

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

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

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

Ambulatory Surgery Centers – Establish/Construct

<u>Number</u>	<u>Applicant/Facility</u>
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

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

Home Care Service Agency Licensures

New Licensed Home Care Services Agencies

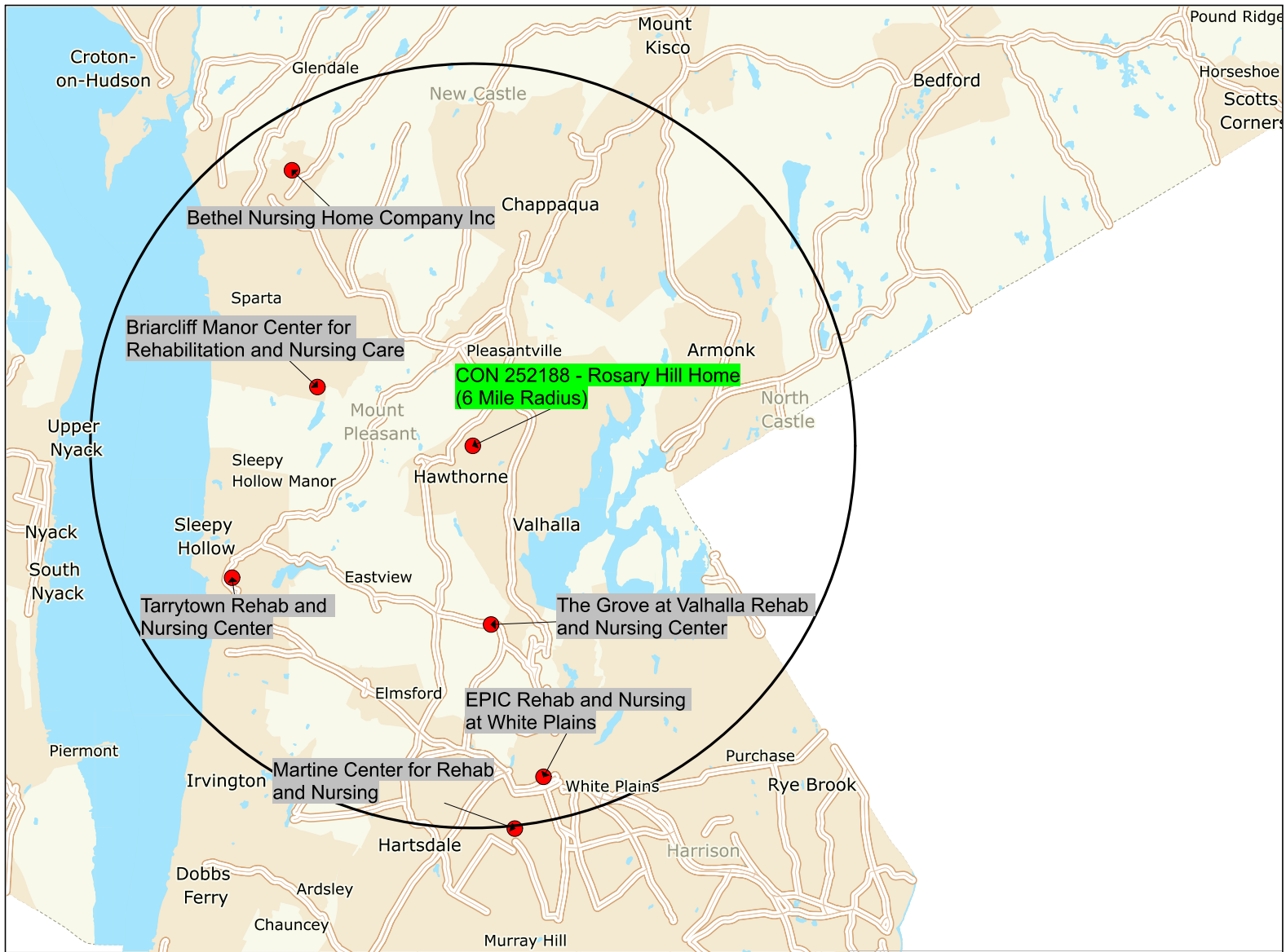
- | <u>Number</u> | <u>Applicant/Facility</u> |
|---------------|---|
| 1. 252172 E | PACE at Hudson Headwaters, Inc.
(Please see exhibit for list of Geographical Service Area) |

Changes of Ownership

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

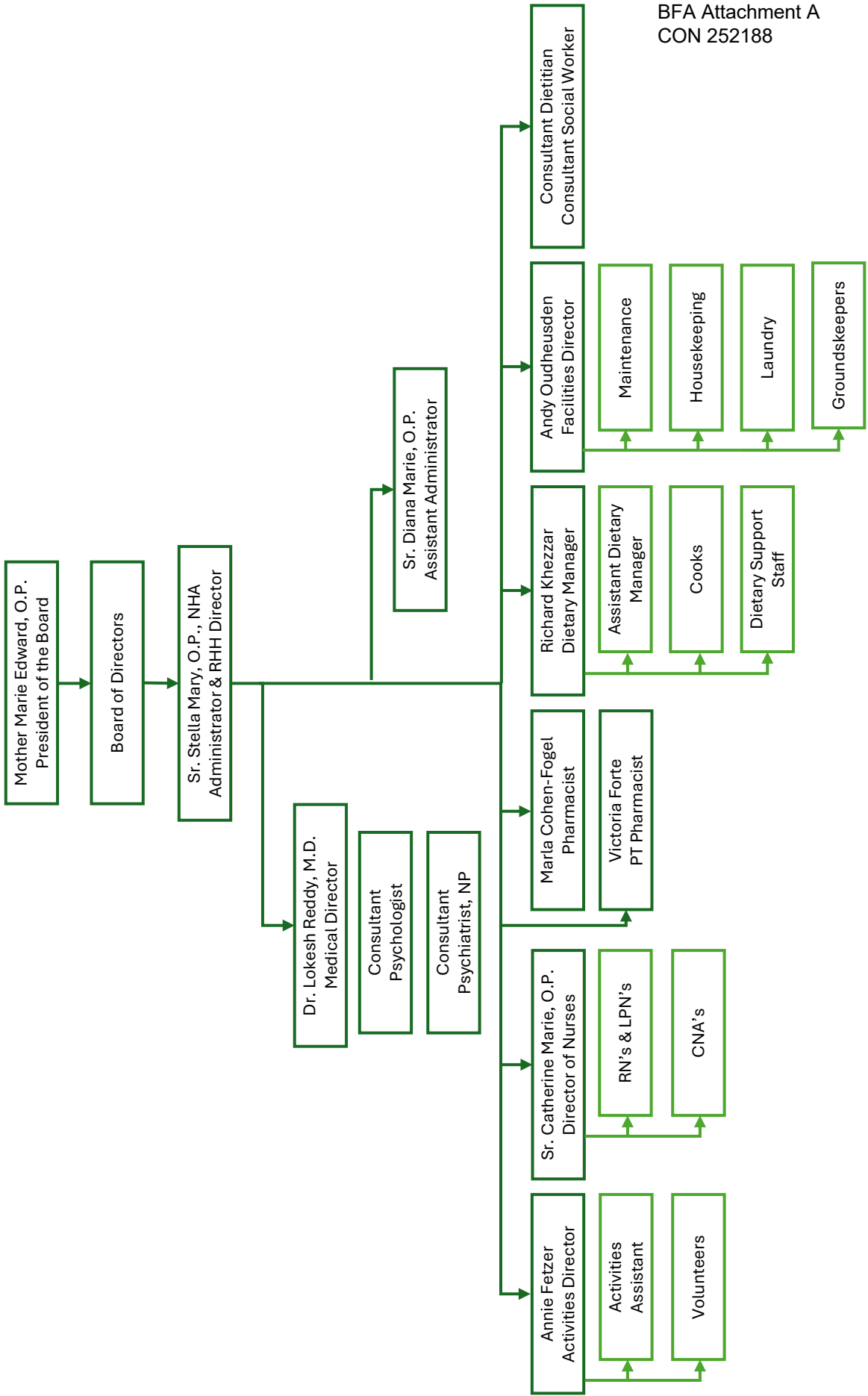
4. 241067 E S & A Unified Home Care, Inc.
(Please see exhibit for list of Geographical Service Area)
5. 241102 E Kirenaga Home Care Manhattan Inc. d/b/a Synergy Homecare
(Please see exhibit for list of Geographical Service Area)
6. 241125 E Novel Home Health Care Services Of New York, Corp.
(Please see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



Map depicts RHCF's within a six mile radius of CON 252188 - Rosary Hill Home

Rosary Hill Home Organizational Chart



Financial Summary - Rosary Hill Home

BFA Attachment B
CON 252188

	<u>4/30/24</u>	<u>4/30/25</u>	<u>draft</u> <u>12/31/25</u>
ASSETS	339,605,636	356,894,098	392,869,521
LIABILITIES	<u>1,160,859</u>	<u>1,090,140</u>	<u>1,351,681</u>
NET ASSETS	\$338,444,777	\$355,803,958	\$391,517,840
<hr/>			
INCOME	\$9,283,622	\$8,965,134	\$11,474,346
EXPENSE	<u>9,467,099</u>	<u>10,095,690</u>	<u>6,802,646</u>
Change in Net Assets Before other Gains and Loses	(\$183,477)	(\$1,130,556)	\$4,671,700
<hr/>			
NUMBER OF BEDS	42	42	42
PERCENT OF OCCUPANCY (DAYS)	44.72%	47.72%	51.83%
<hr/>			
All Other	100.00%	100.00%	100.00%

Health Equity Impact Assessment

Part 1 – Project Details

CON Number: 252188

Facility Name: Rosary Hill Home

Project Type: Full Review

Independent Entity: Research and Marketing Strategies, Inc.

Part 2 – Health Equity Impact Summary

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

This project proposes to renovate 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.

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

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

All 6 stakeholders who were engaged expressed support for the project. The stakeholders included residents, their caregivers, and individuals representing hospitals, long term care facilities, and direct service providers. One stakeholder stated that “she is excited, they will be focusing on improved staff workflows and patient quality of care.”

The facility will remain open during the renovation. For current patients with limited English proficiency and speech, hearing, or visual impairments, the Independent Entity recommends the Applicant continue to enhance the informational language found on the facility’s website to spread awareness of the project and provide detailed information on admissions requirements and service offerings. The Independent Entity recommends the continuation of facility tours and open houses geared towards referral sources, social workers, and those in charge of patient discharges. There is also consideration of a virtual tour with captions to assist those with hearing and visual impairments and a video tour to showcase renovated patient rooms. The Applicant will look to build stronger relationships with healthcare providers by visiting other facilities, sharing information with them, and maintaining a contact database to share news and updates with the partners.

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

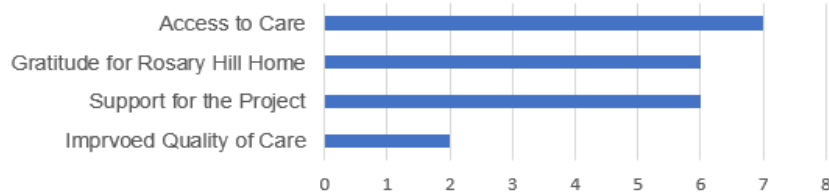
Underserved Group	Impact of Project on Demographic
<p>Low-income, people who are eligible for or receive public health benefits, people who do not have third-party health coverage or have inadequate third-party health coverage, other people who are unable to obtain health care</p>	<ul style="list-style-type: none"> • The Applicant offers palliative care services to patients who cannot afford care, regardless of their insurance status. • This renovation project will not change their eligibility criteria; the facility will continue to serve low-income uninsured patients. • This population will benefit from improved access to health care through the modernized facilities, equipment upgrades and enhancements in patient care delivery. • There is anticipated improved health equity, as patients within this group are often restricted by their ability to pay for hospice and/or palliative care in their home or in a skilled nursing facility. • This renovation is anticipated to help improve health equity for lower socioeconomic subpopulations as it will improve patient quality of care for those in need of palliative care services.
<p>Racial and ethnic minorities, immigrants</p>	<ul style="list-style-type: none"> • Patients from various backgrounds will have access to a higher quality of care and will benefit from improved access to modernized facilities and upgrades to patient care. • With the planned technological upgrades, improvements will also be made to the individual patient rooms in terms of medical staff technology and room layouts, which will create a comfortable environment for all patients as well as staff. • The Applicant currently employs several staff who speak multiple languages, enabling them to provide care to patients by reducing communication barriers often faced by this vulnerable population. • The Applicant is implementing mitigation strategies regarding language access and caring for those who present with hearing, vision, and speech impairments and is committed to monitoring new advancements in technological resources as they become available.
<p>Women, lesbian, gay, bisexual, trans, or other-than cisgender people</p>	<ul style="list-style-type: none"> • There are no anticipated negative impacts. • Improved patient rooms have more privacy.
<p>People with disabilities, older adults, Persons living with a prevalent condition</p>	<ul style="list-style-type: none"> • These two medically underserved groups comprise most of the Applicant's patient makeup. • High quality patient medical services to patients with varying capabilities – both physical and mental will continue to be provided to the area's most vulnerable populations regardless of age or ability. • For this population segment, they will benefit from improved access to health care through the modernized facilities and upgrades to patient care as well as enhanced technological resources availed to patients at bedside. • The new rooms will be fully ADA-compliant. • Health disparities will be reduced because the applicant will, be streamlining its staff workflow, enabling them to provide higher quality, more direct patient care with all the patient rooms located on one floor.

Person living in rural areas

- The Applicant's service area is comprised of primarily urban and suburban areas, but they accept patients from any region.
- This population segment will benefit from improved quality palliative care services.

6 stakeholders were engaged: referral providers and patients/residents and/or their caregivers. All voiced support of the project.

Themes from Meaningful Engagement



In their words...

"...I have never had a negative experience with anyone at the facility, and I have had the chance to observe their continued commitment to offering unconditional acceptance and expertise to those with whom they work. Their upcoming renovation will, I am sure, enable these wonderful people to become even more efficient thorough in their endeavors, while continuing to serve as examples in this field."
-Former caregiver, current volunteer

This participant is in support of Rosary Hill Home's CON initiative. He is not concerned about the decrease in bed numbers, especially with their patient census numbers over the past few years demonstrating their capacity. He is excited they will be focusing on improved staff workflows and patient quality of care. He does not feel any medically underserved groups will be negatively impacted by this project because Rosary Hill Home "provides comfort care to anyone and everyone and does not discriminate against any patient eligible to attend their program." He states this project will not change Rosary Hill Home's mission to provide services for terminally ill cancer patients who are unable to afford services. He pointed out that as with any renovation, dealing with construction and moving patients and supplies could be difficult, but he is not concerned about this because Rosary Hill Home "knows what they're doing – they're a wonderful facility." This participant states "with these plans, it will be a more state-of-the-art facility, and upgrades will only help improve the quality of care they provide." Overall, this participant has no concerns about this project and is looking forward to the organization "maximizing their operational efficiencies while enhancing patient care."
-Summary statement from a caregiver

Stakeholders have feedback about:

Access to Care

Stakeholders do not anticipate any negative impacts for medically underserved groups and are not concerned about the decrease in bed numbers (from 42 to 29) because there has been a consistent lower daily patient census of 21 beds, which is not expected to increase. One possible negative impact mentioned is that there could be a longer waiting list and therefore, greater demand on hospice services.

Gratitude for Rosary Hill Home

Stakeholders took time to mention their gratitude for the excellent high-quality care and services Rosary Hill Home provides for their patients. Providing care for terminally ill cancer patients who are unable to afford services supports the community's most vulnerable disadvantaged populations and stakeholders are grateful for their noble mission.

Support for the Project

Stakeholders discuss general support for the project. They are looking forward to improved patient rooms. All rooms will have a recliner, and televisions will be updated to tablets allowing patients to listen to music, play games, stream movies, and stay connected with family through social media access. There will also be improved cooling and heating controls in patients' rooms. The proposed changes will also improve the living and working space for staff, patients, and visitors.

Improved Quality of Care

Stakeholders anticipate that along with the improved patient rooms, this project will lead to an improved quality of care. Relocating patient rooms will help concentrate staffing efforts, providing flexibility and improving efficiency for care delivery. The removal of the beds will allow for larger rooms which are able to be converted from semi-private to private when preference or clinical indication is required, improving care quality.



Part 4 – Conclusion

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

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

Lead DOH Office:

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

Date:

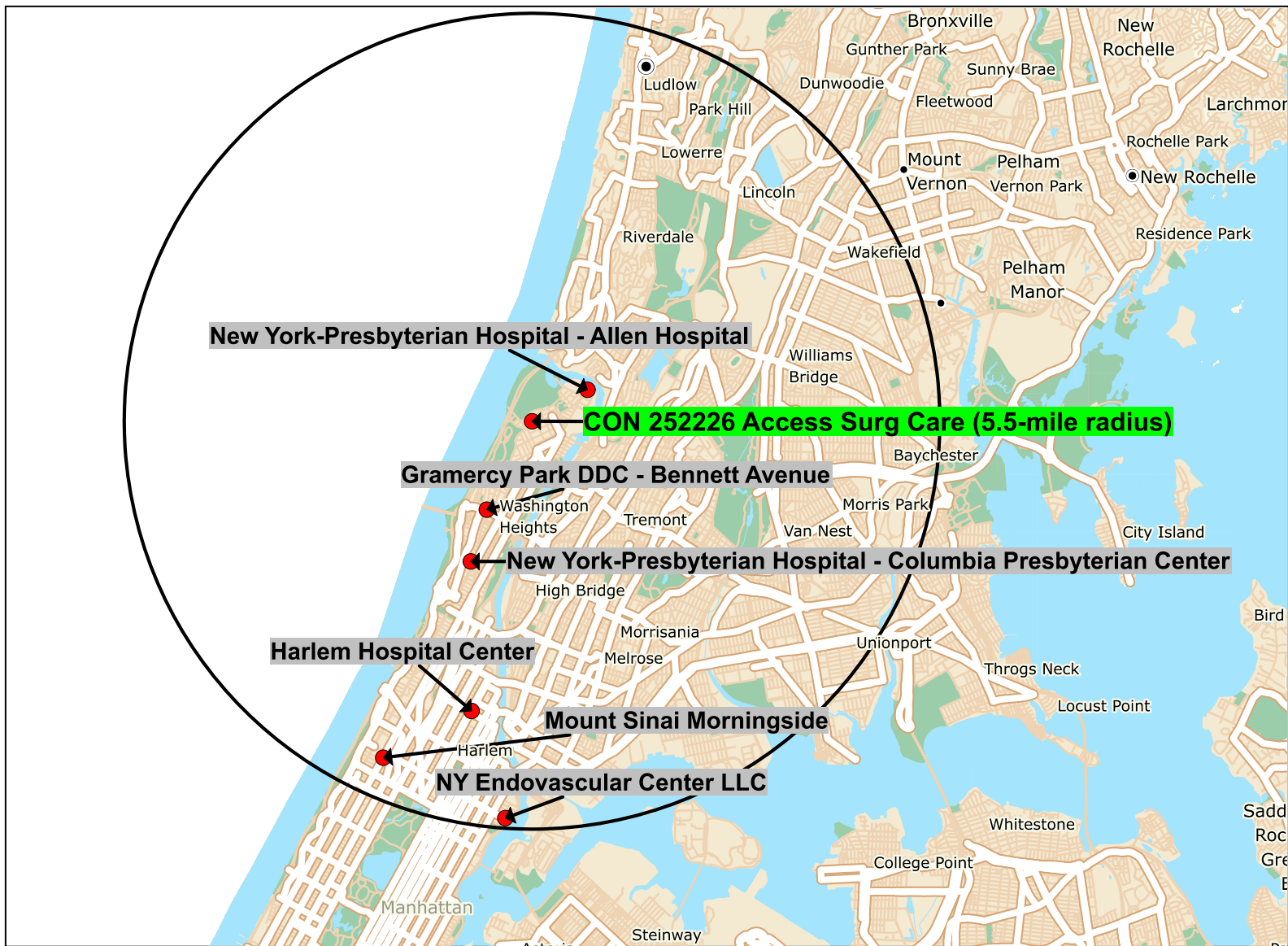
01/21/2026

Full Name of Reviewer:

Bryan Barrientos

Center Director:

Olutomisin Akanbi



The map above shows facilities providing single-specialty (including gastroenterology or vascular access surgery for renal dialysis patients) or multi-specialty ambulatory surgical services within a 5.5-mile radius of CON 252226 Access Surg Care.

Access Surg Care, LLC

ESTABLISH AND CONSTRUCT A MULTI-SPECIALTY FREESTANDING AMBULATORY
SURGERY CENTER

PRO FORMA BALANCE SHEET

ASSETS

Cash (Working Capital need) *	\$2,247,431
Leasehold Improvements	\$6,109,991
Equipment	\$1,890,009

TOTAL ASSETS **\$10,247,431**

LIABILITIES AND MEMBER EQUITY

LIABILITIES

Loan	\$6,500,000
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TOTAL LIABILITIES **\$6,500,000**

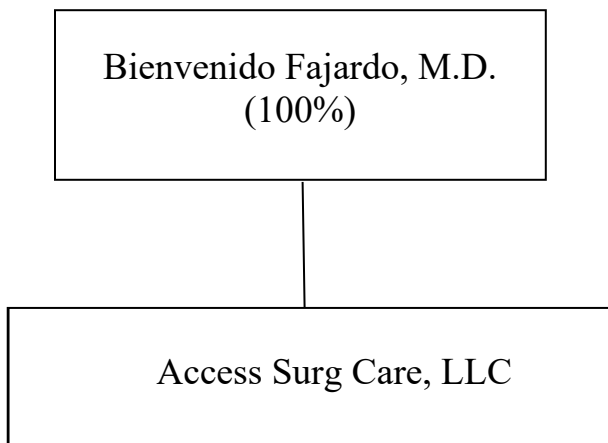
MEMBER EQUITY **\$3,747,431**

**TOTAL LIABILITIES AND
MEMBER EQUITY** **\$10,247,431**

* Funded by Bienvenido Fajardo, M.D.

Access Surg Care, LLC

Organizational Chart



Dutchess Ambulatory Surgical Center, LLC
(A Limited Liability Company)

Balance Sheet

December 31,
2024
(Restated)

ASSETS

CURRENT ASSETS

Cash	\$	22,793
Patient accounts receivable, net of contractual adjustments and discounts		1,485,234
Medical supplies inventory		184,200
Prepaid expenses		111,061
Total current assets		1,803,288

NONCURRENT ASSETS

Right-of-use assets, net		16,218,749
Property and equipment, net		
Computer equipment		22,913
Medical and related equipment		3,388,331
Leasehold improvements		316,620
Furniture and fixtures		31,548
Construction in progress		
Total property and equipment		3,759,412
Less accumulated depreciation and amortization		2,368,869
Property and equipment, net		1,390,543
Total noncurrent assets		17,609,292
	\$	19,412,580

LIABILITIES AND MEMBERS' EQUITY

CURRENT LIABILITIES

Current installments of lease liabilities	\$	6,370
Accounts payable and accrued expenses		516,403
Total current liabilities		522,773

LEASE LIABILITIES, less current installments 16,663,075

COMMITMENTS AND CONTINGENCIES

MEMBERS' EQUITY 2,226,732

\$ 19,412,580

Dutchess Ambulatory Surgical Center, LLC
 (A Limited Liability Company)

Statement of Income and Members' Equity

	Year Ended December 31, 2024 (Restated)
REVENUE, <i>net of contractual adjustments and discounts</i>	\$ 13,714,109
OPERATING EXPENSES	
Personnel, including related taxes and benefits	3,639,062
Facilities and equipment	2,211,847
Medical supplies	5,230,042
General and administrative	706,937
	<u>11,787,888</u>
Net income	<u>1,926,221</u>
MEMBERS' EQUITY, <i>beginning of year, as previously stated</i>	2,091,173
Prior-period adjustment	349,338
MEMBERS' EQUITY, <i>beginning of year, as restated</i>	<u>2,440,511</u>
Contributions	87,500
Distributions	(2,227,500)
	<u>2,226,732</u>
MEMBERS' EQUITY, <i>end of year</i>	\$ <u>2,226,732</u>

See accompanying Notes to Financial Statements.

DUTCHESS AMBULATORY SURGICAL CENTER, LLC

Balance Sheet

CON# 261017
BFA Attachment C

December 31, 2025

ASSETS

Current Assets

Cash in Bank - Chase fmr Bank of NY 2,266.11

TOTAL Current Assets

2,266.11

Fixed Assets

Equipment 3,510,760.95

Computer Equipment 24,527.94

Furniture & Fixtures 31,548.55

Leasehold Improvements 316,619.62

Accumulated Depreciation (3,574,083.57)

TOTAL Fixed Assets

309,373.49

Other Assets

Accumulated Amortization (388,504.00)

Negative Section 754 Asset 687,346.00

TOTAL Other Assets

298,842.00

TOTAL ASSETS

610,481.60

LIABILITIES

Current Liabilities

Capital lease, Leaf Capital/Microaire S 2,113.48

Ext pmt terms, Karl Storz PCNL equip (135.35)

TOTAL Current Liabilities

1,978.13

TOTAL LIABILITIES

1,978.13

EQUITY

Partners Distribution/Draw (2,585,450.00)

Buy-in, Capital Contributions 437,500.00

Capital 543,209.16

Year-to-Date Earnings 2,213,244.31

TOTAL EQUITY

608,503.47

TOTAL LIABILITIES & EQUITY

610,481.60

DUTCHESS AMBULATORY SURGICAL CENTER, LLC

Income Statement

Year-to-Date, December 31, 2025

12 Months Ended

31-Dec-25

Income			
Income	13,940,823.48	100.0 %	
TOTAL Income	13,940,823.48	100.00%	
Adjustments			
Refunds	-4,834.96	0.00%	
TOTAL Adjustments	-4,834.96	0.00%	
NET REVENUE	13,935,988.52	100.00%	
GROSS PROFIT	13,935,988.52	100.00%	
Expenses			
Salaries	2,984,263.89	21.40%	
Payroll Taxes & benefits	251,041.72	1.80%	
Real Estate Taxes	53,291.00	0.40%	
Public Goods Pool	3,438.00	0.00%	

Advertising/Promotion	1,448.00	0.00%
Recruiting	1,323.13	0.00%
Bank Fees	18,912.07	0.10%
Communications	1,066.56	0.00%
Computer Support	43,644.67	0.30%
Computer Supplies	7,773.62	0.10%
Computer Repairs	404.37	0.00%
Cleaning Service/Supplies	49,511.00	0.40%
Consultant's Fees	37,197.56	0.30%
Billing Services	284,543.73	2.00%
Dues & Publications	5,189.00	0.00%
Education Expense	3,914.82	0.00%
Employee Recertifications	2,253.00	0.00%
Employee Meals, EE/clients	26,569.11	0.20%
Employee Health Insurance	557,568.56	4.00%
WC and Liability Insurance	32,189.48	0.20%
Disability / NYS PFL Insurance	2,439.08	0.00%
Malpractice Insurance	62,500.00	0.40%
Liability Insurance	6,832.00	0.00%
Employer portion: 401K plan	82,401.14	0.60%
Equipment Repair & Maintenance	385,433.57	2.80%
Legal & Accounting	71,732.32	0.50%
Licenses & Permits	200	0.00%

YTD Standard Income Statement, Page 1

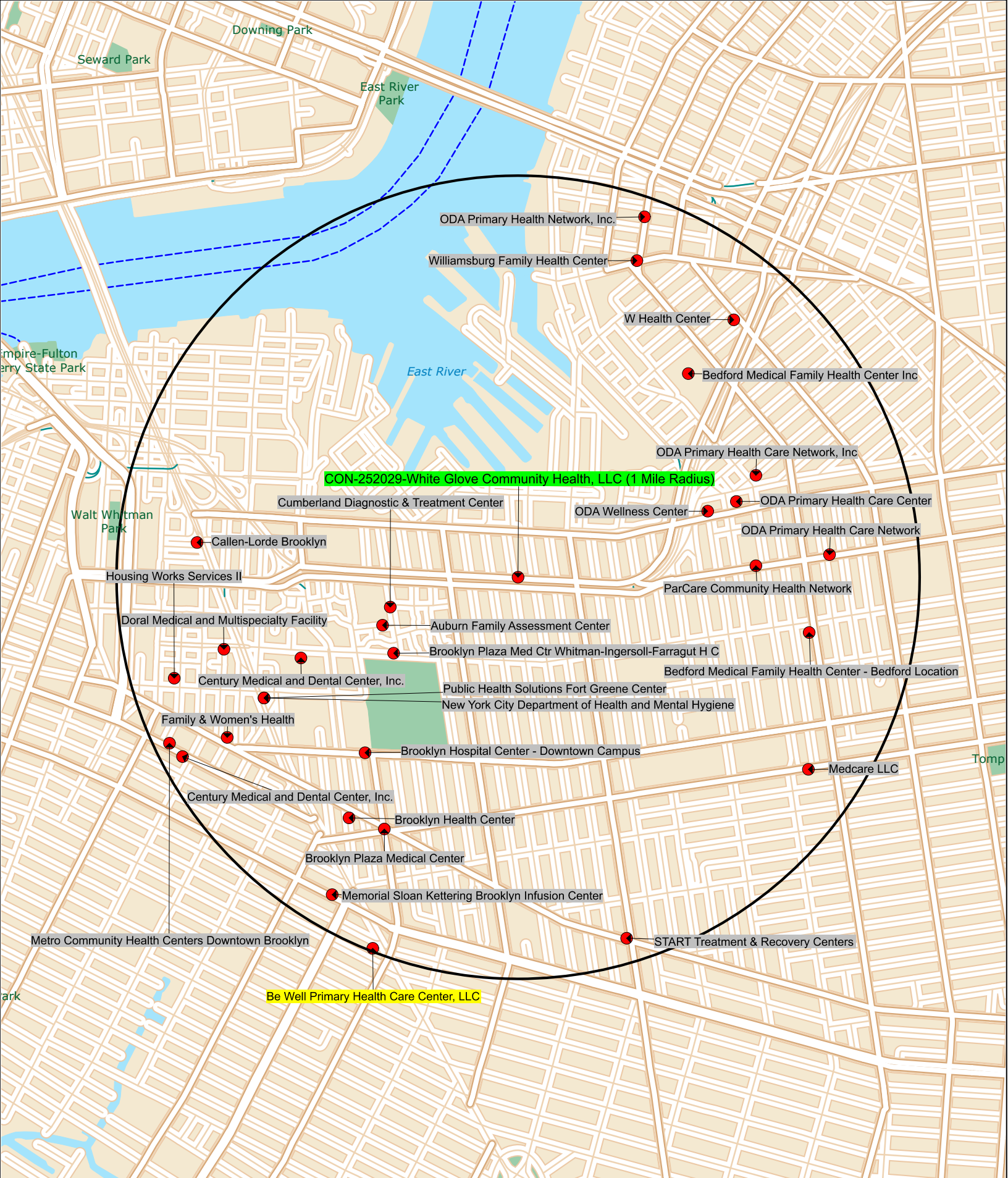
DUTCHESS AMBULATORY SURGICAL CENTER, LLC

12 Months Ended

31-Dec-25

Medical Drugs	428,622.24	3.10%
Medical Supplies	4,763,023.12	34.20%

Medical Gases	19,000.38	0.10%
Miscellaneous Expense	4,843.69	0.00%
Paychex Expense	8,366.42	0.10%
Petty Cash Expense	600	0.00%
Protection Expense	2,630.00	0.00%
Outside Svcs/Contracted Labor	180,283.02	1.30%
Rent Expense	892,935.00	6.40%
Repairs & Maintenance	18,681.47	0.10%
Rubbish Removal	5,909.18	0.00%
Common fees, frmly Snow/Mow	38,878.00	0.30%
Office Expense	42,283.99	0.30%
Credentialing Expense	-7,126.01	-0.10%
Postage/Shipping	12,955.25	0.10%
Radiation Monitoring	2,226.55	0.00%
Office Supplies	17,828.15	0.10%
Telephone Expense	3,880.58	0.00%
Transcription Expense	16,836.29	0.10%
Travel Expense	7,028.95	0.10%
Utilities Expense	194,677.42	1.40%
Uniforms/Linen Rental Expense	91,932.49	0.70%
TOTAL Expenses	11,723,377.58	84.10%
OPERATING PROFIT	2,212,610.94	15.90%
Other Income & Expenses		
Miscellaneous Income	1,125.55	0.00%
Interest Expense	-492.18	0.00%
TOTAL Other Income & Expenses	633.37	0.00%
PROFIT BEFORE TAXES	2,213,244.31	15.90%
NET PROFIT	2,213,244.31	15.90%



Facilities listed on the map provide one or all of the services proposed by the new facility highlighted in green within a 1 mile radius. Facility Highlighted in Yellow is a recently approved D&TC Extension clinic providing some of the services the applicant proposed. Services Proposed: Medical Services- Primary Care, Therapy - Occupational O/P, Therapy - Physical O/P, and Therapy - Speech Language Pathology O/P.

**VANDERBILT
Balance Sheet**

Accrual Basis

As of December 31, 2025

	<u>Dec 31, 25</u>
ASSETS	
Current Assets	
Other Current Assets	
CASH	730,764.83
UNDEPOSITED FUNDS	9,215.83
Total Other Current Assets	<u>739,980.66</u>
Total Current Assets	739,980.66
Fixed Assets	
Accumulated Depreciation	-2,146,958.00
BUILDING	32,427,467.38
Total Fixed Assets	30,280,509.38
Other Assets	339,753.20
TOTAL ASSETS	<u><u>31,360,243.24</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
CREDIT CARD	-509.31
PREPAYS	33,798.46
SECURITY DEPOSIT	333,709.15
Total Other Current Liabilities	<u>366,998.30</u>
Total Current Liabilities	366,998.30
Long Term Liabilities	
MORTGAGE	29,896,904.78
Total Long Term Liabilities	<u>29,896,904.78</u>
Total Liabilities	30,263,903.08
Equity	
Members Equity	-803,652.93
RETAINED EARNINGS	781,626.27
Net Income	1,118,366.82
Total Equity	<u>1,096,340.16</u>
TOTAL LIABILITIES & EQUITY	<u><u>31,360,243.24</u></u>

**VANDERBILT
Profit & Loss**

Accrual Basis

January through December 2025

	<u>Jan - Dec 25</u>
Ordinary Income/Expense	
Income	
Rental Income	3,971,102.81
Total Income	3,971,102.81
Expense	
BANK FEES	284.86
Depreciation Expense	1,050,781.00
INSURANCE	38,102.88
MAINTENANCE	609,950.55
MANAGEMENT FEE	165,701.51
MORTGAGE INTEREST	348,900.14
OFFICE	3,952.64
PROFESSIONAL FEES	201,894.06
REPAIRS	240,012.98
SALES TAX	19,195.42
SUPPLIES	21,817.43
TAXES	300.00
Utilities	151,842.52
Total Expense	2,852,735.99
Net Ordinary Income	1,118,366.82
Net Income	<u><u>1,118,366.82</u></u>

White Glove Community Health, LLC
Pro Forma Balance Sheet

Assets

Current Assets

Working Capital - Cash \$393,264

Total Current Assets \$393,264

TOTAL ASSETS: \$393,264

Liabilities

Current Liabilities

Total Current Liabilities \$0

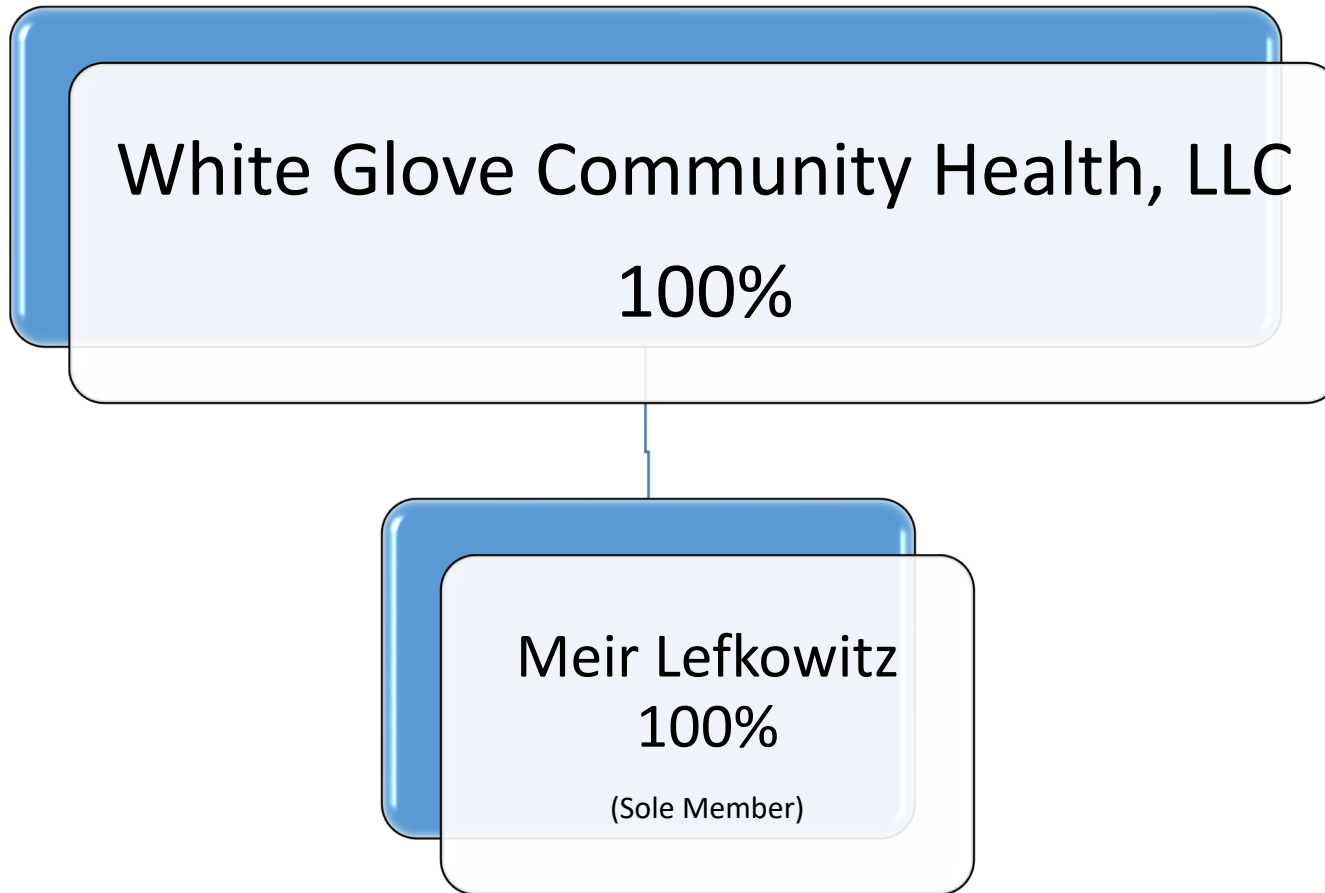
TOTAL LIABILITIES: \$0

Equity

White Glove Community Health, LLC 100.00% \$393,264

TOTAL EQUITY: \$393,264

TOTAL LIABILITIES AND MEMBERS' EQUITY \$393,264





Facilities listed on the map provide one or all of the services proposed by the new facility highlighted in green within a 1 mile radius. Facilities highlighted in Yellow are recently approved applications providing some of the same services as the applicant. Services Proposed: Medical Services - Primary Care, and Certified Mental Health O/P.

Argus Community, Inc. and Affiliates

Consolidated Statements of Financial Position
June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Cash and cash equivalents	\$ 3,491,046	\$ 4,982,579
Restricted cash	939,851	1,004,972
Grants receivable	4,742,749	3,698,060
Program service fees receivable	3,272,379	2,031,513
Investments, marketable securities	4,038,312	6,434,655
Investments, limited partnerships	880,578	844,275
Prepaid expenses and other assets	1,184,184	1,937,862
Security deposits	399,978	439,712
Fixed assets, net	83,156,024	83,349,663
Right-of-use assets, operating leases	4,859,283	1,570,620
Right-of-use assets, finance leases	5,107,703	5,492,005
	<u> </u>	<u> </u>
Total assets	<u>\$ 112,072,087</u>	<u>\$ 111,785,916</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	\$ 5,917,725	\$ 5,777,539
Due to program participants	843,275	638,461
Lines of credit payable	5,674,029	6,143,276
Deferred revenue	32,198,444	27,776,307
Mortgages payable	10,608,967	11,237,238
Other long-term debt	541,636	674,686
Other liabilities	208,374	450,866
Operating lease obligation	5,700,085	1,570,620
Finance lease obligation	5,615,769	5,492,005
	<u> </u>	<u> </u>
Total liabilities	<u>67,308,304</u>	<u>59,760,998</u>
Net Assets		
Net assets without donor restrictions:		
Undesignated	34,824,004	42,085,389
Board designated	2,141,937	2,141,687
	<u> </u>	<u> </u>
Total net assets without donor restrictions	36,965,941	44,227,076
Net assets with donor restrictions	<u>7,797,842</u>	<u>7,797,842</u>
	<u> </u>	<u> </u>
Total net assets	<u>44,763,783</u>	<u>52,024,918</u>
	<u> </u>	<u> </u>
Total liabilities and net assets	<u>\$ 112,072,087</u>	<u>\$ 111,785,916</u>

See notes to consolidated financial statements

Argus Community, Inc. and Affiliates

Consolidated Statement of Activities

Year Ended June 30, 2024

Project # 252183
BFA Attachment A cont

	<u>Without Donor Restrictions</u>		<u>With Donor Restrictions</u>	<u>Total</u>
	<u>Undesignated</u>	<u>Board Designated</u>		
Support, Revenue and Gains				
Grant income	\$ 23,449,103	\$ -	\$ -	\$ 23,449,103
Program service fees	26,364,146	-	-	26,364,146
Contributions	825,950	250	-	826,200
Other income	2,304,994	-	-	2,304,994
Interest and dividend income	214,198	-	-	214,198
Net realized and unrealized gains on investments	1,051,799	-	-	1,051,799
Total support, revenue and gains	54,210,190	250	-	54,210,440
Expenses				
Program services	52,277,615	-	-	52,277,615
General and administrative	9,193,960	-	-	9,193,960
Total expenses	61,471,575	-	-	61,471,575
Change in net assets	(7,261,385)	250	-	(7,261,135)
Net Assets, Beginning	42,085,389	2,141,687	7,797,842	52,024,918
Net Assets, Ending	<u>\$ 34,824,004</u>	<u>\$ 2,141,937</u>	<u>\$ 7,797,842</u>	<u>\$ 44,763,783</u>

See notes to consolidated financial statements

ARGUS COMMUNITY INC

Balance Sheet

As of Date: 6/30/2025

UNAUDITED

Assets

Current Assets

Cash	12,250,501
Cash- Restricted	1,895,329
Grants Receivable	5,083,277
Accounts Receivable	3,396,982
Investments-Marketable	2,510,766
Prepaid & Other Assets	12,879,113
Capital Project-Madison C002304	247,633
Exchange Acct.	96
Due From Bank	96,232
Operating Lease ROU Asset	6,859,681
Total Current Assets	45,219,610

Property, Plant and Equipment

E.L.S. Building	24,943,541
Buildings & Equipment	48,392,418
Accumulated Depreciation	(18,413,020)
Software - Fixed Asset	238,555
Acc Depreciation Software	(7,805)
Land-Wellness Center	370,879
Building Wellness Center	10,059,405
Create-Lenox Ave Land	3,870,562
Create-121 W11 St Land	1,669,835
Capitalized Construction Costs-Madison Ave	572,625
Net Property, Plant and Equipment	71,696,996

Other Assets

Op Lease ROU Asset	5,515,245
Total Other Assets	5,515,245

Total Assets

122,431,851

ARGUS COMMUNITY INC
Balance Sheet
As of Date: 6/30/2025
UNAUDITED

Liabilities & Net Assets

Current Liabilities

AP & Accrued Expense	9,728,534
Due to Clients	990,501
Lines of Credit	4,414,340
Deferred Revenue	41,458,513
Accounts Payable-Cap Madison	220,283
Inter Company Payables	5,337,351
Over Payment Due to State	390,500
Total Current Liabilities	62,540,023

Long Term Liabilities

Mortgages Payable	5,483,187
Loans Payable	9,713,506
Mortgage Payable	161,022
Loan Payable	22,569
Capital Lease HRC	5,038,318
Total Long Term Liabilities	20,418,602

Total Liabilities 82,958,625

St. Mary's Total Liabilities 4,523,784

Plus: St. Mary's Net Assets 6/30/25 9,325,595

Net Assets 6/30/25 48,798,821

Total Liabilities & Net Assets 136,281,230

ARGUS COMMUNITY INC
Revenue and Expense
Report Period: 7/1/2024 - 6/30/2025
UNAUDITED

	Total
Revenue	
Grant Revenue	10,228,565
Billable Service Revenue	20,367,469
State Aid	7,839,840
Client Supplemental Income	3,242,154
Contributions	504,543
Investment Income	264,390
Other Revenue	5,225,777
RECOUPMENT FEE FOR SERVICE	(201,017)
HEALTH HOME REVENUE	3,991,436
Revenue	51,463,157
Expenses	
Salaries	20,979,489
Fringe Benefits	4,675,131
Professional Fees	1,954,430
Food	1,037,388
Utilities, Repairs, Maintenance	1,968,504
Travel	376,317
Staff Development	9,145
Contracted Services	3,568,243
Supplies	1,307,735
Communications	711,513
Insurance	1,004,799
Employee Transit & Parking Deduction	(2,772)
Property Rental	2,259,206
Equipment purchase & rental	239,811
Other	4,111,334
Depreciation	2,359,678
Interest - Mortgage	334,727
Interest - Operating Debt	730,472
Bad debt	1,250,000
IT CONSULTANT	18,699
Lawsuit Settlement Expense	104,171
Expenses	48,998,020
Excess or (Deficiency) of Revenue Over Expenses	2,465,138
St. Mary's Excess or (Deficiency) of Revenue Over Expenses	(274,072)
Excess or (Deficiency) of Revenue Over Expenses	2,191,066

ST. MARY'S CENTER, INC. AND SMC MANHATTAN HEALTH CENTER, INC.

**CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	(As Restated) <u>2023</u>
ASSETS		
CURRENT ASSETS:		
Cash and cash equivalents	\$ 284,961	\$ 142,729
Patient accounts receivable, net allowance for credit losses of \$25,000 for 2024 and 2023	971,622	535,531
Third-party payor settlements	-	34,061
Prepaid expenses	<u>31,465</u>	<u>30,187</u>
Total current assets	1,288,048	742,508
INVESTMENT IN PROPERTY	300,003	300,000
OPERATING LEASE RIGHT OF USE ASSET	9,497	44,192
FINANCE LEASE - RIGHT OF USE ASSET	122,185	-
PROPERTY AND EQUIPMENT, net	10,201,354	10,585,462
PATIENT FUNDS	<u>46,648</u>	<u>31,611</u>
Total assets	<u>\$ 11,967,735</u>	<u>\$ 11,703,773</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Line of credit	\$ 503,845	\$ 504,213
Accounts payable and accrued expenses	687,073	605,986
Accrued compensation and related costs	213,727	304,351
Current portion of operating lease liability	2,713	34,694
Current portion of finance lease liability	55,752	-
Current portion of long-term debt	2,225,000	1,305,000
Refundable advance	104,226	-
Third-party payor settlements	<u>30,688</u>	<u>-</u>
Total current liabilities	3,823,024	2,754,244
OPERATING LEASE LIABILITY, net of current portion	6,784	9,498
FINANCE LEASE LIABILITY, net of current portion	71,770	-
LONG-TERM DEBT, net of current portion	500,000	500,000
PATIENT FUNDS	<u>46,648</u>	<u>31,611</u>
Total liabilities	4,448,226	3,295,353
NET ASSETS WITHOUT DONOR RESTRICTIONS	<u>7,519,509</u>	<u>8,408,420</u>
Total liabilities and net assets without donor restrictions	<u>\$ 11,967,735</u>	<u>\$ 11,703,773</u>

The accompanying notes are an integral part of these statements.

ST. MARY'S CENTER, INC. AND SMC MANHATTAN HEALTH CENTER, INC.

**CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGE IN NET ASSETS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	(As Restated) <u>2023</u>
OPERATING REVENUE:		
Patient service revenue	\$ 7,502,998	\$ 6,830,122
Other	<u>303,651</u>	<u>429,211</u>
Total operating revenue	<u>7,806,649</u>	<u>7,259,333</u>
OPERATING EXPENSES:		
Residential health special care nursing	6,327,623	6,038,318
Adult day health care	1,245,111	1,339,496
Diagnostic and treatment center	144,844	187,548
General and administrative	<u>979,145</u>	<u>1,282,164</u>
Total operating expenses	<u>8,696,723</u>	<u>8,847,526</u>
OPERATING LOSS	(890,074)	(1,588,193)
NONOPERATING INCOME:		
Interest income	<u>1,163</u>	<u>1,150</u>
CHANGE IN NET ASSETS WITHOUT DONOR RESTRICTIONS	(888,911)	(1,587,043)
NET ASSETS WITHOUT DONOR RESTRICTIONS - beginning of year, as restated	<u>8,408,420</u>	<u>9,995,463</u>
NET ASSETS WITHOUT DONOR RESTRICTIONS - end of year, as restated	<u>\$ 7,519,509</u>	<u>\$ 8,408,420</u>

The accompanying notes are an integral part of these statements.

St Mary's Center, Inc.
Balance Sheet
October 31, 2025

Project # 252183
 BFA Attachment D

Assets

Current Assets

Cash and Equivalents	211,225
Accounts Receivable	720,983
Inventory	2,065,593
Other Current Assets	263,921
Reserve	(202,007)

Total Current Assets	\$ 3,059,715
----------------------	--------------

Fixed Assets

Fixed Assets	10,412,216
--------------	------------

Total Fixed Assets	\$ 10,412,216
--------------------	---------------

Other Assets

Total Other Assets	\$ 0
--------------------	------

Total Assets	\$ 13,471,932
--------------	---------------

Liabilities and Equity

Current Liabilities

Current Liabilities	4,345,939
---------------------	-----------

Total Current Liabilities	\$ 4,345,939
---------------------------	--------------

Total Liabilities	\$ 4,345,939
-------------------	--------------

Equity

Equity	9,599,667
--------	-----------

Net Income (Loss)	\$ (473,675)
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Total Equity	\$ 9,125,992
--------------	--------------

Total Liabilities and Equity	\$ 13,471,932
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St Mary's Center, Inc-

**Income Statement
October 31, 2025**

Description	Current Actual	Current Budget	YTD Actual	YTD Budget
Operating Revenue				
Undefined	(99.00)	-	-	-
Medicaid Revenue	551,983.00	525,834.00	5,311,213.00	5,258,340.00
Medicare	-	16,667.00	174,497.00	166,670.00
ADHC- Medicaid	77,021.00	114,167.00	924,649.00	1,141,670.00
Other Income	133,999.00	22,917.00	239,068.00	329,170.00
Total Operating Revenue	762,904.00	679,585.00	6,649,427.00	6,895,850.00
Operating Expense				
Nursing - Director	15,330.00	15,000.00	149,835.00	150,000.00
Nursing - Department	177,118.00	161,892.00	1,628,253.00	1,618,920.00
Medical Supplies	3,976.00	4,666.00	47,878.00	46,660.00
Radiology	1,014.00	1,000.00	11,889.00	10,000.00
Recreation Therapy	5,882.00	7,083.00	54,602.00	70,830.00
Pharmacy	9,785.00	10,958.00	73,771.00	109,580.00
Dental	2,806.00	2,917.00	28,064.00	29,170.00
Physical Therapy	7,613.00	6,834.00	68,707.00	68,340.00
Social Services	31,418.00	51,350.00	399,710.00	513,500.00
Medical Staff	32,138.00	39,807.00	354,055.00	398,070.00
Dietary	58,172.00	63,500.00	604,309.00	635,000.00
Engineering	19,131.00	15,333.00	143,604.00	153,330.00
Utility Costs	10,325.00	16,458.00	156,599.00	164,580.00
Environmental Services	33,643.00	37,291.00	356,324.00	372,910.00
Laundry	4,553.00	5,000.00	42,966.00	50,000.00

St Mary's Center, Inc-

Income Statement
October 31, 2025

Description	Current Actual	Current Budget	YTD Actual	YTD Budget
Security	38,642.00	48,721.00	442,066.00	487,210.00
Finance Department	29,276.00	28,423.00	296,351.00	284,230.00
Computer Services	6,949.00	7,250.00	63,006.00	72,500.00
Administration	26,927.00	25,458.00	273,599.00	254,580.00
Human Resources	5,807.00	6,051.00	59,511.00	60,510.00
Telephone Services	10,017.00	11,542.00	106,550.00	115,420.00
Postal Services	26.00	458.00	3,052.00	4,580.00
Insurance	17,668.00	17,416.00	176,680.00	174,160.00
Taxes-Other	1,257.00	2,250.00	28,040.00	22,500.00
Employee Benefits	23,820.00	28,999.00	196,866.00	289,990.00
Employee Benefits-Union	37,085.00	34,584.00	348,394.00	345,840.00
Employee Benefits-Non-Union	16,927.00	18,208.00	168,753.00	182,080.00
Assessment Fees	42,485.00	40,833.00	439,913.00	408,330.00
Interest Expense	5,864.00	4,167.00	53,412.00	41,670.00
Depreciation Expense	34,634.00	31,409.00	346,342.00	314,090.00
Total Operating Expense	710,289.00	744,858.00	7,123,101.00	7,448,580.00
Net Income (Loss)	52,615.00	(65,273.00)	(473,675.00)	(552,730.00)

NEW WINDSOR FAMILY CARE, LLC
(A Limited Liability Company)

Project # 252184
BFA Attachment B

BALANCE SHEETS

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
CURRENT ASSETS		
Cash	\$ 835,292	\$ 107,922
Accounts Receivable	<u>274,538</u>	<u>256,486</u>
TOTAL CURRENT ASSETS	<u>1,109,830</u>	<u>364,408</u>
PROPERTY AND EQUIPMENT - NET (Note 3)	<u>51,777</u>	<u>8,640</u>
TOTAL ASSETS	<u>\$ 1,161,607</u>	<u>\$ 373,048</u>
<u>LIABILITIES AND MEMBERS' EQUITY</u>		
CURRENT LIABILITIES		
Accrued Expenses and Payroll Payable	\$ 51,957	\$ 37,000
TOTAL CURRENT LIABILITIES	<u>51,957</u>	<u>37,000</u>
LONG-TERM LIABILITIES		
Due to Related Party (Note 4)	<u>173,168</u>	<u>199,000</u>
TOTAL LONG-TERM LIABILITIES	<u>173,168</u>	<u>199,000</u>
TOTAL LIABILITIES	<u>225,125</u>	<u>236,000</u>
COMMITMENTS AND CONTINGENCIES (Note 5)		
MEMBERS' EQUITY	<u>936,482</u>	<u>137,048</u>
TOTAL LIABILITIES AND MEMBERS' EQUITY	<u>\$ 1,161,607</u>	<u>\$ 373,048</u>

The accompanying notes are an integral part of these financial statements

NEW WINDSOR FAMILY CARE, LLC
(A Limited Liability Company)

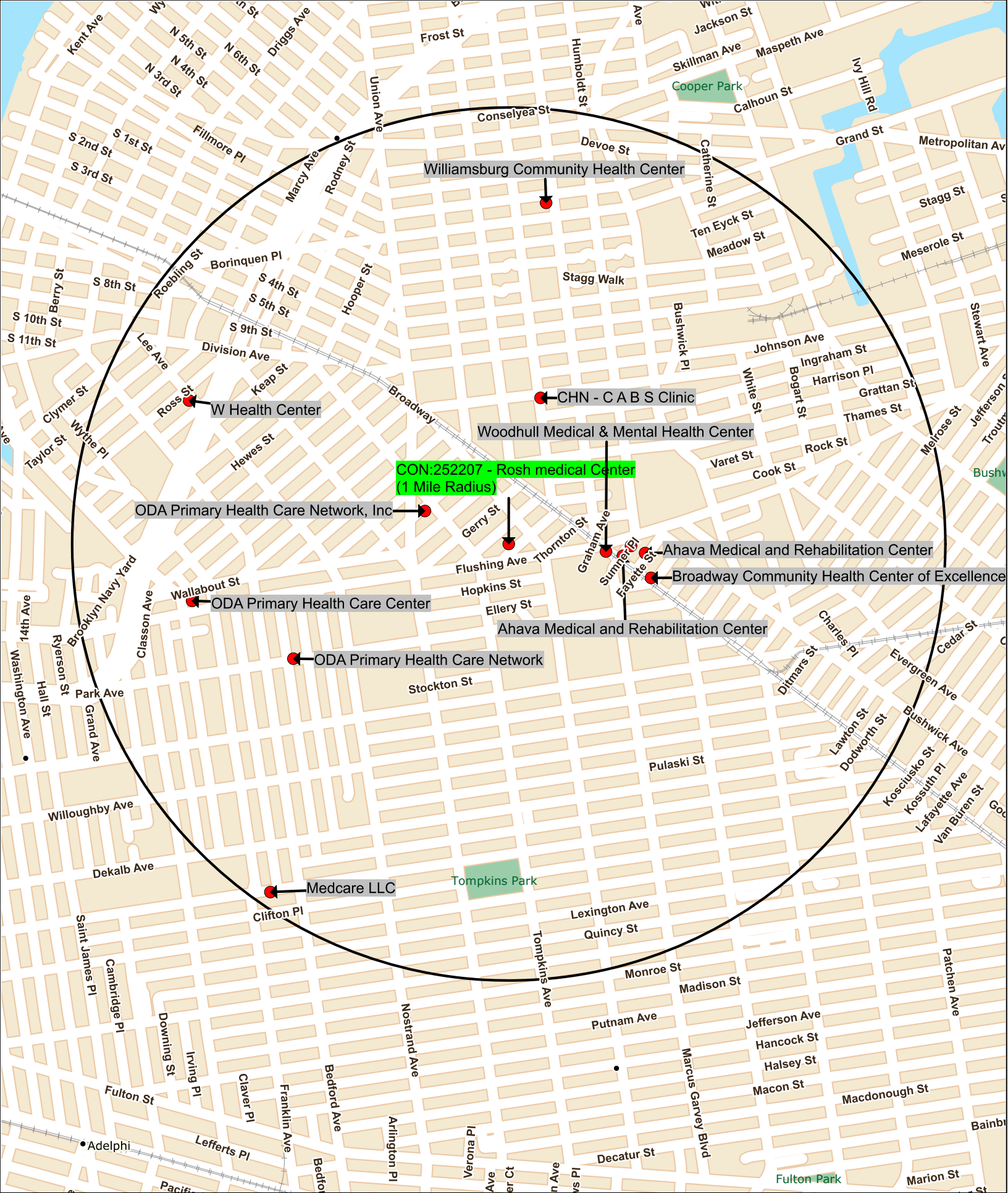
Project # 252184
BFA Attachment B cont

STATEMENTS OF INCOME AND MEMBERS' EQUITY

For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
OPERATING REVENUES		
Patient Service Revenues	\$ 1,975,805	\$ 559,808
TOTAL OPERATING REVENUES	<u>1,975,805</u>	<u>559,808</u>
OPERATING EXPENSES		
Salaries	737,892	218,652
General and Administrative Expenses	135,951	33,314
Facility Costs	21,191	54,610
Property Costs	143,924	80,007
Medical and Related Expenses	71,452	95,804
Employee Benefits	<u>65,961</u>	<u>20,424</u>
TOTAL OPERATING EXPENSES	<u>1,176,371</u>	<u>502,811</u>
NET INCOME	799,434	56,997
MEMBERS' EQUITY, BEGINNING OF YEAR	<u>137,048</u>	<u>80,051</u>
MEMBERS' EQUITY, END OF YEAR	<u>\$ 936,482</u>	<u>\$ 137,048</u>

The accompanying notes are an integral part of these financial statements



Facilities listed on the map provide one or all of the services proposed by the new facility highlighted in green within a 1 mile radius. Services Proposed: Medical Services- Primary Care, Medical Services - Other Medical Specialties. Additional facilities were removed from the map if they did not appear to focus on similar Women's Health services to the applicant.

Rosh Medical Center
Pro Forma Balance Sheet

BFA Attachment B
CON#252207

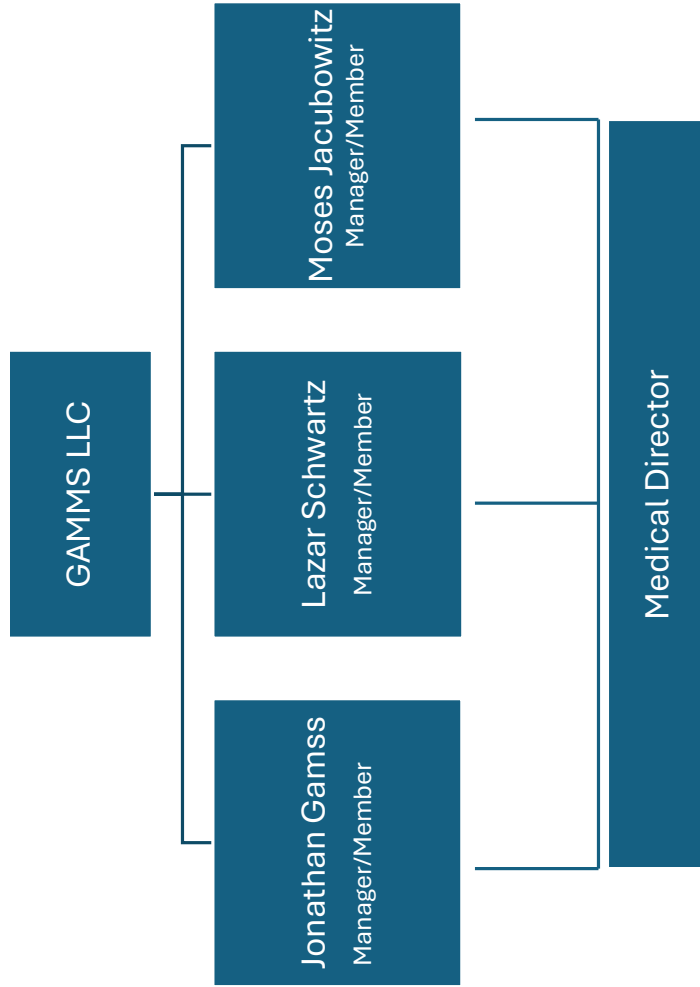
ASSETS

Cash	\$	452,980
Leasehold Improvements	\$	-
Moveable/Fixed Equipment	\$	-
Total Assets	\$	452,980

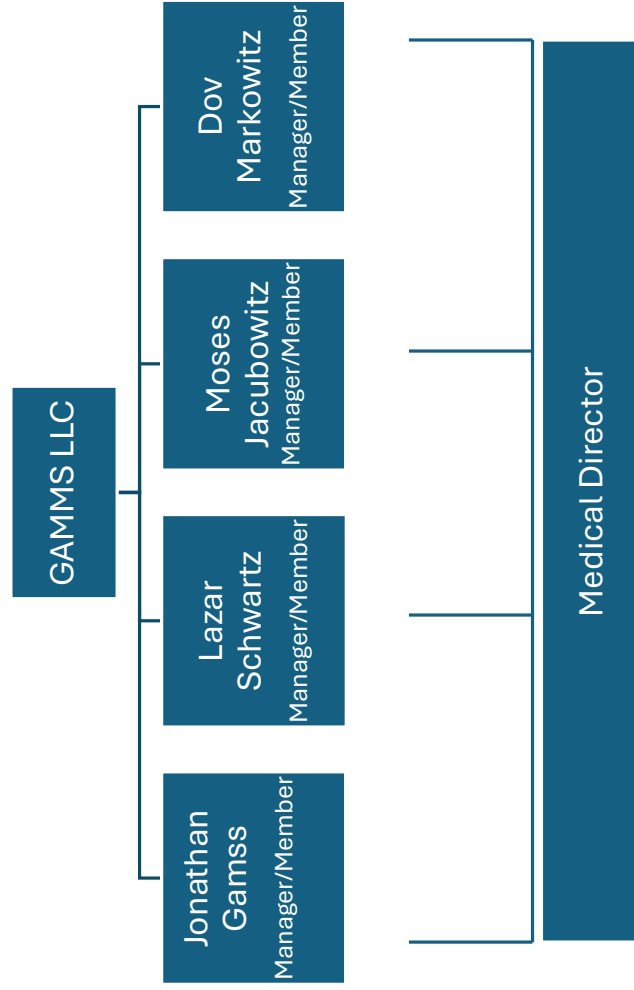
LIABILITIES & MEMBERS EQUITY

Long Term Debt	\$	-
Short Term Debt	\$	-
Total Liabilities	\$	-
Members Equity	\$	452,980
Total Liabilities and Members Equity	\$	452,980

FROM:

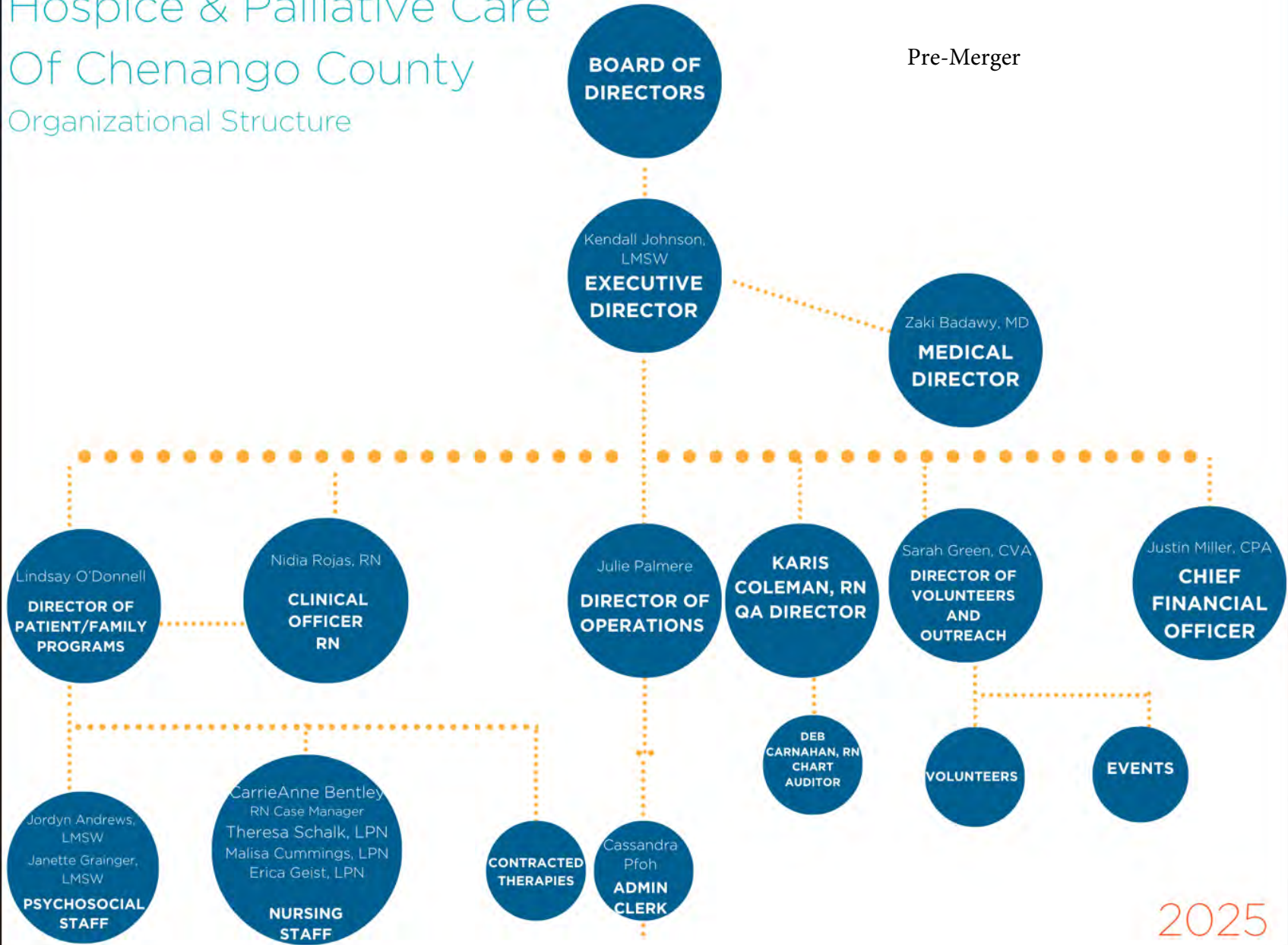


TO:



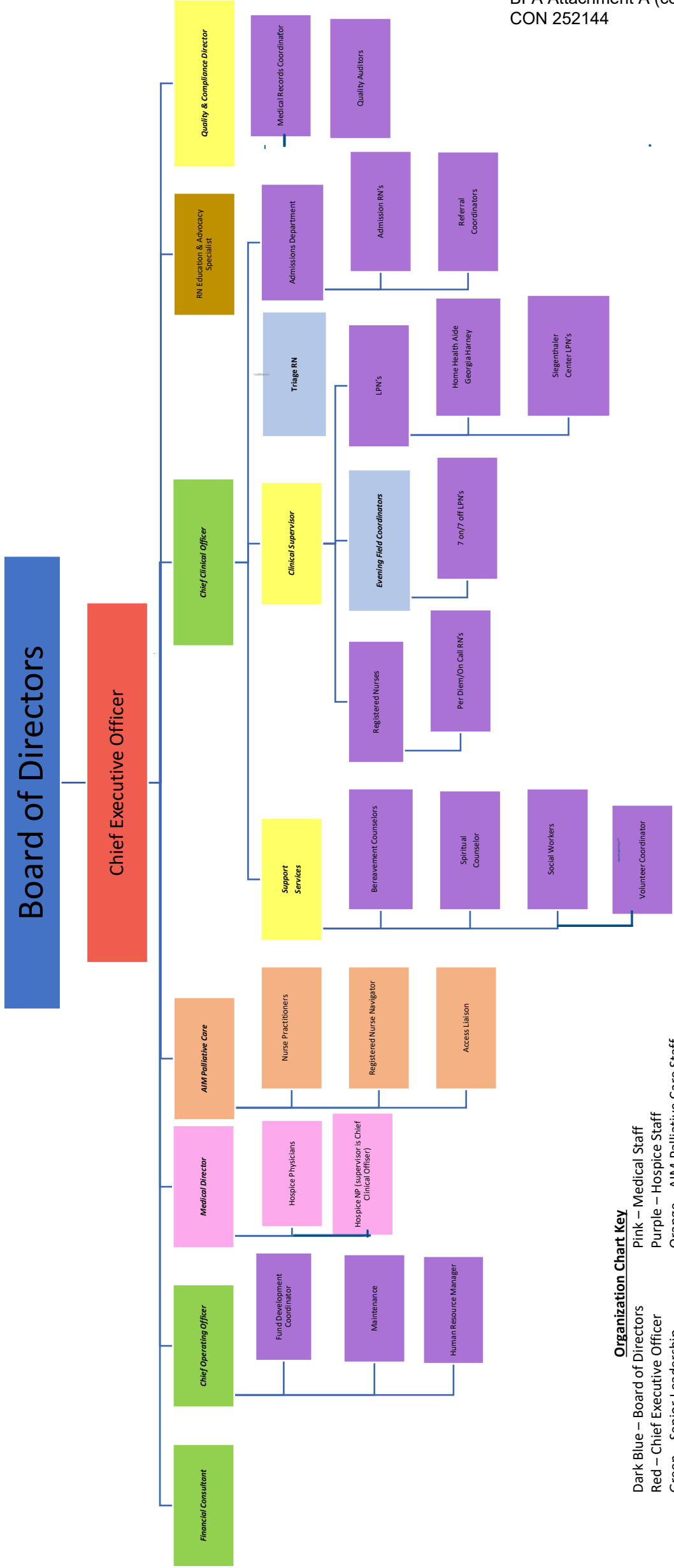
Hospice & Palliative Care Of Chenango County Organizational Structure

Pre-Merger



2025

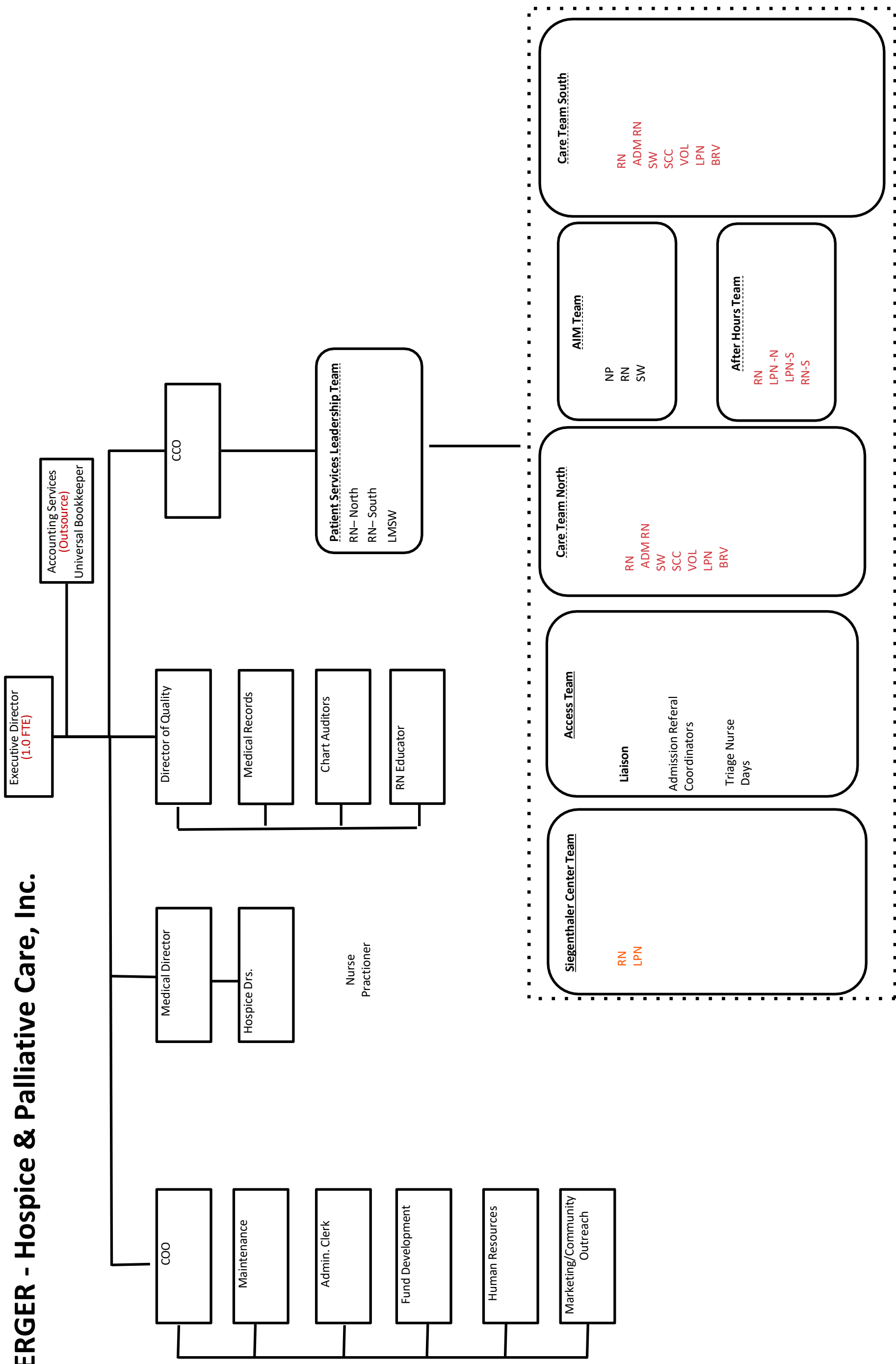
Pre-Merger - Hospice & Palliative Care, Inc.



Organization Chart Key

- Dark Blue – Board of Directors
- Red – Chief Executive Officer
- Green – Senior Leadership
- Yellow – Middle Leadership
- Gold- Liaison - RN Education & Advocacy Specialist
- Pink – Medical Staff
- Purple – Hospice Staff
- Orange – AIM Palliative Care Staff
- Light Blue – Clinical Coordinators

POST-MERGER - Hospice & Palliative Care, Inc.



Hospice & Palliative Care, Inc.

Merger of two (2) existing Article 40 Hospices

PRO FORMA BALANCE SHEET

ASSETS

Cash (two (2) months of Year 1 expenses)	\$1,468,766
Investments	\$4,151,647
Accounts Receivable	\$1,139,543
Fixed Assets	\$1,687,365
TOTAL ASSETS	\$8,447,321

LIABILITIES AND SHAREHOLDER EQUITY

LIABILITIES

Current Liabilities	\$578,830
Long-Term Liabilities	\$1,431,142
TOTAL LIABILITIES	\$2,009,972

EQUITY

\$6,437,349

**TOTAL LIABILITIES AND
SHAREHOLDER EQUITY**

\$8,447,321

Based on HPCI's and HPCCC most recent internal Balance Sheets.

HOSPICE & PALLIATIVE CARE, INC.

NEW HARTFORD, NEW YORK

STATEMENTS OF FINANCIAL POSITIONDECEMBER 31,ASSETS

	<u>2024</u>	<u>2023</u>	<u>2022</u>
Current Assets:			
Cash	\$ 1,002,508	\$ 961,183	\$ 1,340,883
Investments	2,303,731	2,056,194	1,866,678
Accounts Receivable - Net of Allowance for Credit Losses	628,780	1,010,891	988,995
Prepaid Expenses	15,918	9,232	3,572
Total Current Assets	<u>3,950,937</u>	<u>4,037,500</u>	<u>4,200,128</u>
Property and Equipment:			
Land, Building and Improvements	2,729,476	2,619,862	2,619,862
Equipment	227,935	227,935	223,435
	<u>2,957,411</u>	<u>2,847,797</u>	<u>2,843,297</u>
Less: Accumulated Depreciation	1,793,565	1,709,727	1,630,087
Property and Equipment - Net	<u>1,163,846</u>	<u>1,138,070</u>	<u>1,213,210</u>
Other Assets:			
Loan Acquisition Costs - Net	<u>6,437</u>	<u>7,557</u>	<u>8,723</u>
 TOTAL ASSETS	 <u>\$ 5,121,220</u>	 <u>\$ 5,183,127</u>	 <u>\$ 5,422,061</u>

LIABILITIES AND NET ASSETS

	<u>2024</u>	<u>2023</u>	<u>2022</u>
Current Liabilities:			
Current Portion of Long-Term Debt	\$ 46,850	\$ 45,000	\$ 44,000
Accounts Payable	85,357	64,917	41,106
Accrued Expenses and Other Liabilities	372,414	299,204	311,276
Total Current Liabilities	<u>504,621</u>	<u>409,121</u>	<u>396,382</u>
Long Term Debt	<u>250,730</u>	<u>297,800</u>	<u>342,498</u>
Total Liabilities	<u>755,351</u>	<u>706,921</u>	<u>738,880</u>
Net Assets:			
Without Donor Restrictions	4,356,154	4,467,960	4,676,141
With Donor Restrictions	9,715	8,246	7,040
Total Net Assets	<u>4,365,869</u>	<u>4,476,206</u>	<u>4,683,181</u>
 TOTAL LIABILITIES AND NET ASSETS	 <u>\$ 5,121,220</u>	 <u>\$ 5,183,127</u>	 <u>\$ 5,422,061</u>

HOSPICE & PALLIATIVE CARE, INC.

NEW HARTFORD, NEW YORK

STATEMENTS OF ACTIVITIES

FOR THE YEAR ENDED DECEMBER 31 2024,
 (WITH COMPARATIVE TOTALS FOR 2023 & 2022)

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total 2024</u>	<u>Total 2023</u>	<u>Total 2022</u>
<u>REVENUES AND OTHER SUPPORT:</u>					
Patient Services	\$ 5,627,916	\$ -	\$ 5,627,916	\$ 5,720,594	\$ 5,169,299
Contributions	661,401	-	661,401	219,810	221,807
Grants	318,351	-	318,351	107,924	152,614
Development Council	262,148	-	262,148	328,831	251,489
Investment Income	257,897	1,469	259,366	203,792	(285,921)
Other Revenues	7,656	-	7,656	18,090	19,642
Total Revenues and Other Support	<u>7,135,369</u>	<u>1,469</u>	<u>7,136,838</u>	<u>6,599,041</u>	<u>5,528,930</u>
<u>EXPENSES:</u>					
Program Services	5,571,613	-	5,571,613	5,142,999	5,320,733
General and Administrative	1,445,235	-	1,445,235	1,531,421	1,355,533
Fundraising	230,327	-	230,327	131,596	76,753
Total Expenses	<u>7,247,175</u>	<u>-</u>	<u>7,247,175</u>	<u>6,806,016</u>	<u>6,753,019</u>
Change in Net Assets	(111,806)	1,469	(110,337)	(206,975)	(1,224,089)
Net Assets, Beginning of Year	<u>4,467,960</u>	<u>8,246</u>	<u>4,476,206</u>	<u>4,683,181</u>	<u>5,907,270</u>
Net Assets, End of Year	<u>\$ 4,356,154</u>	<u>\$ 9,715</u>	<u>\$ 4,365,869</u>	<u>\$ 4,476,206</u>	<u>\$ 4,683,181</u>

Balance Sheet - Hospice & Palliative Care, Inc

draft
12/31/25

Assets:

Cash	\$	522,813
Investments	\$	1,910,343
Accounts Receivable	\$	1,052
Patient Accounts Receivable	\$	849,380
Assets - Fixed and Other	\$	1,152,478
Liabilities - Current	\$	522,223
Liabilities - Long Term	\$	<u>250,720</u>
EQUITY		\$3,682,232

Income Statement - Hospice & Palliative Care, Incdraft
12/31/25

INCOME:	
Hospice Income	\$ 5,021,555
Palliative Care Income	\$ 42,344
Residence Unit Income	\$ <u>547,814</u>
Total Income	\$ 5,611,713
COST OF GOODS SOLD:	
Total Cost of Goods Sold	\$ 666
Total Direct Labor	\$ 2,797,168
Total Patient Related	\$ 980,770
Total PC - Direct Labor	\$ 250,764
Total PC - Patient Related	\$ 9,212
Total RU - Direct Labor	\$ 414,784
Total RU - Patient Related	\$ <u>31,570</u>
Total Cost of Goods Sold	\$ 4,484,933
GROSS PROFIT	\$ 1,126,780
EXPENSE:	
Total Employee Benefits	\$ 953,860
Total Facility Related	\$ 90,800
Total Indirect Labor	\$ 797,229
Total Indirect Operational	\$ 687,425
Total PC - Indirect Operational	\$ 85
Total RU - Facility Related	\$ 10,241
Total RU - Indirect Operational Costs	\$ 6,235
Total RU Indirect Labor	\$ <u>68,969</u>
Total Expense	\$ 2,614,845
NET OPERATING INCOME / (LOSS)	\$ (1,488,065)
OTHER INCOME:	
Total Contributions/Donations/Grants	\$ 514,914
Total Fundraising Event Income	\$ 259,393
Total Investment Income	\$ <u>259,583</u>
Total Other Income	\$ 1,033,891
OTHER EXPENSE:	
Total Fundraising Event Expenses	\$ 41,807
Total Fundraising/Development Other	\$ 161,923
Total Indirect Operational-Marketing	\$ <u>35,600</u>
Total Other Expense	\$ 229,462
NET PROFIT / (LOSS)	\$ (683,636)

HOSPICE OF CHENANGO COUNTY, INC.

NORWICH, NEW YORK

STATEMENTS OF FINANCIAL POSITIONDECEMBER 31,

	<u>ASSETS</u>		
	<u>2024</u>	<u>2023</u>	<u>2022</u>
Current Assets:			
Cash	\$ 440,326	\$ 144,904	\$ 281,712
Investments	1,633,500	2,107,885	2,451,775
Accounts Receivable - Net	193,212	141,814	180,655
Prepaid Expenses	1,223	1,167	1,146
Total Current Assets	<u>2,268,261</u>	<u>2,395,770</u>	<u>2,915,288</u>
Property and Equipment:			
Land, Building and Improvements	564,671	559,503	539,188
Equipment	289,050	289,050	289,050
	<u>853,721</u>	<u>848,553</u>	<u>828,238</u>
Less: Accumulated Depreciation	(312,276)	(282,094)	(251,573)
Property and Equipment - Net	<u>541,445</u>	<u>566,459</u>	<u>576,665</u>
Other Assets:			
Investments - Non-Current	<u>566,989</u>	<u>566,989</u>	<u>566,989</u>
 TOTAL ASSETS	 <u>\$ 3,376,695</u>	 <u>\$ 3,529,218</u>	 <u>\$ 4,058,942</u>
 <u>LIABILITIES AND NET ASSETS</u>			
Current Liabilities:			
Accounts Payable	\$ 49,667	\$ 44,524	\$ 25,906
Current Portion of Long-Term Debt	-	36,820	34,230
Accrued Expenses and Other Liabilities	136,954	125,649	160,565
Total Current Liabilities	<u>186,621</u>	<u>206,993</u>	<u>220,701</u>
Long-Term Debt	<u>-</u>	<u>50,819</u>	<u>96,280</u>
Total Liabilities	<u>186,621</u>	<u>257,812</u>	<u>316,981</u>
Net Assets:			
Without Donor Restrictions	2,623,085	2,704,417	3,174,972
With Donor Restrictions	566,989	566,989	566,989
Total Net Assets	<u>3,190,074</u>	<u>3,271,406</u>	<u>3,741,961</u>
 TOTAL LIABILITIES AND NET ASSETS	 <u>\$ 3,376,695</u>	 <u>\$ 3,529,218</u>	 <u>\$ 4,058,942</u>

HOSPICE OF CHENANGO COUNTY, INC.

NORWICH, NEW YORK

STATEMENTS OF ACTIVITIES

FOR THE YEAR ENDED DECEMBER 31 2024,
(WITH COMPARATIVE TOTALS FOR 2023 AND 2022)

	Without Donor Restrictions	With Donor Restrictions	Total 2024	Total 2023	Total 2022
<u>REVENUES AND OTHER SUPPORT:</u>					
Patient Services	\$ 1,838,613	\$ -	\$ 1,838,613	\$ 1,152,953	\$ 1,206,097
Contributions	51,601	-	51,601	61,301	60,286
Grants	11,572	-	11,572	9,465	29,521
Development Council	32,047	-	32,047	44,191	41,541
Investment Income (Loss)	176,340	-	176,340	291,355	(402,675)
Other Revenues	8,256	-	8,256	1,376	-
Total Revenues and Other Support	<u>2,118,429</u>	<u>-</u>	<u>2,118,429</u>	<u>1,560,641</u>	<u>934,770</u>
<u>EXPENSES:</u>					
Program Services	1,626,158	-	1,626,158	1,500,434	1,347,986
General and Administrative	557,033	-	557,033	504,638	552,619
Fundraising	16,570	-	16,570	26,124	26,690
Total Expenses	<u>2,199,761</u>	<u>-</u>	<u>2,199,761</u>	<u>2,031,196</u>	<u>1,927,295</u>
Change in Net Assets	(81,332)	-	(81,332)	(470,555)	(992,525)
Net Assets, Beginning of Year	<u>2,704,417</u>	<u>566,989</u>	<u>3,271,406</u>	<u>3,741,961</u>	<u>4,734,486</u>
Net Assets, End of Year	<u>\$ 2,623,085</u>	<u>\$ 566,989</u>	<u>\$ 3,190,074</u>	<u>\$ 3,271,406</u>	<u>\$ 3,741,961</u>

Hospice & Palliative Care of Chenango County

Balance Sheet

As of December 31, 2025

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	\$37,407.68
Accounts Receivable	
Accounts Rec-Patient Accounts	688.00
Total Accounts Receivable	\$688.00
Other Current Assets	\$2,102,085.62
Total Current Assets	\$2,140,181.30
Fixed Assets	\$514,246.85
TOTAL ASSETS	\$2,654,428.15
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	\$21,599.99
Credit Cards	\$8,476.23
Other Current Liabilities	\$64,209.45
Total Current Liabilities	\$94,285.67
Total Liabilities	\$94,285.67
Equity	\$2,560,142.48
TOTAL LIABILITIES AND EQUITY	\$2,654,428.15

Hospice & Palliative Care of Chenango County

Profit and Loss

January - December 2025

	TOTAL
Income	
Hospice - Income	1,248,890.07
Total Income	\$1,248,890.07
Cost of Goods Sold	
COGS	-5,326.52
Direct Labor	970,336.62
Patient Related	282,993.49
Total Cost of Goods Sold	\$1,248,003.59
GROSS PROFIT	\$886.48
Expenses	
Employee Benefits	261,257.35
Facility Related	37,404.74
Indirect Labor	367,709.26
Indirect Operational	320,297.14
Total Expenses	\$986,668.49
NET OPERATING INCOME	\$ -985,782.01
Other Income	
Contracted Labor	39,390.00
Contributions/Donations/Grants	38,700.69
Fundraising Event Income	31,367.22
Investment Income	264,813.24
Rental Income	8,256.00
Total Other Income	\$382,527.15
Other Expenses	
Fundraising Event Expenses	14,450.27
Indirect Operational-Marketing	12,226.17
Total Other Expenses	\$26,676.44
NET OTHER INCOME	\$355,850.71
NET INCOME	\$ -629,931.30



Office of the State Long Term Care Ombudsman

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

Claudette Royal
State Ombudsman
1-855-582-6769

To: Public Health and Health Planning Council

Re: 211102 Rockville Holdings Operating LLC d/b/a Rockville Skilled Nursing and Rehabilitation Center

Date: March 27, 2026

Long Term Care Ombudsman Program Review:

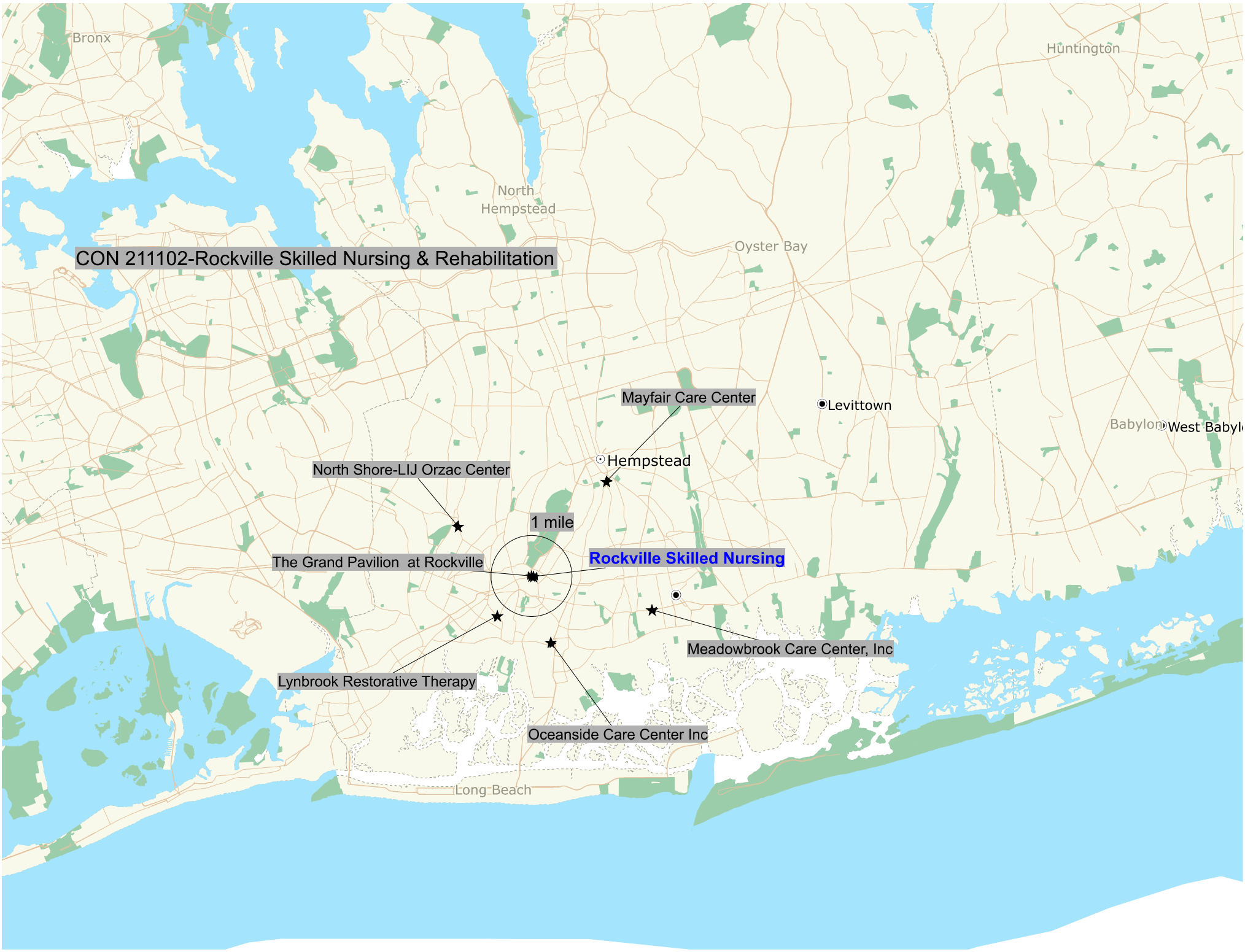
The Office of the State Long Term Care Ombudsman has received and reviewed the application for change in ownership submitted by Rockville Holdings Operating LLC d/b/a Rockville Skilled Nursing and Rehabilitation Center. The Office reviewed the nine facilities currently operated by the proposed owners. There is a quarterly Ombudsman presence in one facility, monthly coverage in four facilities and weekly coverage in four facilities.

The Office also reviewed nine other facilities where the proposed owners do not have any ownership interests, however they are currently employed in management titles within the organization that operates these facilities. There is a quarterly Ombudsman presence in three facilities, monthly coverage in three facilities and weekly coverage in three facilities.

Based on the Office's review of any programmatic interactions and complaints received for these facilities, the Office would like to note two of the eighteen facilities were found to have residents' rights concerns related to discharge. The Ombudsmen in both facilities have addressed these issues with the facilities and are working with administration to correct the concerns. The Office did not find concerns in the other sixteen facilities and has no objection to the approval of this application, however, would recommend that the subject facility be monitored to ensure these discharge issues do not become prevalent if the application is approved.

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

Claudette Royal
New York State Ombudsman



CON 211102-Rockville Skilled Nursing & Rehabilitation

Rockville Skilled Nursing

1 mile

North Shore-LIJ Orzac Center

Mayfair Care Center

The Grand Pavilion at Rockville

Hempstead

Lynbrook Restorative Therapy

Meadowbrook Care Center, Inc

Oceanside Care Center Inc

Bronx

North Hempstead

Oyster Bay

Huntington

Levittown

Babylon West Babylon

Long Beach

ROCKVILLE HOLDINGS OPERATING LLC

ROCKVILLE HOLDINGS OPERATING LLC
Rockville Nursing & Rehabilitation Center

Akiva Rudner
50.00% Interest
/ Member

Steven Sax
50.00% Interest
Member

CON # 211102
BFA Attachment B

Proposed Owners of Rockville Skilled Nursing & Rehabilitation Center Affiliated Facilities

Facility Name	Owners/Ownership %	
	Akiva Rudner	Steven Sax
Emerald Peek Rehabilitation & Nursing Center	2.00%	2.00%
The Hamlet Rehabilitation and Healthcare Center at Nesconset	4.00%	4.00%
Glengariff Rehabilitation and Healthcare Center	4.00%	4.00%
Water's Edge Rehabilitation and Nursing Center	4.00%	4.00%
St. James Rehabilitation and Healthcare Center	1.00%	3.00%
Cortlandt Healthcare		2.00%
The Enclave at Rye Rehabilitation and Nursing Center	2.00%	2.00%
The Chateau at Brooklyn Rehabilitation and Nursing Center	2.00%	2.00%
Paramount at Somers Rehabilitation & Nursing Center	4.00%	4.00%

Paramount at Somers Rehabilitation & Nursing Center

	1/1/2025-11/30/2025 Internal	2024	2023	2022
ASSETS - CURRENT	\$10,279,469	\$10,385,767	\$9,825,288	\$11,136,006
ASSETS - FIXED AND OTHER	\$7,848,205	\$151,315,703	\$154,264,493	\$165,550,246
TOTAL ASSETS	\$18,127,674	\$161,701,470	\$164,089,781	\$176,686,252
LIABILITIES - CURRENT	\$1,657,825	\$13,416,469	\$13,216,689	\$16,883,600
LIABILITIES - LONG-TERM	\$1,343,646	\$132,674,408	\$135,524,220	\$145,938,742
TOTAL LIABILITIES	\$3,001,471	\$146,090,877	\$148,740,909	\$162,822,342
WORKING CAPITAL	\$8,621,644	(\$3,030,702)	(\$3,391,401)	(\$5,747,594)
INCOME	\$46,649,284	\$51,902,954	\$47,634,125	\$50,275,716
EXPENSE	\$45,583,677	\$48,341,233	\$44,346,163	\$46,560,522
NET INCOME	\$1,065,607	\$3,561,721	\$3,287,962	\$3,715,194
NET ASSET POSITION	\$15,126,203	\$15,610,593	\$15,348,872	\$13,863,910

Cortlandt Healthcare

	1/1/2025-12/31/2025 Internal	2024	2023	2022
ASSETS - CURRENT	\$3,967,308	\$4,812,063	\$4,768,715	\$4,521,342
ASSETS - FIXED AND OTHER	\$9,841,541	\$48,212,750	\$18,522,909	\$20,686,625
TOTAL ASSETS	\$13,808,849	\$53,024,813	\$23,291,624	\$25,207,967
LIABILITIES - CURRENT	\$6,112,752	\$6,261,332	\$6,774,081	\$6,221,424
LIABILITIES - LONG-TERM	\$359,256	\$39,454,063	\$9,016,423	\$12,334,959
TOTAL LIABILITIES	\$6,472,008	\$45,715,395	\$15,790,504	\$18,556,383
WORKING CAPITAL	(\$2,145,444)	(\$1,449,269)	(\$2,005,366)	(\$1,700,082)
INCOME	\$21,594,549	\$22,237,608	\$21,783,765	\$21,147,437
EXPENSE	\$20,867,126	\$21,104,310	\$20,707,129	\$19,512,483
NET INCOME	\$727,423	\$1,133,298	\$1,076,636	\$1,634,954
NET ASSET POSITION	\$7,336,841	\$7,309,418	\$7,501,120	\$6,651,584

The Hamlet Rehabilitation and Healthcare Center at Nesconset

	1/1/2025-11/30/2025 Internal	2024	2023	2022
ASSETS - CURRENT	\$9,708,093	\$13,181,808	\$9,891,776	\$7,645,943
ASSETS - FIXED AND OTHER	\$14,007,811	\$163,065,572	\$148,444,341	\$153,670,252
TOTAL ASSETS	\$23,715,904	\$176,247,380	\$158,336,117	\$161,316,195
LIABILITIES - CURRENT	\$11,504,993	\$15,729,393	\$17,866,511	\$17,548,598
LIABILITIES - LONG-TERM	\$1,604,144	\$149,158,405	\$134,491,409	\$138,110,548
TOTAL LIABILITIES	\$13,109,137	\$164,887,798	\$152,357,920	\$155,659,146
WORKING CAPITAL	(\$1,796,900)	(\$2,547,585)	(\$7,974,735)	(\$9,902,655)
INCOME	\$43,622,895	\$53,215,913	\$50,005,718	\$46,203,730
EXPENSE	\$38,956,008	\$46,215,061	\$49,439,737	\$43,243,278
NET INCOME	\$4,666,887	\$7,000,852	\$565,981	\$2,960,452
NET ASSET POSITION	\$10,606,767	\$11,359,582	\$5,978,197	\$5,657,049

Affiliated Nursing Homes

St. James Rehabilitation and Health Center

	1/1/2025-11/30/25 Internal	2024	2023	2022
Current Assets	\$7,807,635	\$8,272,916	\$8,674,323	\$11,343,545
Fixed Assets	\$6,385,059	\$109,619,263	\$115,337,735	\$120,655,752
Total Assets	\$14,192,694	\$117,892,179	\$124,012,058	\$131,999,297
Current Liabilities	\$8,551,882	\$15,762,946	\$14,133,266	\$15,202,802
Long Term Liabilities	\$5,340,039	\$102,028,681	\$106,641,978	\$111,023,773
Total Liabilities	\$13,891,921	\$117,791,627	\$120,775,244	\$126,226,575
Net Assets	\$300,773	\$100,552	\$3,236,814	\$5,772,722
Working Capital Position	(\$744,247)	(\$7,490,030)	-\$5,458,943	-\$3,859,257
Revenue	\$36,359,142	\$40,917,690	\$40,009,814	\$41,129,403
Expenses	\$36,158,919	\$40,203,952	\$40,495,722	\$39,257,545
Net Income	\$200,223	\$713,738	-\$485,908	\$1,871,858

Glengariff Rehabilitation and Healthcare Center

1/1/2025-11/30/2025

	Internal	2024	2023	2022
Current Assets	\$11,169,542	\$9,892,663	\$7,030,948	\$5,721,476
Fixed Assets	\$12,404,957	\$330,807,325	\$333,408,305	\$5,218,118
Total Assets	\$23,574,499	\$340,699,988	\$340,439,253	\$10,939,594
Current Liabilities	\$18,653,440	\$13,630,263	\$20,396,457	\$9,512,185
Long Term Liabilities	\$290,646	\$324,966,452	\$322,164,382	\$3,162,383
Total Liabilities	\$18,944,086	\$338,596,715	\$342,560,839	\$12,674,568
Net Assets	\$4,630,413	\$2,103,273	(\$2,121,586)	(\$1,734,974)
Working Capital Position	(\$7,483,898)	(\$3,737,600)	(\$13,365,509)	(\$3,790,709)
Revenue	\$41,049,092	\$47,289,150	\$39,260,898	\$39,961,104
Expenses	\$38,505,152	\$42,743,257	\$39,128,253	\$38,792,977
Net Income	\$2,543,940	\$4,545,893	\$132,645	\$1,168,127

The Chateau at Brooklyn Rehabilitation & Nursing Center

	1/1/2025-12/31/2025 Internal	2024	2023	2022
ASSETS - CURRENT	\$8,135,168	\$10,327,350	\$8,708,568	\$7,127,141
ASSETS - FIXED AND OTHER	\$10,188,818	\$30,966,218	\$36,122,604	\$39,952,319
TOTAL ASSETS	\$18,323,986	\$41,293,568	\$44,831,172	\$47,079,460
LIABILITIES - CURRENT	\$9,988,633	\$10,767,202	\$9,977,400	\$9,967,109
LIABILITIES - LONG-TERM	\$1,253,310	\$22,673,091	\$27,397,775	\$32,902,435
TOTAL LIABILITIES	\$11,241,943	\$33,440,293	\$37,375,175	\$42,869,544
WORKING CAPITAL	(\$1,853,465)	(\$439,852)	(\$1,268,832)	(\$2,839,968)
INCOME	\$35,904,493	\$35,612,754	\$34,577,167	\$31,613,372
EXPENSE	\$31,628,221	\$31,015,481	\$30,830,686	\$29,044,414
NET INCOME	\$4,276,272	\$4,597,273	\$3,746,481	\$2,568,958
NET ASSET POSITION	\$7,082,043	\$7,853,275	\$7,455,997	\$4,209,916

The Enclave at Rye Rehabilitation and Nursing Center

	1/1/2025-12/31/2025 Internal	2024	2023	2022
ASSETS - CURRENT	\$4,555,059	\$4,927,299	\$5,105,698	\$4,452,533
ASSETS - FIXED AND OTHER	\$667,424	\$29,529,719	\$30,025,895	\$30,051,297
TOTAL ASSETS	\$5,222,483	\$34,457,018	\$35,131,593	\$34,503,830
LIABILITIES - CURRENT	\$3,078,578	\$5,149,223	\$4,789,039	\$5,321,411
LIABILITIES - LONG-TERM	\$505,782	\$27,493,838	\$27,930,323	\$28,410,445
TOTAL LIABILITIES	\$3,584,360	\$32,643,061	\$32,719,362	\$33,731,856
WORKING CAPITAL	\$1,476,481	(\$221,924)	\$316,659	(\$868,878)
INCOME	\$25,012,237	\$26,440,752	\$26,460,453	\$23,823,221
EXPENSE	\$24,628,067	\$24,747,026	\$24,275,152	\$23,789,297
NET INCOME	\$384,170	\$1,693,726	\$2,185,301	\$33,924
NET ASSET POSITION	\$1,638,123	\$1,813,957	\$2,412,231	\$771,974

Water's Edge Rehabilitation and Nursing Center

	1/1/2025-11/30/2025 Internal	2024	2023	2022
ASSETS - CURRENT	\$4,897,701	\$4,088,449	\$4,045,141	\$2,952,584
ASSETS - FIXED AND OTHER	\$5,016,305	\$66,933,533	\$69,354,209	\$3,502,552
TOTAL ASSETS	\$9,914,006	\$71,021,982	\$73,399,350	\$6,455,136
LIABILITIES - CURRENT	\$7,259,204	\$8,097,594	\$8,322,241	\$4,099,834
LIABILITIES - LONG-TERM	\$1,073,466	\$61,260,575	\$63,997,519	\$1,128,421
TOTAL LIABILITIES	\$8,332,670	\$69,358,169	\$72,319,760	\$5,228,255
WORKING CAPITAL	(\$2,361,503)	(\$4,009,145)	(\$4,277,100)	(\$1,147,250)
INCOME	\$18,788,102	\$21,405,835	\$19,862,056	\$17,780,669
EXPENSE	\$18,680,163	\$20,614,097	\$19,802,269	\$18,871,523
NET INCOME	\$107,939	\$791,738	\$59,787	(\$1,090,854)
NET ASSET POSITION	\$1,581,336	\$1,663,813	\$1,079,590	\$1,226,881

Emerald Peek Rehabilitation & Nursing Center

	1/1/2025-11/30/2025 Internal	2024	2023	2022
ASSETS - CURRENT	\$4,263,153	\$3,191,024	\$2,380,736	\$2,720,696
ASSETS - FIXED AND OTHER	\$3,393,259	\$96,655,345	\$98,133,296	\$98,828,385
TOTAL ASSETS	\$7,656,412	\$99,846,369	\$100,514,032	\$101,549,081
LIABILITIES - CURRENT	\$8,272,958	\$6,970,570	\$5,508,043	\$6,467,970
LIABILITIES - LONG-TERM	\$672,078	\$93,893,446	\$95,073,638	\$94,759,011
TOTAL LIABILITIES	\$8,945,036	\$100,864,016	\$100,581,681	\$101,226,981
WORKING CAPITAL	(\$4,009,805)	(\$3,779,546)	(\$3,127,307)	(\$3,747,274)
INCOME	\$14,641,166	\$15,203,401	\$15,362,265	\$15,067,202
EXPENSE	\$14,912,142	\$16,153,398	\$15,752,614	\$15,211,856
NET INCOME	(\$270,976)	(\$949,997)	(\$390,349)	(\$144,654)
NET ASSET POSITION	(\$1,288,624)	(\$1,017,647)	(\$67,649)	\$322,100

ROCKVILLE SKILLED NURSING AND REHAB CENTER

PROFORMA BALANCE SHEET

ASSETS

	<u>Rockville Skilled Nursing And Rehab Center</u>
Current Assets	
Cash & Cash Equivalents (Members Contribution)	\$ 1,771,000
Total Current Assets	1,771,000
Non Current Assets	
Resident Funds	23,000
Fixed Assets - Net	1,225,000
Total Non Current Assets	1,248,000
Total Assets	<u>\$ 3,019,000</u>

LIABILITIES AND MEMBERS' EQUITY

Liabilities	
Accounts payable	\$ -
Total current liabilities	_____
Long term Liabilities	
Resident Funds	23,000
Total Long-term Liabilities	23,000
Total Liabilities	23,000
Members' Equity	2,996,000
Total Liabilities and Members' Equity	<u>\$ 3,019,000</u>

Rockville Skilled Nursing and Rehab Center				
	1/1/2025- 12/31/2025 Internal	2024	2023	2022
ASSETS - CURRENT	\$2,284,443	\$2,211,714	\$2,291,605	\$2,282,380
ASSETS - FIXED AND OTHER	\$2,204,258	\$85,666,830	\$86,756,747	\$87,998,879
TOTAL ASSETS	\$4,488,701	\$87,878,544	\$89,048,352	\$90,281,259
LIABILITIES - CURRENT	\$1,807,596	\$3,615,039	\$2,951,159	\$3,150,862
LIABILITIES - LONG-TERM	\$43,681	\$82,384,821	\$83,042,134	\$84,286,394
TOTAL LIABILITIES	\$1,851,277	\$85,999,860	\$85,993,293	\$87,437,256
WORKING CAPITAL	\$476,847	(\$1,403,325)	(\$659,554)	(\$868,482)
NET ASSET POSITION	\$2,637,424	\$1,878,684	\$3,055,059	\$2,844,003
INCOME	\$13,803,702	\$12,007,502	\$12,762,339	\$11,056,955
EXPENSE	\$13,044,958	\$13,183,877	\$12,551,284	\$11,686,386
NET INCOME	\$758,744	(\$1,176,375)	\$211,055	(\$629,431)



Office of the State Long Term Care Ombudsman

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

Claudette Royal
State Ombudsman
1-855-582-6769

To: Public Health and Health Planning Council

Re: OLP SNF OPCO LLC d/b/a Our Lady of Peace Nursing Care Residence

Date: April 01, 2026

Long Term Care Ombudsman Program Review:

The Office of the State Long Term Care Ombudsman has received and reviewed the application for change in ownership submitted by OLP SNF OPCO LLC d/b/a Our Lady of Peace Nursing Care Residence. The Office reviewed the three facilities currently operated by the proposed owners. There is a weekly Ombudsman presence in one facility, and a monthly presence in two facilities. Based on the Office's review of programmatic interactions and complaints received by these facilities, the Office would like to note some areas of concern for consideration by the Council.

Two of the facilities where the proposed owners are currently involved in the operations have significant staffing concerns. Both the residents and staff of these facilities express concerns about staff turnover and lack of direct care staff which impacts the quality of care being provided. This has been raised to Administration by the Ombudsman in both facilities, as well as the Resident Council in one facility, however, there has been no improvement to staffing and the issue remains unresolved at both facilities.

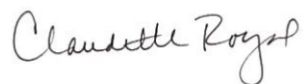
In addition to the staffing issues, the first of these two facilities also has concerns with equipment and environment. The facility has rooms that are dark and in some rooms the curtains do not work, which limits residents from having appropriate lighting or even being able to look outside. They also have significant laundry issues due to failing equipment. The washing machine had been broken, taking several weeks to fix and two of the four dryers are broken which prevents the facility from laundering residents' clothing in a timely manner.

The Office of the State Long-Term Care Ombudsman is a programmatically independent advocacy service located within the New York State Office for the Aging. Points of view, opinions or positions of the Ombudsman Program do not necessarily represent the views, positions or policy of the New York State Office for the Aging.

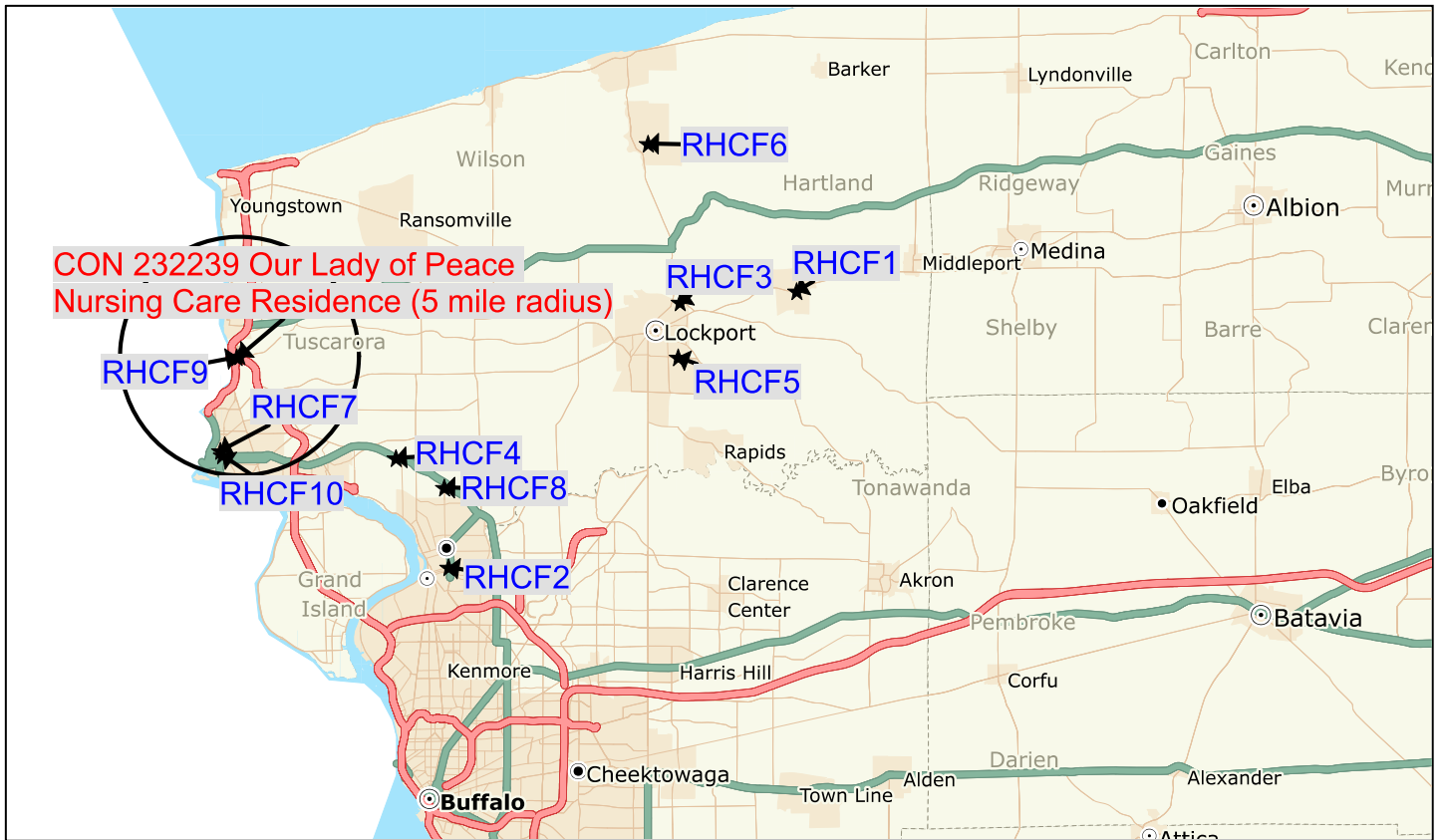
This facility also has issues with its call bell system which malfunctions and is not reliable. This poses safety risks for residents who may need assistance and cannot be confident their call light is alerting staff when activated. There are concerns as to whether the operators are willing to correct these equipment issues in a timely manner.

The second of these two facilities was recently reviewed for CON approval by the Office and now has had changes in status since that review. Over the past several months, this facility has had an increase in staffing turnover, as noted above. The Administration has also been less responsive and available to both residents and the Ombudsman when trying to address issues. This change is concerning, as currently the subject facility, Our Lady of Peace Nursing Care Residence, has a positive relationship with its residents and families, as well as the Ombudsman, and the current Administration is responsive to issues raised, addressing concerns timely. The Office has concerns that if these issues, as well as the equipment concerns in the other facility, become prevalent in this subject facility as well, that resident care will decline.

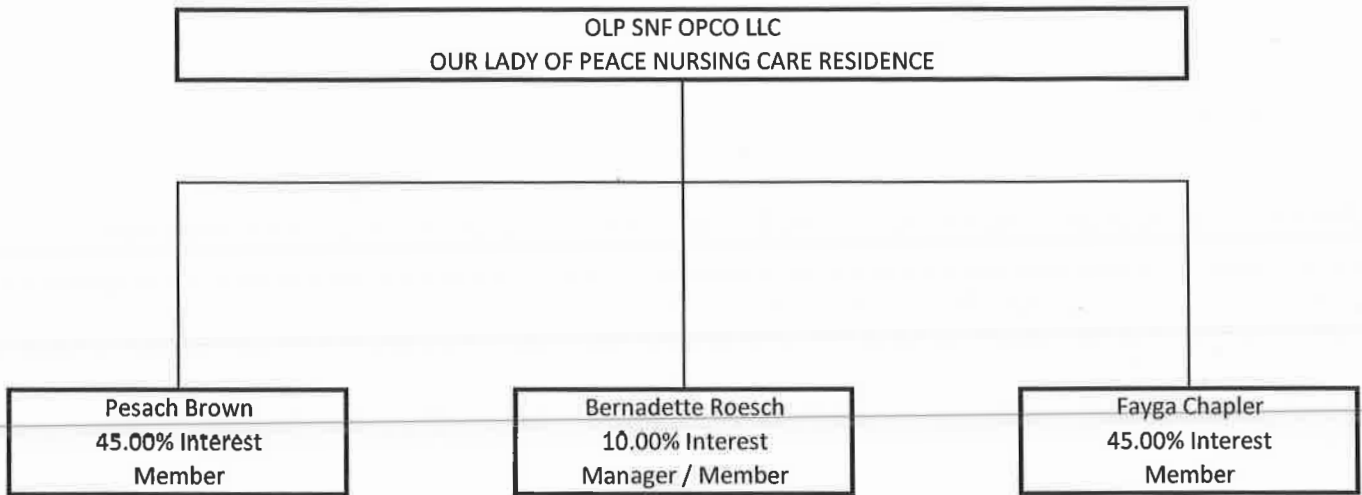
Based on the above review, the Office recommends the Council consider contingent approval, where the proposed owners develop a plan to address resident concerns in a timely manner, provide a plan for addressing staff shortages and turnover as well as equipment issues if needed.

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

Claudette Royal
New York State Ombudsman



- | | |
|--------|---|
| RHCF1 | Absolut Center for Nursing and Rehabilitation at Gasport, LLC |
| RHCF2 | Degraff Memorial Hospital-Skilled Nursing Facility |
| RHCF3 | Elderwood at Lockport |
| RHCF4 | Elderwood at Wheatfield |
| RHCF5 | Lockport Rehab & Health Care Center |
| RHCF6 | Newfane Rehab & Health Care Center |
| RHCF7 | Niagara Rehabilitation and Nursing Center |
| RHCF8 | North Gate Health Care Facility |
| RHCF9 | Our Lady of Peace Nursing Care Residence |
| RHCF10 | Schoellkopf Health Center |



	<u>12-31-22</u>	<u>12/31/23</u>	<u>12/31/24</u>	<u>draft</u> <u>11/30/25</u>
ASSETS - CURRENT	\$1,955,000	\$3,029,000	\$2,749,000	\$542,622
ASSETS - FIXED AND OTHER	12,887,000	12,368,000	14,735,000	14,932,405
LIABILITIES - CURRENT	7,254,000	4,835,000	6,729,000	8,677,045
LIABILITIES - LONG-TERM	<u>16,176,000</u>	<u>14,711,000</u>	<u>13,152,000</u>	<u>11,574,181</u>
EQUITY	(\$8,588,000)	(\$4,149,000)	(\$2,397,000)	(\$4,776,199)
<hr/>				
INCOME	\$15,581,000	\$16,106,000	\$14,398,000	\$14,920,343
EXPENSE	<u>19,769,000</u>	<u>20,236,000</u>	<u>19,875,000</u>	<u>19,791,162</u>
NET OPERATING INCOME/LOSS	(\$4,188,000)	(\$4,130,000)	(\$5,477,000)	(\$4,870,819)
Other Income / (Loss)	(\$266,000)	\$0	0	0
NET INCOME/LOSS	(\$4,454,000)	(\$4,130,000)	(\$5,477,000)	(\$4,870,819)
<hr/>				
NUMBER OF BEDS	250	250	250	250
PERCENT OF OCCUPANCY (DAYS)	47.88%	48.43%	49.37%	58.74%
<hr/>				
Medicaid	84.28%	80.77%	81.01%	73.80%
Medicare	6.63%	7.25%	7.78%	10.40%
Private Pay/Other	9.09%	11.98%	11.21%	15.80%

Ascension Living Our Lady of Peace, Inc.

Balance Sheets
(Dollars in Thousands)

	December 31,	
	2024	2023
Assets		
Current assets:		
Cash and cash equivalents	\$ 920	\$ 1,712
Patient accounts receivable	1,804	1,286
Other	25	31
Total current assets	<u>2,749</u>	<u>3,029</u>
Assets limited as to use - resident trust cash	95	105
Property and equipment:		
Land and improvements	2,935	2,960
Buildings and equipment	38,894	34,993
Construction in progress	1,845	3,401
Less accumulated depreciation	<u>(29,034)</u>	<u>(29,091)</u>
Total property and equipment, net	<u>14,640</u>	<u>12,263</u>
Total assets	<u>\$ 17,484</u>	<u>\$ 15,397</u>

Ascension Living Our Lady of Peace, Inc.

Balance Sheets (continued)

(Dollars in Thousands)

	December 31,	
	2024	2023
	<hr/>	
Liabilities and net assets		
Current liabilities:		
Current portion of long-term debt	\$ 1,549	\$ 1,481
Accounts payable and accrued liabilities	2,720	822
Accrued salaries and related items	545	565
Estimated third-party payor settlements	1,915	1,967
Total current liabilities	<hr/> 6,729	<hr/> 4,835
Noncurrent liabilities:		
Long-term debt	13,057	14,606
Resident funds held in trust	95	105
Total noncurrent liabilities	<hr/> 13,152	<hr/> 14,711
Total liabilities	<hr/> 19,881	<hr/> 19,546
Net assets (deficiency):		
Without donor restrictions	<hr/> (2,397)	<hr/> (4,149)
Total liabilities and net assets	<hr/> \$ 17,484	<hr/> \$ 15,397

Ascension Living Our Lady of Peace, Inc.

Statements of Operations
and Changes in Net Assets
(Dollars in Thousands)

	Years Ended December 31,	
	2024	2023
Net assets without donor restrictions:		
Operating revenue:		
Net patient service revenue	\$ 12,843	\$ 11,994
Other revenue	1,555	4,112
Total operating revenue	<u>14,398</u>	<u>16,106</u>
Operating expenses:		
Salaries and wages	8,289	8,340
Employee benefits	1,750	2,122
Purchased services	2,701	2,841
Management fees	1,651	1,665
Supplies	659	577
Interest	624	677
Depreciation	893	901
Other	3,308	3,113
Total operating expenses	<u>19,875</u>	<u>20,236</u>
Excess of expenses over revenue	(5,477)	(4,130)
Transfers from affiliates, net	<u>7,229</u>	<u>8,750</u>
Change in net assets without donor restrictions	<u>1,752</u>	<u>4,620</u>
Net assets with donor restrictions:		
Net assets released from restrictions	-	(181)
Change in net assets	1,752	4,439
Net assets (deficiency), beginning of the year	<u>(4,149)</u>	<u>(8,588)</u>
Net assets (deficiency), end of the year	<u>\$ (2,397)</u>	<u>\$ (4,149)</u>

See accompanying notes.

OUR LADY OF PEACE NURSING CARE RESIDENCE

PROFORMA BALANCE SHEET

January 1, 2025

ASSETS

	<u>Our Lady Of Peace Nursing Care Residence</u>
Current Assets	
Cash & Cash Equivalents (Members Contribution)	\$ 4,912,000
Prepaid expenses and other assets	<u>44,000</u>
Total Current Assets	<u>4,956,000</u>
Non Current Assets	
Resident Funds	331,500
Intangible Assets- Goodwill	2,410,000
Fixed Assets - Net	<u>25,000</u>
Total Non Current Assets	<u>2,766,500</u>
Total Assets	<u>\$ 7,722,500</u>

LIABILITIES AND MEMBERS' EQUITY

Liabilities	
Accounts payable	\$ -
Accrued payroll and taxes payable	<u>571,000</u>
Total current liabilities	<u>571,000</u>
Long term Liabilities	
Resident Funds	331,500
Due to Related Party- Realty	<u>1,883,300</u>
Total Long-term Liabilities	<u>2,214,800</u>
Total Liabilities	2,785,800
Members' Equity	<u>4,936,700</u>
Total Liabilities and Members' Equity	<u>\$ 7,722,500</u>

Name	Agency	Operator	City	State
Plattsburgh Pediatric and Adolescent Health	DTC Extension Clinic	Hudson Headwaters Health Network Inc	Plattsburgh	NY
Moreau Family Health	DTC Extension Clinic	Hudson Headwaters Health Network Inc	Gansevoort	NY
North Creek Health Center	DTC Extension Clinic	Hudson Headwaters Health Network Inc	North Creek	NY
Chester-Horicon Health Center	DTC Extension Clinic	Hudson Headwaters Health Network Inc	Chestertown	NY
Malone Family Health	DTC Extension Clinic	Hudson Headwaters Health Network Inc	Malone	NY
Tupper Lake Family Health	DTC Extension Clinic	Hudson Headwaters Health Network Inc	Tupper Lake	NY
Warrensburg Health Center	DTC Extension Clinic	Hudson Headwaters Health Network Inc	Warrensburg	NY
Schroon Lake Health Center	DTC Extension Clinic	Hudson Headwaters Health Network Inc	Schroon Lake	NY
Hadley-Luzerne Student Health	School Based DTC	Hudson Headwaters Health Network Inc	Lake Luzerne	NY
Plattsburgh Family Health	DTC Extension Clinic	Hudson Headwaters Health Network Inc	Plattsburgh	NY
Moriah Health Center	DTC Extension Clinic	Hudson Headwaters Health Network Inc	Mineville	NY
Hudson Headwaters Pediatric and Adolescent Health	DTC Extension Clinic	Hudson Headwaters Health Network Inc	Queensbury	NY
Hudson Headwaters Women's Health	DTC Extension Clinic	Hudson Headwaters Health Network Inc	Glens Falls	NY
Saranac Lake Family Health	DTC Extension Clinic	Hudson Headwaters Health Network Inc	Saranac Lake	NY
Fort Edward - Kingsbury Health Center	DTC Extension Clinic	Hudson Headwaters Health Network Inc	Fort Edward	NY
Warrensburg Health Center - School Based Mobile Dental Equipment	School Based DTC	Hudson Headwaters Health Network Inc	Warrensburg	NY
Bolton Health Center	DTC Extension Clinic	Hudson Headwaters Health Network Inc	Bolton Landing	NY
Albert Tucker Clinical Services Center	DTC Extension Clinic	Hudson Headwaters Health Network Inc	Warrensburg	NY
West Mountain Family Health and West Mountain Specialty Care	DTC Extension Clinic	Hudson Headwaters Health Network Inc	Queensbury	NY
Salem Family Health	DTC Extension Clinic	Hudson Headwaters Health Network Inc	Salem	NY
Champlain Family Health	DTC Extension Clinic	Hudson Headwaters Health Network Inc	Champlain	NY
Indian Lake Health Center	DTC Extension Clinic	Hudson Headwaters Health Network Inc	Indian Lake	NY
Warrensburg Health Center - Mobile RV Unit #1	DTC Extension Clinic	Hudson Headwaters Health Network Inc	Queensbury	NY
Glens Falls Family Health	DTC Extension Clinic	Hudson Headwaters Health Network Inc	Glens Falls	NY
Hudson Headwaters Mobile Health Center 2	Mobile DTC Extension	Hudson Headwaters Health Network Inc	Queensbury	NY
The Health Center On Broad Street	DTC Extension Clinic	Hudson Headwaters Health Network Inc	Glens Falls	NY
Hudson Headwaters Family Health at Lake Placid	DTC Extension Clinic	Hudson Headwaters Health Network Inc	Lake Placid	NY
Ticonderoga Health Center	DTC Extension Clinic	Hudson Headwaters Health Network Inc	Ticonderoga	NY

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

PACE at Hudson Headwaters' (PHH) LHCSA will provide services solely to its own participants. PHH currently employs Participant Care Associates (PCAs) in the Day Center to provide direct participant care. PCAs are certified nursing assistants and, once LHCSA approval is received, they will be able to provide services to participants in their home. We will augment internal staff with external hires as needed. Additionally, PHH currently has an RN Home Care Manager who will serve as the LHCSA RN Supervisor once licensure is approved.

Who are the competing employers?

Competing employers in the PHH service include nursing homes (Fort Hudson, The Centers, The Pines, Wesley) and home care agencies (Fort Hudson Home Care, HCR, Neighbors NY, VNA, CenterWell). How do you propose to successfully compete? Include training, recruitment, and transportation strategies. PACE is a comprehensive patient-centered, team-based care model. LHCSA staff will have consistent assignments, flexible scheduling, and work within a supportive team environment. PHH offers extremely competitive benefits and robust training that focuses on the participant-centered PACE model of care. These factors are differentiators in the marketplace and will be beneficial during the recruitment process.

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

PHH has not coordinated with the Department of Labor or other workforce initiatives, but we are open to any opportunities available.

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

PHH is a small, niche program and the initiation of our program will have no negative impact on the workforce in the community.

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

PHH offers a competitive compensation package, ongoing training and professional development opportunities, and a positive team-based culture which all support an

excellent work environment. We are confident these factors will facilitate retention for all categories of our workforce, including RNs, administrative staff and PCAs.

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

As a home care agency in Brooklyn, New York, we have a team of highly qualified professional and paraprofessional caregivers who provide exceptional care to our clients. We are committed to ensuring that our staff is always available to meet the needs of our clients, and we regularly recruit and train new caregivers to expand our capacity and meet growing demand. Both part-time and full-time staff are available at the moment's notice.

Who are the competing employers? In terms of competing employers, there are other licensed home care agencies in the area that also offer similar services. Our agency differs in the type of services we provide; we are equipped to both provide unskilled and skilled care for our patients. Moreover, we differentiate ourselves by providing personalized care plans tailored to each client's unique needs and preferences and work in concert with the ordering physician to meet the goal for the patient. Our caregivers receive ongoing training and education to ensure that they are equipped with the skills and knowledge necessary to provide the best possible care. Bilingual staff are available on site as well as for patient cases to better communication overall.

How do you propose to successfully compete? Include training, recruitment, and transportation strategies. To successfully compete, we have implemented several strategies. For training, we provide our caregivers with regular continuing education programs to keep them up to date on industry best practices and the latest techniques. For recruitment, we have established partnerships with local schools and training programs to source new talent and help individuals develop the skills necessary to succeed in the home care industry. If additional recruitment is needed, we can source our paraprofessionals by applying for approval to provide both the Home Health Aide Training Program as well as the Personal Care Aide Training program from the department of Health. For transportation, we offer flexible scheduling options and work with our caregivers to ensure that they have reliable transportation to and from their assignments.

How do you coordinate with the Department of Labor or any other local workforce initiatives? We work closely with the Department of Labor, attend career fairs as well as local community events to spread the word and provide opportunities to individuals of all backgrounds to apply for a position at our agency. Relationships have been established with these organizations, and we keep abreast of any changes or updates to regulations and requirements.

What impact will the initiation/expansion of your program have on the workforce or other healthcare providers in the community? How will you minimize any adverse impact? In general, the initiation/expansion of our home care agency will have a positive impact on the workforce and healthcare providers in the community. Firstly, it will create more job opportunities for caregivers such as PCAs and HHAs, nurses, and other healthcare professionals who can provide in-home care services. Secondly, with more options for home care, healthcare providers will be able to refer patients to these agencies, potentially reducing the burden of care on hospitals and other healthcare facilities. We do not expect adverse impacts because of our business expansion or initiation. However, to minimize any adverse impacts, the agency will coordinate with hospitals and clinics to ensure seamless coordination of care for patients. Additionally, the agency has a strong focus on quality of care and patient satisfaction to ensure that patients receive the best possible outcomes.

What measures will you adopt to promote retention of specific categories of your workforce? We adopt several measures to promote retention of specific categories of for our workforce. One of the most effective ways to promote retention is to offer competitive compensation packages that include benefits such as health insurance, retirement plans, and paid time off. Our agency maintains compliance with all the required Department of Labor regulations for the homecare work force. We provide workers compensation, as well as worker's disability coverage. In addition, an annual in service is made to ensure our staff is current with the quality-of-care standards. Another important consideration to promote retention of our workforce is creating a positive work environment that values employee feedback, recognizes employee achievements, and promotes a healthy work-life balance. As a Home care agency, we have the ability to explore flexible scheduling options, such as part-time or remote work, to accommodate the needs of our workforce. Finally, it is important for home care agencies to establish a culture of respect, trust, and open communication between management and employees. By fostering a positive and supportive workplace culture, home care agencies can create a loyal and committed workforce.

With regards to workforce retention for Medford Hamlet Home Care, the competing employers in the region are predominantly licensed long term care communities, other home care agencies and the local hospitals.

The LHCSA has been operational for over ten years and has enjoyed fantastic retention of employees, especially management level employees, due to its high-quality operations and generous compensation and benefits. Even during the highly competitive labor market that emerged following COVID, the operator continues to be able to attract and retain employees to serve clients. After approval of this application, the operator will continue the past practices that have brought the agency success in recruiting and retaining employees.

The agency currently coordinates with the Department of Labor and participates in interviews at the DOL. The agency also conducts training through its approved training program with Hudson Valley Home Health Care LHCSA.

Approval of this application will not create an adverse impact on other health care providers in the community because it is simply the continuation of an operational agency. The agency has excellent linkages with other providers in the community and will continue to foster those relationships to avoid adverse impact.

Approval of this application will not create an adverse impact on other health care providers in the community because it is simply the transfer of two members interests due to their passing, while five of the original members are remaining and will continue the operation of the agency. The agency has excellent linkages with other providers in the community and will continue to foster those relationships to avoid adverse impact.

The agency is an approved home care training agency, they train HHA as well as upgrade class for PCA to HHA, this aids in maintaining the agency's excellent retention for staff. We find that when line staff is given the proper tools, including training, to succeed at their job duties, the result is excellent care and a satisfied employee who remains with the agency. We also continue to foster excellent leadership in our managerial staff, who support each other and step up to fill needs as they arise. We also regularly promote from within and encourage staff who are interested to continue their training and education to empower them to move up in the organization.

1. Current Availability of Professional/Paraprofessional Workers

- Availability: We currently maintain a workforce of 238 paraprofessional caregivers, including certified home health aides and personal care aides. Additionally, we have a smaller pool of licensed professional staff such as RNs and LPNs to support supervision and oversight.
- Competing Employers: Primary competitors in our service area include Good Care Homecare and Assisted Home Care Agency.
- Competitive Strategies: We plan to successfully compete through:
- Training: Offering a robust onboarding program and continuous professional development, including in-house training programs certified by the Department of Health.
- Recruitment: Partnering with local educational institutions and workforce agencies to access new graduates and job seekers.
- Transportation: Providing transportation stipends or FBA cards for employees to address commuting challenges.
- Coordination with Local Workforce Initiatives: Actively collaborating with the Department of Labor and workforce development programs such as workforce .

2. Impact of Program Initiation/Expansion on the Workforce and Community Providers

- Our program aims to complement the existing healthcare ecosystem by addressing unmet needs, particularly in underserved areas.
- Minimizing Adverse Impact: We will proactively manage workforce demands to avoid excessive strain on existing providers by focusing on recruiting and training individuals new to the healthcare field rather than drawing heavily from the current pool.

3. Retention Measures for Workforce Categories

- Implementing retention programs, such as:
- Competitive pay rates and periodic salary reviews to remain market-competitive.
- Comprehensive employee benefits, including health insurance, retirement plans, and paid time off.
- Recognition programs to reward and motivate staff for excellent performance.
- Regular communication channels to address staff concerns and foster a supportive environment.

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

The agency has sufficient professional and paraprofessional workers available to provide services to all patients throughout the week. The primary competing employers are Licensed Home Care Agencies providing similar services in Brooklyn, Queens, Manhattan, Bronx, and Staten Island, including Nassau County, Suffolk County and Westchester County. To successfully compete for qualified staff, the agency proposes a multi-faceted approach including active recruitment through online job boards, community partnerships, and referral incentives for current employees. The agency will provide comprehensive onboarding programs and ongoing continuing education opportunities to enhance skill development and maintain high-quality care standards. Additionally, the agency will assist with transportation coordination and provide mileage reimbursement for staff traveling to patient homes. The agency coordinates with local Department of Labor initiatives and workforce development programs to identify and recruit qualified candidates from the available labor pool.

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

The initiation/expansion of this program will meet growing demand for home care services in the community without adversely impacting other healthcare providers. The agency will focus on serving underserved populations and will coordinate with existing providers to ensure continuity of care and avoid duplication of services. By targeting unmet needs in the service area, the agency will complement rather than compete with existing healthcare infrastructure.

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

To promote retention of specific categories of the workforce, the agency will implement competitive compensation packages, flexible scheduling options to accommodate work-life balance, and professional development opportunities for career advancement. The agency will also establish recognition programs for outstanding performance and maintain

S & A Unified Home Care, Inc.
Workforce Summary

CON #: 241067
OALTC Attachment A

regular feedback and communication channels to address staff concerns and foster a positive work environment.

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

Synergy was initially licensed as a LHCSA in 2016 to serve individuals in the counties of Nassau, Bronx, Kings, New York, Queens and Richmond, and intends to serve the same counties after the approval of the pending transfer of ownership application.

Notably, because the Company does not intend to expand into additional counties, most of its staffing levels will remain the same.

Synergy's robust staffing is partly why it has maintained its competitive position in the highly competitive homecare industry.

To illustrate, and with respect to Synergy's paraprofessionals, it currently hires between 65-70 Home Health Aides ("HHAs"). With respect to its professional staffing, Synergy currently hires 1 Registered Nurse. These workers are and will be readily available to serve Synergy's expanding patient caseload after the change of ownership application is approved.

2. Who are the competing employers?

Synergy is a licensed LHCSA providing home care services in the counties of Nassau, Bronx, Kings, New York, Queens and Richmond. Synergy's competitors are the other LHCSAs that hire similar paraprofessional and professional health care workers in these counties.

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

Synergy engages in a multipronged approach to maintain a competitive edge in the homecare industry that is predicated on unique workforce recruitment and retention efforts, enhanced training and innovative customized technologies to promote care coordination and support value-based payment initiatives like Electronic Visit Verification (EVV).

With respect to staff recruitment, all staff undergo an initial screening process which includes a phone interview and in-person interviews. The phone screening is designed to confirm that the candidate meets basic qualifications, such as holding a valid PCA or HHA certification, being of the required age, and having work authorization. During this stage, the candidate's availability, schedule preferences, patient type preferences, and language capabilities are also discussed and taken into consideration. Once the candidate successfully completes the phone screening, they move on to the in-person interview. A successful candidate then proceeds to the pre-employment screening phase, and successful screenings result in employment or engagement by Synergy. With respect to training, all successful candidates are required to undergo Synergy's unique "CARE" Academy which is an online free training platform made available to all of Synergy's staff.

Additionally, with respect to staff recruitment, Synergy is developing formal relationships with aide training programs that will serve as a pipeline for aide recruitment.

Synergy also actively recruits new professionals and paraprofessionals via targeted recruitment tools like “CareerPlug” and “Apploi”. Synergy anticipates that this outreach strategy will enable them to successfully recruit more PCAs and HHAs if needed.

Synergy also prioritizes staff retention to ensure continuity of care for patients. Retention efforts include competitive wages, comprehensive benefits (including health insurance and paid time off) and opportunities for career advancement through additional training and certifications which are offered to its HHAs.

Further, to support retention, Synergy provides ongoing training programs designed to enhance the skills and knowledge of all its staff. These programs include annual refresher courses on topics like dementia care, safe patient transfer, fall-risk, cultural diversity and dealing with combative patients. By investing in continuous training, Synergy ensures that its employees are prepared to handle the varying needs of patients, thereby improving job satisfaction and retention.

Synergy also uses enhanced technologies to promote care coordination and support EVV initiatives by improving financial accountability.

Finally, with respect to transportation, Synergy’s staff works with their home care workers to ensure that they have flexible scheduling options that coordinate around their transportation options and needs.

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

Synergy maintains various policies and procedures to ensure compliance with all applicable state and local guidance, including from the New York State Department of Labor (the “DOL”). The Company compensates its employees in a manner consistent with all relevant State guidance including the Home Care Worker Wage Parity Law when applicable to its Medicaid patients. Synergy contracts with payroll companies including Swiftchecks for its payroll and to ensure compliance with any Department of Labor requirements.

Separately, Synergy’s staff are kept updated with any changes or updates to DOL regulations and requirements through the contracted payroll companies specializing in labor and employment matters including Swiftchecks and its participation on DOL listserves. Synergy also actively participates in any local workforce initiatives like community events to conduct outreach about the agency and to provide opportunities to reach a wide prospective range of applicants to apply for our staff positions.

5. What impact will the initiation/expansion of your program have on the workforce or other health care providers in the community?

We do not anticipate that the approval of the transfer of ownership application will have any adverse impact on the workforce or other health care providers in the community. Importantly, Synergy is not expanding into additional service areas or counties and will continue to provide services in Nassau, Bronx, Kings, New York, Queens and Richmond largely by its

current staffing in place. In fact, Synergy's additional staffing needs will likely create positive impacts on the workforce by creating additional job opportunities for these workers.

6. How will you minimize any adverse impact?

To the extent that the continuation of its long-established services in Nassau, Bronx, Kings, New York, Queens, and Richmond counties would have any impact on the workforce or other community providers, the Company's policies and practices aim to thwart any adverse impacts and comply with all applicable laws and guidance. With consideration for the ongoing industry-wide labor shortage, and consistent with the National Labor Relations Board's challenge of the enforceability of broadly drafted non-competition agreements, it is Synergy's practice to refrain from entering into non-competition agreements with its staff. This practice is designed to promote competition and eliminate any adverse impacts caused by the Company in the communities in which it serves.

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

For professionals, Synergy offers competitive salaries, and excellent benefits. For example, it not only offers any required Department of Labor benefits like worker's compensation, disability and unemployment insurance, but offers competitive salaries. Further, Synergy's focus on delivering quality services that are founded in the principles of "Community Connections" and "Forward Momentum" collectively called "the Synergy Effect" and customized technology solutions are particularly attractive features among the professionals that it hires.

For paraprofessionals, and as noted above, Synergy offers competitive wages, excellent benefits in combination with other workforce retention initiatives.

Furthermore, and as noted above, Synergy prioritizes ongoing training courses designed to enhance the skills and knowledge of HHAs as a tool to promote retention. Synergy also offers free Family Caregiver resources, senior care tips, and expert guidance in the form of videos that are made available to its staff to facilitate and encourage retention and a caregiver blog that addresses salient areas for caregivers via the Care Academy portal.

All of these retention tools set Synergy apart from its competitors and help it maintain a competitive edge in the franchised homecare industry.

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

○ **RESPONSE:**

The Agency recognizes that the availability of qualified professional and paraprofessional home care workers is a critical component of maintaining safe and reliable home care services. The Agency has evaluated workforce conditions in the service area and has developed a comprehensive staffing strategy designed to ensure adequate coverage for all authorized cases.

The current workforce for home care services in the service area includes Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Certified Home Health Aides (HHAs), and Personal Care Aides (PCAs). While the home care industry continues to experience workforce pressures, the Agency believes there remains a substantial labor pool of paraprofessional caregivers who are actively seeking employment opportunities with licensed home care agencies.

The Agency anticipates staffing services primarily through the recruitment of:

- Certified Home Health Aides
- Personal Care Aides
- Licensed Practical Nurses
- Registered Nurses for supervisory and clinical roles

Many individuals within the paraprofessional workforce currently work part-time or for multiple agencies and are receptive to additional assignments and stable scheduling opportunities.

Competing employers in the service area include other Licensed Home Care Services Agencies, Certified Home Health Agencies, managed long-term care plan networks, nursing homes, and hospitals that employ similar paraprofessional and nursing staff.

The Agency intends to compete effectively by offering competitive compensation, flexible scheduling, supportive supervision, and opportunities for professional development.

The Agency will utilize multiple recruitment channels to ensure a consistent pipeline of qualified staff, including:

- Online job platforms and healthcare employment boards
- Partnerships with local home health aide training programs and vocational schools
- Referrals from existing employees through employee referral programs
- Community outreach initiatives targeting individuals interested in healthcare careers
- Participation in local job fairs and workforce recruitment events

In addition, the Agency intends to develop relationships with training programs that provide certification for home health aides and personal care aides in order to recruit newly certified workers entering the workforce.

The Agency will ensure that all staff receive appropriate orientation and ongoing training consistent with applicable New York State requirements and industry standards. Training will include:

- Patient safety and infection control practices
- Patient rights and confidentiality
- Cultural competency and communication skills
- Emergency preparedness and incident reporting
- Ongoing in-service education and professional development

Clinical supervision and support will be provided by licensed nursing staff to ensure compliance with regulatory requirements and quality standards.

The Agency recognizes that transportation can present challenges for home care workers traveling between patient homes. To address this, the Agency will:

- Prioritize hiring staff who reside within or near the service area
- Assign cases geographically to minimize travel time between assignments
- Utilize scheduling practices that group cases by location
- Provide staff with access to public transportation routes where applicable

These strategies will help ensure reliable coverage and minimize disruptions to patient care.

The Agency intends to coordinate with workforce development resources, including programs administered through the New York State Department of Labor and local workforce development organizations. These partnerships may include:

- participation in workforce development programs
- engagement with community workforce initiatives and training programs
- collaboration with job placement programs focused on healthcare careers

These efforts will support the recruitment and development of qualified home care personnel in the region.

Through these recruitment, training, and workforce development strategies, the Agency believes it will be able to successfully recruit, retain, and support a qualified workforce sufficient to meet patient needs and maintain continuity of care.

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

- **RESPONSE:**

The Agency does not anticipate that the initiation or continuation of the program under new ownership will have an adverse impact on the existing healthcare workforce or on other healthcare providers in the community. The program will primarily recruit from the existing pool of paraprofessional and professional caregivers who are actively seeking employment opportunities in the home care sector, including individuals working part-time, individuals seeking additional hours, and newly trained caregivers entering the workforce.

The Agency's staffing model is designed to supplement, rather than disrupt, the existing workforce. The program will focus on recruiting individuals who are newly certified as Home Health Aides or Personal Care Aides through training programs, individuals re-entering the workforce, and individuals seeking flexible schedules that home care employment can offer. As a result, the Agency does not expect to materially divert staff from other healthcare providers in the service area.

Because this application involves a change of ownership of an existing Licensed Home Care Services Agency, the Agency anticipates that the majority of current staff will remain with the program following approval, thereby minimizing any disruption to the existing workforce and ensuring continuity of care for patients.

- *What measures will you adapt to promote retention of specific categories of your workforce?*

- **RESPONSE:**

The Agency recognizes that workforce retention is critical to maintaining continuity of care and ensuring the consistent delivery of high-quality home care services. The Agency has developed a workforce retention strategy designed to support the long-term engagement of both professional and paraprofessional staff.

For Home Health Aides and Personal Care Aides, the Agency will focus on strategies that support job stability, professional development, and employee satisfaction. These strategies include offering competitive compensation consistent with applicable wage requirements, predictable and flexible scheduling, and opportunities for additional hours where desired. The

Agency will make efforts to assign cases geographically to reduce travel burdens and improve work-life balance.

The Agency will also provide supportive supervision and open communication between aides and supervisory staff. Regular in-service training and professional development opportunities will be offered to ensure that aides remain engaged and confident in their roles. Recognition programs and employee feedback initiatives will also be implemented to encourage staff retention and job satisfaction.

For nursing staff, the Agency will promote retention through supportive clinical supervision, manageable caseloads, and opportunities for professional development. Registered Nurses will play an important role in care coordination, staff supervision, and quality assurance activities.

The Agency will provide ongoing education and training opportunities to ensure nursing staff remain current with regulatory requirements and clinical best practices.

In addition, the Agency will maintain a collaborative and supportive work environment that encourages professional growth and long-term engagement with the organization.

The Agency recognizes that stable staffing is essential to maintaining continuity of care for patients. The agency will therefore focus on maintaining positive working relationships with its employees, providing clear communication regarding assignments and expectations, and ensuring that staff feel supported in their roles.

Through these retention strategies, the Agency believes it will be able to maintain a stable and reliable workforce capable of meeting the needs of the patient population served by the agency.

Workforce Availability, Recruitment, and Retention Strategy

Current Availability of Professional and Paraprofessional Workers

The Agency has evaluated the current availability of professional and paraprofessional workers within its approved and proposed service areas and has determined that there is an adequate and sustainable workforce to support ongoing operations and anticipated service demand. The Agency's staffing model is supported by established recruitment pipelines that consistently generate qualified candidates, particularly Home Health Aides (HHAs) and Personal Care Aides (PCAs), who represent the core paraprofessional workforce for licensed home care services.

The Agency's ability to staff its program is strengthened by ongoing relationships with state-approved training institutions, community-based workforce organizations, and workforce development initiatives serving Queens, Nassau, Suffolk, and Westchester Counties. These pipelines allow the Agency to maintain sufficient staffing levels while supporting continuity of care and minimizing service disruptions.

Competing Employers in the Service Area

The Agency operates in a competitive labor market that includes certified home health agencies (CHHAs), hospital-based home care programs, managed long term care (MLTC) plan-affiliated LHCSAs, and large regional home care providers operating within the same geographic areas. Despite these market conditions, the Agency has been able to successfully recruit and retain staff through strategies that focus on workforce development, training, and employee support, rather than reliance on recruitment from competing providers.

Recruitment, Training, and Transportation Strategies

The Agency employs a comprehensive recruitment and training strategy designed to attract, prepare, and retain qualified staff. Recruitment efforts emphasize outreach to underserved and local communities through partnerships with New York State Education Department (NYSED)-approved training programs and community-based organizations.

A key component of the Agency's workforce pipeline is its collaboration with **American General Training**, a NYSED-approved **Personal Care Aide (PCA), Home Health Aide (HHA), and Certified Nursing Assistant (CNA) training school**. American General Training has received **grant funding from the New York State Department of Health** to provide training opportunities to **economically disadvantaged and underserved students**. Through this

partnership, the Agency supports entry into the home care workforce for individuals facing barriers to employment while expanding the availability of qualified paraprofessional staff.

All newly hired staff participate in a structured onboarding and orientation program, followed by required annual in-service training covering infection control, patient safety, chronic disease management, and cultural competency. These efforts ensure staff are clinically competent and prepared to serve medically complex and diverse patient populations.

Transportation barriers are addressed by prioritizing assignments geographically close to workers' residences when feasible and by providing travel assistance. These measures improve attendance, reduce turnover, and support workforce reliability.

Use of Technology to Support Workforce Management

The Agency utilizes **CareConnect**, a specialized home care workforce management platform, to enhance workforce coordination, communication, and efficiency. CareConnect supports caregiver scheduling, visit verification, real-time communication, and assignment management, enabling the Agency to better align staff availability with patient needs.

The use of CareConnect reduces administrative burden, improves schedule transparency, enhances communication between staff and supervisors, and supports assignments that minimize travel time. These features contribute to increased staff satisfaction and improved retention.

Coordination with Workforce Development Initiatives

The Agency coordinates with workforce development initiatives aligned with the **New York State Department of Labor**, including job training and employment pipelines designed to support recruitment, placement, and retention of home care workers. Through engagement with these initiatives and partnerships with state-approved training providers, the Agency contributes to workforce development efforts that expand labor supply without destabilizing the existing provider network.

Impact on Workforce and Other Healthcare Providers

The continuation and operation of licensed home care services under this application is not expected to have an adverse impact on the local workforce or other healthcare providers. The Agency's staffing strategy focuses on recruiting new entrants into the home care workforce and training individuals seeking employment in the field, rather than drawing staff away from existing providers.

By expanding workforce capacity and supporting state-funded training initiatives, the Agency strengthens the local healthcare delivery system and helps address unmet demand for home- and community-based services.

Workforce Retention Measures

The Agency employs multiple measures to promote retention across professional and paraprofessional staff categories, including competitive, market-aligned compensation; flexible scheduling; ongoing supervisory support; opportunities for professional development and advancement; and employee wellness initiatives. The combined use of structured training pipelines, supportive management practices, and CareConnect technology contributes to workforce stability, reduced turnover, and consistent delivery of high-quality care.

Recruitment and Retention of Home Health Aides

The recruitment and retention of Home Health Aides (HHAs) is a cornerstone of Carelink Inc.'s mission to deliver high-quality, patient-centered care to communities across New York City, Nassau County, Suffolk County, and Westchester County. Recognizing the critical need for a stable and skilled workforce, the agency has developed comprehensive strategies to attract and retain dedicated HHAs, particularly in areas with significant healthcare disparities and rising demand for in-home care.

To address recruitment challenges, Carelink Inc. leverages its established partnerships with New York State Department of Education (NYSED)-approved schools and local community-based organizations. These collaborations create a sustainable pipeline for recruiting diverse candidates from underserved communities, including the Bronx, Queens, Westchester, and other boroughs and counties where the agency operates. Through coordination with job training and workforce development programs, Carelink ensures that candidates receive the necessary preparation, resources, and support to succeed in their roles.

To remain competitive in a tight labor market, Carelink Inc. offers compensation and benefits packages that include:

- **Market-aligned wages**
- **Comprehensive health and dental insurance**
- **Retention and referral bonuses**
- **Travel assistance and assignments close to home when possible**

Retention initiatives are equally robust, focusing on professional development, employee well-being, and clear advancement pathways. All HHAs participate in a structured onboarding and orientation program, followed by annual in-service training on core topics such as chronic disease management, infection control, and communication techniques. These efforts ensure staff are clinically competent and confident in providing care to medically complex and culturally diverse populations.

Carelink Inc. also prioritizes employee wellness and work-life balance through:

- **Flexible scheduling options**
- **Employee assistance programs (EAPs)**
- **Ongoing supervisory support and mentorship**

To promote longevity and upward mobility within the organization, the agency provides a clear internal career ladder that includes opportunities for experienced aides to move into supervisory roles, care coordination, or specialized training tracks.

By cultivating strong relationships with educational institutions, community organizations, and workforce development partners, and by fostering a respectful, supportive, and mission-driven work environment, Carelink Inc. is well-positioned to maintain a committed and high-performing workforce. These efforts directly support the agency's ability to meet the evolving needs of aging and underserved populations throughout New York City, Long Island, and Westchester County.