to ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.
- A federal CMP in the amount of \$13,305.00 was assessed for the surveillance findings on 08/10/2023. The facility was cited for harm under F684 for failure to provide appropriate treatment and care according to orders, residents preferences, and goals.

A review of Manchester Center for Rehabilitation and Healing under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was assessed a CMP of \$5,000.00 based on surveillance findings on 01/6/2021 for harm under F880 for failure to provide and implement an infection prevention and control program.
- The facility was assessed a CMP of \$37,500.00 based on surveillance findings on 9/13/2022 under F584 for failure to honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely, F600 for failure to protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody, and F609 failure to timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.

A review of Trevecca Center for Rehabilitation and Healing under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

A review of Creekside Center for Rehabilitation and Healing under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was assessed a CMP of \$7,400.00 based on surveillance findings on 2/1/2021 under F760 at a G for failure to ensure that residents are free from significant medication errors.

A review of Gallatin Center for Rehabilitation and Healing under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was assessed a CMP of \$13,042.00 based on surveillance findings on 9/1/2022 under F689 for failure to ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.
- The facility was assessed a CMP of \$11,180.00 based on surveillance findings on 7/22/2022 under F684 for failure to provide appropriate treatment and care according to orders, resident's preferences, and goals.
- The facility was assessed a CMP of \$16,840.00 based on surveillance findings on 06/12/2019 under F550 for failure to honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights, F604 for failure to ensure that each resident is free from the use of physical restraints, unless needed for medical treatment, F609 for failure to timely report suspected abuse, neglect, or theft and report the results of the investigation to

proper authorities, and F689 for failure to ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.

- The facility was assessed a CMP of \$48,655.00 based on surveillance findings on 06/04/2017 under F282 for failure to provide care by qualified persons according to each resident's written plan of care, F325 for failure to ensure residents maintain acceptable nutritional status, F361 for failure to hire a qualified dietician, and F520 for failure to set up an ongoing quality assessment and assurance group to review quality deficiencies quarterly and develop corrective plans of action.

A review of Bethany Center for Rehabilitation and Healing under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was assessed a CMP of \$11,703.00 based on surveillance findings on 10/23/2019 under F880 for failure to Provide and implement an infection prevention and control program.
- The facility was assessed a CMP of \$64,543.00 based on surveillance findings on 07/11/2018 under F600 for failure to protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.

A review of Green Hills Center for Rehabilitation and Healing under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was assessed a CMP of \$655.00 on 09/13/2021 for failure to report COVID information.
- The facility was assessed a CMP of \$61,880.00 based on surveillance findings on 02/07/2020 for immediate jeopardy under F656 for failure to develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured and F689 for failure to ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.
- The facility was assessed a CMP of \$28,918.00 based on surveillance findings on 01/28/2021 under F867 for failure to set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.
- The facility was assessed a CMP of \$16,801.00 based on surveillance findings on 02/05/2024 for immediate jeopardy under F689 for failure to ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. The facility was also cited for harm at a G level for the following F600 for failure to protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody, F656 for failure to develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured, and 697 for failure to ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.

A review of Nashville Center for Rehabilitation and Healing under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was assessed a CMP of \$655.00 on 8/30/2021 and \$994.00 on 4/18/2022 for failure to report COVID information.

## **Ohio**

A review of Beeghly Oaks Center for Rehabilitation & Healing under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was assessed a CMP of \$9,500.00 based on surveillance findings on 02/17/2017 under F315 for failure to ensure that each resident who enters the nursing home without a catheter is not given a catheter, unless medically necessary, and that incontinent patients receive proper services to prevent urinary tract infections and restore normal bladder functions.

A review of Oasis Center for Rehabilitation & Healing under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

A review of Heritage Center for Rehabilitation & Specialty Care under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was assessed a CMP of \$23,972.00 based on surveillance findings on 10/8/2017 under F309 for failure to provide necessary care and services to maintain or improve the highest well-being of each resident.
- The facility was cited on 11/02/2017 under F155 at a J level for failure to let residents refuse treatment, refuse to take part in an experiment, or formulate advance directives.

A review of Hospitality Center for Rehabilitation and Healing under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

A review of Harmony Center for Rehabilitation & Healing under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

**Conclusion**

The individual background review indicates the applicants have met the standards as set forth in Public Health Law §2801-a(3).

## Financial Analysis

### Operating Budget

The applicant provided the current year (2024) results and the first and third year operating budget, in 2026 dollars, after the change in ownership, summarized below:

	<u>Current</u>		<u>Year One</u>		<u>Year Three</u>	
	<u>Per Diem</u>	<u>Total</u>	<u>Per Diem</u>	<u>Total</u>	<u>Per Diem</u>	<u>Total</u>
<u>Revenues</u>						
Medicaid FFS	\$280.32	\$2,214,545	\$340.92	\$3,561,590	\$340.92	\$3,561,590
Medicaid MC	\$280.32	\$463,369	\$340.92	\$729,910	\$340.92	\$729,910
Medicare FFS	\$842.46	\$6,134,798	\$822.93	\$4,268,540	\$831.46	\$4,312,788
Medicare MC	\$482.73	\$1,226,612	\$685.00	\$641,160	\$692.00	\$647,712
Comm. FFS	\$650.00	\$134,550	\$714.11	\$1,103,300	\$721.10	\$1,114,100
Private Pay	\$330.00	\$918,720	\$331.46	\$872,400	\$334.92	\$881,500
Medicare PtB		\$239,056				
All Other		\$39,019		\$11,900		\$11,900
Total Revenues		\$11,370,669		\$11,188,800		\$11,259,500
<u>Expenses</u>						
Operating	\$479.94	\$10,734,759	\$414.45	\$9,486,000	\$414.51	\$9,487,300
Capital	\$81.02	\$1,812,286	\$49.53	\$1,133,746	\$49.82	\$1,140,206
Total Expenses:	\$560.96	\$12,547,045	\$463.99	\$10,619,746	\$464.33	\$10,627,506
Net Income/(Loss)		<u>(\$1,176,376)</u>		<u>\$569,054</u>		<u>\$631,994</u>
Patient Days		22,367		22,888		22,888
Occupancy		92.85%		95.01%		95.01%

- Medicaid rates are projected based on the reimbursement methodology under statewide pricing.
- The Medicare rates are projected based on the full federal rates for the Medicare Prospective Payment System in effect for 2024 and are increased by 1% per annum for inflation to reflect 2026 dollars.
- The projections assume the Medicare Managed Care rates will increase over the current per diem when the buyer is able to utilize their existing contractual arrangements with the Managed Care companies. The applicant indicated that the current Medicare Managed Care rates are lower than other regional facilities affiliated with the buyer.
- Private rates are projected based on similar facilities in the same geographical area and are increased by 1% per annum for inflation to reflect 2026 dollars.
- The proposed operator is assuming the current operator's Lease Agreement. Per the Lease Agreement, the tenant is responsible for real estate taxes and property insurance. Real estate taxes and property insurance are estimated to increase by 2% per year. This will lead to additional capital costs as shown in Years One and Three.

Utilization by payor source for the current, first, and third year is as follows:

<u>Payor</u>	<u>Current Year</u>	<u>First and Third Years</u>
Commercial FFS	.93%	6.75%
Medicaid FFS	35.32%	45.64%
Medicaid MC	7.39%	9.35%
Medicare FFS	32.56%	22.66%
Medicare MC	11.36%	4.09%
Private	<u>12.45%</u>	<u>11.50%</u>
Total	100.00%	100.00%

- Breakeven utilization is projected at 90.17% or 21,723 patient days for Year One and 89.67% or 21,602 patient days for Year Three.
- The facility's Medicaid admissions of 20.5% in 2022 exceed the County's 75% threshold rate of 15.2% in 2022. The facility's Medicaid admissions of 10.1% in 2023 and 14.5 % in 2024 are below the County's 75% threshold rates of 16.8% for 2023 and 16.9% for 2024.

**Asset Purchase Agreement**

The applicant submitted an executed APA for the operating interests of the RHCF. The agreement will be effectuated upon PHHPC approval of this CON. The terms are summarized below:

<b>Date:</b>	December 2020
<b>Transferor</b>	Rockville Skilled Nursing & Rehabilitation Center, LLC
<b>Transferee:</b>	Rockville Holdings Operating LLC
<b>Transferred Assets:</b>	All assets used in the operations of the facility. Facilities; equipment; supplies and inventory; prepaid expenses; documents and records; assignable leases, contracts, licenses and permits; telephone numbers, fax numbers and all logos; resident trust funds; deposits; accounts and notes receivable; cash, deposits, and cash equivalents. All rate increases and/or lump sum payments resulting from rate appeals, audits with respect to third party payments, from any source, which become effective or paid on or after the Contract Date for services rendered by the facility, including Universal Settlement payments.
<b>Excluded Assets:</b>	Any tax returns, tax records and financial statements of the sellers, excluded property of the seller and intellectual property rights to the name Rockville Skilled Nursing and Rehab and the Real Estate Asset Purchase Agreement purchase price.
<b>Assumed Liabilities:</b>	All accounts payable of seller, liabilities of seller arising under the assigned contracts, business assets, all liabilities not covered by insurance, all healthcare program liabilities and accrued employee benefits.
<b>Excluded Liabilities:</b>	Any liabilities not disclosed by seller, unrelated to the operation or seller's failure to perform any covenant or breach of any of its representations.
<b>Purchase Price:</b>	Assumption of Accounts receivable and Accounts Payable at closing
<b>Payment of Purchase Price</b>	Amount to be paid at closing

The applicant submitted an original affidavit, which is acceptable to the Department, in which the applicant agrees, notwithstanding any agreement, arrangement or understanding between the applicant and the transferor to the contrary, to be liable and responsible for any Medicaid overpayments made to the facility and/or surcharges, assessments or fees due from the transferor pursuant to Article 28 of the Public Health Law with respect to the period of time prior to the applicant acquiring its interest, without releasing the transferor of its liability and responsibility. As of February 10, 2026, the facility had no outstanding Medicaid overpayment liabilities.

**Lease Agreement**

The applicant submitted an executed lease agreement; the terms are summarized below:

<b>Date:</b>	Amendment to Lease Agreement dated January 2 <sup>nd</sup> , 2024
<b>Premises:</b>	A 66-bed Skilled Nursing Facility located at 50 Maine Avenue, Rockville Centre, NY 11570
<b>Landlord:</b>	Rockville Holdings Property LLC
<b>Tenant:</b>	Rockville Skilled Nursing & Rehabilitation Center
<b>Terms:</b>	21 years with a termination date of December 31,2043.
<b>Rental:</b>	\$1,119,746 annually for year one with an annual 2% increase from year 2 going forward
<b>Provisions</b>	Triple Net

The lease arrangement is an arm's length agreement. The applicant submitted an affidavit attesting to no relationship between the landlord and the operating entity. The applicant submitted two real estate letters attesting to the reasonableness of the per square foot rental.

**Operations Administrative Services Agreement**

The applicant submitted an executed Operations Administrative and Services Agreement, summarized below:

<b>Date:</b>	December 14, 2023
<b>Consultant:</b>	CareRite Centers, LLC
<b>Facility:</b>	Rockville Holdings Operating, LLC
<b>Term:</b>	5-years with unlimited automatic 2-year renewals
<b>Services Provided:</b>	Administrative Services to include the following: Employee benefit and personal services, Oversee General maintenance and cleaning services for the facility, Clerical Services, Public relations services, Establish policies and procedures governing quality assurance, risk management and such other areas, Assistance with quality assurance activities to the extent permitted by Applicable law, Develop orientation and training plans to teach the policies and procedures of the company to all administrative personnel. CareRite shall also coordinate with third parties and the relevant government agencies to establish, update, and maintain policies, protocols, and procedures, HIPPA Compliance Services and Credentialing/Recredentialing Services
<b>Compensation:</b>	\$18,000 per month or \$216,000 annually

Rockville Holdings Operating, LLC, d/b/a Rockville Skilled Nursing & Rehabilitation Center retains ultimate control in all financial decisions associated with the services provided. The applicant submitted an executed attestation stating that the applicant understands and acknowledges that there are powers that must not be delegated, the applicant will not engage in any illegal delegation, and understands that the Department will hold the applicant accountable.

**Billing and Support Services Agreement**

The applicant submitted an executed Billing and Support Services Agreement, summarized below:

<b>Date:</b>	January 22, 2024
<b>Consultant:</b>	Comprehensive Healthcare Solutions, LLC
<b>Facility:</b>	Rockville Holdings Operating, LLC
<b>Term:</b>	1 year with automatic 1-year renewals with a 90-day cancelation clause available to either party.
<b>Services Provided:</b>	Billing Services
<b>Compensation:</b>	\$4,500 per month plus \$1,000 per month for the lease of the software and hardware to perform the service with a 5% annual increase.

Rockville Holdings Operating, LLC, d/b/a Rockville Skilled Nursing & Rehabilitation Center retains ultimate control in all financial decisions associated with the services provided. The applicant submitted an executed attestation stating that the applicant understands and acknowledges that there are powers that must not be delegated, the applicant will not engage in any illegal delegation, and understands that the Department will hold the applicant accountable.

## Accounts Services Agreement

The applicant submitted an executed Accounts Services Agreement, summarized below:

<b>Date:</b>	January 1, 2024
<b>Consultant:</b>	CareRite Services, LLC
<b>Facility:</b>	Rockville Holdings Operating LLC
<b>Term:</b>	Indefinite with a 120-day cancelation clause available to either party.
<b>Services Provided:</b>	Accounting Services which include the following: <ul style="list-style-type: none"><li>• Accounts Payable Services</li><li>• Cash Management Services</li><li>• Payroll Services</li><li>• Preparation of Financial Statements</li><li>• Purchasing Services</li></ul>
<b>Compensation:</b>	\$6,000 per month plus any software, postage, or any other cost that CareRite may incur while providing services.

Rockville Holdings Operating, LLC, d/b/a Rockville Skilled Nursing & Rehabilitation Center, retains ultimate control in all financial decisions associated with the services provided. The applicant submitted an executed attestation stating that the applicant understands and acknowledges that there are powers that must not be delegated, the applicant will not engage in any illegal delegation, and understands that the Department will hold the applicant accountable.

### Capability and Feasibility

There are no project costs associated with this application. The purchase price for the assets is the assumption by Rockville Nursing & Rehabilitation Center's accounts payable and accounts receivable at time of closing. The most current Internal Financial Statements as of December 31, 2025, show accounts receivable of \$1,720,649 and accounts payable of \$746,834. These amounts are subject to change based on the most current accounts payable and accounts receivable at the time of closing.

The working capital requirement of \$1,769,958, based on two months of the first year's expenses, will be funded through the proposed members' equity. BFA Attachment A, Proposed Members' Net Worth Summaries, shows the members have sufficient liquid assets to meet the acquisition and working capital equity requirements. BFA Attachment D, Pro-Forma Balance Sheet of Rockville Skilled Nursing and Rehabilitation Center, indicates a positive members' equity of \$2,996,000 as of the first day of operations.

The submitted budget indicates a net income of \$569,054 and \$631,994 during Years One and Three of operations, respectively. Revenues are based on current reimbursement methodologies. The submitted budget appears reasonable.

BFA Attachment E is the 2022-2024 Certified Financial Summary and the Internal Financial Summary for 1/1/25-12/31/2025 of Rockville Nursing and Rehabilitation Center, LLC. The 2022 -2024 Certified Financial Summary shows the facility maintained a negative average working capital position, a positive average net asset position, and an average net loss of (\$531,584). For the period 1/1/25-12/31/2025, the facility generated both positive working capital and net asset positions and generated a net income of \$758,744.

BFA Attachment C, is the 2022-2024 Certified Financial Statements and the Internal Financial Summaries of the proposed owners' related facilities for 1/1/25- 11/30/25 or 12/31/2025.

For 2022-2024, all facilities had average negative working capital positions, average positive net asset positions, and average positive net income. For the periods ending 11/30/2025 or 12/31/2025, all facilities had average positive net asset positions, working capital positions, and a net income. The following facilities are the exception to the above statement:

- Water's Edge Rehabilitation and Nursing Center and Emerald Peek Rehabilitation and Nursing Center had an average net loss for 2022-2024. For the period 1/1/25-11/30/25 only Emerald Peek had a net loss.
- Glengariff Rehabilitation and Healthcare, The Hamlet Rehabilitation and Healthcare Center at Nesconset, The Chateau at Brooklyn Rehabilitation and Nursing Center, Cortlandt Healthcare, Emerald Peek Rehabilitation and Nursing Center, St. James Rehabilitation and Health Center, and Water's Edge Rehabilitation and Nursing Center all had a negative working capital position for the period 1/1/2025-11/30/2025 or 1/1/2025-12/31/2025
- Glengariff Rehabilitation and Healthcare and Emerald Peek Rehabilitation and Nursing Center had an average negative net asset position for the period 2022-2024. For the period 1/1/25-11/30/25 only, Emerald Peek had a negative net asset position

**Conclusion**

The applicant has demonstrated the capability to proceed in a financially feasible manner.

<b>Attachments</b>
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LTCOP Attachment	Long-Term Care Ombudsman Program Recommendation
BHFP Attachment	Map
BFA Attachment A	Net Worth Statements of Rockville Holdings Operating, LLC members
BFA Attachment B	Organization Chart Rockville Holdings Operating, LLC
BFA Attachment C	Ownership Interest in Affiliated Nursing Homes for the proposed owners of Rockville Skilled Nursing & Rehabilitation Center and the 2022-2024 Certified 1/1/25-11/30/25 or 1/1/25-12/31/25 Internal Financials Summary of the affiliated nursing home facilities
BFA Attachment D	Proforma Balance Sheet of Rockville Skilled Nursing and Rehabilitation Center
BFA Attachment E	2022-2024 Certified and the Internal Financial Summary of Rockville Skilled Nursing & Rehabilitation Center for 1/1/25-12/31/25



Project # 232239-E
OLP SNF OPCO LLC d/b/a
Our Lady of Peace Nursing Care Residence

Program: Residential Health Care Facility
Purpose: Establishment

County: Niagara
Acknowledged: February 16, 2024

Executive Summary

Description

OLP SNF OPCO, LLC d/b/a Our Lady of Peace Nursing Care Residence (OLPSNF Opco), a New York limited liability company requests approval to be established as the new operator of Our Lady of Peace Nursing Care Residence (OLPNCR), a 250-bed, voluntary not-for-profit corporation, Article 28 Residential Health Care Facility (RHCF) at 5285 Lewiston Road, (Niagara County).

Our Lady of Peace, Inc d/b/a Our Lady of Peace Nursing Care Residence is the current operator and property owner of the facility. On October 10, 2024, OLPNCR, as seller, and OLPSNF Opco, as buyer, entered into a Second Amendment to Operations Transfer and Asset Purchase Agreement (APA) for the sale and acquisition of the RHCF's operating and interests for a purchase price of \$1,833,300.

On October 30, 2023, Our Lady of Peace, Inc., as seller, had entered into a Real Estate Purchase and Sale Agreement with Lewiston SNF PROPCO LLC, a Delaware limited liability company, for the acquisition of the real property for a purchase price of \$12,241,700. The proposed operator will lease the premises from Lewiston SNF Propco LLC, through a non-arm's length lease; familiar relations exist between the lessor and lessee.

There will be no change in beds or services provided, and the newly established nursing facility will continue to be known as Our Lady of Peace Nursing Care Residence .

Ownership of the operations before and after the requested change is as follows:

Table with 1 column: Current Operator. Content: Our Lady of Peace, Inc. (Not for Profit Corporation) - Affiliate of Ascension Living -

Table with 2 columns: Proposed Operator, Members, Ownership %. Content: OLP SNF OPCO, LLC d/b/a Our Lady of Peace Nursing Care Residence. Members: Pesach Brown (45%), Fayga Chapler (45%), Bernadette Roesch\* (10%).

\*Managing Member

Ownership of the realty before and after the requested change is as follows:

Table with 1 column: Current Realty Owner. Content: Our Lady of Peace, Inc.

Table with 2 columns: Proposed Realty Owner, Members, Ownership %. Content: Lewiston SNF Propco LLC. Members: Adam Offman (45%), Jacob Levene (20%), Josh Brown (20%), Yaakov Chapler (15%).

OALTC Recommendation

Contingent Approval

**Need Summary**

As of March 3, 2026, the facility reported 96.7% occupancy of its staffed beds, compared to 94.6% for Niagara County.

**Program Summary**

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

**Financial Summary**

There is no project cost associated with this application. The purchase price for the operations is \$1,833,300 and will be funded with members' equity of the Lewiston SNF Propco LLC. The purchase price for the real estate is \$12,241,700 and will be met with a bank loan of up to \$13,000,000 with a 5-year term, 20-year amortization at a 7.5% interest.

The proposed budget is as follows:

<u>Budget</u>	<u>Year One</u>	<u>Year Three</u>
Revenues	\$25,896,900	\$27,607,900
Expenses	<u>25,880,100</u>	<u>26,108,235</u>
Excess of Rev. over Exp.	\$16,800	\$1,499,665

**Health Equity Impact Assessment**

This project does not meet the requirements for a Health Equity Impact Assessment under Public Health Law §2802-B.

## **Recommendations**

### **Long Term Care Ombudsman Program**

The LTCOP recommends Approval. (See LTCOP Attachment A)

### **Health Systems Agency**

There will be no HSA recommendation for this project.

### **Office of Aging and Long-Term Care**

#### **Approval contingent upon:**

1. Submission of an executed working capital loan, acceptable to the Department of Health. [BFA]
2. Submission of an executed bank loan for the purchase of the realty, acceptable to the Department of Health. [BFA]
3. Submission of a commitment signed by the applicant which indicates that, within two years from the date of the council approval, the percentage of all admissions who are Medicaid and Medicare/Medicaid eligible at the time of admission will be at least 75 percent of the planning area average of all Medicaid and Medicare/Medicaid admissions, subject to possible adjustment based on factors such as the number of Medicaid patient days, the facility's case mix, the length of time before private paying patients became Medicaid eligible, and the financial impact on the facility due to an increase in Medicaid admissions. [RNR]
4. Submission of a plan to continue to enhance access to Medicaid residents. At a minimum, the plan should include, but not necessarily be limited to, ways in which the facility will: a. Reach out to hospital discharge planners to make them aware of the facility's Medicaid Access Program; b. Communicate with local hospital discharge planners on a regular basis regarding bed availability at the nursing facility; and c. Identify community resources that serve the low-income and frail elderly population who may eventually use the nursing facility, and inform them about the facility's Medicaid Access policy. [RNR]

#### **Approval conditional upon:**

1. This project must be completed by one year from the date of the approval letter, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]

### **Council Action Date**

May 7, 2026

# Need Analysis

## Background and Analysis

The service area is Niagara County, which has a population estimated to decrease by 4.1% to 202,034 by 2031 per projection data from the Cornell Program on Applied Demographics. Demographics for the primary service area are noted below, including a comparison with New York State.

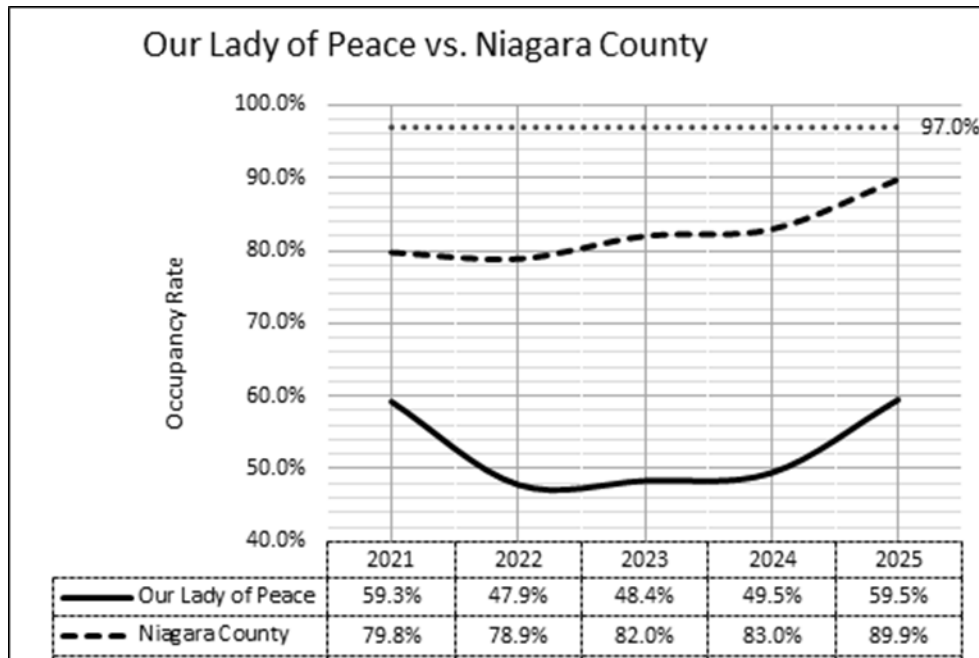
Demographics	Niagara County	New York State
Total Population (2024 Estimate)	210,721	19,852,366
Hispanic or Latino (of any race)	4.0%	19.88%
White (non-Hispanic)	82.1%	52.8%
Black or African American (non-Hispanic)	6.3%	13.4%
Asian(non-Hispanic)	1.2%	9.0%
Other (non-Hispanic)	6.4%	5.0%

Source: 2024 American Community Survey (5-Year Estimates Data Profiles)

The table below provides population estimates of individuals 65 years old and above in Niagara County and New York State.

	Niagara County Age Group 65-84	Niagara County Age Group 85+	New York State Age Group 65-84	New York State Age Group 85+
Estimated 2024 Population	38,893	5,537	3,108,608	445,420
Population Projection by 2031	47,268	6,925	3,749,085	638,383
Percent Change	+22.9%	+32.5	+20.6%	+43.3%

Source: 2024 American Community Survey (5-Year Estimates) and Cornell Program on Applied Demographics



Source: Occupancy through 2024 is from the RHCf cost reports, 2025 data is from non-certified Health Electronic Response Data System (HERDS)

The table below shows the CMS Rating and the utilization of the closest RHCs to Our Lady of Peace Nursing Care Residence in Niagara County.

Facility Name	CMS Overall Rating	RHC Beds	Distance from other RHCs	Occupancy			
	As of 2/2026			Miles/Time	2022	2023	2024
Our Lady of Peace Nursing Care Residence	5	250	0 miles/0 mins	47.9%	48.4%	49.5%	59.5%
Niagara Rehabilitation and Nursing Center	1	160	4.5 miles/11 mins	79.0%	83.0%	84.7%	91.5%
Schoellkopf Health Center	2	120	4.6 miles/11 mins	76.5%	87.4%	87.4%	90.8%
Elderwood at Wheatfield	2	123	9.6 miles/17 mins	83.4%	90.2%	88.0%	93.6%
North Gate Health Care Facility	4	200	11.9 miles/20 mins	86.6%	91.0%	93.8%	94.8%
Degraff Memorial Hospital-Skilled Nursing Facility	4	80	15.6 miles/24 mins	90.2%	91.3%	89.9%	95.9%
Lockport Rehab & Health Care Center	5	82	21.2 miles/ 33 mins	94.1%	93.6%	93.9%	96.1%

Source: Occupancy through 2024 is from the RHC cost reports, 2025 data is from non-certified Health Electronic Response Data System (HERDS)

Based on weekly census data, the facility reported that 71.6% of its 250 licensed beds were staffed and 69.2% occupied on March 3, 2026, resulting in a 96.7% occupancy rate of staffed beds. Niagara County had 95.9% of its 1,389 licensed beds staffed and 90.7% occupied, resulting in a 94.6% occupancy rate of staffed beds.

The applicant plans to increase utilization. They noted that 50 percent of the beds were taken offline from December 2022 to October 2024. Once the beds were approved by the local area office, the current operator did not have the staff available to service those beds. The change in occupancy that the facility encountered was a pending Collective Bargaining Agreement. A Collective Bargaining Agreement has been ratified, and rates for staff have increased. The seller and the buyer have agreed to work together in recruiting efforts for both staff and resident admissions. This includes establishing new marketing techniques, contact with the local area hospital discharge planners, and other potential sources of admission. The applicant provided the following plans to be undertaken by the proposed operator to increase utilization, improve community reputation and referral preference, reduce dependency on agency staffing, and strengthen operational stability at OLP. These plans include:

- assessing current referrals and defining populations for additional referrals
- internal planning including daily admissions meetings, bed readiness audits, and improving customer experience
- developing hospital partnerships, provider collaborations, and community outreach
- enhancing digital and media marketing
- improving staff recruitment and retention

The following table provides the Case Mix Index (CMI) for the facility and surrounding RHCs, which reflects the relative resources predicted to provide care to a resident. The New York State average CMI was 1.3520 and 1.2962 for Niagara County. The higher the case mix weight, the greater the resource requirement for the residents.

Case Mix Index	2023	
	All Payor Mix	Medicaid Only
Our Lady of Peace Nursing Care Residence	1.1833	1.0118
Niagara Rehabilitation and Nursing Center	1.1943	1.1718
Schoellkopf Health Center	1.2079	1.0957
Elderwood at Wheatfield	1.2512	1.1918
North Gate Health Care Facility	1.4091	1.3017
Degraff Memorial Hospital-Skilled Nursing Facility	1.244	1.1838
Lockport Rehab & Health Care Center	1.2761	1.3148

### Medicaid Access

To ensure that the Residential Health Care Facility needs of the Medicaid population are met, 10 NYCRR §670.3 requires applicants to accept and admit a reasonable percentage of Medicaid residents in their service area. The benchmark is 75% of the annual percentage of residential health care facility admissions that are Medicaid eligible individuals in their planning area. This benchmark may be increased or decreased based on the following factors:

- the number of individuals within the planning area currently awaiting placement to a residential health care facility and the proportion of total individuals awaiting such placement that are Medicaid patients and/or alternate level of care patients in general hospitals.
- the proportion of the facility's total patient days that are Medicaid patient days and the length of time that the facility's patients who are admitted as private paying patients remain such before becoming Medicaid eligible;
- the proportion of the facility's admissions who are Medicare patients or patients whose services are paid for under provisions of the federal Veterans' Benefit Law;
- the facility's patient case-mix based on the intensity of care required by the facility's patients or the extent to which the facility provides services to patients with unique or specialized needs;
- the financial impact on the facility due to an increase in Medicaid patient admissions.

An applicant will be required to make appropriate adjustments in its admission policies and practices to meet the resultant percentage. The facility's Medicaid admissions rate was above the threshold of 75% of the Niagara County rate for the year 2022, however, was lower than the county rate for the Year 2023 and 2024.

Medicaid Access	2022	2023	2024
Niagara County Total	17.6%	19.8%	24.8%
<i>Niagara County Threshold Value</i>	<i>13.2%</i>	<i>14.8%</i>	<i>18.6%</i>
Our Lady of Peace Nursing Care	13.6%	6.1%	18.4%

### Conclusion

There will be no changes to beds or services as a result of this application. As of March 3, 2026, the facility reported a 96.7% occupancy rate of its staffed beds, while Niagara County had a 94.6% occupancy rate of staffed beds.

## Program Analysis

### Program Description

	Existing	Proposed
<b>Facility Name</b>	Our Lady of Peace Nursing Care Residence	Same
<b>Address</b>	5285 Lewiston Road, Lewiston, New York 14092	Same
<b>RHCF Capacity</b>	250 beds	Same
<b>ADHCP Capacity</b>	N/A	N/A
<b>Type of Operator</b>	Not-for-Profit Corporation	Limited Liability Company
<b>Class of Operator</b>	Voluntary	Proprietary
<b>Operator</b>	<b>Our Lady of Peace, Inc.</b>  - Affiliate of Ascension Living -	<b>OLP SNF OPCO LLC d/b/a Our Lady Peace Nursing Care Residence</b>  Membership: Bernadette Roesch*            10% Pesach Brown                    45% Fayga Chapler                    45%  <i>*Managing Member</i>

### Character and Competence

**Bernadette Roesch** lists current employment as the VP of Operations at Crest Manor Living and Rehabilitation Center in Fairport, NY, East Side Nursing and Rehab in Warsaw, NY, and Kirkhaven in Rochester, NY. Previously, Bernadette was Administrator of Record at Kirkhaven, East Side Nursing and Rehab, Crest Manor Living and Rehabilitation Center, Absolut Care of Orchard Park, Absolut Care of Westfield, and Absolut Care of Allegany. Prior to Bernadette's employment as Administrator of Record at the aforementioned facilities, Bernadette was the Assistant Administrator at Absolut Care LLC, Regional Social Work Consultant at Absolut Care LLC, Assistant Administrator at Absolut Care of Orchard Park, and Director of Social Work at Absolut Care of Orchard Park. Bernadette holds a master's degree in social work from the University of Buffalo and a nursing home administrator certificate from D'Youville University. Bernadette Roesch is licensed as a Nursing Home Administrator in New York State with more than eight years of experience and discloses the following pending health care facility ownership interest:

New York Nursing Home

Kirkhaven (10%)

Pending

**Pesach (Chesky/Ken) Brown** lists employment as CEO of Fresh Scents Inc. in Ramsey, NJ. Fresh Scents sells/leases commercial scent systems to the healthcare industry. Previously, Pesach was the Sales Director of Tristate Surgical Supplies/MBS in Brooklyn, NY. Tristate provides medical supplies to nursing homes. Pesach Brown received a bachelor's degree in Talmudic law from Ner Israel College and discloses the following pending health care facility ownership interest:

New York Nursing Home

Kirkhaven (45%)

Pending

**Fayga Chapler** is currently a Homemaker. Previously, Fayga was an Account Manager with RushKing Promotions. Fayga received a high school diploma from Yeshiva of Brooklyn. Fayga Chapler discloses the following pending health care facility ownership interest:

New York Nursing Home

Kirkhaven (45%)

Pending

**Quality Review**

The proposed owners have been evaluated, in part, on the distribution of CMS Star ratings for their portfolios. For all proposed owners, the distribution of CMS star ratings for their facilities meets the standard described in state regulations.

CMS Star Rating Criteria					
		Duration of Ownership*			
		< 48 Months		48 months or more	
Proposed Owner	Total Nursing Homes	Number of Nursing Homes	Percent of Nursing Homes With a Below Average Rating	Number of Nursing Homes	Percent of Nursing Homes With a Below Average Rating
Bernadette Roesch	0	0	N/A	0	N/A
Pesach Brown	0	0	N/A	0	N/A
Fayga Chapler	0	0	N/A	0	N/A

\*Duration of Ownership as of 05/07/2026

Data date: 02/2026

**Review of Employment History**

The proposed owners disclosed they have no ownership interest in healthcare facilities. A review was conducted to ensure that the applicants have adequate relevant experience to conduct the affairs of the company.

Bernadette Roesch has more than eight years of experience as a Licensed Nursing Home Administrator (LNHA) with employment as follows:

- Supervisory Administrator of Record at Crest Manor Living and Rehabilitation Center from March 2024 to September 2024;
- LNHA at Kirkhaven from September 2023 to July 2024;
- LNHA at East Side Nursing Home from August 2022 to September 2023 and from February 2019 to October 2021;
- LNHA at Crest Manor Living and Rehabilitation Center from January 2022 to July 2022;
- LNHA at Absolut Center for Nursing & Rehab Orchard Park from June 2017 to December 2018;
- LNHA at Absolut Center for Nursing and Rehabilitation at Westfield from December 2016 to June 2017; and
- LNHA at Absolut Center for Nursing & Rehab Allegany from March 2015 to December 2016.

Currently, Bernadette Roesch is the VP of Operations at the following facilities:

- Crest Manor Living and Rehabilitation Center since August 2022;
- East Side Nursing Home since August 2022; and
- Kirkhaven since July 2024.

East Side Nursing Home has a CMS overall quality rating of 3 stars (average). Kirkhaven and Crest Manor Living and Rehabilitation Center have below average CMS overall quality ratings. To improve the quality at Kirkhaven and Crest Manor Living and Rehabilitation Center, the applicant provided the following:

**Kirkhaven– CMS 2-Star Rating**

Upon assuming operational control of Kirkhaven, the new operator will implement immediate and targeted interventions to address the decline in the Centers for Medicare & Medicaid Services Five-Star Rating.

Additional on-site administrative and clinical oversight will be established through increased hours by the Operator and QA Nurse to ensure daily monitoring of care delivery, documentation, and regulatory compliance. Staffing enhancements have been initiated in coordination with the current operator, including increased wage rates to recruit and retain qualified nursing staff, as well as restructuring CNA roles to include designated shower aides to improve resident hygiene and quality of care outcomes.

Formal weekly Risk and Quality Assurance meetings are being implemented and led by the current Operator, proposed operator and in conjunction with a QA nurse with participation from the interdisciplinary team. These meetings will focus on reviewing audit findings, identification of trends, and implementation of corrective actions across key areas including clinical care, customer service, and regulatory compliance.

Comprehensive audit tools have been developed and deployed facility-wide to monitor performance in real time. In addition, focused staff education and in-service training programs will be initiated to reinforce expectations related to resident care, service excellence, and adherence to policies and procedures.

These actions collectively establish a structured, accountable framework aimed at improving quality outcomes, enhancing resident satisfaction, and restoring the facility's CMS star rating.

**Crest Manor – CMS 1-Star Rating**

Steps were taken to stabilize the facility and restore clinical integrity.

Corrective actions included:

- Leadership changes initiated, including the replacement of the current Administrator and onboarding of a new Director of Nursing.
- Appointment of a House Manager to directly oversee aide performance and care routines.
- Deployment of regional QA and Educator staff to provide in-service education on documentation, nutrition monitoring, and clinical protocols.
- Standardization of weekly risk meetings
- Strengthening of audit tools, staff coaching, and interdisciplinary collaboration.

The plan includes mock survey cycles, staff competency validation, and structured leadership rounding. Our goal is to bring this facility into compliance and set it on a clear path toward quality improvement and CMS rating advancement.

<b>Facility</b>	<b>VP of Operations Since*</b>	<b>Overall</b>	<b>Health Inspection</b>	<b>Quality Measure</b>	<b>Staffing</b>
<b>New York</b>					
Our Lady of Peace Nursing Care Residence	Subject Facility	*****	****	*****	****
Kirkhaven	Current	**	**	****	**
	07/2024	**	***	**	*
Crest Manor Living and Rehabilitation Center	Current	*	*	****	*
	08/2022	**	***	****	*
East Side Nursing Home	Current	***	****	***	*
	08/2022	***	****	****	*

Data date: 02/2026

\*Please Note: Bernadette Roesch serves as the VP of Operations, not the operator, of these facilities and is not subject to the CMS Star Ratings Portfolio Assessment under 10 NYCRR §600.2(b)(5)(iv).

<b>Facility</b>	<b>Administrator Since*</b>	<b>Overall</b>	<b>Health Inspection</b>	<b>Quality Measure</b>	<b>Staffing</b>
<b>New York</b>					
<b>End-Dated as Administrator</b>					
Crest Manor Living and Rehabilitation Center†	09/2024	*	*	***	*
	03/2024	*	**	***	*
Kirkhaven	07/2024	**	***	**	*
	09/2023	***	***	****	**
East Side Nursing Home	09/2023	**	****	*	*
	08/2022	***	****	****	*
Crest Manor Living and Rehabilitation Center	07/2022	**	***	****	*
	01/2022	***	***	****	***
East Side Nursing Home	10/2021	*****	****	*****	**
	02/2019	****	***	****	****
Absolut Center for Nursing and Rehabilitation at Orchard Park	12/2018	*	*	*	****
	06/2017	*	*	**	**
Absolut Center for Nursing and Rehabilitation at Westfield	06/2017	*	*	**	*
	12/2016	*	*	*	***
Absolut Center for Nursing and Rehabilitation at Allegany	12/2016	*	*	***	**
	03/2015	***	****	**	*

\*Please Note: The above represents the time periods Bernadette Roesch served as the LNHA, not the operator, of these facilities and is not subject to the CMS Star Ratings Portfolio Assessment under 10 NYCRR §600.2(b)(5)(iv).

†Bernadette Roesch was the Supervisory Administrator of Record, supervising Andrew Joksimovic, the unlicensed provisional Administrator of Record for Crest Manor Living and Rehabilitation Center.

### **Enforcement History**

A review of the operations of the facilities while Bernadette Roesch was the VP of Operations/Administrator follows:

#### **New York**

A review of the operations of Kirkhaven under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was cited on 12/08/2025 for surveillance findings under F550 for failure to honor the residents right to a dignified existence, self-determination, communication, and to exercise his or her rights. The facility disputed the citation, which was upheld on 03/03/2026. Federal CMPs or State enforcement action resulting from this citation, if any, have yet to be issued.

A review of the operations of East Side Nursing Home under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was assessed federal CMPs of \$2,659 on 01/08/2024, \$2,098 on 01/02/2024 and \$4,233 on 12/11/2023 for failure to report COVID data under F884.
- The facility was assessed a federal CMP of \$650 on 07/05/2021 for failure to report COVID data under F884.

- The facility was fined \$2,000 pursuant to Stipulation and Order NH-21-146 for surveillance findings on 12/31/2020. Deficiencies were found under 10 NYCRR §415.19(a)(1) and §400.2 Infection Control. The facility failed to establish and maintain an infection control program under which it investigates, controls and takes action to prevent infections in the facility; and failed to implement appropriate universal precaution procedures for individual residents. Also, the facility failed to require all staff to be checked for COVID-19 symptoms, including a temperature check at the start of each shift and every 12 hours while on duty pursuant to the directives of the Department of Health.

A review of the operations of Crest Manor Living and Rehabilitation Center under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was fined \$32,000 pursuant to Stipulation and Order NH-25-023 for surveillance findings on 10/15/2024. Deficiencies were found under 10 NYCRR §415.12(1)(c) and (1)(a) – Quality of Care and 10 NYCRR §415.12(h)(1) – Quality of Care – Nutrition (2 citations). The facility was also assessed a federal CMP of \$41,360 on 10/15/2024 for failure to provide appropriate treatment and care according to orders, residents preference and goals under F684 at a G level, and for failure to provide enough food/fluids to maintain a resident's health under F692 at a G level.
- The facility was fined \$2,000 pursuant to Stipulation and Order NH-23-097 for surveillance findings on 04/18/2023. Deficiencies were found under 10 NYCRR §415.19 Infection Control. The facility failed to ensure staff adhere to its infection prevention and control policies, as outlined in the Statement of Deficiencies. Specifically, there were three observed instances of a failure to use appropriate hand hygiene, unsanitary storage of medication, unsanitary care of an indwelling urine catheter drainage bag, and failure to clean/disinfect resident care equipment after use.
- The facility was fined \$2,000 pursuant to Stipulation and Order NH-24-022 for surveillance findings on 12/22/2022. Deficiencies were found under 10 NYCRR §415.19(a) Infection Control. The facility failed to screen a resident for prior COVID-19 immunization before administration of the COVID-19 booster immunization.

A review of the operations of Absolut Center for Nursing & Rehab Orchard Park under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

A review of the operations of Absolut Center for Nursing & Rehab Westfield under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

A review of the operations of Absolut Center for Nursing and Rehabilitation at Allegany under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

### **Conclusion**

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §2801-a(3).

## Financial Analysis

### Operating Budget

The applicant has provided an operating budget, in 2026 dollars, for the first and third years subsequent to the change of ownership. The budget is summarized below:

	<u>Current Year</u>		<u>Year One</u>		<u>Year Three</u>	
	<u>Per Diem</u>	<u>Total</u>	<u>Per Diem</u>	<u>Total</u>	<u>Per Diem</u>	<u>Total</u>
<u>Revenues</u>						
Commercial FFS	\$477.60	\$369,185	\$525.31	\$7,937,900	\$538.42	\$8,578,700
Medicare FFS	\$698.42	970,112	\$666.95	1,626,683	\$683.86	1,823,843
Medicare MC	\$499.55	1,062,041	\$667.15	1,173,517	\$683.83	1,202,857
Medicaid FFS	\$226.10	7,572,219	\$220.67	13,367,161	\$220.67	14,122,861
Medicaid MC	\$226.10	701,362	\$220.67	526,739	\$220.67	526,739
Private Pay	\$475.02	2,037,835	\$603.99	1,014,100	\$619.32	1,096,200
All Other		<u>130,246</u>		<u>249,600</u>		<u>255,500</u>
Total Revenue		\$12,843,000		\$25,895,700		\$27,606,700
Other Oper. Rev.		<u>1,555,000</u>		<u>1,200</u>		<u>1,200</u>
Total Project Rev.		\$14,398,000		\$25,896,900		\$27,607,900
<u>Expenses</u>						
Operating	\$406.42	\$18,358,049	\$287.42	\$24,129,100	\$275.12	\$24,352,185
Capital	\$33.58	<u>1,516,951</u>	\$20.86	<u>1,751,000</u>	<u>\$19.84</u>	<u>1,756,050</u>
Total Expenses	\$440.00	\$19,875,000	\$308.28	\$25,880,100	\$294.96	\$26,108,235
Excess of Rev. over Exp.		<u>\$(5,477,000)</u>		<u>\$16,800</u>		<u>\$1,499,665</u>
Patient Days		45,170		83,950		88,516
Occupancy		49.50%		92.00%		97.00%

The following is noted with respect to the submitted budget:

- The Current Year revenue and expenses reflect facility's 2024 Audited Financial Statements. Current Year utilization reflects facility's 2024 payor mix.
- All Other revenue is comprised of Medicare Part B. Other Operating Revenue is comprised of \$946,975 NYS Assessment, \$48,988 program revenue and discounts, \$16,233 barber and beauty shop revenue, \$24,324 cafeteria revenue, and \$518,480 other revenue.
- Patient days and payor mix in Years One and Three were projected based on a normalized occupancy and in line with similar facilities.
  - The drop in census is attributable to a flood at the facility, resulting in approximately 50% of the beds being taken temporarily offline. The current operator experienced delays bringing the beds back online, as well as staffing challenges attributable to the Collective Bargaining Agreement (CBA).
  - The CBA has since been ratified, and the current operator has been able to attract and retain new staff. The seller and the buyer have agreed to work together in recruiting efforts for staff and resident admissions, including establishing new marketing techniques, contact with local area hospital discharge planners and other potential sources of admission.
- Private and other insurance rates in Years One and Three are based on similar facilities in the same geographical area and are increased by 2.5%.
- Medicare rates are projected based on full Federal rates for the Medicare Prospective Payment System in effect for 2023 and are increased by 2.5%.
- Medicaid rates in Years One and Three are projected based on 2023 rate of \$210.64 less \$15.65 in voluntary capital, plus \$12.30 in capital and \$13.38 per-diem receipts. The applicant does not have updated 2024 or 2025 rates; material variance is not anticipated.

- Breakeven utilization is projected at 91.94% or 83,895 patient days for Year One and 91.73% or 83,708 patient days for Year Three.

Utilization by payor source is summarized below:

<u>Payor</u>	<u>Current Year</u>		<u>Year One</u>		<u>Year Three</u>	
	<u>Patient Days</u>	<u>%</u>	<u>Patient Days</u>	<u>%</u>	<u>Patient Days</u>	<u>%</u>
Commercial FFS	773	1.71%	15,111	18.00%	15,933	18.00%
Medicare FFS	1,389	3.08%	2,439	2.90%	2,667	3.01%
Medicare MC	2,126	4.71%	1,759	2.10%	1,759	1.99%
Medicaid FFS	33,490	74.14%	60,575	72.16%	64,000	72.30%
Medicaid MC	3,102	6.87%	2,387	2.84%	2,387	2.70%
Private Pay	<u>4,290</u>	<u>9.49%</u>	<u>1,679</u>	<u>2.00%</u>	<u>1,770</u>	<u>2.00%</u>
Total	45,170	100.00%	83,950	100.00%	88,516	100.00%

### **Amended and Restated Operations Transfer and Asset Purchase Agreement**

The applicant has submitted an executed Amended and Restated Operations Transfer and Asset Purchase Agreement for the RHCF's operating interest. The terms of the agreement are summarized below:

<b>Date:</b>	October 11, 2024
<b>Seller:</b>	Our Lady of Peace, Inc. d/b/a Our Lady of Peace Nursing Care Residence
<b>Buyer:</b>	OLP SNF OPCO LLC
<b>Purchased Assets:</b>	All assets in final working capital, all personal property, motor vehicles owned for operations, assumed contracts, permits and approvals named by the seller, books, records and financial records, goodwill associated with operations, and resident funds in trusts, names and symbols, restricted gifts including donor gifts, and all real property owned or leased by seller.
<b>Excluded Assets: (Operational)</b>	Excluded assets are claims, appeals, rights, cash or credits due to seller, third party with respect to limitations and effective time limits, insurance proceeds and accounts receivable from prior rendering of service, computer hardware, software solutions and programs of the seller.
<b>Purchase Price:</b>	Purchase price is "Base Purchase Price" of \$1,833,300, plus "Net Working Capital" estimated at negative \$526,000, minus Assumed Debt estimated at \$0, resulting in a Purchase Price of \$1,357,300, held in escrow with Landmark Abstract Agency, LLC at 207 Rockaway Turnpike, Lawrence, NY 11559.
<b>Payment of Purchase Price:</b>	Purchase Price will be funded by the members of the Lewiston SNF Propco, LLC and transfer within (3) days immediately by wire in U.S. Dollars. Purchase Price may be adjusted depending on methodologies, working capital need and assumed debt. mutually agreed upon.

### **First Amendment to Real Estate Purchase and Sale Agreement**

The applicant has submitted an executed First Amendment to Agreement Real Estate Purchase and Sale Agreement to acquire the RHCF's realty interests. The terms are summarized below

<b>Date:</b>	October 30, 2023
<b>Seller:</b>	Our Lady of Peace, Inc.
<b>Buyer:</b>	Lewiston SNF PROPCO LLC
<b>Property:</b>	250-bed skilled nursing facility commonly known as Our Lady of Peace located 5285 Lewiston Road, Lewiston, NY, 14092
<b>Amendment</b>	Section 5(a) of the agreement is deleted.

## Real Estate Purchase and Sale Agreement

The applicant has submitted an executed Real Estate Purchase and Sale Agreement to acquire the RHCF's realty interests. The terms are summarized below:

Date:	October 30, 2023
Seller:	Our Lady of Peace, Inc.
Buyer:	Lewiston SNF PROPCO LLC
Facility:	250-bed skilled nursing facility commonly known as Our Lady of Peace located 5285 Lewiston Road, Lewiston, NY, 14092
Assets Acquired:	All right, title, and interest of the seller in and to (i) the land, (ii) all rights appurtenant to the land including, without limitation, all rights with respect to (a) minerals, oil, gas and other hydrocarbon substances, (b) access, air, water, riparian and development, and (c) easements, interests in roadways and strips, and (iii) all improvements, structures, and fixtures located upon the Land.
Purchase Price:	\$12,241,700
Payment of Purchase Price:	The Purchase Price for the Property shall be adjusted on the closing date (as defined below) by the prorations and credits specified in this Agreement, which amount shall be paid by wire transfer of immediately available federal funds (through the escrow described in Section 5) on the Closing Date.
Closing Costs:	At Closing, Buyer shall pay (a) the costs associated with the survey (b) all of the title insurance premiums for the Owner's Policy and any endorsements, (c) 50% of all escrow charges, (d) all recording fees for the Deed, (e) all fees, costs and expenses in connection with Buyer's due diligence reviews and (f) all city, county, and local transfer taxes.

The applicant has submitted an original affidavit, which is acceptable to the Department, in which the applicant agrees, notwithstanding any agreement, arrangement or understanding between the applicant and the transferor to the contrary, to be liable and responsible for any Medicaid overpayments made to the facility and/or surcharges, assessments or fees due from the transferor pursuant to Article 28 of the Public Health Law with respect to the period of time prior to the applicant acquiring its interest, without releasing the transferor of its liability and responsibility. As of February 9, 2026, the facility has no outstanding Medicaid overpayment liabilities.

## Master Lease Agreement

The applicant submitted an executed master lease agreement for the RHCF. The terms are summarized as follows:

Date:	August 29, 2025, lease is not effective until receipt of approval of CON project 232239.
Facility:	250-bed skilled nursing home facility commonly known as Our Lady of Peace located at 5285 Lewiston Road, Lewistown, New York 14092.
Lessor:	Lewiston SNF PROPCO LLC
Lessee:	OLP SNF Opco LLC
Terms:	20 years with two (2) additional 5-year extensions
Base Rent:	\$1,500,000 (\$125,000 monthly). Base rent shall be subject to an increase of 1% of prior year's Base Rent.
Security Deposit:	Three (3) months' rent
Provisions:	Lessee is responsible for taxes, utilities, insurance.

The applicant has submitted an affidavit stating that the lease agreement is a non-arm's length arrangement in that Lewiston SNF Propco, LLC and OLP SNF Opco, LLC have familial relations between the lessor and lessee.

## **Capability and Feasibility**

There are no project costs associated with this application. The purchase price for the operations of \$1,833,300 will be met with equity from members of the Lewiston SNF Propco, LLC. The purchase price for the real estate of \$12,241,700 will be met with a bank loan of up to \$13,000,000 with a 5-year term, 20-year amortization at 7.5% interest. Payments will be interest only monthly for months 1 – 24, converting to monthly principal and interest on a 20-year amortization for the remaining term. Midland States Bank has provided a letter of interest at the stated terms. Adam Offman and Josh Brown provided affidavits indicating that both will provide equity related to the real estate re-financing of the proposed loan commitment should refinancing not be available.

The working capital requirement is estimated at \$4,313,350 based on two months of the first year's expenses. Working capital will be funded using \$2,156,675 in members' equity and a loan up to \$2,500,000 at SOFR + 4.25% for an estimated interest of 7.95% and a 3-year term. Dwight Healthcare Funding has provided a letter of interest at the stated terms. BFA Attachment A, Net Worth Statement of the Proposed Members of OLPSNF, shows sufficient resources for the stated levels of equity contributions.

BFA Attachment E, Pro-Forma Balance Sheet, indicates a positive members' equity of \$4,936,700 as of the first day of operations. It is noted that assets include \$2,410,000 in goodwill, which is not an available liquid resource, nor is it recognized for Medicaid reimbursement purposes. Excluding goodwill, members' equity would be \$2,526,700.

The submitted budget projects an excess of revenue over expenses of \$16,800 and \$1,499,665 in Years One and Three, respectively. The current operator experienced delays bringing the beds back online after a flood at the facility, as well as staffing challenges attributable to the collective bargaining agreement (CBA). The CBA has since been ratified, and the current operator has been able to attract and retain new staff. The seller and the buyer have agreed to work together in recruiting efforts for staff and resident admissions, including establishing new marketing techniques, contact with local area hospital discharge planners and other potential sources of admission. The budget appears reasonable.

BFA Attachment C, 2022-2024 Financial Summary and November 2025 Internal Financial Statements for Ascension Living Our Lady of Peace, Inc., indicate that between 2022 and 2024 the facility reported an average negative working capital, an average negative equity position, and an average excess of expenses over revenue of \$4,598,333. For the eleven-month period ending November 30, 2025, the facility reported negative working capital, a positive net position, and an excess of expenses over revenue of \$4,870,819. The applicant indicated that the negative working capital was due to the facility operating at below normal occupancy levels, delays in bringing beds back online, staffing shortages, and increases in operating costs. Certain corporate allocations (for centralized leadership and shared costs including clinical support, compliance, revenue cycle, finance, HR, IT and performance management) continue to have an adverse impact on overall profitability.

Management has implemented operational initiatives focused on census growth, transitioning away from contract labor through permanent staffing, improved charge capture, and tighter cost management. Throughout 2025 the facility reported improvements in average daily census, increasing from 140 to 168 between January and November. This resulted in improved net patient service revenues and a smaller loss. Additional remedies include strengthening referral management and their admissions process, as well as scheduling optimization.

## **Conclusion**

The applicant has demonstrated the capability to proceed in a financially feasible manner.

## **Attachments**

LTCOP Attachment	Long-Term Care Ombudsman Program Recommendation
BHFP Attachment	Map
BFA Attachment A	OLPSNF, LLC – Proposed Members Net Worth Summary Lewiston SNF PROPCO LLC – Member Net Worth Summary
BFA Attachment B	Organization Chart – Proposed Members of OLP SNF OPCO LLC
BFA Attachment C	2022-2024 Financial Summary and November 2025 Internal Financial Statements for Ascension Living Our Lady of Peace, Inc.
BFA Attachment D	2024 Audited Financial Statements – Ascension Living Our Lady of Peace, Inc.
BFA Attachment E	Our Lady of Peace Nursing Care Residence Pro Forma Balance Sheet



**Project # 252172-E**

**PACE at Hudson Headwaters, Inc.**

**Program:** LHCSA  
**Purpose:** Establishment

**County:** Warren  
**Acknowledged:** November 4, 2025

**Executive Summary**

**Description**

PACE at Hudson Headwaters, Inc. requests approval to establish a new Licensed Home Care Services Agency (LHCSA) pursuant to Article 36 of the Public Health Law.

The LHCSA will exclusively serve enrollees of the Hudson Headwater's Article 44 Program of All-Inclusive Care for the Elderly (PACE). PACE at Hudson Headwaters serves individuals in Saratoga, Warren and Washington counties enrolled in the PACE program.

Hudson Headwaters Health Network will be the sole member of PACE at Hudson Headwaters, Inc.

**OALTC Recommendation**

Approval

**Need Summary**

In accordance with 10 NYCRR §765-1.16(c)(3), this application is exempt from Public Need review as the agency will exclusively serve the Program of All-Inclusive Care for the Elderly (PACE), as attested to by the current operator.

**Program Summary**

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

**Financial Summary**

In accordance with 10 NYCRR §765-1.2(b)(3), the applicant has submitted financial documents prepared and signed by the Vice President of Finance & Contracts demonstrating the financial feasibility of the agency.

## Recommendations

### **Health Systems Agency**

There will be no HSA recommendation for this project.

### **Office of Aging and Long-Term Care**

#### **Approval conditional upon:**

1. This project must be completed by one year from the date of the approval letter, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date.  
[PMU]

### **Council Action Date**

May 7, 2026

## **Program Analysis**

### **Program Description**

PACE at Hudson Headwaters, Inc. requests approval to establish a new Licensed Home Care Services Agency (LHCSA) solely for the purpose of providing home care services to individuals in Saratoga, Warren and Washington counties enrolled in the PACE at Hudson Headwaters program.

Hudson Headwaters Health Network will be the sole member of PACE at Hudson Headwaters, Inc.

The applicant proposes to serve the residents of the following counties enrolled in the PACE at Hudson Headwaters:

- Saratoga
- Warren
- Washington

The applicant proposes to provide the following healthcare services:

- Nursing
- Home Health Aide
- Medical Supplies, Equipment and Appliances

### **Character and Competence Review**

PACE at Hudson Headwaters, Inc. will be comprised of the following board members:

#### **Patricia Auer (Board Officer/Secretary)**

##### Employment:

- Retired October 31, 2018

##### Affiliations:

- PACE at Hudson Headwaters, (PACE), (January 2022 – Present)
- Hudson Headwaters Health Network, (February 2021 – Present)

#### **Michele Boxley (Executive Officer)**

##### Employment:

- Vice President of Finance and Contracts, PACE at Hudson Headwaters, (February 2023 – Present)

##### Affiliations:

- Four Winds Hospitals, (Article 31 Hospital), (October 2013 – January 2023)
- PACE at Hudson Headwaters, (PACE), (February 2023 – Present)

#### **Jason Miller (Board Director)**

##### Employment:

- Deputy Chief of Police, Hudson Falls Police Department, (September 2023 – Present)

##### Affiliations:

- PACE at Hudson Headwaters, (PACE), (March 2025 – Present)

### **Michael Miles (Executive Officer)**

#### Employment:

- Chief Medical Officer, PACE at Hudson Headwaters, (January 2023 – Present)
- Physician, Hudson Headwaters Health Network, (May 2019 – Present)

#### Affiliations:

- PACE at Hudson Headwaters, (PACE), (January 2024 – Present)
- Elderwood at North Creek, (RHCF), (June 2019 – January 2024)
- Glens Falls Center for Rehabilitation and Nursing, (RHCF), (July 2020 – March 2022)
- High Peaks Hospice and Palliative Care, Inc., (Hospice), (May 2017 – December 2023)

### **James Morris (Treasurer)**

#### Employment:

- President, Berkshire Bank, A Division of Beacon Bank & Trust, (September 2015 – Present)

#### Affiliations:

- PACE at Hudson Headwaters, (PACE), (July 2021 – Present)
- Hudson Headwaters Health Network, (February 2016 – February 2025)

### **Robert Nemer (Board Director)**

#### Employment:

- Vice President, Nemer Motor Group, (1971 – Present)

#### Affiliations:

- PACE at Hudson Headwaters, (PACE), (February 2024 – Present)
- Hudson Headwaters Health Network, (February 2022 – Present)

### **Donna Nichols (Board Officer/Vice-Chairperson)**

#### Employment:

- CEO/Executive Director, Civic Center of Moreau, Inc. d/b/a Moreau Community Center, (January 2010 – Present)

#### Affiliations:

- PACE at Hudson Headwaters, (PACE), (July 2021 – Present)
- Hudson Headwaters Health Network, (February 2018 – Present)

### **Heather O'Connor (Board Director)**

#### Employment:

- Program Director Center of Excellence Director, Glens Falls Hospital, (October 2014 – Present)

#### Affiliations:

- PACE at Hudson Headwaters, (PACE), (March 2025 – Present)
- Center of Excellence for Alzheimer's Disease at Glens Falls Hospital, (Hospital), (May 2017 – Present)

**Kevin Porpora (Board Officer/Chairperson)**

Employment:

- Residential Mortgage Originator, Arrow Bank, (December 2001 – Present)

Affiliations:

- PACE at Hudson Headwaters, (PACE), (July 2021 – Present)
- Hudson Headwaters Health Network, (February 2025 – Present)

**Peter Reale (Board Director)**

Employment:

- Retired Owner/President, Reale Construction Co. Inc., (May 1979 – December 2025)

Affiliations:

- PACE at Hudson Headwaters, (PACE), (July 2021 – Present)
- Hudson Headwaters Health Network, (February 2016 – February 2025)

**Christine Rowe-Button, M.D. (Board Director)**

Employment:

- Diagnostic Radiologist, Community Care Physicians, (February 2023 – Present)

Affiliations:

- PACE at Hudson Headwaters, (PACE), (February 2024 – Present)
- Hudson Headwaters Health Network, (February 2024 – Present)

**Sharon Shannon (Board Director)**

Employment:

- Retired Family Nurse Practitioner, Hudson Headwaters Health Network, (February 2014 – June 2021)

Affiliations:

- PACE at Hudson Headwaters, (PACE), (February 2025 – Present)
- High Peaks Hospice and Palliative Care, (Hospice), (January 2021 – January 2025)

**David Tucker Slingerland, M.D. (Board Director, Ex-Officio, Executive Officer)**

Employment:

- CEO, PACE at Hudson Headwaters, (January 2022 – Present)
- CEO, Hudson Headwaters Health Network, (September 2008 – Present)

Affiliations:

- Network for Health IPA, LLC, (IPA), (February 2024 – Present)
- PACE at Hudson Headwaters, (PACE), (January 2022 – Present)
- Adirondack Health Institute, (February 2019 – Present)
- Hixny, Nonprofit Health Information Network, (January 2018 – January 2020)
- Adirondacks Accountable Care Organization, (February 2013 – February 2021)

**Linda Spokane (Executive Officer)**

Employment:

- President & Program Director, PACE at Hudson Headwaters, (January 2024 – Present)
- Vice-President of Population Health, Hudson Headwaters Health Network, (October 2017 – December 2023)

Affiliations:

- Warren Washington Association for Mental Health, Inc. d/b/a ASCEND Mental Wellness, (Non-Profit Community Based Mental), (July 2023 – Present)
- PACE at Hudson Headwaters, (PACE), (January 2024 – Present)

Hudson Headwaters Health Network will be comprised of the following board members:

**Charles Barton (Board Director)**

Employment:

- Chief Executive Officer, Warren Washinton Industrial Development Agency, (August 2022 – Present)

Affiliations:

- Hudson Headwaters Health Network, (February 2025 – Present)

**William Borgos, M.D. (Executive Officer)**

Employment:

- Physician & Chief Medical Officer, Hudson Headwaters Health Network, (May 2003 – Present)

Affiliations:

- No offices held or ownership interests in other health facilities.

**Vicki Demarse-Giroux (Board Director)**

Employment:

- Benefits Director, Champlain Valley Educational Services (CEWW BOCES), (October 2020 – Present)

Affiliations:

- Hudson Headwaters Health Network, (December 2021 – Present)
- CEWW Health Insurance Consortium, (CEWW BOCES), (October 2020 – Present)

**Thomas Dodd (Board Officer-Chairperson)**

Employment:

- Manager, Putnam Camp, (February 2020 – Present)

Affiliations:

- Hudson Headwaters Health Network, (November 2021 – Present)
- Franklin Essex Hamilton Co. BOCES, (September 2014 – June 2019)

**Deana Ketchum (Board Director)**

Employment:

- Owner, New Collar Goods, (2015 – Present)

Affiliations:

- Hudson Headwaters Health Network, (February 2022 – Present)

**Megan Mayo (Board Director)**

Employment:

- Owner, Megan L. Mayo DDS, PLLC. (January 2022 – Present)

Affiliations:

- Hudson Headwaters Health Network, (February 2025 – Present)

**Deborah Morris (Board Director)**

Employment:

- Co-Founder/Owner, Bark Eater Chocolates, (2008 – Present)

Affiliations:

- Hudson Headwaters Health Network, (March 2025 – Present)

**Laura Pasco (Executive Officer)**

Employment:

- EVP, Chief Financial Officer, Hudson Headwaters Health Network, (September 2022 – Present)

Affiliations:

- Network for Health IPA, LLC, (IPA), (February 2024 – Present)

**Steven Shafer (Board Director)**

Employment:

- Superintendent, Raquette Lake Union Free School District, (September 2023 – Present)

Affiliations:

- Hudson Headwaters Health Network, (July 2024 – Present)

**Brittany Silvestri (Executive Officer)**

Employment:

- EVP, Chief Operating Officer, Hudson Headwaters Health Network, (March 2017 – Present)

Affiliations:

- Network for Health IPA, LLC, (IPA), (March 2025 – Present)
- Adirondacks Accountable Care Organization, (ACO), (July 2023 – Present)

**Darren Woods (Board Director)**

Employment:

- Artistic Director/Development, Seagle Music Colony Inc. (Seagle Festival), (1996 – Present)

Affiliations:

- Hudson Headwaters Health Network, (February 2023 – Present)

Please see Attachment A for the full list of providers that fall under the Hudson Headwaters Health Network, Inc.

A search of the individuals and entities named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

The Office of Professions of the State Education Department, the New York State Physician Profile, and the Office of Professional Medical Conduct, where appropriate, indicate no issues with the licensure of the health professionals associated with this application.

**Facility Compliance/Enforcement**

A review of the compliance history of the above-mentioned affiliated facilities reveals the following:

- Glens Falls Hospital was fined \$10,000 pursuant to a Stipulation and Order BHS-25-038 for violation of Article 28 of the Public Health Law and 10 NYCRR §405.7(b)(3) on February 20, 2025.
- Glens Falls Center for Rehabilitation and Nursing was fined \$10,000 pursuant to a Stipulation and Order #NH-23-001 for violation of the Public Health Law Article 28 and 10 NYCRR §415.3(a) and (f) on October 6, 2022.
- Glens Falls Center for Rehabilitation and Nursing was fined \$6,000 pursuant to a Stipulation and Order #NH-20-038 for violation of the Public Health Law §2803(4), 10 NYCRR §415.19(a)(1), §415.19(a)(2), §415.19(b)(4) and Governor’s Executive Order 202.11 on April 30, 2020.
- Elderwood at North Creek was fined \$4,000 pursuant to a Stipulation and Order #NH-21-165 for violation of Article 28 of the Public Health Law, Title 10 NYCRR §415.19(a)(1) and (b)(4) Infection Control on July 29, 2021.

The information provided by the Center for Residential Surveillance has indicated that the applicant has provided sufficient supervision to prevent harm, maintain the health, safety, and welfare of residents, and to prevent recurrent code violations.

**Need Review**

In accordance with 10 NYCRR §765-1.16(c)(3), this application is exempt from Public Need review as the agency will exclusively serve the Program of All-Inclusive Care for the Elderly (PACE), as attested to by the current operator.

**Financial Review**

In accordance with 10 NYCRR §765-1.2(b)(3), the applicant has submitted financial documents prepared and signed by the Vice President of Finance & Contracts demonstrating the financial feasibility of the agency.

**Workforce Review**

The applicant’s response regarding the recruitment and retention of the workforce was adequately addressed in their project narrative. Please refer to Attachment B for the agency’s Workforce Summary.

**Conclusion**

A review of the Personal Qualifying Information indicates that the applicant has the required character and competence to operate a Licensed Home Care Services Agency.

The individual background review indicates the proposed members have met the standard for approval as set forth in New York State Public Health Law §3605.

**Attachments**

OALTC Attachment A	List of Facilities for Hudson Headwaters Health Network, Inc.
OALTC Attachment B	Workforce Summary



**Project # 222245-E**

**Family Respite Homecare Agency, Inc.**

**Program:** LHCSA  
**Purpose:** Establishment

**County:**  
**Acknowledged:** December 23, 2022

**Executive Summary**

**Description**

Family Respite Homecare Agency, Inc., a Licensed Home Care Services Agency (LHCSA) located at 818 57<sup>th</sup> Street, Unit 2a, Brooklyn, New York, 11220, requests approval for the transfer of 90.1% ownership interest from one withdrawing shareholder to the remaining shareholder.

There are no proposed changes to the counties served or services provided.

**OALTC Recommendation**

Approval

**Need Summary**

In accordance with 10 NYCRR §765-1.16(c)(2), this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

**Program Summary**

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

**Financial Summary**

In accordance with 10 NYCRR §765-1.2(b)(3) the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

## Recommendations

### **Health Systems Agency**

There will be no HSA recommendation for this project.

### **Office of Aging and Long-Term Care**

#### **Approval conditional upon:**

1. This project must be completed by one year from the date of the approval letter, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date.  
[PMU]

### **Council Action Date**

May 7, 2026

## **Program Analysis**

### **Program Description**

Family Respite Homecare Agency, Inc. requests approval for the transfer of 90.1% ownership interest from one withdrawing shareholder to the remaining shareholder.

There are no proposed changes to the counties served or services provided.

The current membership of Family Respite Homecare Agency, Inc. is as follows:

- Karen Rabinovich (90.1%)
- Justin Zhu (9.9%)

The proposed membership of Family Respite Homecare Agency, Inc. will be as follows:

- Justin Zhu (100%)

The applicant will continue to serve the residents of the following counties:

- Bronx
- Kings
- Nassau
- New York
- Queens
- Richmond

The applicant will continue to provide the following healthcare services:

- Audiology
- Home Health Aide
- Homemaker
- Housekeeper
- Medical Social Services
- Medical Supplies, Equipment and Appliances
- Nursing
- Nutritional
- Personal Care
- Therapy – Occupational
- Therapy – Physical
- Therapy – Respiratory
- Therapy – Speech Language Pathology

### **Character and Competence Review**

Family Respite Homecare Agency, Inc. will be comprised of the following individual:

#### **Justin Zhu (100%)**

##### Employment:

- Billing Manager, Family Respite Homecare Agency, Inc., (July 2020 – Present)

##### Affiliations:

- Family Respite Homecare Agency, Inc. (LHCSA), (February 2018 – Present)

A search of the individuals and entities named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

**Facility Compliance/Enforcement**

The information provided by the Center of Home and Community Based Services has indicated that the applicant has provided sufficient supervision to prevent harm, maintain the health, safety, and welfare of residents, and to prevent recurrent code violations.

**Need Review**

In accordance with 10 NYCRR §765-1.16(c)(2), this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

**Financial Review**

In accordance with 10 NYCRR §765-1.2(b)(3) the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

**Workforce Review**

The applicant’s response regarding the recruitment and retention of the workforce was adequately addressed in their project narrative. Please refer to Attachment A for the agency’s Workforce Summary.

**Conclusion**

A review of the Personal Qualifying Information indicates that the applicant has the required character and competence to operate a Licensed Home Care Services Agency.

The individual background review indicates the proposed members have met the standard for approval as set forth in New York State Public Health Law §3605

**Attachments**

OALTC Attachment A	Workforce Summary
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**Project # 231045-E**  
**Medford Hamlet LLC d/b/a Medford Hamlet Home Care**

**Program:** LHCSA  
**Purpose:** Establishment

**County:** Suffolk  
**Acknowledged:** February 17, 2023

**Executive Summary**

**Description**

Medford Hamlet LLC d/b/a Medford Hamlet Home Care, an existing Licensed Home Care Services Agency (LHCSA), located at 1529 North Ocean Avenue, Medford, New York 11763, requests approval to transfer 66.667 % ownership interest from two deceased members to two existing members and three new members.

This application is associated with an Adult Care Facility/Assisted Living Program (ALP), Braemar Living at Medford, which is located at the same address. The agency will be serving both the Assisted Living Program (ALP), as well as patients outside of the ALP.

There are no proposed changes to the counties served or services provided.

**OALTC Recommendation**

Approval

**Need Summary**

In accordance with 10 NYCRR Section 765-1.16(c)(2), this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

**Program Summary**

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

**Financial Summary**

In accordance with 10 NYCRR 765-1.2(b)(3) the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating financial feasibility of the agency.

## Recommendations

### **Health Systems Agency**

There will be no HSA recommendation for this project.

### **Office of Aging and Long-Term Care**

#### **Approval conditional upon:**

1. This project must be completed by one year from the date of the approval letter, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date.  
[PMU]

### **Council Action Date**

May 7, 2026

## **Program Analysis**

### **Program Description**

Medford Hamlet LLC d/b/a Medford Hamlet Home Care requests approval to transfer 66.667 % ownership interest from two deceased members to two existing members and three new members.

This application is associated with an Adult Care Facility/Assisted Living Program (ALP), Braemar Living at Medford, which is located at the same address. The agency will be serving both the Assisted Living Program (ALP), as well as patients outside of the ALP.

There are no proposed changes to the counties served or services provided.

The current membership of Medford Hamlet LLC d/b/a Medford Hamlet Home Care is as follows:

- Esther Benenson (50.00%) (deceased)
- Vincent Filaski (16.66%) (deceased)
- Florence Filaski (16.66%)
- Joshua Benenson (4.17%)
- Michael Benenson (4.17%)
- David Filaski (4.17%)
- Richard Filaski (4.17%)

The proposed membership of Medford Hamlet LLC d/b/a Medford Hamlet Home Care will be as follows:

- Florence Filaski (33.33%)
- Michael Benenson (16.66%)
- Joshua Benenson (4.17%)
- David Filaski (4.17%)
- Richard Filaski (4.17%)
- Sharon Benenson (12.50%)
- Amy Benenson (12.50%)
- Blanch Benenson (12.50%)

The applicant will continue to serve the residents of the following counties:

- Nassau
- Queens
- Suffolk

The applicant will continue to provide the following healthcare services:

- Audiology
- Home Health Aide
- Housekeeper
- Medical Social Services
- Nursing
- Nutritional
- Personal Care
- Therapy – Occupational
- Therapy – Physical
- Therapy – Respiratory
- Therapy - Speech Language Pathology

## **Character and Competence Review**

Medford Hamlet LLC d/b/a Medford Hamlet Home Care will be comprised of the following individuals:

### **Sharon Benenson (12.5%)**

#### Employment

- Research and Development, Sugarland Holdings - Newbury Park, CA (May 2014 – Present)

#### Affiliations

No offices held or ownership interests in Health Facilities.

### **Amy Benenson (12.5%)**

#### Employment

- Closing Business Affairs, Flushing Manor Nursing Home, LLC (January 2015 – Present)

#### Affiliations

No offices held or ownership interests in Health Facilities.

### **Blanche Benenson, MD (12.5%)**

#### Employment

- Attending Physician, Montefiore Medical Center (July 1990 – Present)

#### Affiliations

No offices held or ownership interests in Health Facilities.

### **Florence Filaski (33.33%)**

Previously approved by PHHPC.

### **Michael Benenson (16.66%)**

Previously approved by PHHPC.

### **Joshua Benenson (4.17%)**

Previously approved by PHHPC.

### **David Filaski (4.17%)**

Previously approved by PHHPC.

### **Richard Filaski (4.17%)**

Previously approved by PHHPC.

A search of the individual named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

The Office of the Professions of the State Education Department, the New York state Physician Profile, and the Office of Professional Medical Conduct, where appropriate, indicate no issues with the licensure of the health professionals associated with this application.

## **Facility Compliance/Enforcement**

The information provided by the Center of Home and Community-Based Services indicates that the applicant has provided sufficient supervision to prevent harm, maintain the health, safety, and welfare of residents, and prevent recurrent code violations.

## **Need Review**

In accordance with 10 NYCRR Section 765-1.16(c)(2), this application is exempt from Public Need review, as the agency is actively serving over 25 patients, as attested to by the current operator.

**Financial Review**

In accordance with 10 NYCRR 765-1.2(b)(3) the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating financial feasibility of the agency.

**Workforce Review**

The applicant’s response regarding the recruitment and retention of the workforce was adequately addressed in their project narrative. Please refer to Attachment A for the agency’s Workforce Summary.

**Conclusion**

A review of the Personal Qualifying Information indicates that the applicant has the required character and competence to operate a Licensed Home Care Services Agency.

The individual background review indicates the proposed members have met the standards for approval as set forth in Public Health Law §3605.

<b>Attachments</b>
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OALTC Attachment A	Workforce Summary
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Department of Health **Public Health and Health Planning Council**

**Project # 231252-E**  
**1st Home Care Of NY Corp.**

**Program:** LHCSA  
**Purpose:** Establishment

**County:** Kings  
**Acknowledged:** July 3, 2023

**Executive Summary**

**Description**

1st Home Care of NY Corp., an existing Licensed Home Care Services Agency (LHCSA) currently located at 1601 Gravesend Neck Road, 12a, Brooklyn, New York 11229, requests to transfer 90.1% ownership interest from one withdrawing shareholder to one remaining shareholder.

There are no proposed changes to the counties served or services provided.

**OALTC Recommendation**

Approval

**Need Summary**

In accordance with 10 NYCRR §765-1.16(c)(2), this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

**Program Summary**

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

**Financial Summary**

In accordance with 10 NYCRR §765-1.2(b)(3) the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

## Recommendations

### **Health Systems Agency**

There will be no HSA recommendation for this project.

### **Office of Aging and Long-Term Care**

#### **Approval conditional upon:**

1. This project must be completed by one year from the date of the approval letter, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date.  
[PMU]

### **Council Action Date**

May 7, 2026

## **Program Analysis**

### **Program Description**

1st Home Care of NY Corp. requests approval to transfer 90.1% ownership interest from one withdrawing shareholder to one remaining shareholder.

There are no proposed changes to the counties served or services provided.

The current ownership of 1<sup>st</sup> Home Care of NY Corp. is as follows:

- Dilya Khalitova (90.1%)
- Roman Pustilnik (9.9%)

The proposed ownership of 1<sup>st</sup> Home Care of NY Corp. will be as follows:

- Roman Pustilnik (100%)

The applicant will continue to serve the residents of the following counties:

- Bronx
- Kings
- Nassau
- New York
- Queens
- Richmond

The applicant will continue to provide the following healthcare services:

- Audiology
- Home Health Aide
- Homemaker
- Housekeeper
- Medical Social Services
- Nursing
- Nutritional
- Personal Care
- Therapy – Occupational
- Therapy – Physical
- Therapy – Respiratory
- Therapy – Speech Language Pathology

### **Character and Competence Review**

1<sup>st</sup> Home Care of NY Corp. will be comprised of the following individual:

#### **Roman Pustilnik (100%)**

##### Employment:

- Administrator, 1<sup>st</sup> Home Care of NY (January 2021 – Present)

##### Affiliations:

- Eagle Eye FV, Inc. (February 2017 – December 2023)
- 1<sup>st</sup> Home Care of New York (January 2022 – Present)

A search of the individual and entities named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

**Facility Compliance/Enforcement**

The information provided by the Center of Home and Community Based Services has indicated that the applicant has provided sufficient supervision to prevent harm, maintain the health, safety, and welfare of residents, and to prevent recurrent code violations.

**Need Review**

In accordance with 10 NYCRR §765-1.16(c)(2), this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

**Financial Review**

In accordance with 10 NYCRR §765-1.2(b)(3) the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

**Workforce Review**

The applicant’s response regarding the recruitment and retention of the workforce was adequately addressed in their project narrative. Please refer to Attachment A for the agency’s Workforce Summary.

**Conclusion**

A review of the Personal Qualifying Information indicates that the applicant has the required character and competence to operate a Licensed Home Care Services Agency.

The individual background review indicates the proposed members have met the standard for approval as set forth in New York State Public Health Law §3605.

**Attachments**

OALTC Attachment A	Workforce Summary
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**Project # 241067-E**

**S & A Unified Home Care, Inc.**

**Program:** LHCSA  
**Purpose:** Establishment

**County:** Kings  
**Acknowledged:** February 16, 2024

**Executive Summary**

**Description**

S & A Unified Home Care, Inc., an existing Licensed Home Care Services Agency (LHCSA), requests approval to transfer 90.1% ownership interest from one shareholder to one remaining corporate shareholder.

There are no proposed changes to the counties served or services provided.

**OALTC Recommendation**

Approval

**Need Summary**

In accordance with 10 NYCRR §765-1.16(c)(2), this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

**Program Summary**

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

**Financial Summary**

In accordance with 10 NYCRR §765-1.2(b)(3) the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

## **Recommendations**

### **Health Systems Agency**

There will be no HSA recommendation for this project.

### **Office of Aging and Long-Term Care**

#### **Approval conditional upon:**

1. This project must be completed by one year from the date of the approval letter, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date.  
[PMU]

### **Council Action Date**

May 7, 2026

## **Program Analysis**

### **Program Description**

S & A Unified Home Care, Inc. requests approval to transfer 90.1% ownership interest from one shareholder to one remaining corporate shareholder.

There are no proposed changes to the counties served or services provided.

The current membership of S & A Unified Home Care, Inc. is as follows:

- Angela Mardukhayeva (90.1%)
- NYC Home Ventures Corp. (9.9%)

The proposed membership of S & A Unified Home Care, Inc. will be as follows:

- NYC Home Ventures Corp. (100%) with its sole member being Angela Mardukhayeva.

The applicant will continue to serve the residents of the following counties from their site located at 2729 Coney Island Avenue, Brooklyn, NY. 11235:

- Bronx
- Kings
- New York
- Queens
- Richmond
- Westchester

The applicant will continue to serve the residents of the following counties from their site located at 41 West Merrick Road, Freeport, NY. 11520:

- Nassau
- Suffolk

The applicant will continue to provide the following healthcare services from both locations:

- Home Health Aide
- Homemaker
- Housekeeper
- Medical Social Services
- Nursing
- Nutritional
- Personal Care
- Therapy – Occupational
- Therapy – Physical
- Therapy – Speech Language Pathology

### **Character and Competence Review**

NYC Home Ventures Corp, the sole shareholder of S & A Unified Home Care, Inc., will be comprised of the following individual:

#### **Angela Mardukhayeva (100%)**

Previously approved by PHHPC.

A search of the individuals and entities named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

**Facility Compliance/Enforcement**

The information provided by the Center of Home and Community Based Services has indicated that the applicant has provided sufficient supervision to prevent harm, maintain the health, safety, and welfare of residents, and to prevent recurrent code violations.

**Need Review**

In accordance with 10 NYCRR §765-1.16(c)(2), this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

**Financial Review**

In accordance with 10 NYCRR §765-1.2(b)(3) the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

**Workforce Review**

The applicant’s response regarding the recruitment and retention of the workforce was adequately addressed in their project narrative. Please refer to Attachment A for the agency’s Workforce Summary.

**Conclusion**

A review of the Personal Qualifying Information indicates that the applicant has the required character and competence to operate a Licensed Home Care Services Agency.

The individual background review indicates the proposed members have met the standard for approval as set forth in New York State Public Health Law §3605.

**Attachments**

OALTC Attachment A | Workforce Summary



**Project # 241102-E**

**Kirenaga Home Care Manhattan Inc.  
d/b/a Synergy Homecare**

**Program:** LHCSA

**County:** New York

**Purpose:** Establishment

**Acknowledged:** March 13, 2024

**Executive Summary**

**Description**

Kirenaga Home Care Manhattan Inc. d/b/a Synergy Homecare, an existing Licensed Home Care Services Agency (LHCSA), currently operating at 261 W. 35<sup>th</sup> Street, Suite 405, New York, NY 10001, seeks approval to transfer 100% ownership from a current LLC shareholder to a new LLC shareholder, LT Underhill Holdings, LLC.

There are no proposed changes to the counties served or services provided.

**OALTC Recommendation**

Approval

**Need Summary**

In accordance with 10 NYCRR §765-1.16(c)2, this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

**Program Summary**

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

**Financial Summary**

In accordance with 10 NYCRR §765-1.2(b)3 the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

## **Recommendations**

### **Health Systems Agency**

There will be no HSA recommendation for this project.

### **Office of Aging and Long-Term Care**

#### **Approval conditional upon:**

1. This project must be completed by one year from the date of the approval letter, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date.  
[PMU]

### **Council Action Date**

May 7, 2026

## **Program Analysis**

### **Program Description**

Kirenaga Home Care Manhattan Inc. d/b/a Synergy Homecare requests to transfer 100% ownership from the current LLC shareholder to LT Underhill Holdings, LLC.

Upon approval, Kirenaga Home Care, LLC will transfer 100% of its ownership shares to LT Underhill Holdings, LLC, which would then become the sole shareholder of Kirenaga Home Care Manhattan Inc. d/b/a Synergy Homecare.

The current membership of Kirenaga Home Care Manhattan Inc. d/b/a Synergy Homecare is as follows:

- Kirenaga Home Care LLC with its sole member being David Scalzo.

The proposed membership of Kirenaga Home Care Manhattan Inc. d/b/a Synergy Homecare will be as follows:

- LT Underhill Holdings, LLC - sole member Ethan Keiser.

The applicant will continue to serve the residents of the following counties:

- Bronx
- Kings
- Nassau
- New York
- Queens
- Richmond

The applicant will continue to provide the following healthcare services:

- Nursing
- Home Health Aide
- Homemaker
- Housekeeper
- Medical Social Services
- Nutritional
- Personal Care
- Therapy – Occupational
- Therapy – Physical
- Therapy – Speech Language Pathology

### **Character and Competence Review**

LT Underhill Holdings, LLC, the sole shareholder of Kirenaga Home Care Manhattan Inc. d/b/a Synergy Homecare, will be comprised of the following individual:

#### **Ethan Keiser (100%)**

##### Employment:

- Owner/Operator, LT Underhill Holdings, LLC (May 2021 – Present)
- Owner/Operator, Synergy Homecare of Bergen County (Health Care Services Firm), (NJ) (March 2017 – Present)

##### Affiliations:

- Synergy Homecare of Bergen County (Health Care Services Firm), (NJ), (March 2017 – Present)

A search of the individuals and entities named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

**Facility Compliance/Enforcement**

The New Jersey Office of Attorney General and Division of Consumer Affairs has submitted a Schedule 2D, Compliance Report Form for Synergy Homecare of Bergen County, located in Teaneck, New Jersey, and has confirmed that the agency is operational and is currently in compliance with all applicable codes, rules, and regulations; and is free of any enforcement or administrative actions.

**Need Review**

In accordance with 10 NYCRR §765-1.16(c)2, this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

**Financial Review**

In accordance with 10 NYCRR §765-1.2(b)3 the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

**Workforce Review**

The applicant's response regarding the recruitment and retention of the workforce was adequately addressed in their project narrative. Please refer to Attachment A for the agency's Workforce Summary.

**Conclusion**

A review of the Personal Qualifying Information indicates that the applicant has the required character and competence to operate a Licensed Home Care Services Agency.

The individual background review indicates the proposed members have met the standard for approval as set forth in New York State Public Health Law §3605.

<b>Attachments</b>
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OALTC Attachment A	Workforce Summary
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**Project # 241125-E**

**Novel Home Health Care Services Of New York, Corp.**

**Program:** LHCSA  
**Purpose:** Establishment

**County:** Kings  
**Acknowledged:** April 8, 2024

**Executive Summary**

**Description**

Novel Home Health Care Services of NY, Corp., an existing Licensed Home Care Services Agency (LHCSA), requests to transfer 75.25% ownership interest from one withdrawing shareholder to three current shareholders and one new shareholder.

There are no proposed changes to the counties served or services provided.

**OALTC Recommendation**

Approval

**Need Summary**

In accordance with 10 NYCRR §765-1.16(c)(2), this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

**Program Summary**

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

**Financial Summary**

In accordance with 10 NYCRR §765-1.2(b)(3) the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

## Recommendations

### **Health Systems Agency**

There will be no HSA recommendation for this project.

### **Office of Aging and Long-Term Care**

#### **Approval conditional upon:**

1. This project must be completed by one year from the date of the approval letter, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date.  
[PMU]

### **Council Action Date**

May 7, 2026

## **Program Analysis**

### **Program Description**

Novel Home Health Care Services of NY, Corp. requests to transfer 75.25% ownership interest from one withdrawing shareholder to three current shareholders and one new shareholder.

There are no proposed changes to the counties served or services provided.

The current membership of Novel Home Health Care Services of New York, Corp. is as follows:

- Oleg Dadashev (75.25%)
- Genrikh Abramov (8.25%)
- Rafael Abramov (8.25%)
- Vadim Solomonov (8.25%)

The proposed membership of Novel Home Health Care Services of New York, Corp. will be as follows:

- Rafael Abramov (45%)
- Inna Yusupov (36.75%)
- Vadim Solomonov (10%)
- Genrikh Abramov (8.25%)

The applicant will continue to serve the residents of the following counties from an office located at 247 Prospect Avenue, 3<sup>rd</sup> Floor, Brooklyn, NY. 11215:

- Bronx
- Kings
- New York
- Queens
- Richmond

The applicant will continue to serve the residents of the following counties from an office located at 91 Carman Avenue, Suite 100, Cedarhurst, NY. 11516:

- Nassau
- Suffolk

The applicant will continue to provide the following healthcare services from both locations:

- Nursing
- Audiology
- Home Health Aide
- Homemaker
- Housekeeper
- Medical Social Services
- Medical Supplies Equipment and Appliances
- Nutritional
- Personal Care
- Therapy – Occupational
- Therapy – Physical
- Therapy – Respiratory
- Therapy – Speech Language Pathology

## **Character and Competence Review**

Novel Home Health Care Services of New York, Corp. will be comprised of the following individuals:

### **Rafael Abramov (45%), Secretary**

#### Employment:

- Medical Director, Interventional Physical Medicine & Rehabilitation, (June 2013 - Present)
- Medical Director, Interventional Physical Medicine & Rehabilitation, (June 2016 - Present)
- Nassau University Medical Center, Resident, now Teaching Physician, (July 2006 – Present)

#### Affiliations:

- Novel Home Health Care Services of New York, Corp., (LHCSA), (August 2013 - Present)
- Interventional Physical Medicine & Rehabilitation, (Medical Office), (June 2013 - Present)

### **Inna Yusupov (36.75%), President**

#### Employment:

- Patient Coordinator, Novel Home Health Care Services of New York, Corp., (August 2016 – Present)

#### Affiliations:

No offices held or ownership interests in other health facilities.

### **Vadim Solomonov (10%), Director of Operations**

#### Employment:

- Owner, Paradise Garden Boutique, LLC, (May 2016 – Present)
- Owner, Reliable Continuous Passive Motion (CPM) Surgical Supplies, Inc., (December 2018 – Present)
- Administrator, Novel Home Health Care Services of New York, Corp., (January 2018 – Present)

#### Affiliations:

- Novel Home Health Care Services of New York, Corp., (LHCSA), (January 2018 – Present)

### **Genrikh Abramov (8.25%), Vice President**

#### Employment:

- Manager, Cherry Hill Gourmet Market Management, LLC, (September 2017 – Present)

#### Affiliations:

- Novel Home Health Care Services of New York, Corp., (LHCSA), (June 2013 – Present)

A search of the individuals and entities named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

## **Facility Compliance/Enforcement**

The information provided by the Center of Home and Community Based Services has indicated that the applicant has provided sufficient supervision to prevent harm, maintain the health, safety, and welfare of residents, and to prevent recurrent code violations.

The Office of Professions of the State Education Department, the New York State Physician Profile, and the Office of Professional Medical Conduct, where appropriate, indicate no issues with the licensure of the health professionals associated with this application.

## **Need Review**

In accordance with 10 NYCRR §765-1.16(c)(2), this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

**Financial Review**

In accordance with 10 NYCRR §765-1.2(b)(3) the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

**Workforce Review**

The applicant's response regarding the recruitment and retention of the workforce was adequately addressed in their project narrative. Please refer to Attachment A for the agency's Workforce Summary.

**Conclusion**

A review of the Personal Qualifying Information indicates that the applicant has the required character and competence to operate a Licensed Home Care Services Agency.

The individual background review indicates the proposed members have met the standard for approval as set forth in New York State Public Health Law §3605.

<b>Attachments</b>
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OALTC Attachment A	Workforce Summary
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**Project # 251019-E  
Carelink, Inc.**

**Program:** LHCSA

**County:** Nassau

**Purpose:** Establishment

**Acknowledged:** January 22, 2025

**Executive Summary**

**Description**

Carelink, Inc., an existing Licensed Home Care Services Agency (LHCSA), requests to transfer 80.2% ownership interest from one withdrawing shareholder to the remaining two shareholders.

There are no proposed changes to the counties served or services provided.

**OALTC Recommendation**

Approval

**Need Summary**

In accordance with 10 NYCRR §765-1.16(c)2, this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

**Program Summary**

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

**Financial Summary**

In accordance with 10 NYCRR §765-1.2(b)3 the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

## Recommendations

### **Health Systems Agency**

There will be no HSA recommendation for this project.

### **Office of Aging and Long-Term Care**

#### **Approval conditional upon:**

1. This project must be completed by one year from the date of the approval letter, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date.  
[PMU]

### **Council Action Date**

May 7, 2026

## **Program Analysis**

### **Program Description**

Carelink, Inc. requests to transfer 80.2% ownership interest from one withdrawing shareholder to the remaining two shareholders.

There are no proposed changes to the counties served or services provided.

The current membership of Carelink, Inc. is as follows:

- Ena M. Bailey (80.2%)
- Chania Schonberger (9.9%)
- Benjamin Kolman (9.9%)

The proposed membership of Carelink, Inc. will be as follows:

- Chania Schonberger (50%)
- Benjamin Kolman (50%)

The applicant will continue to serve the residents of the following counties from the location at 25 S. Tyson Avenue, Elmont, NY. 11003:

- Queens
- Nassau
- Suffolk

The applicant will continue to provide the following healthcare service(s) at this location:

- Nursing
- Home Health Aide
- Personal Care
- Medical Social Services
- Nutrition
- Therapy – Physical
- Therapy – Occupational
- Therapy – Speech-Language Pathology

The applicant will continue to serve the residents of the following counties from the location at 1481 McDonald Avenue, 2<sup>nd</sup> Floor, Brooklyn, NY. 11230:

- Bronx
- Kings
- New York
- Queens
- Richmond
- Westchester

The applicant will continue to provide the following healthcare service(s) at this location:

- Nursing
- Home Health Aide
- Personal Care
- Medical Social Services
- Nutrition
- Therapy – Physical
- Therapy – Occupational

**Character and Competence Review**

Carelink, Inc. will be comprised of the following individuals:

**Chanania (Charles) Schonberger (50%) President and Chief Executive Officer**

Employment:

- Chief Executive Officer, Carelink, Inc., (December 2023 – Present)

Affiliations:

- Carelink, Inc., (LHCSA), (December 2023 – Present)

**Benjamin Kolman (50%) Vice President, Secretary, and Treasurer**

Employment

- Chief Marketing Officer, Carelink Inc., (December 2023 – Present)

Affiliations:

- Carelink, Inc., (LHCSA), (December 2023 – Present)

A search of the individuals and entities named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

**Facility Compliance/Enforcement**

The information provided by the Center of Home and Community Based Services has indicated that the applicant has provided sufficient supervision to prevent harm, maintain the health, safety, and welfare of residents, and to prevent recurrent code violations.

**Need Review**

In accordance with 10 NYCRR §765-1.16(c)(2), this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

**Financial Review**

In accordance with 10 NYCRR §765-1.2(b)3 the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

**Workforce Review**

The applicant’s response regarding the recruitment and retention of the workforce was adequately addressed in their project narrative. Please refer to Attachment A for the agency’s Workforce Summary.

**Conclusion**

A review of the Personal Qualifying Information indicates that the applicant has the required character and competence to operate a Licensed Home Care Services Agency.

The individual background review indicates the proposed members have met the standard for approval as set forth in New York State Public Health Law §3605.

**Attachments**

OALTC Attachment A	Workforce Summary
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