

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

**AGENDA**

*May 7, 2026*

*Immediately following the Special Establishment and Project Review Committee Meeting  
(Special EPRC scheduled to begin at 10:15 a.m.)*

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

**I. INTRODUCTION OF OBSERVERS**

Jo Ivey Boufford, M.D., Vice Chair

**II. APPROVAL OF MINUTES**

February 19, 2026 PHHPC Meeting Minutes

**III. APPROVAL OF 2027 PUBLIC HEALTH AND HEALTH PLANNING COUNCIL MEETING DATES**

2027 Meeting Dates

**IV. APPROVAL OF COUNCIL REVISED BYLAWS**

Public Health and Health Planning Council Revised Bylaws

**V. REPORT OF DEPARTMENT OF HEALTH ACTIVITIES**

**A. Report of the Department of Health**

James V. McDonald, M.D., M.P.H., Commissioner of Health

**B. Report of the Office of Health Care Delivery**

Douglas G. Fish, M.D., Deputy Commissioner, Office of Health Care Delivery  
Valerie Deetz, Deputy Director, Office of Aging & Long-Term Care

**VI. PUBLIC HEALTH SERVICES**

**Report on the Activities of the Public Health Committee**

Jo Ivey Boufford, M.D., Chair of Public Health Committee

**VII. PROJECT REVIEW RECOMMENDATIONS AND ESTABLISHMENT ACTIONS**

**Report of the Committee on Establishment and Project Review**

Peter Robinson, Chair of Establishment and Project Review Committee

**APPLICATIONS FOR CONSTRUCTION OF HEALTH CARE FACILITIES**

**CATEGORY 1:** Applications Recommended for Approval – No Issues or Recusals, Abstentions/Interests

**CON Applications**

**Residential Healthcare Facility – Construction**

<b><u>Number</u></b>	<b><u>Applicant/Facility</u></b>	<b><u>E.P.R.C. Recommendation</u></b>
1. 252188 C	Rosary Hill Home (Westchester County)	Contingent Approval

**CATEGORY 2:** Applications Recommended for Approval with the Following:

- ❖ PHHPC Member Recusals
- ❖ Without Dissent by HSA
- ❖ Without Dissent by Establishment and Project Review Committee

**NO APPLICATIONS**

**CATEGORY 3:** Applications Recommended for Approval with the Following:

- ❖ No PHHPC Member Recusals
- ❖ Establishment and Project Review Committee Dissent, or
- ❖ Contrary Recommendations by HSA

**NO APPLICATIONS**

**CATEGORY 4:** Applications Recommended for Approval with the Following:

- ❖ PHHPC Member Recusals
- ❖ Establishment and Project Review Committee Dissent, or
- ❖ Contrary Recommendation by HSA

**NO APPLICATIONS**

**CATEGORY 5:** Applications Recommended for Disapproval by OHSM or Establishment and Project Review Committee - with or without Recusals

**NO APPLICATIONS**

**CATEGORY 6:** Applications for Individual Consideration/Discussion

**NO APPLICATIONS**

**APPLICATIONS FOR ESTABLISHMENT AND CONSTRUCTION OF  
HEALTH CARE FACILITIES**

**CATEGORY 1:** Applications Recommended for Approval – No Issues or Recusals,  
Abstentions/Interests

**CON Applications**

**Ambulatory Surgery Centers – Establish/Construct**

	<b><u>Number</u></b>	<b><u>Applicant/Facility</u></b>	<b><u>E.P.R.C. Recommendation</u></b>
1.	252226 B	Access Surg Care, LLC (New York County)	Contingent Approval
2.	261017 E	Dutchess Ambulatory Surgical Center, LLC d/b/a Dutchess Ambulatory Surgical Center (Dutchess County)	Approval

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

	<b><u>Number</u></b>	<b><u>Applicant/Facility</u></b>	<b><u>E.P.R.C. Recommendation</u></b>
1.	252184 B	New Windsor Family Care, LLC (Orange County)	Contingent Approval
2.	261044 E	GAMMS LLC d/b/a Zelcare Family Health Network, LLC (Orange County)	Approval

**Hospice Services – Establishment**

	<b><u>Number</u></b>	<b><u>Applicant/Facility</u></b>	<b><u>E.P.R.C. Recommendation</u></b>
1.	252144 E	Hospice and Palliative Care Inc (Please see exhibit for list of Geographical Service Area)	Approval

**Residential Healthcare Facilities – Establish/Construct**

	<b><u>Number</u></b>	<b><u>Applicant/Facility</u></b>	<b><u>E.P.R.C. Recommendation</u></b>
1.	211102 E	Rockville Holdings Operating LLC d/b/a Rockville Skilled Nursing and Rehabilitation Center (Nassau County)	Contingent Approval

## Home Care Service Agency Licensures

### Changes of Ownership

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	231045 E	Medford Hamlet LLC d/b/a Medford Hamlet Home Care (Please see exhibit for list of Geographical Service Area)	Approval
2.	231252 E	1st Home Care Of NY Corp. (Please see exhibit for list of Geographical Service Area)	Approval
3.	241067 E	S & A Unified Home Care, Inc. (Please see exhibit for list of Geographical Service Area)	Approval
4.	241102 E	Kirenaga Home Care Manhattan Inc. d/b/a Synergy Homecare (Please see exhibit for list of Geographical Service Area)	Approval
5.	241125 E	Novel Home Health Care Services Of New York, Corp. (Please see exhibit for list of Geographical Service Area)	Approval
6.	251019 E	Carelink, Inc. (Please see exhibit for list of Geographical Service Area)	Approval

### CATEGORY 2: Applications Recommended for Approval with the Following:

- ❖ PHHPC Member Recusals
- ❖ Without Dissent by HSA
- ❖ Without Dissent by Establishment and Project Review Committee

### Diagnostic and Treatment Center – Establish/Construct

	<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1.	252207 B	Rosh Medical Management LLC d/b/a Rosh Medical Center (Kings County) Dr. Kalkut – Interest	Contingent Approval

**Home Care Service Agency Licensures**

**New Licensed Home Care Services Agencies**

<b><u>Number</u></b>	<b><u>Applicant/Facility</u></b>	<b><u>E.P.R.C. Recommendation</u></b>
1. 252172 E	PACE at Hudson Headwaters, Inc. (Please see exhibit for list of Geographical Service Area) Dr. Rugge - Interest	Approval

**CATEGORY 3:** Applications Recommended for Approval with the Following:

- ❖ No PHHPC Member Recusals
- ❖ Establishment and Project Review Committee Dissent, or
- ❖ Contrary Recommendations by HSA

**Residential Healthcare Facilities – Establish/Construct**

<b><u>Number</u></b>	<b><u>Applicant/Facility</u></b>	<b><u>E.P.R.C. Recommendation</u></b>
1. 232239 E	OLP SNF OPCO LLC d/b/a Our Lady of Peace Nursing Care Residence (Niagara County) Mr. LaRue – Abstained at EPRC	Contingent Approval

**CATEGORY 4:** Applications Recommended for Approval with the Following:

- ❖ PHHPC Member Recusals
- ❖ Establishment and Project Review Committee Dissent, or
- ❖ Contrary Recommendation by HSA

**NO APPLICATIONS**

**CATEGORY 5:** Applications Recommended for Disapproval by OHSM or Establishment and Project Review Committee - with or without Recusals

**NO APPLICATIONS**

**CATEGORY 6:** Applications for Individual Consideration/Discussion

**NO APPLICATIONS**

**Residential Health Care Facility – Establish/Construct**

<u>Number</u>	<u>Applicant/Facility</u>	<u>E.P.R.C. Recommendation</u>
1. 261111 B	Transitional Living Community at The Center for Discovery (Sullivan County)	Application was presented at the May 7 2026 Special Establishment and Project Review Committee Meeting

**VIII. PROFESSIONAL**

Executive Session – Report of the Committee on Health Personnel and Interprofessional Relations

**IX. NEXT MEETINGS**

June 10, 2026 (Albany)

June 24, 2026 (Albany)

**X. ADJOURNMENT**

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

**State of New York**  
**Public Health and Health Planning Council**

**Minutes**  
**February 19, 2026**

The meeting of the Public Health and Health Planning Council was held on Thursday, February 19, 2026, at the Empire State Plaza, Concourse Level, Meeting Room 6, Albany, New York. Mr. Jeffrey Kraut, Chair presided.

**COUNCIL MEMBERS PRESENT**

Dr. Howard Berliner	Mr. Stanford J. Perry
Dr. Lawrence Eisenstein	Dr. John Ruge
Ms. Lindsay Farrell	Dr. Denise Soffel
Dr. Gary Kalkut	Ms. Nilda Soto
Mr. Jeffrey Kraut	Mr. Hugh Thomas
Mr. Scott LaRue	Dr. Anderson Torres
Dr. Sabina Lim	Dr. Kevin Watkins
Mr. Harvey Lawrence	Dr. Wendy Wilcox
Ms. Ann Monroe	Dr. Patsy Yang
Dr. Mario Ortiz	Commissioner McDonald –Ex-Officio

**DEPARTMENT OF HEALTH STAFF PRESENT**

- |                               |                               |
|-------------------------------|-------------------------------|
| Mr. Jacob Bintz – Albany      | Ms. Alexa Nagy – Albany       |
| Ms. Rachel Cicigline - Albany | Ms. Marthe Ngwashi – Webex    |
| Ms. Val Deetz – Albany        | Mr. Jason Riegert – Albany    |
| Mr. Kenneth Evans – Albany    | Ms. Beverly Rauch – Albany    |
| Dr. Douglas Fish – Albany     | Mr. William Sacks – Albany    |
| Ms. Kayleigh Gekakis – Albany | Mr. George Stathidis – Albany |
| Ms. Shelly Glock – Albany     | Mr. Michael Stelluti – Albany |
| Ms. Sarah Gold – Albany       | Mr. Mark Waldenmaier – Albany |
| Mr. Mark Hennessey – Albany   | Dr. Elizabeth Whalen – Albany |
| Dr. Eugene Heslin – Albany    | Ms. Patricia Wrobel – Albany  |
| Mr. Andrew Lebwohl -Albany    |                               |
| Ms. Colleen Leonard – Albany  |                               |
| Mr. George Macko – Albany     |                               |
| Ms. Kathy Marks – Albany      |                               |

**INTRODUCTION**

Mr. Kraut called the meeting to order and welcomed Council members, meeting participants and observers.

## **APPROVAL OF THE MINUTES OF DECEMBER 19, 2026**

Mr. Kraut asked for a motion to adopt the December 4, 2025, Minutes of the Public Health and Health Planning Council meeting. Dr. Berliner motioned for approval which was seconded by Mr. Robinson. The motion to adopt the minutes passed. Please refer to page 1 of the attached transcript.

## **REPORT OF DEPARTMENT OF HEALTH ACTIVITIES**

Mr. Kraut next introduced Dr. Whalen to provide an update on the activities of the Office of Public Health.

### **Report on the Activities of the Office of Public Health**

Dr. Whalen began with an update from the Center for Community Health, explaining that the United States childhood immunization schedule recommendation was updated on January 5<sup>th</sup>, 2026 when the Department of Health and Human Services released new immunization guidance. She noted that the federal government did not remove any vaccines from the schedule; however, several vaccines that had previously been recommended for all children were reclassified as risk-based or subject to shared clinical decision-making. She explained that vaccines such as COVID-19, rotavirus, and influenza would now fall under shared clinical decision-making, meaning vaccination decisions would be made individually through discussion between the patient and the provider. She further reported that hepatitis A, hepatitis B, RSV, and meningococcal vaccines are now recommended for certain high-risk groups, and that the human papillomavirus vaccine recommendation was changed to a single dose administered at ages 11 to 12.

Dr. Whalen stated that both the New York State Department of Health and the New York City Department of Health responded to these federal changes by maintaining consistency with guidance issued by the American Academy of Pediatrics. She said that providers across New York State are being urged to continue following prior immunization practices that rely on evidence-based resources. Dr. Whalen added that the Advisory Committee on Immunization Practices had been scheduled to meet from February 25<sup>th</sup> – 27<sup>th</sup>, but ongoing litigation may affect those proceedings. She reported that the case American Academy of Pediatrics v. Kennedy presented strong arguments in federal district court in support of a preliminary injunction to block Secretary Kennedy's January 5, 2026 changes and to prevent Advisory Committee on Immunization Practices from holding its scheduled meeting. She noted that the Department would continue monitoring developments and would maintain its recommendation that providers follow evidence-based immunization practices for children throughout New York State.

Dr. Whalen discussed the Dietary Guidelines for Americans released on January 7, 2026, by the Department of Health and Human Services and the United States Department of Agriculture. She explained that the updated guidance represents a notable shift in federal nutrition messaging and has received significant media attention. Dr. Whalen outlined several key changes in the new dietary guidance, including a stronger emphasis on real or minimally processed foods and explicit discouragement of ultra-processed foods and refined carbohydrates. She noted that the guidance places strong emphasis on limiting added sugars, stating that no safe amount is identified. The

guidelines also include more prominent messaging around protein consumption from both animal and plant sources, along with a shift in messaging about fat and dairy that emphasizes the importance of whole milk.

Dr. Whalen further explained that the guidance regarding alcohol consumption had changed. Previously, moderate intake was defined as one drink per day for women and two drinks per day for men. The updated guidance instead recommends limiting alcohol consumption without providing specific quantitative definitions or sex-specific thresholds. She also noted that the guidelines do not reference the health consequences of higher alcohol consumption in the way previously highlighted by Surgeon General's advisory on alcohol and cancer risk. Dr. Whalen added that the guidelines recommend exclusive breastfeeding for the first six months of an infant's life. If breast milk is not available, iron-fortified infant formula is recommended. The guidance also supports continued breastfeeding for as long as it is mutually desired by the mother and child, for up to two years or beyond.

Dr. Whalen summarized that the guidelines contain some positive aspects but also include recommendations that are not strongly evidence-based and some that raise concerns. She stated that the emphasis on whole and minimally processed foods, fruits, and vegetables is positive. However, she noted that there is limited evidence supporting the increased emphasis on protein intake and expressed concern about the strong focus on red meat and dairy products. Although the guidelines maintain the recommendation that saturated fat should make up less than 10 percent of the diet, she observed that the prominence of red meat and dairy in the food pyramid appears somewhat contradictory to that recommendation.

Dr. Whalen then provided an update on a new fact sheet released by the Division of Family Health regarding mental health and pregnancy-associated deaths in New York State. She explained that the fact sheet was published on the maternal mortality website as part of the Maternal Mortality Review Initiative, which began in 2010 to provide a comprehensive review of maternal deaths in the state.

Dr. Whalen reported that significant disparities in maternal morbidity and mortality continue to exist and that the Department is actively working to address these issues across multiple sectors. She noted that mental health conditions were a leading cause of both pregnancy-associated and pregnancy-related deaths between 2018 and 2021. She also highlighted that substantial efforts are underway at the Department and in collaboration with partners, including the Office of Mental Health in New York City, to address and reduce these rates statewide.

Dr. Whalen noted an update from the Division of Public Health Infrastructure. She stated that the Department has begun receiving Community Health Assessments, Community Health Improvement Plans, and Community Service Plans from hospitals and local health departments as part of the 2025–2030 State Health Improvement Plan. These materials are currently under review and analysis to identify key priorities and services that will support prevention agenda strategies and strengthen collaboration among partners. Dr. Whalen also explained that, through the Public Health Infrastructure Grant, the Department is exploring opportunities to provide funding to

community-based organizations through a competitive grant process. The funding would support activities aligned with the state's Prevention Agenda. She emphasized that the Prevention Agenda involves collaboration among local health departments, hospitals, and community-based organizations across New York State, with a focus on making meaningful progress toward public health objectives, particularly in addressing social determinants of health.

Dr. Whalen shared updates from the Office of Science and Technology. She announced that the new 2025–2030 Prevention Agenda dashboard has been released on the Department's website. The dashboard contains the most recent and complete data and indicators for the current plan and presents the information in an interactive visual format that allows users to track progress across the state, including at county and sub-county levels.

Dr. Whalen also reported that the Office of Science has launched a new Science Hub website. The site provides information about the office's mission, includes links to dashboards and reports, and houses recent scientific publications. She noted that the website is intended to serve as an evidence-based public resource at a time when misinformation is prevalent in the media. In addition, the platform aims to help explain key public health science and epidemiologic concepts so that the public can better understand and interpret information from a public health perspective.

Dr. Whalen concluded her report, please see pages 2 through 6 of the transcript.

Mr. Kraut thanked Dr. Whalen for her report and introduced Dr. McDonald to provide an update on the activities of the Department of Health

### **Report of the Department of Health**

Dr. McDonald began by reflecting on the idea that while every day may be historic, not every day is memorable. He reminded the Council that on Tuesday, February 19, 1901, Governor Benjamin B. Odell Jr. signed legislation establishing the New York State Department of Health. Dr. McDonald explained that the Department was now celebrating its 125th anniversary, adding humorously that the Department looked quite good for its age and acknowledging that the council played an important role in its continued success.

Dr. McDonald then described what life in New York State was like in 1901, when the state's population was approximately 7.4 million people. He noted that many conveniences people take for granted today such as indoor plumbing, telephones, and automobiles were uncommon or nonexistent at the time. Because sanitation was a major concern, public health challenges were very different from those faced today. He also remarked that he is the 18th commissioner of the Department, which he found remarkable given that only 18 individuals have held the position over the course of 125 years, suggesting a notable level of longevity in the role.

Dr. McDonald explained that during the first three decades of the Department's existence, its primary public health priorities were combating diseases such as diphtheria, polio, and tuberculosis. He noted that in 1901 the New York State Department of Health was the largest producer of diphtheria antitoxin, which he described as an impressive achievement. He also shared that in 1912 the Department began producing a rabies vaccine, highlighting the Department's early leadership in disease prevention. Dr. McDonald continued by referencing a

major initiative in 1955, when the Department distributed more than half a million doses of the Salk polio vaccine across the state. He asked the council to imagine what it must have been like for residents of New York State at that time, especially given that many people personally knew individuals affected by polio. He pointed out that New Yorkers were particularly aware of the disease because former governor Franklin D. Roosevelt had been paralyzed by it, and he suggested that the anticipation surrounding the vaccine must have been profound.

Dr. McDonald added that in 1948 the Department operated seven tuberculosis hospitals across the state. He emphasized that the state no longer operates any such facilities today because tuberculosis is now largely controlled. He also mentioned that Helen Hayes Hospital, originally called the Reconstruction Hospital for Children, was founded in 1901 to treat children suffering from complications of polio. Dr. McDonald explained that these historical examples illustrate how much public health accomplishes, often without public recognition. He noted that individuals do not typically enter the public health field seeking fame or fortune, and they generally receive neither. Instead, the work allows people to live their daily lives without worrying about how their health Department protects them. He emphasized that when people breathe clean air, drink safe water, dine in restaurants, or receive healthcare services, the efforts of the Health Department are often behind those protections.

Dr. McDonald then discussed the Department's current work. Under Governor Hochul, the State now serves approximately 20 million residents. He explained that the Department's proposed budget totals \$111.9 billion, with \$99.9 billion allocated to Medicaid and \$3.8 billion dedicated to the Essential Plan. He noted that the budget is more than \$10 billion lower than the previous year due to the impact of federal legislation referred to as HR1, leaving approximately \$8 billion to support the Department's broader public health mission. Dr. McDonald highlighted nutrition as a key focus for 2026. He stated that the state will spend over \$1 billion providing food assistance to residents. Of that amount, \$623 million will support the Special Supplemental Nutrition Program for Women, Infants, and Children, about \$380 million will fund the Child and Adult Care Food Program, \$72.5 million will support the Hunger Prevention and Nutrition Assistance Program, and \$55 million will be directed toward the Nourish New York Program. He emphasized that nutrition is a critical social determinant of health and a major component of the Department's public health strategy.

Dr. McDonald also addressed concerns related to federal policy changes, noting that the Department had not yet received a response from the Centers for Medicare & Medicaid Services regarding whether the state's Section 1332 waiver could be converted back to a Section 1331 waiver. He explained that the state's financial plan was developed with a worst-case scenario in mind due to uncertainty at the federal level. The Department is also preparing for upcoming Medicaid work requirements, with federal guidance expected by June 30, 2026 and implementation required by December 31, 2026. Dr. McDonald described the various exemptions that would apply to the Medicaid work requirements, including individuals who are students, participating in community service, medically frail, members of American Indian communities, incarcerated individuals, parents or caregivers of children under 13, individuals under 18 or over 65, veterans with total disabilities, participants in the Supplemental Nutrition Assistance Program or Temporary Assistance for Needy Families, those receiving Medicare, pregnant individuals, and people participating in drug or alcohol treatment programs. Despite

these exemptions, he emphasized that the Department is preparing for substantial administrative work associated with implementing the policy. Dr. McDonald cautioned that the federal government's objective appears to be reducing Medicaid enrollment. He explained that fewer individuals with Medicaid coverage would likely result in more uninsured residents and increased uncompensated healthcare costs across New York State, which the state would need to address.

Dr. McDonald then highlighted several positive initiatives included in the current budget. One program focuses on cardiac emergency readiness by expanding public training in CPR and increasing the availability of automated external defibrillators across the state. He explained that the goal is to improve survival rates and recovery outcomes for individuals experiencing cardiac emergencies.

Dr. McDonald also discussed new investments in artificial intelligence. He noted that artificial intelligence already plays a role in many aspects of daily life and healthcare. The Department is hiring additional staff and expanding expertise to better understand how artificial intelligence is being used in healthcare systems. He emphasized that the Department's goal is not to regulate the technology immediately but rather to understand its impact and potential applications for the future.

Dr. McDonald provided an update on the Rural Health Transformation Program, which involves a \$212 million cooperative agreement recently approved by the Centers for Medicare & Medicaid Services. He explained that the Department requires procurement flexibility because the standard contracting process under state finance law can take 13 to 18 months. However, the program requires that all funds be allocated by October 30, 2026, or the state risks losing access to future funding. He noted that he had emphasized this concern during a recent legislative budget hearing and hoped lawmakers would address the issue.

Dr. McDonald then discussed the recently implemented Lead Rental Registry program. He explained that this initiative targets the 25 counties in New York State with the highest rates of lead exposure in housing. Under the program, rental properties must be certified as lead-free before being rented to families with children. He stated that this proactive approach is preferable to waiting until a child tests positive for elevated blood lead levels.

Dr. McDonald noted that the state has made progress in reducing lead exposure. In 2010, more than 17,000 children had blood lead levels above five micrograms per deciliter, whereas the most recent data shows approximately 5,000 cases. Although the numbers have declined, he emphasized that the Department's ultimate goal is to reach zero cases.

Dr. McDonald also discussed the Department's ongoing efforts to strengthen the healthcare workforce. The Department currently oversees 24 workforce programs and has committed \$415 million to these initiatives. These programs support a wide range of efforts, including introducing healthcare careers to high school students, training certified nursing assistants and home care workers, assisting physicians and nurses with loan repayment, and encouraging individuals to pursue healthcare careers in rural communities.

Dr. McDonald then turned his attention to the Wadsworth Center, noting that it was also established in 1901. He shared historical details about the laboratory's early location on Yates Street in Albany, where livestock were kept for producing diphtheria antitoxin. Over time, these activities became a nuisance to nearby residents, prompting the laboratory to relocate to Guilderland, where the Griffin Laboratory remains today. He added that the road there, State Farm Road was named because the property was originally a state farm, not because of the insurance company.

Dr. McDonald provided an update on the new Wadsworth Center building project, a \$1.7 billion initiative scheduled for completion by 2030. Construction began about five months earlier, and site preparation work had been underway. Steel was expected to be installed soon, marking visible progress as the structure begins to take shape on the Harriman Campus in Albany.

Dr. McDonald concluded by emphasizing that public health is fundamentally built on partnerships. He explained that the Department recently joined the Global Outbreak Alert and Response Network operated by the World Health Organization. Through this partnership, the Department gains insight into emerging global epidemics while also contributing its own expertise. He highlighted the advanced capabilities of the Wadsworth Center, noting that its scientists perform specialized work that few laboratories in the world can replicate.

Dr. McDonald offered a recent example involving a botulism contamination incident linked to ByHeart infant formula. Although there were no cases in New York, he explained that the Wadsworth Center laboratory successfully identified the botulism strain involved. He noted that while the Centers for Disease Control and Prevention traditionally uses a slower animal-based method that can take weeks, Wadsworth was able to identify the pathogen more quickly using modern Polymerase Chain Reaction and other laboratory techniques.

Dr. McDonald concluded his remarks by reiterating that the Wadsworth Center represents the cutting edge of public health science. He encouraged council members to wish staff at the New York State Department of Health a happy anniversary and then invited questions from the council.

Dr. McDonald concluded his report and invited questions from the Council. Please see pages 6 through 15 of the transcript to view the complete report and members questions.

Mr. Kraut thanked the Commissioner for his report and turned to Dr. Torres to provide the Report on the Activities of the Public Health Committee.

## **Report on the Activities of the Public Health Committee**

Dr. Torres reported that the Public Health Committee recently held a meeting during which members discussed the reorganization of the Division of Public Health Infrastructure and the Office of Local Services, as well as the support these programs provide to the Prevention Agenda. She also described key findings from the State Health Department's assessment document, which serves as an important resource informing the State Health Improvement Plan and guiding community planning by local health departments and hospitals. Dr. Torres continued by discussing the status of local community plans developed by health departments and hospitals in collaboration with other local partners to address community health department strategies. She explained that the committee also reviewed the transition of the Prevention Agenda from the planning phase to implementation. This included discussions about collaborating with statewide organizations and state agencies to support improvements related to the social determinants of health and to provide assistance to local community implementation efforts.

Dr. Torres further reported that the committee discussed community benefit reporting by hospitals, which will take place in July, with Ms. Elogoodin, Director of Patient Advocacy in the Office of Primary Care and Health Systems Management. She explained that the discussion focused on gathering input from the committee regarding what information from the reporting process would be most helpful in supporting and improving community health improvement efforts across the state. She also noted that Dr. Buford wanted to ensure that members were aware of the upcoming schedule of meetings. Finally, Dr. Torres expressed her gratitude to Dr. Whalen and her team for their assistance and input during the previous day's discussions.

Dr. Torres concluded his report, please see page 15 of the transcript.

Mr. Kraut thanked Dr. Torres for his report and introduced Dr. Ruge to provide an update on the activities of the Health Planning Committee.

## **Report on the Activities of the Health Planning Committee**

Dr. Ruge explained that in March of the previous year, with the support and guidance of the Health Department leadership, including Dr. Heslin, the team began work on percutaneous coronary interventions in ambulatory settings such as ambulatory care centers. He stated that eleven months later the council was reviewing their five-page report, which represented extensive preparation and consideration. Dr. Ruge noted the committee reviewed existing literature and reports and found that approximately thirty states had already authorized percutaneous coronary interventions procedures in ambulatory settings. The available data indicated that the quality and safety of procedures performed in ambulatory settings were equivalent to those performed in inpatient settings, and in some cases slightly improved. He also noted that the cost of ambulatory procedures was significantly lower, approximately 40% less, requiring about \$4,000 to compensate for the procedure.

Dr. Ruge further stated that the committee met with numerous experts, including state-level professionals and representatives from the Health Department who provided valuable experience and insight. He mentioned that representatives from Northwell and officials from the

state of Illinois also contributed information, with Illinois presenting detailed monitoring practices for their program. He explained that the committee concluded their work through a series of meetings and discussions focused on determining how to use the information gathered to guide New York State in implementing percutaneous coronary interventions procedures in ambulatory settings. Dr. Rugge emphasized that the discussions were collaborative and not pressured, allowing the group to reach a shared understanding. However, he noted that there was one area where the committee could not reach full agreement: whether hospitals sponsoring these ambulatory settings in phase one should have 100% ownership or simply majority ownership. He stated that this difference was relatively small given the scope of the planned activities. Dr. Rugge concluded by noting that Ms. Monroe had partnered in the work and could provide a summary of the committee's seven specific recommendations for the next phase, along with broader guidance for future phases.

Ms. Monroe stated that the committee was presenting the report to the Council for a vote and formal acceptance. She explained that the committee had conducted extensive work and carefully examined the key questions throughout the process. While acknowledging that several states had already implemented similar programs successfully and effectively, she stated that New York was taking a more cautious approach. As a result, the committee recommended implementing the program through phases, with the report focusing primarily on phase one. Ms. Monroe explained that phase one would prioritize measuring quality, efficiency, and safety, noting that advancing beyond this phase without sufficient data could potentially place New Yorkers at risk.

Ms. Monroe continued by outlining the committee's specific recommendations for phase one. She stated that participation should be limited to hospitals with significant ownership of the ambulatory surgery center. She reiterated that the committee had been divided on whether hospitals should hold 100% ownership or simply majority ownership, leaving the final decision to the Cardiac Advisory Committee and the Health Department. She also stated that participating hospitals must have existing cardiac surgery programs to ensure the strongest possible safety support during the initial phase. Additionally, the committee recommended that phase one be limited to non-profit ambulatory surgery centers, and that these organizations must apply for and receive a time-limited Certificate of Need from the council.

Ms. Monroe further explained that any demonstration project or phase one participant must include Medicaid and low-income commercial patients to ensure that the program serves a broad range of New Yorkers rather than a limited population. She also emphasized the importance of establishing a consumer and patient education program so that participants clearly understand why procedures previously performed in hospitals may occur in ambulatory settings and what the procedure entails. She noted that such education would be an essential component of the first phase. In addition, Ms. Monroe stated that the program should incorporate ethical standards developed by the Society for Cardiovascular Angiography and Intervention for all future phases. Ms. Monroe added that ambulatory surgery centers participating in the program must maintain appropriate staffing levels and credentialing requirements, given the significance of introducing percutaneous coronary interventions procedures in these settings. She explained that the Cardiac Advisory Committee would monitor the program in collaboration with the Health Department and that the committee recommended periodic reporting back to PHHPC to

ensure ongoing oversight. Ms. Monroe expressed the committee believed the phased approach would allow the State to learn from the demonstration and determine how the program should evolve.

Ms. Monroe concluded by stating that if the program progresses beyond phase one, the committee recommended expanding demonstrations across various geographic and demographic regions of New York rather than limiting them to New York City. She explained that future phases should also examine different types of sponsors, including ambulatory surgery centers that do not currently have hospital-based cardiac surgery programs, provided that safety, efficiency, and quality standards are met. Finally, Ms. Monroe expressed gratitude on behalf of herself and Dr. Rugge to the committee members and Health Department staff, including Dr. Heslin and Ms. Harabarovici, for their contributions throughout the process. She stated that the committee was proud to submit the report to the commission and formally requested the council's acceptance and approval.

Dr. Rugge and Ms. Monroe motioned to adopt the placement of percutaneous coronary interventions in ambulatory surgery centers. Dr. Berliner seconded the motion. The motion was carried. Dr. Rugge and Ms. Monroe concluded their report, please see pages 16 through 20 of the transcript.

Mr. Kraut thanked Dr. Rugge and Ms. Monroe for their report and introduced Dr. Yang to provide the report on the Committee on Codes, Regulations and Legislation.

## **REGULATION**

Dr. Yang provided the Report of the Committee on Codes, Regulations and Legislation.

### **Report of the Committee on Codes, Regulations and Legislation**

Patsy Yang, Dr.P.H., Vice Chair of the Committee on Codes, Regulations and Legislation

#### **For Information**

24-15 Repeal of Part 19 and Addition of Subpart 58-6 to Title 10 NYCRR (Certificates of Qualification for Clinical Laboratory Directors)

#### **For Adoption**

25-09 Addition of Appendix 5-E to Subpart 5-1 of Title 10 NYCRR (Cybersecurity Requirements for Public Water Systems)

Dr. Yang stated 24-15 Repeal of Part 19 and Addition of Subpart 58-6 to Title 10 NYCRR (Certificates of Qualification for Clinical Laboratory Directors) was presented for information. Please see page 20 of the transcript.

Dr. Yang motioned for adoption of 25-09 Addition of Appendix 5-E to Subpart 5-1 of Title 10 NYCRR (Cybersecurity Requirements for Public Water Systems). Dr. Berliner seconded the motion. The motion was carried. Please see page 20 of the transcript.

**PROJECT REVIEW RECOMMENDATIONS AND ESTABLISHMENT ACTIONS**

**Report of the Committee on Establishment and Project Review**

Gary Kalkut, MD, Vice Chair of Establishment and Project Review Committee

**APPLICATIONS FOR CONSTRUCTION OF HEALTH CARE FACILITIES**

**CATEGORY 1:** Applications Recommended for Approval – No Issues or Recusals, Abstentions/Interests

**CON Applications**

**Acute Care Services – Construction**

	<b><u>Number</u></b>	<b><u>Applicant/Facility</u></b>	<b><u>E.P.R.C. Recommendation</u></b>
1.	252112 C	Roswell Park Cancer Institute (Erie County)	Contingent Approval

**Ambulatory Surgery Center – Construction**

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

**Diagnostic and Treatment Center – Construction**

	<b><u>Number</u></b>	<b><u>Applicant/Facility</u></b>	<b><u>E.P.R.C. Recommendation</u></b>
1.	251079 C	Community Health Center of Richmond, Inc. (Richmond County)	Contingent Approval

Dr. Kalkut called applications 252112, 252080, 252091 and 251079. Dr. Kalkut motioned for approval. Dr. Berliner seconded the motion. The motion passed. Please see pages 20 through 21 of the transcript.

**CATEGORY 2:** Applications Recommended for Approval with the Following:

- ❖ PHHPC Member Recusals
- ❖ Without Dissent by HSA
- ❖ Without Dissent by Establishment and Project Review Committee

**CON Application**

**Acute Care Services – Construction**

	<b><u>Number</u></b>	<b><u>Applicant/Facility</u></b>	<b><u>E.P.R.C. Recommendation</u></b>
1.	252145 C	Good Samaritan Hospital Medical Center (Suffolk County) Dr. Eisenstein – Recusal	Approval

Dr. Kalkut called application 252145. Dr. Kalkut noted for the record that Dr. Eisenstein has a conflict and has excused the meeting room. Dr. Kalkut motioned for approval, Dr. Berliner seconded the motion. The motion passes with Dr. Eisenstein’s noted recusal. Dr. Eisenstein returned to the meeting room. Please see pages 21 and 22 of the transcript.

**CATEGORY 3:** Applications Recommended for Approval with the Following:

- ❖ No PHHPC Member Recusals
- ❖ Establishment and Project Review Committee Dissent, or
- ❖ Contrary Recommendations by HSA

**NO APPLICATIONS**

**CATEGORY 4:** Applications Recommended for Approval with the Following:

- ❖ PHHPC Member Recusals
- ❖ Establishment and Project Review Committee Dissent, or
- ❖ Contrary Recommendation by HSA

**CON Applications**

**Acute Care Services – Construction**

	<b><u>Number</u></b>	<b><u>Applicant/Facility</u></b>	<b><u>E.P.R.C. Recommendation</u></b>
1.	252116 C	Rochester General Hospital (Monroe County) Recusal – Mr. Robinson (not present at meeting)	Contingent Approval

Dr. Kalkut called application 252116 and noted for the record that Mr. Robinson declared a conflict but was not present at the meeting. Dr. Kalkut motioned for approval. Dr. Berliner seconded the motion. The motion passed. Please see page 22 of the transcript.

**CATEGORY 5:** Applications Recommended for Disapproval by OHSM or Establishment and Project Review Committee - with or without Recusals

**NO APPLICATIONS**

**CATEGORY 6:** Applications for Individual Consideration/Discussion

**NO APPLICATIONS**

**APPLICATIONS FOR ESTABLISHMENT AND CONSTRUCTION OF HEALTH CARE FACILITIES**

**CATEGORY 1:** Applications Recommended for Approval – No Issues or Recusals, Abstentions/Interests

**CON Applications**

**Ambulatory Surgery Centers - Establish/Construct**

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

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

	<b><u>Number</u></b>	<b><u>Applicant/Facility</u></b>	<b><u>E.P.R.C. Recommendation</u></b>
1.	252045 E	Doctors of New York Health Care Center (Queens County)	Contingent Approval

Dr. Kalkut called applications 252114, 252165, 252173 and 252045. Dr. Kalkut motioned for approval. Dr. Berliner seconded the motion. The motion passed. Please see pages 22 and 23 of the transcript.

## **Home Care Service Agency Licensures**

### **New LHCSA – Establishment**

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

### **Changes of Ownership – Establishment**

	<b><u>Number</u></b>	<b><u>Applicant/Facility</u></b>	<b><u>E.P.R.C. Recommendation</u></b>
1.	232059 E	Greifinger Rocha LLC d/b/a Home At Last Home Care (Please see exhibit for list of Geographical Service Area)	Approval
2.	242282 E	The Home Agency Inc (Please see exhibit for list of Geographical Service Area)	Approval
3.	252046 E	The Eliot at Catskill LLC d/b/a The Eliot at Catskill LHCSA (Please see exhibit for list of Geographical Service Area)	Approval
4.	252047 E	The Sentinel of Port Jervis LLC d/b/a The Sentinel of Port Jervis LHCSA (Please see exhibit for list of Geographical Service Area)	Approval

Dr. Kalkut called applications 241092, 232059, 242282, 252046 and 252047. Dr. Kalkut motioned for approval. Dr. Berliner seconded the motion. The motion passed. Please see pages 22 and 23 of the transcript.

### **Residential Healthcare Facilities – Establish/Construct**

	<b><u>Number</u></b>	<b><u>Applicant/Facility</u></b>	<b><u>E.P.R.C. Recommendation</u></b>
1.	242307 E	378Sywood LLC d/b/a Woodbury Heights Nursing and Rehabilitation Center (Nassau County)	Contingent Approval

Dr. Kalkut called application 242307. Dr. Kalkut motioned for approval. Dr. Berliner seconded the motion. The motion passed. Please see pages 23 and 24 of the transcript.

**CATEGORY 2:** Applications Recommended for Approval with the Following:

- ❖ PHHPC Member Recusals
- ❖ Without Dissent by HSA
- ❖ Without Dissent by Establishment and Project Review Committee

**Certificates**

**Certificate of Amendment of the Certificate of Incorporation**

**Applicant**

Certificate of Amendment of the Certificate of Incorporation of Northwell Health Foundation  
Mr. Kraut – Recusal

**E.P.R.C. Recommendation**

Approval

Dr. Kalkut introduced the Certificate of Amendment of the Certificate of Incorporation of Northwell Health Foundation. Dr. Kalkut noted for the record that Mr. Kraut has a conflict and has excused the meeting room. Dr. Kalkut motioned for approval, Dr. Berliner seconded the motion. The motion passes with Mr. Kraut’s noted recusal. Mr. Kraut returned to the meeting room. Please see page 24 of the transcript.

**Certificate of Dissolution**

**Applicant**

Certificate of Dissolution of AHRC Health Care Inc.  
Mr. Perry – Recusal

**E.P.R.C. Recommendation**

Approval

Dr. Kalkut introduced Certificate of Dissolution of AHRC Health Care Inc. Dr. Kalkut noted for the record that Mr. Perry has a conflict and has excused the meeting room. Dr. Kalkut motioned for approval, Dr. Berliner seconded the motion. The motion passes with Mr. Perry’s noted recusal. Mr. Perry returned to the meeting room. Please see page 24 of the transcript.

**CATEGORY 3:** Applications Recommended for Approval with the Following:

- ❖ No PHHPC Member Recusals
- ❖ Establishment and Project Review Committee Dissent, or
- ❖ Contrary Recommendations by HSA

**CON Application**

**Diagnostic and Treatment Center - Construction**

	<b><u>Number</u></b>	<b><u>Applicant/Facility</u></b>	<b><u>E.P.R.C. Recommendation</u></b>
1.	242277 B	Hyp+Care (New York County) Dr. Eisenstein – Abstained at EPRC Dr. Kalkut – Abstained at EPRC Mr. LaRue – Abstained at EPRC	Contingent Approval

Dr. Kalkut introduced application 242277 and motioned for approval. Dr. Berliner seconded the motion. The motion to approve failed. Mr. Kraut made a motion to defer. Dr. Berliner seconded the motion. The motion to defer then passed. Please see pages 24 through 41 of the transcript for members discussion.

**CATEGORY 4:** Applications Recommended for Approval with the Following:

- ❖ PHHPC Member Recusals
- ❖ Establishment and Project Review Committee Dissent, or
- ❖ Contrary Recommendation by HSA

**NO APPLICATIONS**

**CATEGORY 5:** Applications Recommended for Disapproval by OHSM or Establishment and Project Review Committee - with or without Recusals

**NO APPLICATIONS**

**CATEGORY 6:** Applications for Individual Consideration/Discussion

**NO APPLICATIONS**

Dr. Kalkut concluded his report and thanked Dr. Kalkut.

**LICENSED HOME CARE SERVICES AGENCY PHHPC APPROVAL  
REVOCATION**

**CON 161281 Life Quality Homecare Agency, Inc**

Kathy Marks, Division of Legal Affairs  
Marthe Ngwashi, Division of Legal Affairs

Mr. Kraut introduced Ms. Nwagshi who gave a brief introduction. Dr. Torres motioned to go into executive session for client attorney privilege and for members to ask counsel process questions on the proposed licensed home care services agency. Mr. Thomas seconded the motion. The motion passed. The Council went into executive session.

The public portion of the Full Council meeting readjourned. Mr. Kraut called upon Ms. Ngwashi who introduced the licensed home care services agency PHHPC approval revocation for CON 161281 E Life Quality Homecare Agency, Inc. and briefly described the agenda item. Mr. Kraut made a motion to adopt the Council's Resolution to approve the licensed home care services agency PHHPC approval revocation for CON 161281 Life Quality Homecare Agency, Inc. Mr. Kraut read the entire Resolution into the record and asked for a second. Dr. Berliner seconded the motion. The motion carried. Please see pages 42 through 49 of the transcript.

**ADJOURNMENT**

Mr. Kraut motioned to adjourn the meeting. Dr. Watkins seconded the motion. The meeting was adjourned.

**NEW YORK STATE DEPARTMENT OF HEALTH**  
**PUBLIC HEALTH AND HEALTH PLANNING COUNCIL**  
**FULL COUNCIL MEETING**  
**FEBRUARY 19, 2026, 10:15 AM**  
**ESP, CONCOURSE LEVEL, MEETING ROOM 6 ALBANY**  
**TRANSCRIPT**

Mr. Kraut:

Thank you. Dr. Yang. Thank you. Members of the committee, Jeff Kraut and I have the privilege to call to order the February 19 meeting of the Public Health and Health Planning Council. I want to welcome our members, our staff participants, and observers.

Dr. Yang already spoke about the importance of filing the Record of Appearance form, which we require everyone attending the meeting to fill out. You can do that online or fill out one of the pieces of paper on the table outside.

She also provided you the guidance on the fact that we're webcasting some rules and suggestions to make this meeting successful. So I won't repeat those. I just want to remind members, staff, and particularly the public, the best thing to do is to join the department Certificate of Need LISTSERV, the PHHPC Unit that regularly sends out important council information and notices such as our agenda, our meeting dates, and our policy matters. And there are printed instructions on the table how to join the LISTSERV, or you may contact Colleen Leonard for assistance in joining.

Today, we're going to have our annual meeting. I just want to make a note of this. It's going to be held at May 7, the next meeting of the full council.

Today we're going to hear reports from Dr. McDonald who provide us a report on the Department of Health activities followed by Dr. Whalen on a report of the Office of Public Health. Then Dr. Torres will provide us a report from the Public Health Committee, followed by Dr. Ruge and Ann Monroe will give us an update on the activities of the Health Planning Committee. Dr. Yang will present a regulations for the Council's review in action, and that'll be followed by Dr. Kalkut who will give the project review recommendations and establishment actions that were reviewed at the previous establishment and Project Review Committee.

We're also going to do something that we've not done before. We are going to consider Elixir, a licensed home care agency that we had previously approved. We're going to consider revoking the certificate of that entity.

And before we begin, I just want to remind councils members who attend our meetings that we've organized the agenda, particularly the Establishment and Review Committee agenda by topics or categories, which captures the roles and responsibilities of the council. And we are batching Certificate of Need applications. And I'll ask the members to please take a moment to review those applications that are being batched. And if thought about, if you'd like one project to be moved out of a batch to be considered in a different category or to be considered separately. When you do so, just please let us know. Let Colleen know, and then we'll inform Dr. Kalkut as well.

My first action is I'm asking for a motion to adopt the December 4, 2025 PHHPC meetings.

Dr. Berliner: So moved.

Mr. Kraut: I have a motion by Dr. Berliner, a second by Mr. Thomas. All those in favor? Aye.

Council: Aye.

Mr. Kraut: Opposed? Motion carries.

Dr. McDonald is on his way down and I'm going to suggest maybe Dr. Whalen. Well, I was going to thought it was Dr. McDonald. Maybe. Dr. Whalen if you'd like to start giving the report of the activities of public health. Thank you so much.

Dr. Whalen: Good morning and thank you. Happy to address everyone this morning, and I'm going to be reporting out for the Office of Public Health. I'll start with the Center for Community Health. I'm sure many of you are aware that the United States childhood immunization schedule recommendation was on January 5th. Health and Human Services new immunization guidance came out that changed the United States childhood immunization schedule.

The federal government did not remove any vaccines from schedule. However, some vaccines that had previously been recommended for all children are now reclassified as risk-based or shared clinical decision-making. Primary changes include COVID,

rotavirus, and influenza immunizations would be based on shared clinical decision-making, which is the decision to vaccinate made by each patient individually based on a discussion between provider and patient. Hepatitis A, B, RSV, and meningococcal immunizations are recommended for certain high-risk groups. And human papillomavirus recommendations has been changed to a one-dose only administered at age 11 to 12 years.

There has been a response from the New York State Department, from the department, as well as the New York City Department of Health to remain consistent with guidance that has been issued by the American Academy of Pediatrics. We continue to urge New York State providers to continue the prior immunization practices, which are relying on evidence-based resources.

At this point, we know the ACIP has been scheduled to meet February 25 or 27, but there is ongoing litigation. We received word yesterday that American Academy of Pediatrics v. Kennedy put forth strong arguments in federal district court in support of our preliminary injunction to block Secretary Kennedy's January 5 changes and to prevent ACIP from proceeding for its February 25 to 27 meeting. So we will remain apprised of things as they occur and continue to recommend evidence-based resources and practice on immunization for children across the state of New York.

And I see Dr. McDonald has joined us.

Mr. Kraut: If you want to finish, Dr. Whalen.

Dr. Whalen: Sure. So continuing with Center for Community Health, I wanted to mention the Dietary guidance for America. The Department of Health and Human Services and United States Department of Agriculture released the dietary guidelines for America on January 7, 2026. This represents a notable shift in federal nutrition messaging and has generated a lot of media attention.

Key changes in this guidance include a stronger emphasis on real or minimally processed foods with explicit discouragement of ultra-processed foods and refined carbohydrates. Strong framing on added sugars with no safe amount of sugars. More prominent protein forward messaging inclusive of both animals and plant sources. Shift in fat and dairy framing to emphasize importance of whole milk.

Change in guidance of alcohol. So previously, there was a definition of moderate intake as to one drink per day for women and

two drinks for men. The updated guidance now talks about less or limiting alcohol consumption without providing quantitative definition or sex specific thresholds. They do not make reference to the health consequence of higher alcohol consumption consistent with what we know and has been reported out previously by the Surgeon General's advisory on alcohol and cancer risk.

And they do recommend breastfeeding baby for the first six months exclusively. And if breast milk is not available, feeding baby iron-fortified infant formula. And recommending continued breastfeeding as long as mutually desired by mother and child for two years and beyond.

So in brief, these guidelines have some positive, and some not evidence-based and some negative. We feel that the emphasis on real unprocessed foods, fruits and vegetables is important. There is really not a lot of evidence based on the recommendations around increasing protein. There are some concerns around emphasis of red meat and dairy. They did maintain the importance of less than 10% of diet and saturated fat, but the guidance seems a little bit contradictory of this when red meat and dairy are so prominent in the food pyramid.

So next update is on fact sheet of New York State mental health pregnancy associated deaths. The Division of Family Health recently published a fact sheet on mental health and pregnancy associated deaths on the maternal mortality website. This is part of the Maternal Mortality Review Initiative, which launched in 2010 to provide a comprehensive review of maternal deaths in New York State. We know we continue to experience significant disparity around maternal morbidity and mortality and are really working at addressing that across multiple sectors.

We know that mental health conditions from 2018 to '21 were a leading cause of both pregnancy associated and pregnancy related deaths. And there is a tremendous amount of work that is being done at the department and in collaboration with partners, including the Office of Mental Health in New York City that is being done and continues to be done across the state to influence these rates.

From the division of public health infrastructure, we have begun receiving community health assessments and community health improvement plans and community service plans from the hospitals and local health departments for the 2025 to 2030 state health improvement plan. We are currently reviewing and analyzing the submitted materials, and this will help identify key priorities and

services, which will support the overall prevention agenda strategies, and help identify further collaboration and activities.

We are looking through the public health infrastructure grant at providing some funding to community-based organizations via a competitive grant to engage in activities of the prevention agenda. As you know, the prevention agenda is something that occurs across the state through our local health departments, hospital partners, community-based organizations. We really want to ensure that all partners are coming together and able to support this work so that we can make meaningful change in these objectives and particularly addressing the social determinants of health across the state.

From the Office of Science and Technology, I'm happy to say that the release of the new 2025 to 2030 prevention agenda dashboard has been updated to the website. This has got most complete and recent data and indicators for the 2025-2030 plan. And it's an interactive visual presentation of this data so that we can track progress of the state health improvement plan across the state and at county and sub-county levels. It is a key source for monitoring progress that communities across the state will make regarding meeting the prevention agenda objectives.

Also, the Office of Science has launched and developed a science hub website. This website will provide information about the Office of Science and their mission, and it will contain links to the dashboards and other reports, and it houses recent scientific reports. So we feel this is incredibly important given the preponderance of misinformation that we are seeing in media to have an evidence-based resource for the public. It also takes time to really explain some public health science and epidemiologic concepts, which is so important in reviewing information from a public health perspective.

And that is report out for Office of Public Health at this time.

Mr. Kraut: Thank you Dr. Whalen. Are there any questions for Dr. Whalen?

I have one. I'm not sure if you mentioned it or I read it. Did we join WHO for the alerts? I'm not sure if you ... Oh, you're going to talk about? Okay, fine. I'm going to steal that thunder.

Dr. Berliner: Who calls it WHO?

Mr. Kraut: Yeah, what?

Dr. Berliner: Important?

Mr. Kraut: Who?

Dr. Berliner: Who calls it WHO?

Mr. Kraut: Who? All right. Dr. Seuss. Sorry, Dr. Berliner, I'll be back to you in a minute. All right, thank you very much. Dr. Whalen. Thank you. And did they start construction on the lab?

Dr. Whalen: Yes.

Mr. Kraut: Okay. Great.

Dr. Whalen: Yes.

Mr. Kraut: All right. I'm going to leave him alone. That's it. I'm not asking any more questions. It is my pleasure now to hear from Dr. McDonald who's going to update the council about the department's activities since our last meeting.

Dr. McDonald: Thank you.

Thank you, Jeff. And it's good to see everybody again. I'll just open with this, I suppose every day is historic, but every day is not memorable. Let me just take you back though, to Tuesday, February 19, 1901. It was on Tuesday, February 19, 1901 that then-Governor Benjamin Odell signed legislation that created the New York State Department of Health.

So today we are celebrating our 125th birthday. We look pretty good for 125 to say that, and you're a big part of that as well. But I'd like to take you, if you don't mind, just a little bit of what it was like to live in New York State in 1901. Keep in mind, in New York state then there was 7.4 million people. But think about things that were common then that aren't common now, right? Like indoor plumbing wasn't common at all. Either were telephones, let alone in your house, let alone in your pocket. Just, phones weren't really a thing. Automobiles weren't a thing either.

But I think you could imagine that with sanitation being a big concern, public health was a very different experience back then. And you may find it surprising that my predecessors as commissioners, I'm the 18th commissioner, which I think is stunning. We've only had 18 commissioners in 125 years. So there's some longevity to the position, which makes me optimistic.

But the first several commissioners really, if you think about what were the priorities of the first three decades of the New York State Department health? It was combating diphtheria, polio, and tuberculosis. Those really were what people were focusing on. And it may surprise that in 1901, the New York State Department of Health was the largest producer of diphtheria antitoxin which is impressive, right? And I think that's really quite a big deal.

And it's interesting, other little tidbit of knowledge. In 1912, the department produced rabies vaccine. Other little things that might surprise you about the department is really just in 1955, there was a big initiative from the New York State Department of Health to distribute over half a million polio vaccines. The Salk vaccine. And I just want to put that in the room for just a minute. Could you imagine what it was like to live in New York State in 1955 and why was it different for New Yorkers than anyone else? Because New Yorkers had known a governor who was paralyzed by polio. They probably knew people with polio. I just can't imagine what it was like to wait with anticipation to get the polio vaccine.

And it may surprise you too, that in 1948, the New York State Department health operated seven TB hospitals. We operate none today because TB is controlled. And another little thing about 1901 that is interesting is the hospital that we call Helen Hayes Hospital was actually started in 1901, but it was called the Reconstruction Hospital for Children. And the main patient of the Reconstruction Hospital for Children was children with complications of polio.

I'm giving you a lot of that background to say that public health accomplishes an awful lot. And it is rightfully taken for granted. People don't go into public health for fame or fortune. They find neither. But quite frankly, people have busy lives and a lot to do and they don't have to worry about what is their health department doing to keep them healthy. They just get to enjoy the comfort of knowing the health department is keeping them healthy.

If you're looking for a tangible example of how does the health department help you? If you took a breath of air today, had a sip of water, maybe went to a restaurant, had a healthcare experience or any number of things. You're welcome. We were there. That's what we do, right?

And I give you that background to talk about. Now we have Governor Hochul and there's 20 million people. I don't know what the budget was in 1901 for the New York State Department of Health, but our budget right now is \$111.9 billion as proposed to the

legislature. \$99.9 billion is Medicaid. \$3.8 billion is the essential plan. If that number sounds low to you, it's because it's a little over \$10 billion less than the last because of the consequences of HR1. It gives me a little over \$8 billion to do the public health mission of the New York State Department of Health.

Now, just to give you some context about where we're going in 2026, I just want to put the word nutrition in the room. New York State's going to be spending over \$1 billion in providing food to New Yorkers. Now \$623 million of that is through WIC. Around \$380 million is through the Child and Adult Care Food Program. I have \$72.5 million for the Hunger Prevention Nutrition Assistance Program. \$55 million for Nourish New York. So there's a real strong commitment to nutrition, which I think is really important as a public health and social determinant of health care.

When you look at some of the impact from HR1, I think it's the insurance impacts that most concern us. We still have not heard back from Center for Medicare Services about whether or not our 1332 Waiver will be able to be wrote back to 1331. We expect that to be the case. But when the state financial plan was constructed this year, it was done with a worst case scenario in mind. I think you would agree, with the federal government being as unpredictable as it is, this was the wise approach. We're preparing for the work requirements for Medicaid. We need the official guidance to come out, which we're told will come by June 30 in 2026. We have to implement this guidance as of December 31, 2026.

There are exemptions to who's going to be required to work. And the dollar amount of people have to earn because minimum wage is still \$7.25 an hour federally. Thankfully, that's not what the minimum wage is in New York State. You only have to come up with around \$600 a month of income.

But there's several exemptions. One is education, at least part-time. Community service. And there's other exemptions as well like being medically frail, American Indian, being inmate, a parent guardian of a caretaker of disabled individual or a child less than 13. Any individual under 18, any individual or 65, any veteran with total disability. Individuals enrolled in the supplemental at nutritional assistance program and temporary as needed families. Anyone who's entitled or receiving Medicare or people who are pregnant. And anyone who's participating in drug and alcohol treat. But there's still a lot of work the department's doing to get ready for this change that's occurring.

But just don't make no mistake about it, what the federal government is trying to do is get less people on Medicaid. That means less people have health insurance. That means there's going to be uncompensated healthcare in New York state and something that we have to address.

Other initiatives in this year's budget is a cardiac emergency readiness. With that is really teaching as many people as possible how to do CPR and putting automatic external defibrillators in a lot of places throughout New York State. What we're hoping to do is actually help improve the recovery time and getting more people to actually survive a cardiac event. So I think that's a nice positive event.

There's a nice investment in artificial intelligence. All of us use artificial intelligence every day, whether you know it or not. We have people at the New York State Department of Health who understand artificial intelligence to the extent that anyone can understand it. But we're hiring more people, but really more so getting an idea of what's going on in healthcare. The strategy here is not to regulate artificial intelligence, but just to really get an understanding of what is going on and how will impact healthcare for the future. And so I think that's exciting.

The Rural Health Transformation Program, keep in mind this is not a grant. It's a cooperative agreement. We have our budget of \$212 million that was recently approved by Center for Medicare Services. One of the things that Governor Hochul put in the budget that we need is procurement flexibility. Just to make sure that's really clear, why do I need procurement flexibility? If you file a state financing law and it takes at least 13 to 18 months to do a contract, that's wonderful. The problem I'm running into is I have to have all the money allocated by October 30, 2026. So in other words, I don't have enough time.

Why that's really critically important with this program is if you do not have the money allocated by October 30, 2026, then you do not get other money for the next year. So in other words, it's possible we will spend very little of this money unless we get the procurement flexibility. I made that really clear at the legislature when I had my budget hearing nine days ago. So hopefully, the legislature will work with us in that regard.

Something we've implemented since the last time we got together was the Lead Rental Registry. I'm very excited about this. This was in the 2324 budget. It took two years to create this really

complicated program, but I'm really thankful to the team for doing that. Hard work of doing that. They did a great job with this. But really what it means is the top 25 counties in New York state where lead poisoning in people's homes is a challenge. In order for someone to rent that property to someone who has a child, the property has to be certified to be lead-free. I think we'd all agree that's a much better approach than just waiting for the child to pop positive with a lead level over five.

Now, we've made progress in New York state, right? If you go back to 2010, over 17,000 children had a blood lead level over five. If you look at last year's data, it's 5,000. So that's less. But we're looking for zero, right? In other words, there's every reason to believe we can accomplish this. So I think that's a nice proposal that we have implemented this year, and I'm very glad to see that with workforce.

We do a lot with workforce. We actually have 24 programs that we oversee at the New York State Department of Health to increase the healthcare workforce. This year we have \$415 million committed to that. Some of those are previous initiatives that ... It's interesting. When you talk about initiative, I think what people forget is we have to contract to get people lined up and actually get the work done.

But this year we have 24 different programs. So we might be training someone in high school, we might be introducing healthcare to people in high school. We might be helping people become certified nursing assistants. People work in home care. Helping doctors pay back loans, helping nurses repay loans. Helping people in rural health come into fruition and rural health come into healthcare. So there's a lot going on with the workforce world.

And then just about Wadsworth, another little thing about Wadsworth. Wadsworth was started in 1901 as well. Curious little tidbit about Wadsworth. We started on Yates Street in Albany. Interesting enough though, because we had livestock there, referencing making diphtheria antitoxin. Apparently over the years, we became a nuisance to the neighbors. And that's why we moved out to Guilderland, where we have the Griffin Laboratory to this day.

Now, in case you're curious where Griffin is, it's on State Farm Road and it's named that because of us, the state. We went out there and it was a farm, not named after the insurance company. So I just think that's a nice little circular trivia there.

But it's just interesting to know that Wadsworth is on time for its building being built by 2030, and it's currently under budget. They broke ground about five months ago. There's been a lot going on to get the ground ready. Steel is going in the ground next month, which I'm excited to see. It will start to look like a building. If you get interested and you want to drive by the Harriman campus, you can clearly see where our building is being constructed-

PART 1 OF 4 ENDS [00:35:04]

Dr. McDonald: You can clearly see where our building is being constructed. It's quite a thing to see here. It's a \$1.7 billion project and happy about where it's headed here. And then just to end on a note, public health is about a lot of things, but it's really built on partnership and driven by partnership. So why did we join the Global Outbreak Alert and Response Network of the World Health Organization? Well, we already had some type of relationship because APHL, Association of Public Health Laboratories, was one of the already 360 organizations part of that. But we at the New York State Department of Health decided to codify our relationship and formally apply and become a member because it's a mutually beneficial relationship. What we get out of it is I get to know about all the epidemics and problems that are going around the world. What they get out of it is they get access to the expertise of the New York State Department of Health Reference Wadsworth again. There's things that Wadsworth does that quite frankly no one else does.

In case you're curious as an example of what is something Wadsworth does that really other people don't do, some of you followed the botulism outbreak from By Heart infant formula, but it was the Wadsworth lab that was the lab that actually identified the botulism and actually the strain. We didn't have any cases in New York, but this example of Wadsworth does things for the rest of the country and Wadsworth was able to identify that. Why that's important is the methodology we use to identify botulism in Wadsworth isn't done at CDC. They use an arcane model where it takes several weeks to get the results and a mouse dies in the process. We do it through PCR, quite frankly, and other laboratory strategies. So Wadsworth really is the cutting edge of public health science. So with that note, if you see some of the Department of Health, you want to wish them a happy department birthday, feel free to do that, and let me stop and answer questions.

Mr. Kraut: Thank you. That was a great report. I love the history lesson and if anybody is interested, a little footnote, the Public Health Council

was established on October 6th, 1913 when the Department of Health reorganized and the first chair of the public health council was the commissioner, not this commissioner.

Dr. McDonald: No, it wasn't. Would that have been Dr. Biggs. I wonder if it would've been-

Mr. Kraut: I think it might've been Biggs because Biggs was the big public health in standardized what... Anyway. Let's not devolve into a history lesson. Although the history of New York State Department of Health is really the history of public health in the United States, it's a proud history and Wadsworth, as we... I don't know if I'll be on the council, but by the time when the building opens, we definitely should have a meeting at the laboratory when it opens. You have to see that, even the disrepair of the current lab, but it's a pretty impressive place to visit. Anyway. Any questions for the commissioner? Excuse me. Mr. LaRue.

Mr. LaRue: Good morning, Scott LaRue, member of the council. I just want to take the opportunity to thank you and the governor for putting the additional funding, the proposed funding in the budget for hospitals and nursing homes. And my role on this council was frequently focused on the needs of long-term care and we've discussed at great length here the many challenges facing that sector of service to New Yorkers, and I am really hoping that the nursing homes get their fair share of the funding that is allocated to help solve some of those challenges that we've talked about here at great length. But we appreciate the recognition and having it included in the governor's proposal.

Dr. McDonald: Thank you.

Mr. Kraut: That same statement could be made by the federally qualified health centers. Everybody is hoping. There's a lot of money in that.

Dr. McDonald: Really when you look at it, the nursing homes get restoration of the 10% cap cut, but they also get money from the healthcare stability fund, which is the MCO tax revenue, plus there's also other funds too and hospitals make out too. There's a lot of investing going on this year.

Mr. Kraut: And by the way, if you want to see more detail on what the commissioner said, you should see his presentation before the...

Dr. McDonald: Yes, watch all four hours of it.

Mr. Kraut: Four hours of it, yes. Dr. Soffel.

Dr. Soffel: Denise Soffel, member of the council. Good morning, commissioner. I want to sort of poke in a little bit at the immunization things because obviously I share concerns that the federal changes could have early damaging impacts on New York State. Do we have any new information on immunization trends since as COVID has now passed its direct impact on immunization rates? So that's my first question. And then secondly, how are we on measles?

Dr. McDonald: So if you look at vaccine trends in New York State, here's a couple footnotes. COVID vaccines are just down across New York State, but across the whole country too. In other words, we're 25% down this year than last year and last year was down astonishingly low. So we just aren't seeing the national appetite for COVID vaccine. I like it and I got it and my family did, but that's just not where we are. The flu vaccine is up this year. We had a really historic flu season, but we saw increases in flu vaccine this year. It was about a 3% increase. I'll take it. When you look at childhood vaccine rates, if you look at the under two population, we saw a real decline during the pandemic, but now it's picking up again. So we're actually seeing increases again in kids. So I'm optimistic about where we are with kid vaccines and heading in the right direction.

As far as measles go right now, we don't have a whole lot of measles in New York State right now. When we have less than five cases, I usually just say we have less than five cases, but we have much less than five cases. You can take that number for what it's worth. So why is measles something I care about has a lot to do with... If you look at the Pan American Health Organization, they're the ones who decide if your measles is considered eliminated or not eliminated. The metric they use is has there been community transmission for 12 consecutive months or not. Starting in January of '25, that's when the Texas outbreak occurred, there's been measles through committee transmission since then. So I don't speak for the Pan American Health Organization, I don't know what they're going to decide when they meet in April, but I think it's reasonable to believe that since it's been 15 months now of continuous measles transmission in the United States, both notably now in South Carolina...

I was talking to South Carolina state health officer the other night, they're seeing it start to abate a little bit, but it's been a problem in the country. In New York State, we've had problems with this in the past, but things have changed since we had problems in the past.

The laws in New York State don't allow for religious exemption. That's a critical difference. If you look at the states where measles has been out of control, they allow religious exemption, which really is an exemption. It's no longer mandatory at that point for school entry, and that to me is a really critical public health tool. So this is where the New York State Legislature got together with the governor and really did something very, very wise to protect us all. So right now we don't have any big measles threat.

Another little thing about measles, just so you know, is we're one of the few states that actually tracks measles in wastewater, and I mean, just measles vaccine, it's different. We did have a measles positive for wastewater in New York sometime last year. We were able to talk about it and it went away and that was that. But it's something we have a lot of tools to monitor for measles in New York right now, there isn't any measles in the wastewater in New York State, so there you go.

Mr. Kraut: Any other... Dr. Berliner? Yeah, could you just...

Dr. McDonald: We did. The Global Outbreak Alert and Response System I did talk about the end, so I think we're... Just to make sure it's clear, no state can join the World Health Organization. You need to be a sovereign nation to do that. So no state has joined the World Health Organization. California, Illinois, New York State, New York City have joined the Global Outbreak Alert and Response Network. That's what we have joined. They are part of the World Health Organization. So our application went to Geneva, we are approved by Geneva. When Geneva knew we were interested, they say we'd love to have you. I mean, it's been a nice relationship so far. I have several people at the Department of Health who are involved in this relationship. It's not a heavy lift in our point, it's meetings during the week, not many, but some. But we get to learn about outbreaks all over the world and that's useful to me.

And part of why it's useful to me is New York State is the gateway to the United States. Everyone's welcome in New York State. I think you know that. We have a 305 foot, one inch welcome sign on Liberty Island that says everyone's welcome, the one that says, "Give me your tired, your hungry, those who yearn to breathe free." So everyone's welcome to New York, but we have a lot of visitors to New York, so it's really in our best interest to be ready for this.

Mr. Kraut: Okay, thank you. I just want to thank you, Commissioner. One thing, maybe when we return back in May, I know a couple of members had asked to get kind of an update on the 1115 waiver

and the performance of the social care networks. So I think we've just put that on a list to hear about.

Dr. McDonald: That's great. Well, I'd be happy to do that. We'll talk about social care networks, career pathways training and everything because we have till March 31st, 2027.

Mr. Kraut: Right. Well, thank you for joining us. We appreciate it very much and good luck with the budget. We're now going to hear from Dr. Torres who will provide us an update on the activities of the public health committee and the ad Hoc committee to lead the state health improvement plan. Dr. Torres.

Dr. Torres: Good morning, everyone. Is it on now? Good morning, everyone, and happy birthday. You all look great for 125. I'm Dr. Torres. I am the vice chair of the public health committee. Our committee is chaired by Dr. Buford. She sends her regrets and as she's unable to be here today. We had a meeting public health committee and the committee discussed the reorganization of the division of public health infrastructure and office of local services and the support these programs provide to the prevention agenda. The key findings and the publication of the state health department or assessment key document, which informs the state health improvement plan, that the community planning by local health departments and hospitals. Sorry. The status of the local community plans of local health departments and hospitals with other local partners for the community health department strategies.

The transition of the prevention agenda from planning to implementation and how to collaborate with statewide organizations and state agencies to support foundational improvements in social determinants of health and provide assistance to local efforts and community implementation. We discuss the community benefit reporting by hospitals, which will occur this July with Bella Elogoodin Director of Patient Advocacy in the office of Primary Care and Health Systems Management. This focus on input from the committee and what information from the reporting effort may be helpful in supporting and improving overall community health improvement efforts across the state. Dr. Buford wanted to make sure that you all knew that there was a schedule of meetings coming up and I want to thank Dr. Whelan and her team for their assistance and input yesterday. Thank you.

Mr. Kraut: Thank you, Dr. Torres. Any questions for Dr. Torres about the committee's activities? Thank you. And it's kind of double duty doing both, and I know as we heard Dr. Whelan said the community

service plans are coming in so they may have some additional information and data that'll be useful to the committees once they get a chance to analyze it.

Dr. Torres: There was a lot of discussion with the community benefit plan and the staff and the department were really helpful in taking the recommendations and reflecting on what's important to document and for the community to understand the input and the impact that the hospitals have in the community level.

Mr. Kraut: Okay, thanks so much, Dr. Torres. I'm now going to turn to Dr. Ruge and Ms. Monroe who's going to give us an update on the activities of the health planning committee.

Dr. Ruge: Thank you. Can I be heard? This working?

Mr. Kraut: Yes.

Dr. Ruge: As it happens, last March with support and guidance from the leadership of the health department, thank you, Dr. Heslin, we began to work on PCI, percutaneous coronary interventions in ambulatory settings, ambulatory care centers. Now 11 months later, we're happy to have the council review our report, five pages, but in that five pages were lots of preparation, lots of consideration starting with reviewing the literature and reports. Already some 30 states have authorized ambulatory procedures or ambulatory performance of PCIs, and the data indicates the quality and the safety and the ambulatory settings is absolutely equivalent to those inpatient settings sometimes may be a little bit improved and also the cost is lower by about 40%, needing only \$4,000 to compensate for the ambulatory procedures. We next met with a whole series of experts, including some state level people, Northwell comes to mind, and members of the health department who bring a lot of experience and understanding. I also included a hearing from the state of Illinois who is very detailed in monitoring their performance.

And finally, we concluded with a series of meetings and long discussions about what to do with all this information and material by way of encouraging or providing guidance for New York State to proceed in this direction, in this format. There was no pressure except we worked together to come to a shared understanding, and with that we did perfectly well. IT was only one little small place where we couldn't come to agreement and that is should the hospitals initially in phase one sponsoring these ambulatory settings be 100% in control or simply majority control. Not a huge difference when it comes to the scope of the activities that we are

planning for as a planning committee. Anne Monroe is partner with all this, may have some summary, do you, of our specific recommendations. There are seven for this next phase and also more general pieces of advice for how we proceed phase after phase after phase. Thank you.

Ms. Monroe: Okay. I don't know how to turn this on.

Mr. Kraut: Just pull it up towards you, yeah.

Ms. Monroe: There is it on? Oh, yeah. Hello, everybody. We are bringing this today for a vote and acceptance by the council. As John said, there's been a lot of work done by our committee and we've really hung in there to get the best questions asked and answered. It's true that several states have done this, that it's in their world proven to be very officious and effective, but New York is more cautious, so we're taking a phased approach in our recommendations, and we are talking in specifics most about phase one. And so we're recommending that it be a phased approach and phase one be focused primarily on measurement of quality, efficiency and safety. We're concerned that to move it past phase one without that fundamental data could put New Yorkers at risk. So we are requesting that the council accept our report and that this report has several specifics for folks who are going to go into this demonstration, that it needs to be limited to hospitals with significant ownership of the ASC, the Ambulatory Surgery Center.

That was the only place where the committee did not have full agreement and the agreement was split between that the hospital had to have 100% ownership or the hospital had to have majority ownership. So we leave that to the Cardiac Advisory Committee and the department to make that decision. We were just split on that. That in phase one, the participants need to be hospitals that have existing cardiac surgery programs, so we want to build in the best safety supports that we can for starting out in this work. We said that the phase one should be limited to non-profit ASCs and that those organizations would have to come forward for a CON from this council, a time-limited CON coming forward from us.

That any demonstration or phase one participant would have to include Medicaid and low-income commercial participants. We're trying to keep this out of the who can get this and we want it to be tested on the wide variety of people in New York. And that there needs to be a relevant consumer or patient education program so that participants understand why they may not be in the hospital for something they would've been in the hospital before or they also

understand what the procedure is all about. So that has to be a big part of this first step. For any phases of this program going forward, there is the Society for the Cardiovascular Angiography and Intervention and they have a set of ethical standards which we think must be incorporated into this effort.

Just a couple more things that you have to have appropriate staffing and credentialing for ASCs. This is a really significant step that's being taken and we want to make sure that all those boxes are checked. Now, lastly, the Cardiac Advisory Committee will monitor this with the department, but we don't want to just let this go. We spent a lot of time and effort on this and we want to have periodic reporting back to FIPPIC of how this project is going. We think we can learn a lot from this phased approach and see where we want to take it.

Lastly, if you move beyond phase one, we want to see these projects tested in various geographic and demographic parts of New York. So we don't want it to just be a New York City-based program. In future phases that needs to be spread across the state and we want to look at different types of sponsors. If you remember, we said hospitals with cardiac surgery are in this first round, but there may be ones that don't have cardiac surgery that are ambulatory surgery center sites now that could take this on, and we want to make sure that that gets looked at in future phases if we meet the safety efficiency and quality standards typical of New York. So lastly, on behalf of John and I, we want to thank the committee. We really hung in there and learned a lot through this process. We want to thank the department staff, Eugene Heslin and Abby Haribovich who were our staff through this whole effort, and we're really proud as a committee to send this forward to the commission. So we're submitting it for your acceptance and approval.

Mr. Kraut: So let's just... Before we open it up for discussion, we have a motion to adopt the report of the health planning committee to the council regarding the placement of percutaneous coronary interventions in ambulatory surgery centers. The motion is made by Dr. Rugge and Anne Monroe. May I have a second, Dr. Berliner? We'll open it up for discussion and then we will take a vote. The vote is to recommend it to forward the recommendation of this council to the Department of Health.

Ms. Monroe: Well, first we're referring it to you.

Mr. Kraut: No, no, but that's what we're going to vote on now, that the council... I'm just making it clear. Our recommendation goes to the department. So is there any questions? It was a very excellent presentation and the process speaks for itself to some degree. Any questions? Any concerns? You all had an opportunity to read it. Okay, so hearing none, I'm going to call for a vote. All those in favor of approving this say aye.

Committee: Aye.

Mr. Kraut: Opposed? Abstentions? Oh, you did public hearing, right? The motion carries. Okay. And I also want to add my thanks to the two of you, everybody who participated from FIPPIC, the department, Dr. Heslin, the staff. Just this is an amazing process to move an issue forward and I hope we avail of ourselves of using the planning the health planning venue as the other venues of the other committees. This is kind of a gold standard on how to move an issue forward and looking forward to the next one, and congratulations to the two of you.

Ms. Monroe: We're ready.

Mr. Kraut: Okay.

Dr. Ruge: Jeff, talking about... Just a couple brief observations. One is I neglected to also thank members of the council who are not members of the committee that were not frequent but always there to participate and to help us. Thank you. And also, just can't help but remark how different we are from some other states. Texas was one of the first states to authorize this kind of ambulatory surgery and they did it without any oversight. No guidelines, no reports. Just did it. But we are being careful in our tradition and I think this will turn out to be an excellent product. Thank you.

Mr. Kraut: Okay, thank you. You want to say what? Okay, do you want to say something? Go ahead.

Dr. Heslin: Okay. Eugene Heslin, Department of Health. So the next steps, the department will be taking these recommendations for consideration back plus work that was done by the Cardiac Advisory Committee will be building draft regulations, which then the Codes Committee, Dr. Yang, will be getting to be able to start the regulatory process to establish the regulations, to be able to have this process move forward and that'll go through the normal regulatory process.

Mr. Kraut: And the public will have another opportunity, both the industry and the public to comment.

Dr. Heslin: Absolutely.

Mr. Kraut: Okay. Well, thank you again. Great. Really appreciate it. I'm now going to turn to Dr. Yang who will give us a report of the Codes Regulation and Legislation Committee.

Dr. Yang: Yes. Hi. Good morning again. This morning at the meeting of the Committee on Codes Regulations and Legislation, the department presented for information the repeal of part 19, addition of sub-part 58-62 Title 10 NYCRR. It pertains to certificates of qualification for clinical laboratory directors. We're forwarding it for information to the council. There are staff from the department here if there are questions.

Mr. Kraut: And then for adoption?

Dr. Yang: And we were presented for adoption and are moving it to the council, the proposed addition of Appendix 5E to subpart 5-1 of Title 10 NYCRR. This is regarding cybersecurity requirements of public water systems and the department is here for additional questions.

Mr. Kraut: I have a motion to adopt that regulation on the cybersecurity for water systems. I have a second, Dr. Berliner. I don't know if many of you might have been present for the discussion at the Codes Committee, but if there's any questions on this, this would be a time to ask. Okay, hearing none, I'll call for a vote. All those in favor, aye.

Committee: Aye.

Mr. Kraut: Opposed? The motion carries. Thank you very much.

Dr. Yang: Concludes our business.

Mr. Kraut: Thank you, Dr. Yang. I'm now going to turn to Dr. Kalkut. I'll turn the meeting over to give a report on the actions of establishment and project review.

Dr. Kalkut: Thank you. I'm Gary Kalkut and will present the certificate of need applications for approval. And as Jeff said, we are going to batch these projects. First 252112C, Roswell Park Center Institute in Erie County. This is to certify a new hospital extension clinic for multi-

specialty ambulatory surgery at 199 Park Club Lane, Williamsville and perform requisite renovations. The department and the committee vote for approval with conditions and contingencies. 252080C, Manhattan Endoscopy Center, LLC in New York County. This LLC is an existing single-specialty freestanding ambulatory surgery center, is seeking approval to convert from a single specialty FASC specializing in gastroenterology to a dual single-specialty FASC with the addition of vascular surgery. Both the department and committee recommend approval with condition and contingencies.

252091C, Surgical Pain Center of the Adirondacks, LLC in Clinton County. This is to convert an existing single specialty ambulatory surgery center to a multi-specialty ambulatory surgery center with addition of ear, nose and throat and podiatry services and perform renovations. The committee and the department recommend approval with conditions and contingencies. 251079C, Community Health Center of Richmond in Richmond County. This is to relocate the main site from 235 Port Richmond Avenue in Staten Island to a new building to be constructed at 21 Grove Avenue, Staten Island and to certified birthing services, outpatient and dental outpatient in an FQHC safety net. The department and the committee recommend approval with conditions and contingencies, and I so move.

Mr. Kraut: I have a motion. May I have a second, Dr. Berliner? Are there any questions on any one of these applications? Hearing none I'll call a vote. All those in favor, aye.

Committee: Aye.

Mr. Kraut: Opposed? Abstentions? The motion carries.

Dr. Kalkut: Dr. Eisenstein has left the room. He has a conflict and recused. 252145C, Good Samaritan Hospital Medical Center in Suffolk County. This is to certify St. Charles Hospital as a division of Good Samaritan Hospital Medical Center, rename the division Good Samaritan University Hospital St. Charles Campus and rename Good Samaritan Hospital Medical Center to Good Samaritan University Hospital. Upon completion of the merger, Good Samaritan University Hospital and St. Charles Hospital will operate as one hospital with two campuses. The department and the committee recommend approval with a condition, and I so move.

Mr. Kraut: I have a motion. May I have a second, Dr. Berliner? Are there any questions on this application? Hearing none. All those in favor, aye.

Committee: Aye.

Mr. Kraut: Opposed? Abstention? The motion carries. Have Dr. Eisenstein please return.

Dr. Kalkut: Application 252116C, Rochester General Hospital in Monroe County. Mr. Robinson is not at the meeting and had a conflict in recusal. This is to certify a new hospital extension clinic from multi-specialty ambulatory surgery, primary care and other medical specialties at 183 Paris Street in Rochester and to perform requisite renovation. Focus will be on orthopedic surgery, pain management and podiatric surgery. Office visits will be primarily for orthopedics and neurology. The department recommends approval with conditions and contingencies and the committee recommends approval with conditions and contingencies with one committee member opposed, and I so move.

Mr. Kraut: I have a motion. Can I have a second, Dr. Berliner? Are there any questions on this application? Hearing none. I'll call for a vote. All those in favor, aye.

Committee: Aye.

Mr. Kraut: Opposed? Abstentions? The motion carries.

Dr. Kalkut: 252114B, Gold Coast Surgery Center in Nassau County. This is to establish and construct a single-specialty ambulatory surgery center for gastroenterology at 123 Eileen Way in Syosset by converting an existing private office-based surgical practice to Article 28. Both the department and the committee recommended approval with conditions and contingencies with expiration of the operating certificate five year from its date of issuance. 252165E, Progressive Surgery Center, LLC in Suffolk County. This is to transfer 100% membership interest from one member LLC and three individual members to two new member LLCs. The department and the committee recommended approval with condition and contingencies with an expiration of the operating certificate three years from its date of issuance. 252173E, Saratoga Schenectady Endoscopy Center, LLC in Saratoga County. This is to transfer 6.67% ownership interest from 14 current members to one new member. The department and the committee recommend approval with a condition. 252045B, Doctors of New York Health Care Center in Queens County. This is to establish construct a new diagnostic and treatment center at 19411A, Northern Boulevard in Flushing. The department and the committee recommend approval with condition and contingencies. Yeah, and I so move my...

Mr. Kraut: I have a motion. Second, Dr. Berliner? Are there any questions on any one of these applications? Hearing none I'll call for a vote. All those in favor, aye.

Committee: Aye.

Mr. Kraut: Opposed? Abstentions? The motion carries.

Dr. Kalkut: 241092E, Foxwoods Home Care, LLC. This is to establish a new licensed home care services agency at 705 Renaissance Drive in Williamsville. The department and committee recommend approval with conditions. 232059E, Greifinger Roca, LLC, doing business as Home At Last Home Care. This is to establish Greifinger Roca, LLC as the new operator of a licensed home care services agency, previously operated by Home At Last Home Care Services, LLC at 5127 Queens Boulevard Suites 2D and E in Woodside. The department and the committee recommend approval with a condition. 242282E, The Home Agency Incorporated to establish the Home Agency Incorporated as a new operator of a licensed home care services agency currently operated by Nannys for Grannys Incorporated at 34 Sunset Lane, Patchogue. The department and the committee recommend approval with the condition. 252046.

PART 2 OF 4 ENDS [01:10:04]

Dr. Kalkut: 252046E, The Eliot at Catskill LLC, doing business as the Eliot at Catskill LHCSA. This is to transfer 100% membership interest to a new member LLC with the same members. The department and committee recommends approval with conditions. 252047E, the Sentinel of Port Jervis LLC, doing business as the Sentinel of Port Jervis LHCSA. This is to transfer 100% membership interest to a new member LLC with the same members. The department and the committee recommend approval with conditions and I so move.

Mr. Kraut: I have a motion to move this batch. I have a second, Dr. Berliner. Are there any questions on any one of these applications? Hearing none, I'll call for a vote. All those in favor? Aye.

Council: Aye.

Mr. Kraut: Opposed? Abstentions? The motion carries.

Dr. Kalkut: 242307E 378 Sywood LLC, doing business as Woodbury Heights Nursing and Rehabilitation Center in Nassau County. Established 378 Sywood LLC is the new operator of Cold Spring Hills Center for

Nursing and Rehab 588 bed residential healthcare facility currently operated by Cold Spring Acquisition LLC at 378 Syosset-Woodbury Road in Woodbury. The department and committee recommend an approval with condition and contingencies and I so move.

Mr. Kraut: I have a motion. I have a second, Dr. Berliner. Any questions on this application? Hearing none. All those in favor? Aye. Opposed? Abstentions? The motion carries. I'll turn the chair over to Dr. Yang. I'm conflicted on the next step.

Dr. Kalkut: Thank you. This is a Certificate of Amendment of the Certificate of Incorporation, Northwell Health Foundation. Mr. Kraut has conflict and has left the room. Northwell Health Foundation requests the public health and Health Planning Council approval of its Certificate of amendment of the Certificate of Incorporation of the Northwell Health Foundation in order to change the name from Northwell Health Foundation to Northwell Foundation. The department and committee recommend approval.

Dr. Yang: Thank you. We have a motion. We have a second, Dr. Berliner. Calling a vote. All in favor? Any opposed? Any abstentions? Passes. Thank you.

Dr. Kalkut: I want to ask Mr. Kraut to return. There's a Certificate of Dissolution AHRC Health Care Incorporated. Mr. Perry has a conflict and-

Dr. Kalkut: He's leaving.

Dr. Kalkut: ... is leaving the room. AHRC Healthcare Incorporated requests the Public Health and Health Planning Council approval of its proposed dissolution in accordance with the requirements of not-for-profit corporation law 1002C and 1003 and 10 NYCRR Part 650. The department and the committee recommend approval and I so move.

Mr. Kraut: I have a motion, may I have a second? Dr. Berliner. Any questions? All those in favor? Aye. Opposed? Abstentions? The motion carries. Please ask Mr. Perry to come back. And that concludes-

Dr. Kalkut: 2

Mr. Kraut: Oh yeah, go ahead. Go ahead. Sorry. You have...

Dr. Kalkut: ... 242277B. Hip plus care in New York County. I have an interest. This is to establish and construct a new diagnostic and treatment center to be constructed at 111 West 24th Street, New York, to

provide primary care, medical and medical specialty services to include saline hydration infusion services for patients who exhibit symptoms of connective tissue disorders. The department recommends approval with condition and contingencies with expiration of the operating certificate at two years and the committee recommended approval with conditions and contingency with expiration of the operating certificate from two years of its issuance and was recommended with three committee members abstaining. And I so move.

Mr. Kraut: I have a motion. I have a second, Dr. Berliner. We had at the establishment committee, there was a robust conversation about this proposal. Could I ask the department just for the benefit of the people who were not present to maybe comment on... Are you comfortable doing that or? Shelly? Just the application and then we could talk about what the issue was. And then we'll open it up for questions.

Ms. Glock: Is it on?

Mr. Kraut: Yes.

Ms. Glock: Hi. This is Shelly Glock from the department. As Dr. Kraut mentioned, there was a very comprehensive, robust conversation, EPRC. This is an application that the department had under consideration for a considerable amount of time, primarily to have discussion and to really look at the types of patients and the medical conditions that this diagnostic and treatment center would serve. The department recommended approval. The primary care and other medical specialties as well as the infusion services that are being offered at this diagnostic and treatment center are not any different.

Those are qualified medical services that you've seen at diagnostic and treatment centers on former applications. The discussion was really around the conditions and the connective tissue disorders and trying to come to an understanding of those diseases that the typical person didn't have. So we had a lot of conversation. Dr. Pelosi spoke at EPRC, and spoke about their clinical evidence-based clinical strategies, some of their diagnostics around these medical conditions. And talked a little bit about the infusion therapy really being a treatment of last resort for a smaller percentage of their patients who would need those to treat symptoms.

The Diagnostic and treatment center department recommended approval, it meets the requirements under the statute for the types

of services. It went through character and competence, a financial feasibility look and architectural. So it meets the requirements of a diagnostic and treatment center. And Dr. Pelosi also spoke and I believe provided information to the counsel in a follow-up letter about, there are medical codes for these procedures with Medicare, Medicaid, and insurance companies providing payment for such. Based on those fact patterns and the fact that this diagnostic and treatment center will increase access to care for these patients, we are recommending approval.

But given the understanding around some of the concerns that were expressed, we placed a condition, or I'm sorry, a condition on this project, which is really unprecedented. We placed not only reporting to the department after a year and two. But we put a limited life on this diagnostic and treatment center two-year limited life with the requirement that they need to come back to the department and to the council with their findings. What are their successes? Some of the quality in clinical data around these populations of patients. And we got comfortable with recommending approval with that condition on a project.

Mr. Kraut: Okay. Is there any questions or any comments from the council members. Over there. Yes Mr. La Rue.

Mr. La Rue: I thought at the last meeting they had said they were going to provide the medical research or reference papers that they-

Mr. Kraut: Yeah, they sent us a document, a pretty thick document, I would say that reference... You would've received it in an email, I think from Colleen.

Ms. Leonard: Yes.

Mr. LaRue: I was going to ask my fellow council member-

Mr. Kraut: Colleen, could you just remind everybody what date that was sent? We were sent a fairly detailed document. I have a copy and not that I want you to read it now, but if anybody wants, you could have my copy.

Mr. LaRue: No, I did receive it. I wanted to ask the fellow council member who asked the question whether he had a different opinion after reading the information. If he doesn't mind sharing.

Mr. Kraut: Dr. Eisenstein?

Dr. Eisenstein:

I've never been known for not sharing Dr. Larry Eisenstein, council member and thank you Mr. La Rue. I did review the literature and at the committee meeting I abstained with the purpose of giving myself more time to do an in-depth dive into the literature to revisit the testimony. And I feel rather strongly at this point that this is not an application that I support and here's why. One, I read the literature. I think that the literature presented a lot of anecdotal scenarios. There's nothing in the literature that was presented that established standard of care and evidence-based medicine. The way we practice medicine in this country is clinical trials establish standards of care. The literature mostly focused on a couple of very rare diseases, which I absolutely agree with the applicant need more attention, I absolutely agree with the applicant that people are suffering and I think they absolutely have a business model looking at the financials.

But I categorize this in my opinion as a physician, I'm still board certified in infectious disease and I want to talk about that in a minute, because a lot of this revolves around the response to post-viral scenarios. I characterize a lot of this as what I saw and heard as alternative medicine. And I am fearful, it's my opinion, I'm fearful that we're creating a precedent here of approving a CON for something that the literature does not support as the standard of care with... And I'm specifically talking about the long discussion we had on the infusions. So the doctor presented and talked about, these were not my words. This is all on the record, chronic fatigue syndrome. I'm an infectious disease specialist in my training. It's been a while, but that was something I spent a lot of time working on. And they were right that there are people suffering from this, and they were right that it's awful and they were right that there's maybe not enough being done. But to this day, there is no known treatment for it.

So infusion therapy to use their words, makes the patients feel better. There's no evidence that it has any impact. We don't give Article 28s because it makes people feel better. There's a lot of alternative medical therapies that people like and it makes them feel better. There's a lot of things you can do to make yourself feel better. To me, I wish them well, I think they have a business model. I just don't see this as something requiring an Article 28. And I'm fearful of the precedent of allowing something that I consider to be currently alternative medicine to be licensed like this.

And by this vote are we changing the standard for what we are approving for Article 28? And again, I have nothing against them. They have a thriving business model. I like the idea that

somebody's paying attention to rare diseases and people that are struggling and not finding what they need, but that doesn't make their treatment clinically valid by the literature. And that's my position on this. And so I hope that answers your question, Mr. La Rue.

Mr. Kraut: Any other questions or observations?

Dr. Kalkut: Jeff?

Dr. Soffel: Yeah

Mr. Kraut: Yes, Dr Kalkut... I'm sorry.

Dr. Soffel: Oh, I'm sorry. Go.

Dr. Kalkut: You go [inaudible 01:23:25]

Mr. Kraut: Go ahead Dr. Soffel

Dr. Soffel: I just want to briefly respond to Dr. Eisenstein's comment because I think that there's no question that randomized clinical trial evidence is the gold standard for healthcare treatment. There's no question about that. But most of what physicians do has not been demonstrated in a randomized control trial. That doesn't mean that there's no evidence and it doesn't mean that what we're doing is wrong. But I think that using randomized control trials as the only gold standard for evaluating medical necessity and evidence-based treatment is an inappropriate standard because it's not one that is used across the board.

And I think that for me, particularly the fact that many of the patients who are likely to receive care at the center have been dismissed by a lot of standardized medicine because they don't fit neat patterns and clean definitions and crisp diagnoses. And I feel that we have done a disservice to many people who are suffering real problems that we don't quite have enough clinical hardness to put them neatly into a box. But that doesn't mean that they are not suffering and it doesn't mean that they could not be helped by these kinds of treatments.

Dr. Eisenstein: Can I respond please? So I agree with you on the latter part, and that was the first thing I said. People are suffering and it's terrible. The treatments, the infusions that they're talking about, it's one thing when something is evidence-based, but these have been proven to not work. It's the opposite, where it's been studied, it's not

that this hasn't been studied and doctors do stuff which, and I understand there is a component of anecdotal medicine in all aspects of medicine, but using infusions, take the chronic fatigue syndrome. I remember when they said, use this vitamin and use that supplement. And the fact is it's been studied for 30 years and none of it has ever proven accurate. So I'm not saying it hasn't been studied, therefore we shouldn't do it. I'm saying it has been studied and has not cleared the evidence-based protocols. So that's why I don't support it.

Mr. Kraut: Go ahead doc and then Kalkut and Ms. Monroe.

Dr. Kalkut: It's always good to have an insightful infectious disease doctor speaking. I concur with Dr. Eisenstein's conclusions here. There's uncertainty in medicine across multiple domains. Connected tissue disease is one of them. Whether this is sort of traditional connected tissue disease or a amalgam of multiple diseases or syndromes or states not clear, I don't think to anyone. Chronic fatigue syndrome is a good example of something that doesn't really have treatment. As both of us are infectious disease physicians, chronic Lyme disease just flies in the face of what is known about antibiotics and what they actually do. A lot of these diseases are going to be inflammatory diseases, post viral.

COVID had a spectacular inflammation that caused multiple problems and probably contributed to post-COVID disease also. The measurements of inflammation were off the charts for a lot of people with severe COVID disease. I also feel that the endorsement of this council for this D&TC has the risk of opening up doors to this and saying, we think these treatments, even though we don't have treatments for many of the things here, I think the precedent is a problem, perhaps a danger to go through with this. So I'm also not going to vote for this and I welcome anybody else's opinions.

Mr. Kraut: Ms. Monroe.

Ms. Monroe: Yeah.

Mr. Kraut: Sorry. [inaudible 01:27:49]

Ms. Monroe: Am I next, Jeff?

Mr. Kraut: Yes, you are, ma'am.

Ms. Monroe: Okay, thank you. Just two things. One, I think a lot of what we do in medicine is to help people feel better. Palliative care would not exist if it was not about helping people feel better in a situation where there is really no cure. So I don't think that this falls outside of what is reasonable to think about helping people feel better. And I agree with Dr. Kalkut, that there is a risk here, but I am really pleased that the department has put this extra special condition on this application to make sure that we learn from this, just like we're doing with the ASCs, we're taking a small step to see how it works, does it prove what? Prove out to be what they hope it will be and we hope that it will be.

So I'm never opposed to taking a step in a new direction that might have benefit for patients, but I want it to be in a very structured setting, just like we did with ASCs to keep us from going wild on things that prove not to be the case. So I would support this especially with that extra condition that the department has put on it. And let's see, in a year, was it a year, Shelly? They were to come back or when?

Ms. Glock: Two.

Ms. Monroe: Two years.

Ms. Glock: We asked them to come back with a reporting-

Mr. Kraut: Two years.

Ms. Glock: In one year.

Ms. Monroe: When?

Ms. Glock: Reporting at one and two, and then the limited life is for two years.

Ms. Monroe: Okay. Yeah. So that's a short period of time from which we can all learn. So those are my comments.

Mr. Kraut: Mr. Thomas.

Mr. Thomas: Hugh Thomas, member of the council. Just a sort of a comment, I'm not a physician, I'm not a scientist, but we had the physicians here and through no reason other than timing, a lot more work has been done to look at the science and look at the literature and we're having a detailed conversation about this program and this application in the absence of the applicant, in the presence of a lot more work, in other words, Dr. Eisenstein done a lot of work. Dr.

Kalkut's very familiar with this, but the physician sponsoring this application aren't here. And so from a process perspective, Jeff, I don't know where to go with that, and I don't know what the precedent might be at the council.

Mr. Kraut:

Well, here's my thoughts on it. First I just want to clarify some of the statements that were made. And so we don't get like a hundred emails. We're not bashing alternative medicine. This is a very specific issue that we're looking at. And so let's just be clear. And I don't even like the term, I like complementary medicine. Because it has a lot of evidence-based other activities here. The point that's being made is we're concerned about establishing a precedent. And I'll give you an example. If you look in California, you see these infusion centers are on multiple corners in other states. And the threshold, remember what we're doing is that doesn't stop them from billing insurance as a provider. It gives them the opportunity to get a diagnostic, a treatment center rate. It's more expensive to operate within the framework of a D&TC. And that's what they're asking permission to do.

Given some of the statements that were made about the efficacy of it, by putting it in a D&TC, we have an opportunity to monitor, to assess it and for it to come back to us. So I think the precedent issue is valid, and I would not want to consider another one of these types of applications until we get that data and feedback. So we would be concerned about those floodgates opening without having these multiple kind of conditions. I think by putting the conditions with the expiration of the operating certificate, we've never done that on a D&TC other than, correct me if I'm wrong, an AMSRT center.

So this is new area for us. We've put some effective controls. The department has reviewed it and seen there's some merit, I suspect in their conclusion. But by doing what Ms. Monroe mentioned that the department went to great pains to put this into an environment where it is somewhat controlled. We will get data and we could reach a conclusion whether or not we should do it again or not do it again. And not revoke the certificate, we would just not renew the certificate. So for those that have concerns, there's some appropriate rails on those concerns, but there's a threshold issue, should we be doing that at all? And I would respect what people have to say. We can always... I mean, right now we have a motion besides us. We have to vote on that. Okay. Yes. I'm sorry.

Dr. Kalkut:

And Doug.

Mr. Kraut: Doug, would you like to speak before? I'm sorry.

Dr. Fish: Yeah, just to say, and this is Dr. Doug Fish, also an ID doc. Understand everything and don't disagree with anything that I've heard today. We had a lot of conversation about this. We brought this applicant back multiple times. It's why it took the review over a year for us to come to a point where we felt comfortable making the recommendation to the council. There were changes that they made to their applications and some concessions that were made. These are for patients and conditions for which there aren't really standard therapies and who in some cases are really not satisfied or even able to get into certain practices for the care. But I think Jeff, what you said at the end was kind of really the key.

The thought that we have is there are hydration centers that exist in New York. There are drip bars. We don't think this is one of them, but it is an opportunity for these types of interventions for challenging conditions to be regulated by the department and to have the oversight and the ability to understand what's happening and the suggestion and the condition will help us to do that. And the suggestion be that we just consider this one at this time until that time has passed, as it might be something that the council could consider.

Mr. Kraut: Mr. Lawrence. Just pull it towards you. Thank you.

Mr. Lawrence: Okay. Am I on? No, no, I'm not.

Mr. Kraut: Now you are. Yes.

Mr. Lawrence: Yeah. Harvey Lawrence, member of the council. This is a really interesting conversation, and especially for me, a non-clinician, but a person who essentially grew up in a part of the country where standard of care did not exist. And I had a grandmother who would go out in the field and if you had a fever, grab some bushes and come back and boil it down and then you would take it and for some reason you felt better. I don't know if it was a placebo effect or whether it was something on those herbs. And I think all of medicine at some level started out that way. And then the gold standard was things that you could duplicate and do it. And even with the medicine, there's always a probability with some population, some things work and some things don't. But again, it's more information.

So I think I tend to lean not for randomness, but for certainty. And the question that I think is most important it's do no harm, will this

harm someone? And I think in the context that Mr. Kraut has indicated, if it's inside the system and we're able to evaluate it and look at it for two years and then go back and say, hey, it's not either as harmful, it is not achieving any outcomes that are meaningful, then we or the department can make a statement that is probably much more scientific because you've had the data and you're able to evaluate it and say, "This is a center that has done X, Y, and Z, and here are the outcomes.

And it again, will lead to Dr. Eisenstein's point that again, we will reinforce that if that's the case. But again, to Ms. Monroe's point, there's a lot of medicine where it's basically about how one feels. And sometimes that works. Whether we should endorse things that make people feel good or whether it is about curing them is, I guess the difference. But my issue, if it's not doing any harm and it's going to be reevaluated, then is something that I think I would feel comfortable proceeding with.

Mr. Kraut: Thank you. And thank you for that story. I just got PTSD from my Scottish aunt who would brew something. It was so foul tasting that you just got scared into getting better. Dr. Lim, Dr. La Rue. It's true story. Oof.

Dr. Lim: [inaudible 01:38:34].

Mr. Kraut: Just pull it a little closer. Yeah, just pull...

Dr. Lim: Can you hear me now? Yeah,

Mr. Kraut: There you go.

Dr. Lim: Okay. Sabina council member. So I think I might be the only physician that's not an ID specialist here. So I'm a psychiatrist, but I think I did have mixed feelings about this and mixed thoughts about it, but the way I got to basically approving it at the committee level was exactly for the reasons that Jeff described, that there are, I think we have to remember there's a whole set of regulations under the Article 28 D&TCs, and it didn't seem to me that it was just a practice solely focused on infusions. They would have to meet both the spirit and the substance of what a D&TC and the medical care they provide and including all the regulations like adverse event reporting, all that stuff. I would say that I think the content of the reports that they provide after year one and year two is important.

And particularly I was struck by the condition number four, where that hydration infusion services should be administered solely when

deemed medically necessary by a licensed healthcare provider. And I think that would be really important. I would like to see how they're going to demonstrate that. And so again, as Mr. Lawrence and as others have said, I think there's a lot of different ways that we can approach medicine. And there's lots of non-Western sort of beliefs that I think are important to take into consideration. And I think to put this under the structure of something very rigorous and that can be very closely monitored, that I think is really important. So just my thoughts.

Dr. Kalkut: Jeff.

Mr. Kraut: Okay. I think Mr. La Rue, and then Dr. Berliner, Dr. Rugge. And then let's kind of call a vote, if you wouldn't mind.

Mr. LaRue: And just for the record, I'm not a physician, although I played one on TV.

Mr. Kraut: Play one on TV. Yeah. Don't we all [inaudible 01:40:24]

Mr. LaRue: The comment I want to make kind of goes along with what was just said, is how are we going to measure success when they come back with a report in a year or two years? And I'm not necessarily looking for an answer right now, because I'm not sure we'd know what the answer is, but how... We're going to come get a report. Let's say they found six people who felt it helped them. They're going to tell us six people helped. I mean, how are we going to make a decision in a year or two years that has any merit without some third party looking at it or some scientific information that supports what they're saying?

Mr. Kraut: I think that's why the Department of Health has this condition. They will have a process to look at that information and they will do an assessment. We will not be looking at raw data. We rely on the Department of Health to reach a conclusion with whatever data they can. And it's a good question. I don't know the answer. I know how I would structure a study to do it, but it would look like a double-blind study. Anyway...

Dr. Eisenstein: Can I just follow that up real quick? Dr. Heslin, we talked about this process evaluating data for the ambulatory PCI issue, and there was a concern about the staffing ability, the capacity of the state to do this work. Does that exist in this scenario? And if we're doing a one or two year look, but it then takes three or five years to evaluate the data, have we really put something in place to tightly control it?

Dr Heslin: Thank you Dr. Eisenstein, I'll defer to Dr. Fish who directly supervises that entire division.

Mr. Kraut: Dr. Fish. Could we come back to that? Let me just get all the questions out, because maybe we can get them all answered at one.

Dr. Watkins: I mean-

Mr. Kraut: Just a little closer.

Dr. Watkins: ... the question is do we need something formal to direct the department not to bring any of these forward until the two-year period?

Mr. Kraut: I think-

Dr. Watkins: And I guess Shelly do have any similar applications pending? No. Good.

Mr. Kraut: I'm telling them not to. I don't know. They can do whatever they want, but we will remind them of this discussion. And we're saying it publicly too. So please, it's going to sit there a long time. Dr. Ruge, did you have a question or a comment then Dr. Fish and then I'd like to call the vote, please.

Dr. Ruge: I am a physician, but not for ID.

Dr. Yang: Yay.

Dr. Ruge: At least I used to be a physician. But any case, my question is are there are specific outcomes that are going to be reported and tracked? Because I think the risk is we could have satisfaction as a placebo effect, but we shouldn't be licensing and paying for that. So what are we doing?

Mr. Kraut: So I think the department has to listen to what says... They have to come back with, they have to have a plan, I don't think they have to come back to us, but when the data is presented, there has to be some rational basis of how they went about did the evaluation. Maybe you hired a third party to do it. I don't know. So I'll leave it to Dr. Fish.

Dr. Fish: Thank you. Mr. Kraut. Doug Fish again. So I think one first thing we do is assess, was there any harm? Is there any evidence that there was harm to any of the patients? We will look, did we receive any

complaints from the facility? Right now, we wouldn't get complaints because they're not a regulated facility. So our Office of Primary Care Health Services Management, our surveillance team can go out investigate if we do get complaints. So I think that's an important factor to consider. Third is when we get the evidence and the report, we'll look and see, we'll do a deep dive. We do have the ability to look at data that comes in. We have a data team. We can ask for specific data. We can also look at reports, look at the literature, review what they've sent with our internal team. It would be unusual that it would rise to the point where we'd need to kind of bring in an external entity to evaluate. We don't have a contract that would do that for FIPIC, but we could figure something out if we had to.

Mr. Kraut: Right. And I'm going to utter a phrase I haven't uttered in two years, but I had uttered every year for the past 10.

PART 3 OF 4 ENDS [01:45:04]

Mr. Kraut: As I haven't uttered in two years, but I had uttered every year for the past 10. All-payer database. Once we had an all-payer database. You just take a look at all the claims in the practice, then you take a look at anything that happened after those practices before and you'd get a treasure trove of information anyway. But I just wanted to say all-payer database this year. Okay. I'm going to... I'm sorry. I'd like to call a vote unless there's something new that you want to bring up.

Mr. Lawrence: No, it's not news. This may be an opportunity to actually do a comprehensive study that involves the users and looking for the clinical outcomes, testing the placebo effect, the whole thing. And you might be able to do it with a medical center or an academic center.

Mr. Kraut: Well, remember these doctors are on the faculty of NYU. If I was them, I would look to publish data in a peer-reviewed and that would be evidence in and of itself in a peer-reviewed journal if they gave something that met that standard, that would be to their benefit to frankly ours. I think everybody understands what we're suggesting. Again, we have an unusual... We have a... To prevent a precedent, we're putting contingencies on this. So there's an expiration of the operating certificate. Two years from now, we get to take a look at it and then we can have a discussion. And we're also telling the department not to consider other applications similar to this. That is the, if you vote a yes, that is the motion we are approving. And if it fails, we'll have a discussion of what other

alternatives can do. So may I have a motion? I had a second. May I have a vote? All those in favor? Yay.

Mr. Kraut: Yes. Yes.

Mr. Kraut: Yes. And okay. All those opposed? I have one, two, thee. Three. Anybody-

Dr. Rugge: Abstain.

Mr. Kraut: And one abstention.

Mr. LaRue: Two.

Mr. LaRue: Yeah, I abstained at the committee. And I'm going to again today because I respect all the physicians on this committee and there's not consensus between them. And I don't have the clinical background to vote for this.

Mr. Kraut: Could you just... I'm sorry, we're going to do a voice one.

Ms. Leonard: Okay. Dr. Berliner.

Dr. Berliner: Yes.

Ms. Leonard: Dr. Eisenstein.

Dr. Eisenstein: Opposed.

Ms. Leonard: Lindsay Farrell?

Ms. Farrell: Yes.

Ms. Leonard: Dr. Kalkut.

Dr. Kalkut: No.

Ms. Leonard: Mr. LaRue?

Mr. LaRue: I'm abstaining.

Ms. Leonard: Mr. Lawrence?

Mr. Lawrence: Yes.

Ms. Leonard: Ms. Monroe?

Ms. Monroe: Yes.

Ms. Leonard: Dr. Ortiz?

Dr. Ortiz: Yes.

Ms. Leonard: Dr. Ruggie?

Dr. Ruggie: Abstain.

Ms. Leonard: Dr. Soffel?

Dr. Soffel: Yes.

Ms. Leonard: Ms. Soto?

Ms. Soto: Yes.

Ms. Leonard: Mr. Thomas?

Mr. Thomas: Yes.

Ms. Leonard: Dr. Torres?

Dr. Torres: Yes.

Ms. Leonard: Dr. Watkins?

Dr. Watkins: Yes.

Ms. Leonard: Dr. Wilcox?

Dr. Wilcox: Approve.

Ms. Leonard: Dr. Yang?

Dr. Yang: Abstain.

Ms. Leonard: Let's see where we are before the chair.

Mr. Kraut: Could you just give me the vote?

Ms. Leonard: Dr. Lim and Dr. Lim?

Dr. Lim: Yes.

Ms. Leonard: Okay. One, two, three, four, five, six, seven, eight, nine, 10, 11, 12. It's not going to pass. We have... We need 14 affirmative votes. And we have 13.

Dr. Berliner: We needed 14.

Ms. Leonard: We need 14 affirmative votes in order to approve. And you are not on the... Because I missed you. Mr. Perry?

Mr. Perry: Yes.

Ms. Leonard: We have a motion. It passes.

Mr. Kraut: Okay, so the motion passes. So just reminding everybody that it's coming back for permanent life. It doesn't mean you have to approve it when it comes back, but it's going to come back. Okay. So the motion carries. Could we be absolutely clear about the math?

Ms. Leonard: Dr. Watkins?

Mr. Kraut: He voted no.

Ms. Leonard: He voted yes, correct.

Mr. Kraut: No.

Ms. Leonard: Abstained.

Mr. Kraut: He abstained.

Ms. Leonard: I cannot. One, two, three, four, five, six, seven, eight, nine 10, 11, 12, 13. Jeff was a yes?

Mr. Kraut: How many votes without?

Ms. Leonard: 13.

Mr. Kraut: It's 13? I'll be the 14th. The deciding vote. I vote yes. We need to get buzzers like in Congress. So every-

Ms. Leonard: Hold on.

Mr. Kraut: Little light

Ms. Leonard: Two, three, four. [inaudible 01:50:12].

Mr. Kraut: I do too. I got to make sure math works. Just out of fairness to the applicant. I don't want to... 14 with the chair? I hate voting, but okay. Well I think this was... It was quite well. Okay.

Ms. Leonard: It does not pass.

Mr. Kraut: Wait a minute.

Ms. Leonard: It will not pass even because-

Mr. Kraut: You got to speak in so everybody hears what's happening.

Ms. Leonard: Math is not my best subject.

Mr. Kraut: Yeah, I know. We're going to call Price Waterhouse and you're never doing the Oscars. Okay.

Ms. Leonard: It will not pass. Now we have four abstentions. Two nays. That's six.

Mr. Kraut: Could you just list the nays?

Ms. Leonard: Yes. Dr. Eisenstein and Dr. Kalkut.

Mr. Kraut: Are nays?

Ms. Leonard: Are nays.

Mr. Kraut: Who are the abstentions?

Ms. Leonard: The abstentions are Mr. LaRue, Dr. Rugge, Dr. Watkins, and then Dr. Yang.

Ms. Monroe: And who?

Ms. Leonard: Dr. Yang.

Mr. Kraut: Does any of the abstentions want to change their vote? Not forcing you. Asking you. Okay. Dr. Watkins, don't feel compelled. I'm just trying to... No, no. I don't want anybody's arm to be twisted.

Mr. Kraut: Okay. Could I have-

Mr. Kraut: No, I'm not going to force it.

Dr. Kalkut: No, I do understand that.

Mr. Kraut: He was clear about that. Okay. Motion fails. May I have another motion?

Ms. Monroe: The motion passed? Excuse me.

Mr. Kraut: No, no. Motion failed. You have another motion.

Dr. Kalkut: Can we defer this application?

Mr. Kraut: Yes. Okay. So okay, if we're deferring it and bringing it back, what additional information do you require? I'm asking of look, the no's may be no's. The people who abstain. I'm assuming you abstain because you had inadequate information. What other before I do that, let me... I have a motion to defer.

Dr. Kalkut: Yes.

Mr. Kraut: Do I have a second? I have a second. Okay. If we bring it back, what information are we looking for? And I'm specifically asking the individuals who abstain that would permit you to render an either A yes no or continue to abstain. Yes. Mr. LaRue.

Mr. LaRue: If we had more details on how we were going to measure success when it comes back to the committee.

Mr. Kraut: Okay. That may be a question that the department would work with, with the applicant on how we would determine the success. So some structural analytic framework. Does that make sense? Dr. Yang.

Dr. Yang: Okay. Also, if there were a way to designate this as a special research project rather than simply a standard.

Mr. Kraut: I don't know if it rises to research, nor does it rise to demonstration project because D&TC exists and I'm not sure that the department would want... I would leave that up to the department to come back. But I just think a framework to understand how we would measure success that might give comfort based on what we've heard. Is that fair statement? Okay.

Dr. Yang: Yes.

Mr. Kraut: So we have a motion to defer, I'll say for one cycle or as many as it takes with the applicant to respond to the department. If the applicant is unable to do so by May, then it's up to the department to decide when to bring them back. Don't rush this. So that's the

motion. I had a second. All those in favor? Aye. Anyone opposed? Anybody abstaining from a deferral? The motion carries. Thank you. Okay, now? Yes.

Dr. Eisenstein: And if that kind of framework existed, I would even be supportive of.

Mr. Kraut: Okay, fair enough. You'll have an opportunity. And look, the whole point is you have to have the information to make an informed judgment on every application. If you're not comfortable, that's what this is what the process is supposed to do. No problems. Now if you're not comfortable, here we go. We're now going to turn to another matter. Another matter Today the council members are going to be tasked with reviewing a project that we approved for a license in 2016. Rarely, if ever has the council had an opportunity to reconsider an approval for establishment licensure or certification, which remains the exclusive authority for certain provider types, exclusive authority of the PHHPC. However, there are times and circumstances that are such that we have to reverse a course of action that was undertaken with appropriate due diligence but later resulted in the commission of a criminal act before I made a motion.

I'm going to turn it over to counsel for some remarks, but I think we might want to go into, I need a motion to go in.

Ms. Marks: She has to talk.

Mr. Kraut: Okay. Let me just get clear before we go into executive counsel. Okay. So what we're going to do, I'm going to ask before there's any motion, I just want to ask the department to speak. After we speak, I want to go into executive session, not to discuss the matter, but to understand and educate you as to any questions about process. Okay. Only not the matter. And then we'll come out of executive session to consider the motion. Is that correct? Did I get that right?

Mr. Kraut: Okay. So we have on web, unfortunately she was unable to join us. Marthe is going to prepare some remarks and we've all received documents about this matter. Hopefully you've had an opportunity to read it. Martha, if I'll turn it over to you.

Ms. Ngwashi: Thank you. Can you hear me?

Mr. Kraut: Oh, very well.

Ms. Ngwashi: Oh wonderful. Sorry, I'm not able to be there in person. And good afternoon. My name is Marthe Ngwashi. I am an attorney at the Department of Health and today I present a request from the department for the Public Health and Health Planning Council or the PHHPC to reconsider an approval it granted for home care services agency license and generally a potential licensee must agree to adhere to the laws, rules and regulations for its selected provider type. Here are discussing home care services and its licensure and operating requirements are codified in article XXXVI of public health law in Title X, NYCRR parts XVI-XVII and XVI-XVI. And on the department's website. The department requests that the PHHPC reconsider-

Mr. Kraut: Marthe, hold off for one second. I just want to be clear, we're not an executive session now, is that correct?

Ms. Ngwashi: That's correct.

Mr. Kraut: Okay. Thank you. Okay, I'm sorry to interrupt you. Go ahead.

Ms. Ngwashi: No problem. So the ask is the department requests that the PHHPC reconsider an approval for a licensed home care services agency pursuant to its exclusive authority under article XXXVI Public health law, and more specifically Title X, NYCRR765-1.8 A4. In short, this regulatory provision states that an approval may be revoked, limited, or annulled by the pic if the counsel finds that the approved operator has been convicted in a court of competent jurisdiction of a crime. An approved operator is defined as any corporation or a principal stockholder. In this case the approved operator is the corporation Life Quality Home Care Agency Inc. its principal stockholder. Mariana Levin was convicted of a crime in federal court and since we have an approved operator that has been convicted of a crime, the department requests the council's consideration to revoke the approval of the license of Life Quality Home Care Agency. Inc. Thank you.

Mr. Kraut: Okay. Now before we consider the matter, do I go into executive? I just need some guidance when to allow the council members to ask questions about the process. Is this the time to go into executive session?

Ms. Ngwashi: Yes it is. You can call a vote to go into executive session now.

Mr. Kraut: May I have a motion to go into executive session? Dr. Torres, A second. Mr. Thomas. All those in favor of going into executive session please say aye.

Council: Aye.

Mr. Kraut: Anyone opposed or abstains? Hearing none. I'm going to now ask the public to leave the room and we'll go into an executive session. Members of the department, I believe if you're necessary you should stay for that executive session.

Mr. Kraut: Okay, we have returned now to public session, and I would like to have a motion to revoke approval of project number 161281 Life Quality Home Care Agency. I have a motion by Dr. Berliner, a second by Mr. Thomas, I'll turn it over to the DLA for a presentation or should I read the resolution? How do you want me to do that?

Ms. Ngwashi: Yes, you're welcome to read the resolution.

Mr. Kraut: Okay. So we have a motion that's been made, seconded and made, and we are going to consider a resolution for approval of revocation. I'm going to read the resolution that we'll be voting on, whereas on August 4th, 2016, the Public Health and Health Planning Council, pursuant to the provisions of Section 3605 of the public health law proposed to approve application CON number 161281 Life Quality Home Care Agency Inc. Whereas on January 1st, 2019, life Quality Home Care Agency Inc. received an operating certificate for permanent licensure pursuant to the Public Health and Health Planning Council approval of CON number 161281. And whereas on December 16th, 2020, Mariana Levin, the sole shareholder of Life Quality Home Care Agency, Inc. was arrested and charged with a conspiracy to commit healthcare mail and wire fraud among other charges in connection with a scheme to fraudulently bill Medicaid for home health and personal care services that were not actually rendered.

And whereas on June 1st, 2022, Mariana Levin pled guilty to wire fraud, a felony offense and admitted to knowing the acts were unlawful. And whereas on February 1st, 2023, Mariana Levin was sentenced to imprisonment for 54 months, supervised relief after imprisonment for three years, payment of criminal monetary penalties, which is restitution in the amount of \$36,328,183 and forfeiture and payment of \$1,496,000. And whereas on or around April 2021, Life Quality Home Care Agency Inc. terminated providing home care services in violation of Article 36 of the public health law and Part 766 of Title X of the New York Official Compilation of Codes, rules and regulations. NYCRR. And whereas in June, 2024 and July, 2025 the New York State Department of

Health requested by telephone and mail through a stipulation and order that Life Quality Home Care Agency Inc. surrender its license because it was non-operational and in violation of Article 36 of the public health law and Part 766 of Title X NYCRR.

And whereas Life Quality Home Care Agency, Inc. has refused to surrender its license and is a non-operational licensed home care services agency. And whereas on February 19th, 2026 this council reconsidered their approval in accordance with Title X NYCRR 765-1.8 subparagraph A, subparagraph four. After considering factual evidence that the Operator of Life Quality Home Care Agency Inc. was convicted of a crime on June 1st, 2022 and thereafter terminated providing home care services in violation of Article 36 of the public health law and part seven-six-six of Title 10 NYCRR. And whereas the Public Health and Health Planning Council has considered the record, it is hereby resolved that this council after due deliberation and for the reasons stated on the record at its meeting of this council of this 19th day of February, 2026, approve revocation of their August 4th, 2016 approval for application CON 161281 Life Quality Home Care Agency, which was the applicant with a license to operate in the Kings, Bronx, Queens, Richmond and New York counties. And that'll be the resolution that we will be considering. Now I'll turn it over to the Department of Law for any other additional comments. Marthe?

Ms. Ngwashi: Thank you.

Mr. Kraut: Yes.

Ms. Ngwashi: Good afternoon again. You can hear me okay?

Mr. Kraut: Yes we can.

Ms. Ngwashi: All right, thanks. I think that for the most part, Mr. Kraut distinctly outlined what the Council's task is this afternoon. I will go over a few other details and also some procedural matters that the council will consider as well. Life Quality Home Care Agency, Inc. or Life Quality Home Care submitted a licensure application on April 19th, 2016 for a change in stock ownership of an existing Licensed home care services agency. Mariana Levin. Was the proposed new sole stockholder at the time, we are unsure whether or not Mariana Levin submitted this application on her own or she did it with the assistance of someone else. And I'll get into why that is a questionable aspect momentarily.

The application was contingently approved by the EPRC and later the full council on August 4th, 2016. The project received permanent licensure on January 1st, 2019. Almost immediately and prior to receiving permanent licensure, Mariana Levin used Life Quality Home Care to engage in healthcare mail and wire fraud. The criminal activity was discovered and investigated by the Federal Bureau of Investigation. The criminal activity consisted of fabricating home care visits or creating no-show cases, billing Medicaid for the fraudulent services, receiving payment from Medicaid for the no-show cases and thereby committing Medicaid fraud. Theft of public funds. The federal government found that over \$100 million was stolen from Medicaid. Of that amount, over \$60 million is attributed to Mariana Levin who is the sole stockholder of Life Quality Home Care. Mariana Levin was later indicted and arrested on December 16th, 2020. She pled guilty to wire fraud.

Mr. Kraut: Hold on. Marthe, we dropped. Your voice dropped out. Martha please guys, this is really critical. Can we get what happened?

Ms. Ngwashi: Dollars in restitution and over \$1.4 million in forfeiture. Now this penalty that was imposed was because of the egregiousness of the conduct that happened, the abuse of the public funds theft and also the questionable nature as to how Mariana Levin got the license for this home care agency Life Quality... I'm sorry, I don't know if you-

Mr. Kraut: You dropped out for a while.

Mr. LaRue: Indictment in December was where she left off.

Mr. Kraut: Yeah, the last thing we heard the indictment in December.

Ms. Ngwashi: Okay, she was indicted on December 16th, 2020. She pled guilty to wire fraud and admitted to the illegal activity. She was subsequently sentenced to four and a half years in prison and she's currently still in prison also and she's subject to three years of supervised release when she gets out. She's also required to pay over \$36 million in restitution and over \$1.4 million in forfeiture. The penalty imposed was as high as it was because the judge did want to send a message to people who steal public money in this fashion and very flagrantly. Additionally, they commented on the fact that Mariana Levin started doing this before she actually had a permanent license to operate the agency.

That into question why she submitted the application in the first place to the PHHPC and also brings into question whether or not the information she provided to the department was accurate. Now

the other issue is life quality Home care ceased providing services sometime in 2021. That's a violation of our regulations because we required notice to the department and also as you can imagine, an orderly transition for any patients that are receiving any services there. In 2024 and again in 2025, the department requested the license be surrendered but the agency refused to acknowledge any of the requests and they refused to surrender the license to date.

Now as I mentioned, we are requesting that the council reconsider its approval of this operator life quality Home care agency Inc. And we are recommending that the council revoke its approval of life quality Home Care Agency Inc. Project number 161281. If the council votes to revoke its approval of Project 161281, no approval to revoke the license can happen without first offering the approved operator an opportunity for a public hearing. The public hearing will be administered in accordance with how all of our public hearings are in front of an administrative law judge. If the applicant requests to have this public hearing in a timely fashion, if that happens, it will be undertaken in front of the administrative law judge And after that hearing then the administrative law judge's report and recommendation will be presented back to the counsel for its consideration. Again. Thank you.

Mr. Kraut: Thank you. So you've heard the presentation, you've heard the resolution, you've received the materials about the background of the case, the sentencing hearing and the like. So if there's any questions, please ask them now. If not, I will call for a vote. Yes.

Dr. Ortiz: This is more procedural and Hugh maybe can help me. When Ted Strange was on the Personnel Committee, we would have discussions about our professional liability and responsibility in reporting to the Office of Professions. So Mariana Levin, I looked it up, there's two of them. One has an inactive RN license, one has an active RN license. And so as [inaudible 02:13:03] the only nurse here, what's the responsibility for ensuring that the Board of Nursing and the Office of Professions realizes what has occurred?

Mr. Kraut: So, is there a referral on our action to the board of nursing?

Ms. Ngwashi: So, it doesn't happen from us, however, those requirements are for each licensed individual. So Dr. Ortiz, you should feel free to let the Office of Professions know at the state education Department know about this.

Dr. Ortiz: Okay, great.

Mr. Kraut: Dr. Watkins?

Dr. Watkins: Yeah, I have a quick question. If she was operating this non-operational or this ghost Home Care services, isn't it formality for the department to go in to home care services and do a survey to look at the patients that they allege to have served, looking at their records, following those staff members to the homes of these home care agencies to determine if they're doing their operations correctly? And if this has been happening for so many years, why is that not brought before us as well?

Ms. Ngwashi: I want to just try to, I keep a little bit of a narrow focus on what we're doing today on the fact that we are bringing it forward to you because of a few things. One is that PHHPC has exclusive authority to reconsider an approval vote, an approval action. And that's what we're bringing forward to you today. There is a narrow situation that permits us to do that and the regulation states that you may revoke an approval if an approved operator has been convicted of a crime. And so we have met for of those elements in this today. I'm not taking anything away from what your comments are, Dr. Watkins, and I appreciate them and I know that our Office of Aging and Long-Term Care and Home Care specifically, we'll take that under advisement. However, what I'd like to focus on today is for us to just consider this situation where we have an approved operator that has been convicted of a crime and we're requesting that the counsel look at those facts and determine whether or not a revocation of the approval is appropriate.

Mr. Kraut: Martha, let me just suggest Dr. Watkins, the next time we have a LICSR application coming before us, that'll be the first question that'll be asked. Okay? Any other questions? Hearing none, I'm going to call for a vote. All those in favor of the motion to revoke approval of project number 161281. Life Quality Home Care Agency. Inc. say aye.

Council: Aye.

Mr. Kraut: Anyone opposed? Anyone abstaining? The motion carries. Thank you very much. Thank you Martha for the material. Thank you, the department staff for working on it. The next regularly scheduled committee day is going to be April 23rd and the full counsel will convene here in May 7th. It's in Albany? In Albany. Okay. All right, we'll get back there as soon as they fix the room. May I have a motion to adjourn the Public Health and Health Planning Council meeting? I have a motion. Dr. Watkins. A second. Dr. Berliner. Thank you very much for coming up here. Safe travels and thank

you for the work of all the committees. This was a very productive morning. We are adjourned.

PART 4 OF 4 ENDS [02:17:09]

## Public Health and Health Planning Council 2027 Timeline

<u>PHHPC Committee Meeting</u>	<u>PHHPC Full Council Meeting</u>	<u>Main PHHPC Meeting Location</u>
02/4/27	02/25/27	NYC
04/15/27	05/06/27	Albany
06/10/27	06/24/27	NYC
09/2/27 Albany	09/23/27 NYC	9/2/27 Albany 9/23/27 NYC
11/18/27	12/9/27	NYC

*Main meeting site is listed, however there may be multiple meeting locations available for attendance by PHHPC members, applicants, and members of the general public.*

*Albany Location – Empire State Plaza, Concourse Level, Meeting Rooms – Meeting begins at 10:15 a.m. (meeting location and start time is subject to change upon notice)*

*NYC Location - 90 Church Street, Meeting Rooms A/B, 4<sup>th</sup> Floor, NY, NY – Meeting begins at 10:00 a.m. (meeting location and start time is subject to change upon notice)*

STATE OF NEW YORK  
PUBLIC HEALTH AND  
HEALTH PLANNING COUNCIL

BYLAWS

I. OFFICERS

Section 1. The officers of the Council shall be a Chairperson, Vice-Chairperson and Secretary. The Chairperson shall be designated by the Governor. The Vice-Chairperson shall be nominated by the Chair and elected by the Council at the annual meeting and shall serve for one year, or until their successor has been elected. The Commissioner of Health, upon request of the Council, shall designate an officer or employee of the Department of Health to act as Secretary to the Council.

Section 2. In the absence of the Chairperson and Vice-Chairperson from any Council meeting, the Council may elect one of its members to preside during such absence.

II. DUTIES

Section 1. The officers of the Council shall perform the duties ordinarily associated with their respective offices.

Section 2. The Chairperson shall supervise the work of the Council. The Chairperson shall have power, unless the Council shall have provided for other representation, to represent the Council before the Governor, committees of the Legislature, or other public entities, and may request any other member or members to appear with them or in their stead.

Section 3. The Vice-Chairperson, in the absence of the Chairperson, shall perform the duties of the Chairperson.

Section 4. The Secretary shall send a copy of the minutes of each meeting of the Council to each Council member as soon as is practicable after the meeting. The minutes, as approved or corrected, shall serve as the record of a meeting of the Council.

Section 5. Under the general direction of the Chairperson, the Secretary shall prepare and send official notices of actions of the Council and shall administer the daily business of the Council, including but not limited to: make available records requested under the Freedom of Information Law, make announcements to the media and public about scheduled meetings as required by the Open Meetings Law, and otherwise act as the official Council representative.

Section 6. The Secretary shall file a duly certified copy of each regulation adopted by the Council (following the required legal notice under the State Administrative Procedure Act) and approved by the Commissioner of Health, as required, together with the date on which such regulation shall take effect, with the Secretary of State as soon as practicable after the adoption of such regulation. The Commissioner of Health shall ensure that each regulation is disseminated to appropriate people and entities within the State. The Secretary shall provide for final public notice and such other further publication as the Council may determine from time to time.

### III. CODE OF ETHICS

Section 1. No Council member shall have any interest, financial or otherwise, direct or indirect, in any business, or transaction, or professional activity, or incur any obligation of any nature, which is in substantial conflict with the proper discharge of their duties as a Council member. Members shall exercise their duties and responsibilities as Council members in the public interest of the inhabitants of the State, regardless of their affiliation with, or relationship to, any facility, agency or program, category of provider or interest group. The principles which shall govern the conduct of the Council members include, but are not limited to, the following:

- (a) A Council member shall endeavor to pursue a course of conduct which will not raise the perception among the public that they are likely to be engaged in acts that are in violation of their trust as a Council member.
- (b) No Council member shall permit their employment to impair their independence of judgment in the exercise of their duties as a Council member.
- (c) No Council member shall disclose confidential information acquired in the course of their duties as a Council member, or by reason of their position as a Council member, or use such information to further their personal interests.
- (d) No Council member shall use or attempt to use their position as a Council member to secure unwarranted privileges or exemptions for themselves or others.
- (e) No Council member shall engage in any transaction as a representative or agent of the State with any business entity in which they have a direct or indirect financial interest that might reasonably tend to conflict with the proper discharge of their duties as a Council member.
- (f) A Council member shall refrain from making personal investments in enterprises which they have reason to believe may be directly involved in decisions to be made by them as a Council member or which otherwise create substantial conflict between their duty as a Council member to act in the public interest and their private interest.

Section 2. Council members shall comply with section 74 (Code of Ethics) and section 73-a (Financial Disclosure) of the Public Officers Law, as may be amended from time to time.

#### IV. CONFLICTS OF INTEREST

##### Section 1. Disclosure of Interests.

- (a) For the purposes of these Bylaws, "interest" shall include any interest, financial or otherwise, whether as owner, officer, director, fiduciary, employee, consultant or supplier of goods or services, in a facility, agency or program. For the purposes of these Bylaws, "family" shall include a spouse, domestic partner, children under twenty-one years of age, and any other relative living in the member's household. Public Officers Law section 73 defines a relative as "any person living in the same household" as the member.
- (b) Prior to the annual meeting of the Council, each member shall submit to the Secretary a written statement identifying each medical facility, home care agency, hospice program, or continuing care retirement community governed by Articles 28, 36, 40, and 46, respectively, of the Public Health Law and each adult care facility or program governed by Article 7 of the Social Services Law, in which they or a member of their family has an interest. Within thirty days of receipt of such statements, the Secretary shall distribute to each member a copy of such statements submitted by all other members.

##### Section 2. Pending Applications.

- (a) Absolute Disqualification. When a member or their family has an interest in a facility, agency or program that is the subject of an application (e.g., in connection with a sale or purchase) under Articles 28, 36, and 40 of the Public Health Law, that is or will be before the Council, is or will be before a committee of the Council for consideration or determination, or when a member or their family has an interest in a facility which is the subject of a pending complaint under section 2801-b of the Public Health Law; that member shall:
  - (i) disclose such interest in writing to the Secretary no later than five days prior to the date of the meeting;
  - (ii) refrain from discussing such application or complaint with any member of the Council or any Department of Health staff at any time prior to or at any Council or committee meeting when the application or complaint is to be considered, except as required by clauses (i) and (iii) of this paragraph;
  - (iii) identify such interest to the Council or committee at any meeting when the application or complaint is to be considered;

- (iv) depart from any portion of any meeting when such application or complaint is considered; and,
  - (v) not participate in any vote of the Council or committee on that application or complaint.
- (b) Disclosure and Possible Disqualification. When a member or their family has any of the following interests or association, they shall disclose such interest or association (including the nature of such interest or association) in writing to the Secretary no later than five days prior to the date of the meeting; and at the time of formal consideration of such application by the Council or a committee of the Council, the member shall disclose such interest or association and its nature:
- (i) an interest in a Public Health Law Article 28, 36, 40, or 46 facility, agency, hospice program, or continuing care retirement community, or a Social Services Law Article 7 facility, agency or program, the status of which might reasonably be affected by another facility, agency or program, the application of which is before the Council or a committee of the Council (for example, when the applicant proposes to serve the same community or service area as does the facility, agency or program in which the member or their family has an interest);
  - (ii) when a member has any other interest or association which might reasonably be construed as tending to embarrass the Council or elicit the public perception that they might be engaged in acts in violation of their trust as a Council member.
- (c) Procedure. Prior to any discussion concerning an application or section 2801-b complaint, at a Council meeting or a committee meeting:
- (i) the Council members shall disclose all interests set forth in this section and, if the member does not intend to recuse himself or herself, explain such interest.
  - (ii) when a member does not disclose an interest, the Chairperson or committee chair may remind the member of such interest.
  - (iii) the Chairperson or committee chair, and if necessary, the Council or committee, may determine whether the member's participation in the discussion of such application or complaint, or in the vote of the Council or committee thereon, would be proper and consistent with the procedure.
  - (iv) in the case of interests triggering an Absolute Disqualification, the members with such interests shall immediately leave the meeting and remain absent during the period when the application or complaint is under consideration.

- (v) in the case of interests triggering possible disqualification, or an absolute disqualification that is disputed, the Chairperson at Council meetings or the committee chair at committee meetings shall rule upon such disqualification. This ruling may be subject to appeal by motion to the Council or committee. The affirmative vote or a majority of members present at the meeting (except for the member who is subject to the vote) shall prevail.

Section 3. Pending Regulations and Policy Matters - Committees.

- (a) Disclosure at committee meetings. When a member of a committee of the Council or their family has an interest in a Public Health Law Article 28, 36, 40, or 46 facility, agency, hospice program, or continuing care retirement community or a Social Services Law Article 7 facility, agency or program, or an association representing such entities, the status of which might reasonably be affected by a regulation or policy matter which is before the committee, or when a member has an interest in or association which might reasonably be construed as tending to embarrass the Council or committee or elicit the public perception that they might be engaged in acts in violation of their trust, they shall, at the time of formal consideration of such regulation or policy matter by the committee, disclose such interest or association to the committee so that the committee is fully aware of such member's interest or association. A committee member who discloses such interest or association may, but shall not be required to, abstain from participation in the discussion or vote on such regulation or policy matter at the committee meeting.
- (b) Disclosure at Council meetings. When the chairperson of any committee that considered a regulation or policy matter reports the committee's deliberations and recommendations to the Council, the committee chair shall indicate in the report all interests or associations disclosed by committee members and state how such members voted with respect to the committee's recommendations. A committee member who disclosed such interest or association may, but shall not be required to, abstain from participation in the discussion of or vote on such regulation or policy matter at the Council meeting.

Section 4. The minutes of each meeting of the Council and committee meeting shall reflect all disclosures, discussion, votes, and abstentions regarding conflicts of interest.

Section 5. Violation of provisions. If a Council member knowingly and intentionally violates the provisions of these Bylaws, the Council or its Chairperson shall refer the matter to the Commissioner of Health or the Governor for further action, which may include removal from Council membership. In addition, at any regular meeting, the Chairperson may request a motion that the Council recommend to the Governor that action be initiated, consistent with the requirements of the Public Officers Law, to remove a member from the office as a Council member, if the member changes their primary residency to a location other than New York State, or is convicted of a felony or other crime or violates Article III of these Bylaws.

V. MEETINGS OF THE COUNCIL

Section 1. The regular meetings of the Council shall be held at least twice annually unless otherwise determined by the Council or the Chairperson, who shall notify the Secretary at least seven business days in advance of each meeting.

Section 2. Additional meetings may be called by the Chairperson or by the Commissioner of Health, at their discretion.

Section 3. The Chairperson shall notify the Secretary at least seven business days prior to any meeting other than a regularly scheduled meeting. The Secretary shall send notice electronically to each Council member at their usual electronic mail address not less than five days before the meeting.

Section 4. The Council shall hold its annual meeting at the third regularly scheduled meeting occurring in each calendar year.

Section 5. Council members are expected to attend all meetings of the Council. If a Council member cannot attend a meeting, they shall give the Chairperson or Secretary at least twenty-four hours prior notice, except in emergency situations in which notice shall be provided as soon as it is practicable.

Section 6. If a Council member fails to attend three consecutive regular meetings of the Council or a total of four such meetings in any calendar year, the Chairperson may request a motion at the next regular meeting that the Council requests such member to resign. If the member does not resign within three months after receiving a copy of a notice reflecting the action taken by the Council and the member fails to attend the next Council meeting, the Chairperson may request a motion at the following regular meeting that the Council recommend to the Governor that action be initiated, consistent with the requirements of the Public Officers Law, to remove the member from the office as a member of the Council and that a replacement member be appointed forthwith.

Section 7. The meetings of the Council shall be noticed and conducted in accordance with the requirements of Article 7 (Open Meetings Law) of the Public Officers Law. Such meetings shall be open to the public, except when otherwise provided for by law. Guidelines for observers may be adopted by the Council.

VI. VOTING

Section 1. Fourteen members of the full Council, or such other minimum number of members as the Public Health Law requires, shall constitute a quorum in accordance with General Construction Law section 41 and Public Officers Law section 102 (1), as amended. All matters requiring action shall be passed by an affirmative vote of not less than fourteen votes or the minimum number of votes required, as prescribed by law. (Each abstention shall not affect the quorum that has been established prior to the vote.)

Section 2. A majority of committee members designated by the Chairperson to serve on a standing committee shall constitute a quorum, and all matters requiring action shall be passed by an affirmative vote of not less than a majority of the members appointed and present, to serve on the committee. (Each abstention shall not affect the quorum that has been established prior to the vote.)

Section 3. All meetings shall be conducted in accordance with Robert's Rules of Order Newly Revised, and a record of each vote shall be maintained. The normal method of voting shall be by voice. If any member expresses a doubt about the outcome of a voice vote, such member may require that the vote be verified. To verify a vote, the vote shall be retaken by a show of hands or by rising. On the request of any member, the aye and no votes shall be counted, abstentions noted, and entered in the minutes. On the request of any member, a roll call vote on any question shall be taken by ayes and nays, abstentions noted and a record of how each member voted entered into the minutes.

## VII. COMMITTEES

Section 1. There shall be the following standing committees:

- (a) Establishment and Project Review Committee.
- (b) Public Health Committee.
- (c) Committee on Codes and Legislation.
- (d) Planning Committee.
- (e) Health Personnel and Inter-Professional Relations Committee.

Section 2. Each standing committee shall consist of one or more members of the Council. The Chairperson shall appoint all members of standing committees and designate the chairperson and vice-chairperson of each committee at the annual meeting, unless it is necessary to add or replace a committee member at another time during the year. The Chairperson may, as they deem necessary, add or replace committee members at any other meeting of the Council. Standing Committees may invite nonmembers of the Council to attend and speak at standing committees to provide information and advice, but nonmembers shall not vote.

Section 3. The Chairperson may, at any time, provide for the appointment of ad hoc committees on any subject or subjects. All such ad hoc committees, not previously discharged by the Chairperson, shall be discharged at the next succeeding annual meeting following their appointment, unless the Chairperson shall expressly continue them. The Chairperson may also appoint without regard to membership on the Council, such advisory committees as the Chairperson believes will further the purposes of the Council.

Section 4. In appointing members to any committee, the Chairperson shall, to the extent practicable, ensure that the composition of such committees includes members with diverse expertise and experience, including having capacities identified with consumers of hospital and other health care services.

Section 5. When making a report to the Council, a committee should, in addition to reporting any recommendations of the majority of the committee, endeavor to report any significant deliberations leading to such recommendation, as well as any significant comments, opinions or recommendations of committee members who did not support the majority recommendations.

Section 6. Committee meetings shall be noticed and conducted in accordance with the requirements of Article 7 (Open Meetings Law) of the Public Officers Law. Such meetings shall be open to the public except when otherwise provided for by law. Guidelines for observers may be adopted by the Council.

#### VIII. OFFICE OF THE COUNCIL

Section 1. The official repository of the official copies of the Council's minutes, transcripts, documents, correspondence and other records shall be the offices of the New York State Department of Health.

Section 2. The Secretary shall be responsible for the safekeeping of all minutes, papers, record, documents correspondence and other things belonging to the Council. Every member of the Council shall have access, at all times during the ordinary office hours of the Department of Health, to all minutes, papers, records, documents, and other things belonging to the Council.

Section 3. The Secretary shall retain on file a copy of the current annual statement submitted by each Council member which reflects their interests and those of their family in any facility, agency, hospice program, or continuing care retirement community governed by Articles 28, 36, 40, and 46, respectively, of the Public Health Law and each adult care facility or program governed by Article 7 of the Social Services Law, and a copy of a current list of Council members which indicates the interest or capacity, if any, identified with each member such as that of provider, health systems agency, or consumer.

#### IX. AMENDMENT OF BYLAWS

These Bylaws may be amended by the affirmative vote of the minimum number of members of the Council required to achieve quorum, at any regular or special meeting, provided that notice of the proposed amendment has been given at a prior meeting and that a copy of the proposed amendment has been sent by the Secretary to each member of the Council at least five days prior to the vote.

Adopted:



**Project # 252188-C  
Rosary Hill Home**

**Program:** Residential Health Care Facility  
**Purpose:** Construction

**County:** Westchester  
**Acknowledged:** November 21, 2025

**Executive Summary**

**Description**

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

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

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

OALTC Recommendation  
Contingent Approval

**Need Summary**

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

**Program Summary**

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

**Financial Summary**

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

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

**Health Equity Impact Assessment**

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

## Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

**Approval contingent upon:**

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

**Approval conditional upon**

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

Council Action Date

May 7, 2026

# Need Analysis

## Background and Analysis

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

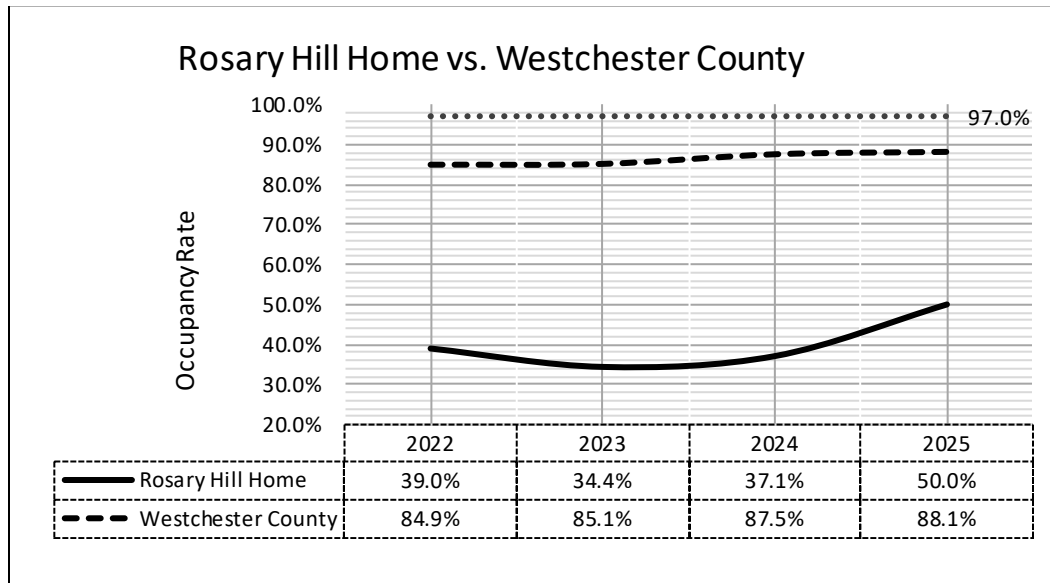
Demographics	Westchester County	New York State
Total Population (2024 Estimate)	999,677	19,852,366
Hispanic or Latino (of any race)	27.4%	19.8%
White (non-Hispanic)	49.2%	52.8%
Black or African American (non-Hispanic)	12.7%	13.4%
Asian (non-Hispanic)	6.2%	9.0%
Other (non-Hispanic)	4.6%	5.0%

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

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

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

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



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

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

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

Source: CMS, RHCF cost report, HERDS

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

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

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

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

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

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

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

## Conclusion

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

# Program Analysis

## Program Description

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

## Project Review

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

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

## Physical Environment

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

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

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

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

#### Compliance

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

#### Conclusion

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

## Financial Analysis

### Total Project Cost and Financing

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

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

### Operating Budget

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

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

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

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

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

Utilization by payor source is projected as follows:

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

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

### Capability and Feasibility

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

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

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

### Conclusion

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

## Health Equity Impact Assessment

### Health Equity Impact Assessment Summary

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

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

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

### Conclusion

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

## Attachments

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



**Project # 252226-B  
Access Surg Care, LLC**

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

**Executive Summary**

**Description**

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

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

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

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

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

**OPCHSM Recommendation**

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

**Need Summary**

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

**Program Summary**

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

**Financial Summary**

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

<u>Budget:</u>	<u>Year One</u>	<u>Year Three</u>
Revenues:	\$11,089,527	\$14,785,177
Expenses:	<u>\$10,829,301</u>	<u>\$13,484,588</u>
Net Income	\$260,226	\$1,300,589

**Health Equity Impact Assessment**

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

## Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Primary Care and Health Systems Management

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

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

**Approval conditional upon:**

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

Council Action Date  
May 7, 2026

# Need Analysis

## Project Description

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

## Background & Analysis

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

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

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

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

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

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

Source: Data USA

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

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

Source: HFIS & SPARCS

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

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

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

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

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

Source: Applicant

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

## Conclusion

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

## Program Analysis

### Program Proposal

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

### Character and Competence

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

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

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

### **Integration with Community Resources**

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

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

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

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

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

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

### **Conclusion**

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

## Financial Analysis

### Total Project Cost and Financing

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

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

The applicant's financing plan is as follows:

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

### Operating Budget

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

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

The following is noted with respect to the operating budget:

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

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

### Lease Rental Agreement

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

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

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

### Capability and Feasibility

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

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

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

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

Conclusion

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

<h2>Attachments</h2>
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BHFP Attachment	Map
BFA Attachment A	Net Worth Summary- Access Surg Care, LLC
BFA Attachment B	Access Surg Care, LLC., Pro Forma Balance Sheet
BFA Attachment C	Organizational Chart – The Center

RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 2801-a of the Public Health Law, on this 7th day of May 2026, having considered any advice offered by the Regional Health Systems Agency, the staff of the New York State Department of Health, and the Establishment and Project Review Committee of this Council and after due deliberation, hereby proposes to approve the following application to establish and construct a multi-specialty ambulatory surgery center at 4778 Broadway, New York and certify Lithotripsy Out Patient (O/P). The Center will specialize in cardiology (vascular), facial plastic/reconstructive surgery, gastroenterology, general surgery, ophthalmology, orthopedics, otolaryngology, pain management, and urology, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that any approval of this application is not to be construed as in any manner releasing or relieving any transferor (of any interest in the facility that is the subject of the application) of responsibility and liability for any Medicaid (Medicaid Assistance Program -- Title XIX of the Social Security Act) or other State fund overpayments made to the facility covering the period during which any such transferor was an operator of the facility, regardless of whether the applicant or any other entity or individual is also responsible and liable for such overpayments, and the State of New York shall continue to hold any such transferor responsible and liable for any such overpayments, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

FACILITY/APPLICANT:

252226 B

Access Surg Care, LLC

APPROVAL CONTINGENT UPON:

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

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

APPROVAL CONDITIONAL UPON:

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

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a complete response to each individual contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the Contingencies Tab in NYSE-CON.



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

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

**Executive Summary**

**Description**

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

Membership before and after the requested change is as follows:

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

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

**OPCHSM Recommendation Approval**

**Need Summary**

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

**Program Summary**

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

### Financial Summary

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

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

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

## Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Primary Care and Health Systems

**Approval conditional upon:**

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Submission of documentation to the Department regarding what activities the applicant undertook to increase access to Medicaid patients and its Charity Care policies, and the resultant volume in 3 years from the date of the approval letter. [PMU]

Council Action Date

May 7, 2026

## Program Analysis

### Project Proposal

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

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

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

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

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

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

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

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

### Character and Competence

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

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

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

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

#### Conclusion

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

## Financial Analysis

### Operating Budget

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

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

The following is noted with respect to the submitted budget:

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

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

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

Membership Interest Transfer Agreement

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

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

Capability and Feasibility

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

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

Conclusion

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

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

RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 2801-a of the Public Health Law, on this 7th day of May 2026, having considered any advice offered by the Regional Health Systems Agency, the staff of the New York State Department of Health, and the Establishment and Project Review Committee of this Council and after due deliberation, hereby proposes to approve the following application to transfer 6.666% ownership interest from the fifteen (15) current members to one (1) new member, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that any approval of this application is not to be construed as in any manner releasing or relieving any transferor (of any interest in the facility that is the subject of the application) of responsibility and liability for any Medicaid (Medicaid Assistance Program -- Title XIX of the Social Security Act) or other State fund overpayments made to the facility covering the period during which any such transferor was an operator of the facility, regardless of whether the applicant or any other entity or individual is also responsible and liable for such overpayments, and the State of New York shall continue to hold any such transferor responsible and liable for any such overpayments, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

261017 E

FACILITY/APPLICANT:

Dutchess Ambulatory Surgical Center, LLC  
d/b/a Dutchess Ambulatory Surgical Center

APPROVAL CONTINGENT UPON:

N/A

APPROVAL CONDITIONAL UPON:

1. This project must be completed by **one year from the date of the recommendation letter**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Submission of documentation to the Department regarding what activities the applicant undertook to increase access to Medicaid patients and its Charity Care policies, and the resultant volume in 3 years from the date of the approval letter. [PMU]

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a complete response to each individual contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the Contingencies Tab in NYSE-CON.



Project # 252184-B
New Windsor Family Care, LLC

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

Executive Summary

Description

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

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

Ownership before and after the requested change is as follows:

Current Operator

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

Proposed Operator

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

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

OPCHSM Recommendation
Contingent Approval

Need Summary

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

Program Summary

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

Financial Summary

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

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

Health Equity Impact Assessment

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

## Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Primary Care and Health Systems Management

**Approval contingent upon:**

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

**Approval conditional upon:**

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

Council Action Date

May 7, 2026

# Need Analysis

## Project Description

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

## Background and Analysis

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

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

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

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

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

Source: Data USA

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

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

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

The projected payor mix includes:

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

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

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

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

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

Source: NYSDOH, Data Hub

Rates are per 10,000 and are rounded crude rates

#### Conclusion

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

## Program Analysis

### Project Proposal

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

### Character and Competence

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

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

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

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

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

### Conclusion

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

## Financial Analysis

### Operating Budget

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

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

The following is noted with respect to the operating budget:

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

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

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

### Assignment of LLC Interest Agreement (AIA)

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

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

### Capability and Feasibility

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

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

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

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

### Conclusion

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

## Attachments

BFA Attachment A	New Windsor Family Care LLC's Members' Net Worth Statement
BFA Attachment B	2023-2024 New Windsor Family Care LLC's Certified Financial Statements

RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 2801-a of the Public Health Law, on this 7th day of May 2026, having considered any advice offered by the Regional Health Systems Agency, the staff of the New York State Department of Health, and the Establishment and Project Review Committee of this Council and after due deliberation, hereby proposes to approve the following application to transfer 99% membership interest from one withdrawing member to one new member and certify Medical Services - Primary Care, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that any approval of this application is not to be construed as in any manner releasing or relieving any transferor (of any interest in the facility that is the subject of the application) of responsibility and liability for any Medicaid (Medicaid Assistance Program -- Title XIX of the Social Security Act) or other State fund overpayments made to the facility covering the period during which any such transferor was an operator of the facility, regardless of whether the applicant or any other entity or individual is also responsible and liable for such overpayments, and the State of New York shall continue to hold any such transferor responsible and liable for any such overpayments, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

FACILITY/APPLICANT:

252184 B

New Windsor Family Care, LLC

APPROVAL CONTINGENT UPON:

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

APPROVAL CONDITIONAL UPON:

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

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a complete response to each individual contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the Contingencies Tab in NYSE-CON.



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

**Program:** DTC  
**Purpose:** Establishment

**County:** Orange  
**Acknowledged:** February 12, 2026

**Executive Summary**

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

Current Membership

<u>Members</u>	<u>Ownership</u>
Jonathan Gamss, MD.	33.4%
Moses Jacobowitz	33.3%
Lazar Schwartz	<u>33.3%</u>
Total	100%

Proposed Membership

<u>Members</u>	<u>Ownership</u>
Jonathan Gamss, MD.	25.00%
Moses Jacobowitz	25.00%
Lazar Schwartz	25.00%
Dov Markowitz	<u>25.00%</u>
Total	100%

**OPCHSM Recommendation**  
Approval

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

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

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

Budget:	<u>Year One</u>	<u>Year Three</u>
Revenues	\$6,859,411	\$7,262,905
Expenses	<u>\$3,703,239</u>	<u>\$3,755,236</u>
Net Income	\$3,156,172	\$3,507,669

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

## Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Primary Care and Health Systems Management

**Approval conditional upon:**

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

Council Action Date

May 07, 2026

## Program Analysis

### Project Description

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

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

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

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

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

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

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

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

The Center's hours of operation are:

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

Saturday 4:00 PM - midnight

Sunday 10:00 AM - 11:00 PM

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

#### Character and Competence

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

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

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

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

#### Conclusion

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

## Financial Analysis

### Operating Budget

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

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

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

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

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

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

### Membership Joinder Agreement

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

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

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

### Lease and Sublease Rental Agreements

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

### Capability and Feasibility

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

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

### Conclusion

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

## Attachments

BFA Attachment A	Organizational Chart
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RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 2801-a of the Public Health Law, on this 7th day of May 2026, having considered any advice offered by the Regional Health Systems Agency, the staff of the New York State Department of Health, and the Establishment and Project Review Committee of this Council and after due deliberation, hereby proposes to approve the following application to transfer 25% ownership interest from the three (3) current members to one (1) new member, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that any approval of this application is not to be construed as in any manner releasing or relieving any transferor (of any interest in the facility that is the subject of the application) of responsibility and liability for any Medicaid (Medicaid Assistance Program -- Title XIX of the Social Security Act) or other State fund overpayments made to the facility covering the period during which any such transferor was an operator of the facility, regardless of whether the applicant or any other entity or individual is also responsible and liable for such overpayments, and the State of New York shall continue to hold any such transferor responsible and liable for any such overpayments, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

261044 E

FACILITY/APPLICANT:

GAMMS LLC d/b/a Zelcare Family Health  
Network, LLC

APPROVAL CONTINGENT UPON:

N/A

APPROVAL CONDITIONAL UPON:

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

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a complete response to each individual contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the Contingencies Tab in NYSE-CON.



Project # 252144-E
Hospice and Palliative Care Inc

Program: Hospice
Purpose: Establishment

County: Chenango
Acknowledged: October 8, 2025

Executive Summary

Description

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

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

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

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

OALTC Recommendation
Approval

Need Summary

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

Program Summary

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

Financial Summary

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

Table with 4 columns: Budget, Current Year, Year One, Year Three. Rows include Revenues, Expenses, Change in Net Assets.

## Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

**Approval conditional upon:**

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

Council Action Date

May 7, 2026

# Need Analysis

## Background and Analysis

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

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

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

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

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

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

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

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

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

Source: Applicant

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

Source: Applicant

#### Conclusion

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

## Program Analysis

### Project Description

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

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

- Herkimer
- Madison
- Oneida

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

- Chenango

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

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

### Character and Competence Review

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

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

#### Employment

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

#### Affiliations

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

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

#### Employment

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

#### Affiliations

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

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

#### Employment

- Retired, September 2022

#### Affiliations

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

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

#### Employment

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

#### Affiliations

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

### **Vincent Bono, Director**

#### Employment

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

#### Affiliations

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

### **Kacie Crouse, Director**

#### Employment

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

#### Affiliations

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

### **Joannie Grande, Director**

#### Employment

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

#### Affiliations

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

### **Melanie Greene, Director**

#### Employment

- Retired, March 2020

#### Affiliations

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

### **Eric Reille, Director**

#### Employment

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

#### Affiliations

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

**Sam Spellman, Director**

Employment

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

Affiliations

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

**Jeremiah Sweet, Director**

Employment

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

Affiliations

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

**Justin Wilcox, Director**

Employment

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

Affiliations

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

**Grady Thompson, Director**

Employment

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

Affiliations

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

**Dave Kirsch, Director**

Employment

- Retired, June 2011

Affiliations

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

**Brianna Curley, Director**

Employment

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

Affiliations

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

**Alcia Burrell, Director**

Employment

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

Affiliations

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

**Edward Hooke, Director**

Employment

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

Affiliations

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

**Trevor Tompkins, Director**

Employment

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

Affiliations

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

**Brian Wessels, Director**

Employment

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

Affiliations

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

Facility Compliance/Enforcement

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

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

Conclusion

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

## Financial Analysis

### Operating Budget

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

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

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

Budget projections are based on the following:

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

Projected utilization by service site is as follows:

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

Projected utilization by payor source is as follows:

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

#### Agreement and Plan for Merger

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

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

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

#### Capability and Feasibility

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

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

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

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

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

Conclusion

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

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

RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 4004 of the Public Health Law, on this 7<sup>th</sup> day of May 2026, having considered any advice offered by the Regional Health Systems Agency, the staff of the New York State Department of Health, and the Establishment and Project Review Committee of this Council, and after due deliberation, hereby approves the following application to establish an Article 40 hospice program to serve Hospice and Palliative Care Inc, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

252144 E

APPLICANT/FACILITY:

Hospice and Palliative Care Inc

APPROVAL CONTINGENT UPON:

N/A

APPROVAL CONDITIONAL UPON:

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

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a **complete** response to each **individual** contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the *Contingencies Tab in NYSE-CON*.



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

**Program:** Residential Health Care Facility  
**Purpose:** Establishment

**County:** Nassau  
**Acknowledged:** May 5, 2021

**Executive Summary**

**Description**

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

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

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

<b><u>Current Operator</u></b>	
Rockville Skilled Nursing & Rehabilitation Center, LLC	
<u>Members</u>	<u>Ownership %</u>
Teddy Lichtschein	50%
Benjamin Landa	45%
Mitchell Teller	5%

**Proposed Operator**

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

<u>Members</u>	<u>Ownership %</u>
Akiva Rudner	50%
Steven Sax	50%

OALTC Recommendation  
Contingent Approval

**Need Summary**

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

**Program Summary**

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

**Financial Summary**

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

The proposed budget is as follows:

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

#### Health Equity Impact Assessment

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

## Recommendations

Long-Term Care Ombudsman Program  
The LTCOP recommends Approval. (See LTCOP Attachment A)

Health Systems Agency  
There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

**Approval contingent upon:**

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

**Approval conditional upon:**

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

Council Action Date  
May 7, 2026

# Need Analysis

## Background and Analysis

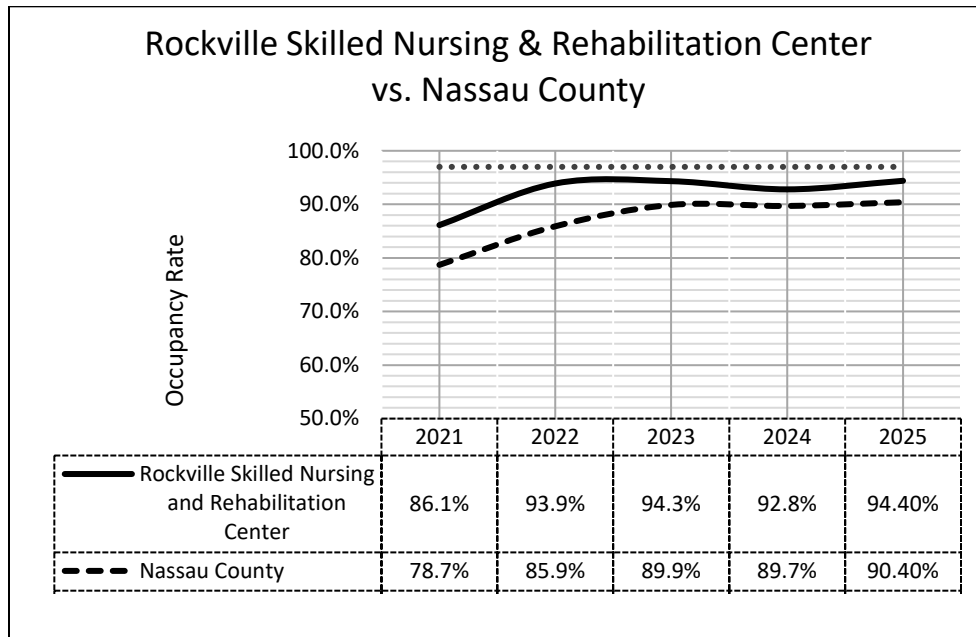
The primary service area is Nassau County, which has a population projected to increase to 1,436,421 by 2031 based on Cornell Program of Applied Demographic estimates. Demographics for the primary service area are noted below, including a comparison with New York State.

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

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

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

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



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

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

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

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

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

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

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

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

#### Medicaid Access

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

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

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

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

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

#### Conclusion

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

## Program Analysis

### Program Description

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

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

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

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

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

### Character and Competence

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

#### New York Nursing Homes

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

Out-of-State Nursing Homes

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

End Dated Ownership

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

Diagnostic and Treatment Center

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

New York Nursing Homes

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

Out-of-State Ownership

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

End Dated Ownership

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

Diagnostic and Treatment Center

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

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

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

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

Data date: 02/2026

**New York**

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

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

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

#### **Comprehensive Fall Prevention**

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

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

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

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

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

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

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

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

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

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

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

**Comprehensive Assessment and Treatment Protocols:**

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

**Documentation and Quality Monitoring:**

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

**Prevention and Education:**

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

**Regulatory Compliance and Survey**

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

**Strategic Workforce Development**

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

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

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

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

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

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

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

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

### **The Paramount at Somers Rehabilitation and Nursing Center**

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

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

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

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

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

## **Florida**

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

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

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

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

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

#### **Performance Highlights**

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

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

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

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

#### **Current Performance Trends**

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

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

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

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

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

*Strategic Initiatives for Continued Improvement*

#### **Provider Model Enhancement**

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

### **Nursing Department Revitalization**

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

### **Quality Improvement Processes**

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

### **Conclusion**

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

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

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

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

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

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

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

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

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

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

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

### **Tennessee**

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

#### Quality Center for Rehabilitation and Healing

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

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

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

#### Bethany Center for Rehabilitation and Healing

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

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

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

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

### **Demonstrated Clinical Improvement**

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

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

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

### **Excellence in Quality Measures**

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

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

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

### **Summary**

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

Our performance across other domains demonstrates this commitment to excellence:

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

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

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

**Green Hills Center for Rehabilitation and Healing**

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

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

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

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

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

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

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

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

Data date: 02/2026

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

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

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

### Enforcement History

#### New York

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### Diagnostic and Treatment Center

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

## Florida

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Tennessee**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## **Ohio**

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

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

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

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

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

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

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

#### Conclusion

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

## Financial Analysis

### Operating Budget

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

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

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

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

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

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

#### Asset Purchase Agreement

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

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

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

#### Lease Agreement

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

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

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

#### Operations Administrative Services Agreement

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

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

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

#### Billing and Support Services Agreement

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

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

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

## Accounts Services Agreement

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

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

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

### Capability and Feasibility

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

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

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

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

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

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

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

Conclusion

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

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

RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 2801-a of the Public Health Law, on this 7th day of May 2026, having considered any advice offered by the Regional Health Systems Agency, the staff of the New York State Department of Health, and the Establishment and Project Review Committee of this Council and after due deliberation, hereby proposes to approve the following application to establish Rockville Holdings Operating LLC d/b/a Rockville Skilled Nursing and Rehabilitation Center as the new operator of Rockville Skilled Nursing and Rehabilitation Center a 66 bed Residential Health Care Facility located at 50 Maine Avenue, Rockville Centre, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that any approval of this application is not to be construed as in any manner releasing or relieving any transferor (of any interest in the facility that is the subject of the application) of responsibility and liability for any Medicaid (Medicaid Assistance Program -- Title XIX of the Social Security Act) or other State fund overpayments made to the facility covering the period during which any such transferor was an operator of the facility, regardless of whether the applicant or any other entity or individual is also responsible and liable for such overpayments, and the State of New York shall continue to hold any such transferor responsible and liable for any such overpayments, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

211102 E

FACILITY/APPLICANT:

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

APPROVAL CONTINGENT UPON:

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

APPROVAL CONDITIONAL UPON:

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

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a complete response to each individual contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the Contingencies Tab in NYSE-CON.



**Project # 231045-E**  
**Medford Hamlet LLC d/b/a Medford Hamlet Home Care**

**Program:** LHCSA  
**Purpose:** Establishment

**County:** Suffolk  
**Acknowledged:** February 17, 2023

**Executive Summary**

**Description**

Medford Hamlet LLC d/b/a Medford Hamlet Home Care, an existing Licensed Home Care Services Agency (LHCSA), located at 1529 North Ocean Avenue, Medford, New York 11763, requests approval to transfer 66.667 % ownership interest from two deceased members to two existing members and three new members.

This application is associated with an Adult Care Facility/Assisted Living Program (ALP), Braemar Living at Medford, which is located at the same address. The agency will be serving both the Assisted Living Program (ALP), as well as patients outside of the ALP.

There are no proposed changes to the counties served or services provided.

OALTC Recommendation  
Approval

**Need Summary**

In accordance with 10 NYCRR Section 765-1.16(c)(2), this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

**Program Summary**

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

**Financial Summary**

In accordance with 10 NYCRR 765-1.2(b)(3) the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating financial feasibility of the agency.

## Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

**Approval conditional upon:**

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

Council Action Date

May 7, 2026

## Program Analysis

### Program Description

Medford Hamlet LLC d/b/a Medford Hamlet Home Care requests approval to transfer 66.667 % ownership interest from two deceased members to two existing members and three new members.

This application is associated with an Adult Care Facility/Assisted Living Program (ALP), Braemar Living at Medford, which is located at the same address. The agency will be serving both the Assisted Living Program (ALP), as well as patients outside of the ALP.

There are no proposed changes to the counties served or services provided.

The current membership of Medford Hamlet LLC d/b/a Medford Hamlet Home Care is as follows:

- Esther Benenson (50.00%) (deceased)
- Vincent Filaski (16.66%) (deceased)
- Florence Filaski (16.66%)
- Joshua Benenson (4.17%)
- Michael Benenson (4.17%)
- David Filaski (4.17%)
- Richard Filaski (4.17%)

The proposed membership of Medford Hamlet LLC d/b/a Medford Hamlet Home Care will be as follows:

- Florence Filaski (33.33%)
- Michael Benenson (16.66%)
- Joshua Benenson (4.17%)
- David Filaski (4.17%)
- Richard Filaski (4.17%)
- Sharon Benenson (12.50%)
- Amy Benenson (12.50%)
- Blanch Benenson (12.50%)

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

- Nassau
- Queens
- Suffolk

The applicant will continue to provide the following healthcare services:

- Audiology
- Home Health Aide
- Housekeeper
- Medical Social Services
- Nursing
- Nutritional
- Personal Care
- Therapy – Occupational
- Therapy – Physical
- Therapy – Respiratory
- Therapy - Speech Language Pathology

Character and Competence Review

Medford Hamlet LLC d/b/a Medford Hamlet Home Care will be comprised of the following individuals:

**Sharon Benenson (12.5%)**

Employment

- Research and Development, Sugarland Holdings - Newbury Park, CA (May 2014 – Present)

Affiliations

No offices held or ownership interests in Health Facilities.

**Amy Benenson (12.5%)**

Employment

- Closing Business Affairs, Flushing Manor Nursing Home, LLC (January 2015 – Present)

Affiliations

No offices held or ownership interests in Health Facilities.

**Blanche Benenson, MD (12.5%)**

Employment

- Attending Physician, Montefiore Medical Center (July 1990 – Present)

Affiliations

No offices held or ownership interests in Health Facilities.

**Florence Filaski (33.33%)**

Previously approved by PHHPC.

**Michael Benenson (16.66%)**

Previously approved by PHHPC.

**Joshua Benenson (4.17%)**

Previously approved by PHHPC.

**David Filaski (4.17%)**

Previously approved by PHHPC.

**Richard Filaski (4.17%)**

Previously approved by PHHPC.

A search of the individual named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

The Office of the Professions of the State Education Department, the New York state Physician Profile, and the Office of Professional Medical Conduct, where appropriate, indicate no issues with the licensure of the health professionals associated with this application.

Facility Compliance/Enforcement

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

Need Review

In accordance with 10 NYCRR Section 765-1.16(c)(2), this application is exempt from Public Need review, as the agency is actively serving over 25 patients, as attested to by the current operator.

Financial Review

In accordance with 10 NYCRR 765-1.2(b)(3) the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating financial feasibility of the agency.

Workforce Review

The applicant's response regarding the recruitment and retention of the workforce was adequately addressed in their project narrative. Please refer to Attachment A for the agency's Workforce Summary.

Conclusion

A review of the Personal Qualifying Information indicates that the applicant has the required character and competence to operate a Licensed Home Care Services Agency.

The individual background review indicates the proposed members have met the standards for approval as set forth in Public Health Law §3605.

Attachments
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OALTC Attachment A	Workforce Summary
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RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 3605 of the Public Health Law, on this 7th day of May, 2026 having considered any advice offered by the staff of the New York State Department of Health and the Establishment and Project Review Committee of the Council, and after due deliberation, hereby approves the following application for licensure, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

FACILITY:

231045 E

Medford Hamlet LLC  
d/b/a Medford Hamlet Home Care

APPROVAL CONTINGENT UPON:

N/A

APPROVAL CONDITIONAL UPON:

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

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a **complete** response to each **individual** contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the *Contingencies Tab in NYSE-CON*.



**Project # 231252-E  
1st Home Care Of NY Corp.**

**Program:** LHCSA  
**Purpose:** Establishment

**County:** Kings  
**Acknowledged:** July 3, 2023

**Executive Summary**

**Description**

1st Home Care of NY Corp., an existing Licensed Home Care Services Agency (LHCSA) currently located at 1601 Gravesend Neck Road, 12a, Brooklyn, New York 11229, requests to transfer 90.1% ownership interest from one withdrawing shareholder to one remaining shareholder.

There are no proposed changes to the counties served or services provided.

**OALTC Recommendation  
Approval**

**Need Summary**

In accordance with 10 NYCRR §765-1.16(c)(2), this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

**Program Summary**

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

**Financial Summary**

In accordance with 10 NYCRR §765-1.2(b)(3) the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

## Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

**Approval conditional upon:**

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

Council Action Date

May 7, 2026

# Program Analysis

## Program Description

1st Home Care of NY Corp. requests approval to transfer 90.1% ownership interest from one withdrawing shareholder to one remaining shareholder.

There are no proposed changes to the counties served or services provided.

The current ownership of 1<sup>st</sup> Home Care of NY Corp. is as follows:

- Dilya Khalitova (90.1%)
- Roman Pustilnik (9.9%)

The proposed ownership of 1<sup>st</sup> Home Care of NY Corp. will be as follows:

- Roman Pustilnik (100%)

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

- Bronx
- Kings
- Nassau
- New York
- Queens
- Richmond

The applicant will continue to provide the following healthcare services:

- Audiology
- Home Health Aide
- Homemaker
- Housekeeper
- Medical Social Services
- Nursing
- Nutritional
- Personal Care
- Therapy – Occupational
- Therapy – Physical
- Therapy – Respiratory
- Therapy – Speech Language Pathology

## Character and Competence Review

1<sup>st</sup> Home Care of NY Corp. will be comprised of the following individual:

### **Roman Pustilnik (100%)**

#### Employment:

- Administrator, 1<sup>st</sup> Home Care of NY (January 2021 – Present)

#### Affiliations:

- Eagle Eye FV, Inc. (February 2017 – December 2023)
- 1<sup>st</sup> Home Care of New York (January 2022 – Present)

A search of the individual and entities named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

Facility Compliance/Enforcement

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

Need Review

In accordance with 10 NYCRR §765-1.16(c)(2), this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

Financial Review

In accordance with 10 NYCRR §765-1.2(b)(3) the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

Workforce Review

The applicant's response regarding the recruitment and retention of the workforce was adequately addressed in their project narrative. Please refer to Attachment A for the agency's Workforce Summary.

Conclusion

A review of the Personal Qualifying Information indicates that the applicant has the required character and competence to operate a Licensed Home Care Services Agency.

The individual background review indicates the proposed members have met the standard for approval as set forth in New York State Public Health Law §3605.

Attachments

OALTC Attachment A | Workforce Summary

RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 3605 of the Public Health Law, on this 7th day of May, 2026 having considered any advice offered by the staff of the New York State Department of Health and the Establishment and Project Review Committee of the Council, and after due deliberation, hereby approves the following application for licensure, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

FACILITY:

231252 E

1st Home Care Of NY Corp.

APPROVAL CONTINGENT UPON:

N/A

APPROVAL CONDITIONAL UPON:

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

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a **complete** response to each **individual** contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the *Contingencies Tab in NYSE-CON*.



**Project # 241067-E  
S & A Unified Home Care, Inc.**

**Program:** LHCSA  
**Purpose:** Establishment

**County:** Kings  
**Acknowledged:** February 16, 2024

**Executive Summary**

**Description**

S & A Unified Home Care, Inc., an existing Licensed Home Care Services Agency (LHCSA), requests approval to transfer 90.1% ownership interest from one shareholder to one remaining corporate shareholder.

There are no proposed changes to the counties served or services provided.

OALTC Recommendation  
Approval

**Need Summary**

In accordance with 10 NYCRR §765-1.16(c)(2), this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

**Program Summary**

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

**Financial Summary**

In accordance with 10 NYCRR §765-1.2(b)(3) the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

## Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

**Approval conditional upon:**

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

Council Action Date

May 7, 2026

## Program Analysis

### Program Description

S & A Unified Home Care, Inc. requests approval to transfer 90.1% ownership interest from one shareholder to one remaining corporate shareholder.

There are no proposed changes to the counties served or services provided.

The current membership of S & A Unified Home Care, Inc. is as follows:

- Angela Mardukhayeva (90.1%)
- NYC Home Ventures Corp. (9.9%)

The proposed membership of S & A Unified Home Care, Inc. will be as follows:

- NYC Home Ventures Corp. (100%) with its sole member being Angela Mardukhayeva.

The applicant will continue to serve the residents of the following counties from their site located at 2729 Coney Island Avenue, Brooklyn, NY. 11235:

- Bronx
- Kings
- New York
- Queens
- Richmond
- Westchester

The applicant will continue to serve the residents of the following counties from their site located at 41 West Merrick Road, Freeport, NY. 11520:

- Nassau
- Suffolk

The applicant will continue to provide the following healthcare services from both locations:

- Home Health Aide
- Homemaker
- Housekeeper
- Medical Social Services
- Nursing
- Nutritional
- Personal Care
- Therapy – Occupational
- Therapy – Physical
- Therapy – Speech Language Pathology

### Character and Competence Review

NYC Home Ventures Corp, the sole shareholder of S & A Unified Home Care, Inc., will be comprised of the following individual:

#### **Angela Mardukhayeva (100%)**

Previously approved by PHHPC.

A search of the individuals and entities named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

Facility Compliance/Enforcement

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

Need Review

In accordance with 10 NYCRR §765-1.16(c)(2), this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

Financial Review

In accordance with 10 NYCRR §765-1.2(b)(3) the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

Workforce Review

The applicant's response regarding the recruitment and retention of the workforce was adequately addressed in their project narrative. Please refer to Attachment A for the agency's Workforce Summary.

Conclusion

A review of the Personal Qualifying Information indicates that the applicant has the required character and competence to operate a Licensed Home Care Services Agency.

The individual background review indicates the proposed members have met the standard for approval as set forth in New York State Public Health Law §3605.

Attachments
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OALTC Attachment A	Workforce Summary
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RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 3605 of the Public Health Law, on this 7th day of May, 2026 having considered any advice offered by the staff of the New York State Department of Health and the Establishment and Project Review Committee of the Council, and after due deliberation, hereby approves the following application for licensure, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

FACILITY:

241067 E

S & A Unified Home Care, Inc.

APPROVAL CONTINGENT UPON:

N/A

APPROVAL CONDITIONAL UPON:

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

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a **complete** response to each **individual** contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the *Contingencies Tab in NYSE-CON*.



Project # 241102-E  
Kirenaga Home Care Manhattan Inc.  
d/b/a Synergy Homecare

**Program:** LHCSA  
**Purpose:** Establishment

**County:** New York  
**Acknowledged:** March 13, 2024

**Executive Summary**

**Description**

Kirenaga Home Care Manhattan Inc. d/b/a Synergy Homecare, an existing Licensed Home Care Services Agency (LHCSA), currently operating at 261 W. 35<sup>th</sup> Street, Suite 405, New York, NY 10001, seeks approval to transfer 100% ownership from a current LLC shareholder to a new LLC shareholder, LT Underhill Holdings, LLC.

There are no proposed changes to the counties served or services provided.

OALTC Recommendation  
Approval

**Need Summary**

In accordance with 10 NYCRR §765-1.16(c)2, this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

**Program Summary**

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

**Financial Summary**

In accordance with 10 NYCRR §765-1.2(b)3 the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

## Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

**Approval conditional upon:**

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

Council Action Date

May 7, 2026

## Program Analysis

### Program Description

Kirenaga Home Care Manhattan Inc. d/b/a Synergy Homecare requests to transfer 100% ownership from the current LLC shareholder to LT Underhill Holdings, LLC.

Upon approval, Kirenaga Home Care, LLC will transfer 100% of its ownership shares to LT Underhill Holdings, LLC, which would then become the sole shareholder of Kirenaga Home Care Manhattan Inc. d/b/a Synergy Homecare.

The current membership of Kirenaga Home Care Manhattan Inc. d/b/a Synergy Homecare is as follows:

- Kirenaga Home Care LLC with its sole member being David Scalzo.

The proposed membership of Kirenaga Home Care Manhattan Inc. d/b/a Synergy Homecare will be as follows:

- LT Underhill Holdings, LLC - sole member Ethan Keiser.

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

- Bronx
- Kings
- Nassau
- New York
- Queens
- Richmond

The applicant will continue to provide the following healthcare services:

- Nursing
- Home Health Aide
- Homemaker
- Housekeeper
- Medical Social Services
- Nutritional
- Personal Care
- Therapy – Occupational
- Therapy – Physical
- Therapy – Speech Language Pathology

### Character and Competence Review

LT Underhill Holdings, LLC, the sole shareholder of Kirenaga Home Care Manhattan Inc. d/b/a Synergy Homecare, will be comprised of the following individual:

#### **Ethan Keiser (100%)**

##### Employment:

- Owner/Operator, LT Underhill Holdings, LLC (May 2021 – Present)
- Owner/Operator, Synergy Homecare of Bergen County (Health Care Services Firm), (NJ) (March 2017 – Present)

##### Affiliations:

- Synergy Homecare of Bergen County (Health Care Services Firm), (NJ), (March 2017 – Present)

A search of the individuals and entities named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

Facility Compliance/Enforcement

The New Jersey Office of Attorney General and Division of Consumer Affairs has submitted a Schedule 2D, Compliance Report Form for Synergy Homecare of Bergen County, located in Teaneck, New Jersey, and has confirmed that the agency is operational and is currently in compliance with all applicable codes, rules, and regulations; and is free of any enforcement or administrative actions.

Need Review

In accordance with 10 NYCRR §765-1.16(c)2, this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

Financial Review

In accordance with 10 NYCRR §765-1.2(b)3 the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

Workforce Review

The applicant's response regarding the recruitment and retention of the workforce was adequately addressed in their project narrative. Please refer to Attachment A for the agency's Workforce Summary.

Conclusion

A review of the Personal Qualifying Information indicates that the applicant has the required character and competence to operate a Licensed Home Care Services Agency.

The individual background review indicates the proposed members have met the standard for approval as set forth in New York State Public Health Law §3605.

Attachments
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OALTC Attachment A	Workforce Summary
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RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 3605 of the Public Health Law, on this 7th day of May, 2026 having considered any advice offered by the staff of the New York State Department of Health and the Establishment and Project Review Committee of the Council, and after due deliberation, hereby approves the following application for licensure, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

FACILITY:

241102 E

Kirenaga Home Care Manhattan Inc.  
d/b/a Synergy Homecare

APPROVAL CONTINGENT UPON:

N/A

APPROVAL CONDITIONAL UPON:

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

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a **complete** response to each **individual** contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the *Contingencies Tab in NYSE-CON*.



**Project # 241125-E**  
**Novel Home Health Care Services Of New York, Corp.**

**Program:** LHCSA  
**Purpose:** Establishment

**County:** Kings  
**Acknowledged:** April 8, 2024

**Executive Summary**

**Description**

Novel Home Health Care Services of NY, Corp., an existing Licensed Home Care Services Agency (LHCSA), requests to transfer 75.25% ownership interest from one withdrawing shareholder to three current shareholders and one new shareholder.

There are no proposed changes to the counties served or services provided.

OALTC Recommendation  
Approval

**Need Summary**

In accordance with 10 NYCRR §765-1.16(c)(2), this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

**Program Summary**

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

**Financial Summary**

In accordance with 10 NYCRR §765-1.2(b)(3) the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

## Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

**Approval conditional upon:**

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

Council Action Date

May 7, 2026

## Program Analysis

### Program Description

Novel Home Health Care Services of NY, Corp. requests to transfer 75.25% ownership interest from one withdrawing shareholder to three current shareholders and one new shareholder.

There are no proposed changes to the counties served or services provided.

The current membership of Novel Home Health Care Services of New York, Corp. is as follows:

- Oleg Dadashev (75.25%)
- Genrikh Abramov (8.25%)
- Rafael Abramov (8.25%)
- Vadim Solomonov (8.25%)

The proposed membership of Novel Home Health Care Services of New York, Corp. will be as follows:

- Rafael Abramov (45%)
- Inna Yusupov (36.75%)
- Vadim Solomonov (10%)
- Genrikh Abramov (8.25%)

The applicant will continue to serve the residents of the following counties from an office located at 247 Prospect Avenue, 3<sup>rd</sup> Floor, Brooklyn, NY. 11215:

- Bronx
- Kings
- New York
- Queens
- Richmond

The applicant will continue to serve the residents of the following counties from an office located at 91 Carman Avenue, Suite 100, Cedarhurst, NY. 11516:

- Nassau
- Suffolk

The applicant will continue to provide the following healthcare services from both locations:

- Nursing
- Audiology
- Home Health Aide
- Homemaker
- Housekeeper
- Medical Social Services
- Medical Supplies Equipment and Appliances
- Nutritional
- Personal Care
- Therapy – Occupational
- Therapy – Physical
- Therapy – Respiratory
- Therapy – Speech Language Pathology

## Character and Competence Review

Novel Home Health Care Services of New York, Corp. will be comprised of the following individuals:

### **Rafael Abramov (45%), Secretary**

#### Employment:

- Medical Director, Interventional Physical Medicine & Rehabilitation, (June 2013 - Present)
- Medical Director, Interventional Physical Medicine & Rehabilitation, (June 2016 - Present)
- Nassau University Medical Center, Resident, now Teaching Physician, (July 2006 – Present)

#### Affiliations:

- Novel Home Health Care Services of New York, Corp., (LHCSA), (August 2013 - Present)
- Interventional Physical Medicine & Rehabilitation, (Medical Office), (June 2013 - Present)

### **Inna Yusupov (36.75%), President**

#### Employment:

- Patient Coordinator, Novel Home Health Care Services of New York, Corp., (August 2016 – Present)

#### Affiliations:

No offices held or ownership interests in other health facilities.

### **Vadim Solomonov (10%), Director of Operations**

#### Employment:

- Owner, Paradise Garden Boutique, LLC, (May 2016 – Present)
- Owner, Reliable Continuous Passive Motion (CPM) Surgical Supplies, Inc., (December 2018 – Present)
- Administrator, Novel Home Health Care Services of New York, Corp., (January 2018 – Present)

#### Affiliations:

- Novel Home Health Care Services of New York, Corp., (LHCSA), (January 2018 – Present)

### **Genrikh Abramov (8.25%), Vice President**

#### Employment:

- Manager, Cherry Hill Gourmet Market Management, LLC, (September 2017 – Present)

#### Affiliations:

- Novel Home Health Care Services of New York, Corp., (LHCSA), (June 2013 – Present)

A search of the individuals and entities named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

## Facility Compliance/Enforcement

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

The Office of Professions of the State Education Department, the New York State Physician Profile, and the Office of Professional Medical Conduct, where appropriate, indicate no issues with the licensure of the health professionals associated with this application.

## Need Review

In accordance with 10 NYCRR §765-1.16(c)(2), this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

Financial Review

In accordance with 10 NYCRR §765-1.2(b)(3) the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

Workforce Review

The applicant's response regarding the recruitment and retention of the workforce was adequately addressed in their project narrative. Please refer to Attachment A for the agency's Workforce Summary.

Conclusion

A review of the Personal Qualifying Information indicates that the applicant has the required character and competence to operate a Licensed Home Care Services Agency.

The individual background review indicates the proposed members have met the standard for approval as set forth in New York State Public Health Law §3605.

Attachments
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OALTC Attachment A	Workforce Summary
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RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 3605 of the Public Health Law, on this 7th day of May, 2026 having considered any advice offered by the staff of the New York State Department of Health and the Establishment and Project Review Committee of the Council, and after due deliberation, hereby approves the following application for licensure, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

FACILITY:

241125 E

Novel Home Health Care Services Of New York, Corp.

APPROVAL CONTINGENT UPON:

N/A

APPROVAL CONDITIONAL UPON:

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

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a **complete** response to each **individual** contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the *Contingencies Tab in NYSE-CON*.



Project # 251019-E  
Carelink, Inc.

**Program:** LHCSA

**County:**

**Nassau**

**Purpose:** Establishment

**Acknowledged:** January 22, 2025

**Executive Summary**

**Description**

Carelink, Inc., an existing Licensed Home Care Services Agency (LHCSA), requests to transfer 80.2% ownership interest from one withdrawing shareholder to the remaining two shareholders.

There are no proposed changes to the counties served or services provided.

OALTC Recommendation  
Approval

**Need Summary**

In accordance with 10 NYCRR §765-1.16(c)2, this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

**Program Summary**

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

**Financial Summary**

In accordance with 10 NYCRR §765-1.2(b)3 the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

## Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

**Approval conditional upon:**

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

Council Action Date

May 7, 2026

## Program Analysis

### Program Description

Carelink, Inc. requests to transfer 80.2% ownership interest from one withdrawing shareholder to the remaining two shareholders.

There are no proposed changes to the counties served or services provided.

The current membership of Carelink, Inc. is as follows:

- Ena M. Bailey (80.2%)
- Chania Schonberger (9.9%)
- Benjamin Kolman (9.9%)

The proposed membership of Carelink, Inc. will be as follows:

- Chania Schonberger (50%)
- Benjamin Kolman (50%)

The applicant will continue to serve the residents of the following counties from the location at 25 S. Tyson Avenue, Elmont, NY. 11003:

- Queens
- Nassau
- Suffolk

The applicant will continue to provide the following healthcare service(s) at this location:

- Nursing
- Home Health Aide
- Personal Care
- Medical Social Services
- Nutrition
- Therapy – Physical
- Therapy – Occupational
- Therapy – Speech-Language Pathology

The applicant will continue to serve the residents of the following counties from the location at 1481 McDonald Avenue, 2<sup>nd</sup> Floor, Brooklyn, NY. 11230:

- Bronx
- Kings
- New York
- Queens
- Richmond
- Westchester

The applicant will continue to provide the following healthcare service(s) at this location:

- Nursing
- Home Health Aide
- Personal Care
- Medical Social Services
- Nutrition
- Therapy – Physical
- Therapy – Occupational

Character and Competence Review  
Carelink, Inc. will be comprised of the following individuals:

**Chanania (Charles) Schonberger (50%) President and Chief Executive Officer**

Employment:

- Chief Executive Officer, Carelink, Inc., (December 2023 – Present)

Affiliations:

- Carelink, Inc., (LHCSA), (December 2023 – Present)

**Benjamin Kolman (50%) Vice President, Secretary, and Treasurer**

Employment

- Chief Marketing Officer, Carelink Inc., (December 2023 – Present)

Affiliations:

- Carelink, Inc., (LHCSA), (December 2023 – Present)

A search of the individuals and entities named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

Facility Compliance/Enforcement

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

Need Review

In accordance with 10 NYCRR §765-1.16(c)(2), this application is exempt from Public Need review as the agency is actively serving over 25 patients, as attested to by the current operator.

Financial Review

In accordance with 10 NYCRR §765-1.2(b)3 the applicant has submitted financial documents prepared by a Certified Public Accountant (CPA) demonstrating the financial feasibility of the agency.

Workforce Review

The applicant's response regarding the recruitment and retention of the workforce was adequately addressed in their project narrative. Please refer to Attachment A for the agency's Workforce Summary.

Conclusion

A review of the Personal Qualifying Information indicates that the applicant has the required character and competence to operate a Licensed Home Care Services Agency.

The individual background review indicates the proposed members have met the standard for approval as set forth in New York State Public Health Law §3605.

**Attachments**

OALTC Attachment A | Workforce Summary

RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 3605 of the Public Health Law, on this 7th day of May, 2026 having considered any advice offered by the staff of the New York State Department of Health and the Establishment and Project Review Committee of the Council, and after due deliberation, hereby approves the following application for licensure, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

FACILITY:

251019 E

Carelink, Inc.

APPROVAL CONTINGENT UPON:

N/A

APPROVAL CONDITIONAL UPON:

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

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a **complete** response to each **individual** contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the *Contingencies Tab in NYSE-CON*.



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

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

**Executive Summary**

**Description**

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

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

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

OPCHSM Recommendation  
Contingent Approval

**Need Summary**

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

**Program Summary**

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

**Financial Summary**

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

<u>Budget</u>	<u>Year One</u>	<u>Year Three</u>
Revenues	\$2,551,624	\$3,061,893
Expenses	<u>2,194,700</u>	<u>2,717,880</u>
Excess Rev./Exp.	\$356,924	\$344,013

**Health Equity Impact Assessment**

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

## Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Primary Care and Health Systems Management

**Approval contingent upon:**

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

**Approval conditional upon:**

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

Council Action Date

May 7, 2026

# Need Analysis

## Project Description

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

## Background and Analysis

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

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

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

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

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

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

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

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

Source: Data USA

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

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

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

The projected payor mix includes:

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

Source: Applicant

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

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

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

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

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

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

Source: NYSDOH, Data Hub

Rates are per 10,000 and are rounded crude rates

\*PQIs are unavailable for zip code 11249

### Conclusion

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

## Program Analysis

### Project Proposal

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

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

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

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

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

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

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

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

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

#### Character and Competence

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

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

#### Disclosures

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

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

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

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

#### Conclusion

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

## Financial Analysis

### Total Project Cost and Financing

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

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

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

### Operating Budget

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

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

The following is noted with respect to the operating budget:

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

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

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

#### Lease Rental Agreement (Executed)

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

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

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

#### Capability and Feasibility

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

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

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

Conclusion

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

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

RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 2801-a of the Public Health Law, on this 7th day of May 2026, having considered any advice offered by the Regional Health Systems Agency, the staff of the New York State Department of Health, and the Establishment and Project Review Committee of this Council and after due deliberation, hereby proposes to approve the following application to establish and construct a new Diagnostic and Treatment Center at 670 Flushing Avenue, Brooklyn., and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that any approval of this application is not to be construed as in any manner releasing or relieving any transferor (of any interest in the facility that is the subject of the application) of responsibility and liability for any Medicaid (Medicaid Assistance Program -- Title XIX of the Social Security Act) or other State fund overpayments made to the facility covering the period during which any such transferor was an operator of the facility, regardless of whether the applicant or any other entity or individual is also responsible and liable for such overpayments, and the State of New York shall continue to hold any such transferor responsible and liable for any such overpayments, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

252207 B

FACILITY/APPLICANT:

Rosh Medical Management LLC  
d/b/a Rosh Medical Center

APPROVAL CONTINGENT UPON:

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

APPROVAL CONDITIONAL UPON:

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

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a complete response to each individual contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the Contingencies Tab in NYSE-CON.



**Project # 252172-E  
PACE at Hudson Headwaters, Inc.**

**Program:** LHCSA  
**Purpose:** Establishment

**County:** Warren  
**Acknowledged:** November 4, 2025

**Executive Summary**

**Description**

PACE at Hudson Headwaters, Inc. requests approval to establish a new Licensed Home Care Services Agency (LHCSA) pursuant to Article 36 of the Public Health Law.

The LHCSA will exclusively serve enrollees of the Hudson Headwater's Article 44 Program of All-Inclusive Care for the Elderly (PACE). PACE at Hudson Headwaters serves individuals in Saratoga, Warren and Washington counties enrolled in the PACE program.

Hudson Headwaters Health Network will be the sole member of PACE at Hudson Headwaters, Inc.

OALTC Recommendation  
Approval

**Need Summary**

In accordance with 10 NYCRR §765-1.16(c)(3), this application is exempt from Public Need review as the agency will exclusively serve the Program of All-Inclusive Care for the Elderly (PACE), as attested to by the current operator.

**Program Summary**

The individual background review indicates the proposed members have met the standard for approval as set forth in Public Health Law §3605.

**Financial Summary**

In accordance with 10 NYCRR §765-1.2(b)(3), the applicant has submitted financial documents prepared and signed by the Vice President of Finance & Contracts demonstrating the financial feasibility of the agency.

## Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

**Approval conditional upon:**

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

Council Action Date

May 7, 2026

# Program Analysis

## Program Description

PACE at Hudson Headwaters, Inc. requests approval to establish a new Licensed Home Care Services Agency (LHCSA) solely for the purpose of providing home care services to individuals in Saratoga, Warren and Washington counties enrolled in the PACE at Hudson Headwaters program.

Hudson Headwaters Health Network will be the sole member of PACE at Hudson Headwaters, Inc.

The applicant proposes to serve the residents of the following counties enrolled in the PACE at Hudson Headwaters:

- Saratoga
- Warren
- Washington

The applicant proposes to provide the following healthcare services:

- Nursing
- Home Health Aide
- Medical Supplies, Equipment and Appliances

## Character and Competence Review

PACE at Hudson Headwaters, Inc. will be comprised of the following board members:

### **Patricia Auer (Board Officer/Secretary)**

#### Employment:

- Retired October 31, 2018

#### Affiliations:

- PACE at Hudson Headwaters, (PACE), (January 2022 – Present)
- Hudson Headwaters Health Network, (February 2021 – Present)

### **Michele Boxley (Executive Officer)**

#### Employment:

- Vice President of Finance and Contracts, PACE at Hudson Headwaters, (February 2023 – Present)

#### Affiliations:

- Four Winds Hospitals, (Article 31 Hospital), (October 2013 – January 2023)
- PACE at Hudson Headwaters, (PACE), (February 2023 – Present)

### **Jason Miller (Board Director)**

#### Employment:

- Deputy Chief of Police, Hudson Falls Police Department, (September 2023 – Present)

#### Affiliations:

- PACE at Hudson Headwaters, (PACE), (March 2025 – Present)

### **Michael Miles (Executive Officer)**

#### Employment:

- Chief Medical Officer, PACE at Hudson Headwaters, (January 2023 – Present)
- Physician, Hudson Headwaters Health Network, (May 2019 – Present)

#### Affiliations:

- PACE at Hudson Headwaters, (PACE), (January 2024 – Present)
- Elderwood at North Creek, (RHCF), (June 2019 – January 2024)
- Glens Falls Center for Rehabilitation and Nursing, (RHCF), (July 2020 – March 2022)
- High Peaks Hospice and Palliative Care, Inc., (Hospice), (May 2017 – December 2023)

### **James Morris (Treasurer)**

#### Employment:

- President, Berkshire Bank, A Division of Beacon Bank & Trust, (September 2015 – Present)

#### Affiliations:

- PACE at Hudson Headwaters, (PACE), (July 2021 – Present)
- Hudson Headwaters Health Network, (February 2016 – February 2025)

### **Robert Nemer (Board Director)**

#### Employment:

- Vice President, Nemer Motor Group, (1971 – Present)

#### Affiliations:

- PACE at Hudson Headwaters, (PACE), (February 2024 – Present)
- Hudson Headwaters Health Network, (February 2022 – Present)

### **Donna Nichols (Board Officer/Vice-Chairperson)**

#### Employment:

- CEO/Executive Director, Civic Center of Moreau, Inc. d/b/a Moreau Community Center, (January 2010 – Present)

#### Affiliations:

- PACE at Hudson Headwaters, (PACE), (July 2021 – Present)
- Hudson Headwaters Health Network, (February 2018 – Present)

### **Heather O'Connor (Board Director)**

#### Employment:

- Program Director Center of Excellence Director, Glens Falls Hospital, (October 2014 – Present)

#### Affiliations:

- PACE at Hudson Headwaters, (PACE), (March 2025 – Present)
- Center of Excellence for Alzheimer's Disease at Glens Falls Hospital, (Hospital), (May 2017 – Present)

### **Kevin Porpora (Board Officer/Chairperson)**

#### Employment:

- Residential Mortgage Originator, Arrow Bank, (December 2001 – Present)

#### Affiliations:

- PACE at Hudson Headwaters, (PACE), (July 2021 – Present)
- Hudson Headwaters Health Network, (February 2025 – Present)

### **Peter Reale (Board Director)**

#### Employment:

- Retired Owner/President, Reale Construction Co. Inc., (May 1979 – December 2025)

#### Affiliations:

- PACE at Hudson Headwaters, (PACE), (July 2021 – Present)
- Hudson Headwaters Health Network, (February 2016 – February 2025)

### **Christine Rowe-Button, M.D. (Board Director)**

#### Employment:

- Diagnostic Radiologist, Community Care Physicians, (February 2023 – Present)

#### Affiliations:

- PACE at Hudson Headwaters, (PACE), (February 2024 – Present)
- Hudson Headwaters Health Network, (February 2024 – Present)

### **Sharon Shannon (Board Director)**

#### Employment:

- Retired Family Nurse Practitioner, Hudson Headwaters Health Network, (February 2014 – June 2021)

#### Affiliations:

- PACE at Hudson Headwaters, (PACE), (February 2025 – Present)
- High Peaks Hospice and Palliative Care, (Hospice), (January 2021 – January 2025)

### **David Tucker Slingerland, M.D. (Board Director, Ex-Officio, Executive Officer)**

#### Employment:

- CEO, PACE at Hudson Headwaters, (January 2022 – Present)
- CEO, Hudson Headwaters Health Network, (September 2008 – Present)

#### Affiliations:

- Network for Health IPA, LLC, (IPA), (February 2024 – Present)
- PACE at Hudson Headwaters, (PACE), (January 2022 – Present)
- Adirondack Health Institute, (February 2019 – Present)
- Hixny, Nonprofit Health Information Network, (January 2018 – January 2020)
- Adirondacks Accountable Care Organization, (February 2013 – February 2021)

### **Linda Spokane (Executive Officer)**

#### Employment:

- President & Program Director, PACE at Hudson Headwaters, (January 2024 – Present)
- Vice-President of Population Health, Hudson Headwaters Health Network, (October 2017 – December 2023)

#### Affiliations:

- Warren Washington Association for Mental Health, Inc. d/b/a ASCEND Mental Wellness, (Non-Profit Community Based Mental), (July 2023 – Present)
- PACE at Hudson Headwaters, (PACE), (January 2024 – Present)

Hudson Headwaters Health Network will be comprised of the following board members:

### **Charles Barton (Board Director)**

#### Employment:

- Chief Executive Officer, Warren Washinton Industrial Development Agency, (August 2022 – Present)

#### Affiliations:

- Hudson Headwaters Health Network, (February 2025 – Present)

### **William Borgos, M.D. (Executive Officer)**

#### Employment:

- Physician & Chief Medical Officer, Hudson Headwaters Health Network, (May 2003 – Present)

#### Affiliations:

- No offices held or ownership interests in other health facilities.

### **Vicki Demarse-Giroux (Board Director)**

#### Employment:

- Benefits Director, Champlain Valley Educational Services (CEWW BOCES), (October 2020 – Present)

#### Affiliations:

- Hudson Headwaters Health Network, (December 2021 – Present)
- CEWW Health Insurance Consortium, (CEWW BOCES), (October 2020 – Present)

### **Thomas Dodd (Board Officer-Chairperson)**

#### Employment:

- Manager, Putnam Camp, (February 2020 – Present)

#### Affiliations:

- Hudson Headwaters Health Network, (November 2021 – Present)
- Franklin Essex Hamilton Co. BOCES, (September 2014 – June 2019)

### **Deana Ketchum (Board Director)**

#### Employment:

- Owner, New Collar Goods, (2015 – Present)

#### Affiliations:

- Hudson Headwaters Health Network, (February 2022 – Present)

**Megan Mayo (Board Director)**

Employment:

- Owner, Megan L. Mayo DDS, PLLC. (January 2022 – Present)

Affiliations:

- Hudson Headwaters Health Network, (February 2025 – Present)

**Deborah Morris (Board Director)**

Employment:

- Co-Founder/Owner, Bark Eater Chocolates, (2008 – Present)

Affiliations:

- Hudson Headwaters Health Network, (March 2025 – Present)

**Laura Pasco (Executive Officer)**

Employment:

- EVP, Chief Financial Officer, Hudson Headwaters Health Network, (September 2022 – Present)

Affiliations:

- Network for Health IPA, LLC, (IPA), (February 2024 – Present)

**Steven Shafer (Board Director)**

Employment:

- Superintendent, Raquette Lake Union Free School District, (September 2023 – Present)

Affiliations:

- Hudson Headwaters Health Network, (July 2024 – Present)

**Brittany Silvestri (Executive Officer)**

Employment:

- EVP, Chief Operating Officer, Hudson Headwaters Health Network, (March 2017 – Present)

Affiliations:

- Network for Health IPA, LLC, (IPA), (March 2025 – Present)
- Adirondacks Accountable Care Organization, (ACO), (July 2023 – Present)

**Darren Woods (Board Director)**

Employment:

- Artistic Director/Development, Seagle Music Colony Inc. (Seagle Festival), (1996 – Present)

Affiliations:

- Hudson Headwaters Health Network, (February 2023 – Present)

Please see Attachment A for the full list of providers that fall under the Hudson Headwaters Health Network, Inc.

A search of the individuals and entities named above revealed no matches on either the Medicaid Disqualified Provider List or the OIG Exclusion List.

The Office of Professions of the State Education Department, the New York State Physician Profile, and the Office of Professional Medical Conduct, where appropriate, indicate no issues with the licensure of the health professionals associated with this application.

## Facility Compliance/Enforcement

A review of the compliance history of the above-mentioned affiliated facilities reveals the following:

- Glens Falls Hospital was fined \$10,000 pursuant to a Stipulation and Order BHS-25-038 for violation of Article 28 of the Public Health Law and 10 NYCRR §405.7(b)(3) on February 20, 2025.
- Glens Falls Center for Rehabilitation and Nursing was fined \$10,000 pursuant to a Stipulation and Order #NH-23-001 for violation of the Public Health Law Article 28 and 10 NYCRR §415.3(a) and (f) on October 6, 2022.
- Glens Falls Center for Rehabilitation and Nursing was fined \$6,000 pursuant to a Stipulation and Order #NH-20-038 for violation of the Public Health Law §2803(4), 10 NYCRR §415.19(a)(1), §415.19(a)(2), §415.19(b)(4) and Governor's Executive Order 202.11 on April 30, 2020.
- Elderwood at North Creek was fined \$4,000 pursuant to a Stipulation and Order #NH-21-165 for violation of Article 28 of the Public Health Law, Title 10 NYCRR §415.19(a)(1) and (b)(4) Infection Control on July 29, 2021.

The information provided by the Center for Residential Surveillance has indicated that the applicant has provided sufficient supervision to prevent harm, maintain the health, safety, and welfare of residents, and to prevent recurrent code violations.

## Need Review

In accordance with 10 NYCRR §765-1.16(c)(3), this application is exempt from Public Need review as the agency will exclusively serve the Program of All-Inclusive Care for the Elderly (PACE), as attested to by the current operator.

## Financial Review

In accordance with 10 NYCRR §765-1.2(b)(3), the applicant has submitted financial documents prepared and signed by the Vice President of Finance & Contracts demonstrating the financial feasibility of the agency.

## Workforce Review

The applicant's response regarding the recruitment and retention of the workforce was adequately addressed in their project narrative. Please refer to Attachment B for the agency's Workforce Summary.

## Conclusion

A review of the Personal Qualifying Information indicates that the applicant has the required character and competence to operate a Licensed Home Care Services Agency.

The individual background review indicates the proposed members have met the standard for approval as set forth in New York State Public Health Law §3605.

## Attachments

OALTC Attachment A	List of Facilities for Hudson Headwaters Health Network, Inc.
OALTC Attachment B	Workforce Summary

RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 3605 of the Public Health Law, on this 7th day of May, 2026 having considered any advice offered by the staff of the New York State Department of Health and the Establishment and Project Review Committee of the Council, and after due deliberation, hereby approves the following application for licensure, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

FACILITY:

252172 E

PACE at Hudson Headwaters, Inc.

APPROVAL CONTINGENT UPON:

N/A

APPROVAL CONDITIONAL UPON:

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

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a **complete** response to each **individual** contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the *Contingencies Tab in NYSE-CON*.



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

Program: Residential Health Care Facility
Purpose: Establishment

County: Niagara
Acknowledged: February 16, 2024

Executive Summary

Description

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

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

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

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

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

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

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

\*Managing Member

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

Table with 1 column: Current Realty Owner. Content: Our Lady of Peace, Inc.

Table with 2 columns: Proposed Realty Owner, Members, Ownership %. Content: Lewiston SNF Propco LLC. Members: Adam Offman (45%), Jacob Levene (20%), Josh Brown (20%), Yaakov Chapler (15%).

OALTC Recommendation
Contingent Approval

### Need Summary

As of March 3, 2026, the facility reported 96.7% occupancy of its staffed beds, compared to 94.6% for Niagara County.

### Program Summary

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

### Financial Summary

There is no project cost associated with this application. The purchase price for the operations is \$1,833,300 and will be funded with members' equity of the Lewiston SNF Propco LLC. The purchase price for the real estate is \$12,241,700 and will be met with a bank loan of up to \$13,000,000 with a 5-year term, 20-year amortization at a 7.5% interest.

The proposed budget is as follows:

<u>Budget</u>	<u>Year One</u>	<u>Year Three</u>
Revenues	\$25,896,900	\$27,607,900
Expenses	<u>25,880,100</u>	<u>26,108,235</u>
Excess of Rev. over Exp.	\$16,800	\$1,499,665

### Health Equity Impact Assessment

This project does not meet the requirements for a Health Equity Impact Assessment under Public Health Law §2802-B.

## Recommendations

Long Term Care Ombudsman Program

The LTCOP recommends Approval. (See LTCOP Attachment A)

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

**Approval contingent upon:**

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

**Approval conditional upon:**

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

Council Action Date

May 7, 2026

# Need Analysis

## Background and Analysis

The service area is Niagara County, which has a population estimated to decrease by 4.1% to 202,034 by 2031 per projection data from the Cornell Program on Applied Demographics. Demographics for the primary service area are noted below, including a comparison with New York State.

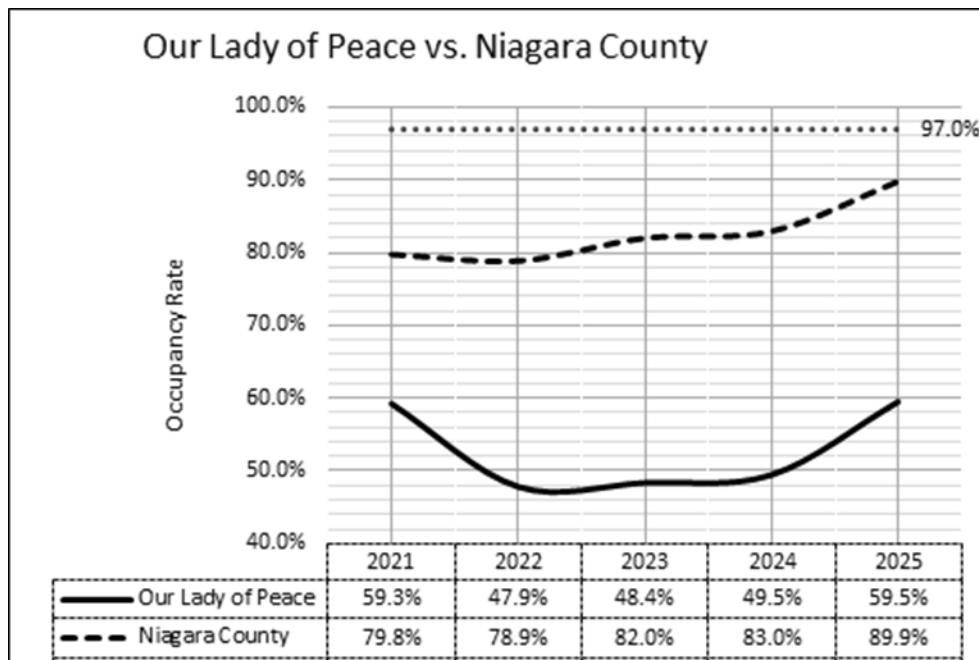
Demographics	Niagara County	New York State
Total Population (2024 Estimate)	210,721	19,852,366
Hispanic or Latino (of any race)	4.0%	19.88%
White (non-Hispanic)	82.1%	52.8%
Black or African American (non-Hispanic)	6.3%	13.4%
Asian(non-Hispanic)	1.2%	9.0%
Other (non-Hispanic)	6.4%	5.0%

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

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

	Niagara County Age Group 65-84	Niagara County Age Group 85+	New York State Age Group 65-84	New York State Age Group 85+
Estimated 2024 Population	38,893	5,537	3,108,608	445,420
Population Projection by 2031	47,268	6,925	3,749,085	638,383
Percent Change	+22.9%	+32.5	+20.6%	+43.3%

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



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

The table below shows the CMS Rating and the utilization of the closest RHCFS to Our Lady of Peace Nursing Care Residence in Niagara County.

Facility Name	CMS Overall Rating	RHCF Beds	Distance from other RHCFS	Occupancy			
	As of 2/2026			Miles/Time	2022	2023	2024
Our Lady of Peace Nursing Care Residence	5	250	0 miles/0 mins	47.9%	48.4%	49.5%	59.5%
Niagara Rehabilitation and Nursing Center	1	160	4.5 miles/11 mins	79.0%	83.0%	84.7%	91.5%
Schoellkopf Health Center	2	120	4.6 miles/11 mins	76.5%	87.4%	87.4%	90.8%
Elderwood at Wheatfield	2	123	9.6 miles/17 mins	83.4%	90.2%	88.0%	93.6%
North Gate Health Care Facility	4	200	11.9 miles/20 mins	86.6%	91.0%	93.8%	94.8%
Degraff Memorial Hospital-Skilled Nursing Facility	4	80	15.6 miles/24 mins	90.2%	91.3%	89.9%	95.9%
Lockport Rehab & Health Care Center	5	82	21.2 miles/ 33 mins	94.1%	93.6%	93.9%	96.1%

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

Based on weekly census data, the facility reported that 71.6% of its 250 licensed beds were staffed and 69.2% occupied on March 3, 2026, resulting in a 96.7% occupancy rate of staffed beds. Niagara County had 95.9% of its 1,389 licensed beds staffed and 90.7% occupied, resulting in a 94.6% occupancy rate of staffed beds.

The applicant plans to increase utilization. They noted that 50 percent of the beds were taken offline from December 2022 to October 2024. Once the beds were approved by the local area office, the current operator did not have the staff available to service those beds. The change in occupancy that the facility encountered was a pending Collective Bargaining Agreement. A Collective Bargaining Agreement has been ratified, and rates for staff have increased. The seller and the buyer have agreed to work together in recruiting efforts for both staff and resident admissions. This includes establishing new marketing techniques, contact with the local area hospital discharge planners, and other potential sources of admission. The applicant provided the following plans to be undertaken by the proposed operator to increase utilization, improve community reputation and referral preference, reduce dependency on agency staffing, and strengthen operational stability at OLP. These plans include:

- assessing current referrals and defining populations for additional referrals
- internal planning including daily admissions meetings, bed readiness audits, and improving customer experience
- developing hospital partnerships, provider collaborations, and community outreach
- enhancing digital and media marketing
- improving staff recruitment and retention

The following table provides the Case Mix Index (CMI) for the facility and surrounding RHCs, which reflects the relative resources predicted to provide care to a resident. The New York State average CMI was 1.3520 and 1.2962 for Niagara County. The higher the case mix weight, the greater the resource requirement for the residents.

Case Mix Index	2023	
	All Payor Mix	Medicaid Only
Our Lady of Peace Nursing Care Residence	1.1833	1.0118
Niagara Rehabilitation and Nursing Center	1.1943	1.1718
Schoellkopf Health Center	1.2079	1.0957
Elderwood at Wheatfield	1.2512	1.1918
North Gate Health Care Facility	1.4091	1.3017
Degraff Memorial Hospital-Skilled Nursing Facility	1.244	1.1838
Lockport Rehab & Health Care Center	1.2761	1.3148

### Medicaid Access

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

- the number of individuals within the planning area currently awaiting placement to a residential health care facility and the proportion of total individuals awaiting such placement that are Medicaid patients and/or alternate level of care patients in general hospitals.
- the proportion of the facility's total patient days that are Medicaid patient days and the length of time that the facility's patients who are admitted as private paying patients remain such before becoming Medicaid eligible;
- the proportion of the facility's admissions who are Medicare patients or patients whose services are paid for under provisions of the federal Veterans' Benefit Law;
- the facility's patient case-mix based on the intensity of care required by the facility's patients or the extent to which the facility provides services to patients with unique or specialized needs;
- the financial impact on the facility due to an increase in Medicaid patient admissions.

An applicant will be required to make appropriate adjustments in its admission policies and practices to meet the resultant percentage. The facility's Medicaid admissions rate was above the threshold of 75% of the Niagara County rate for the year 2022, however, was lower than the county rate for the Year 2023 and 2024.

Medicaid Access	2022	2023	2024
Niagara County Total	17.6%	19.8%	24.8%
<i>Niagara County Threshold Value</i>	13.2%	14.8%	18.6%
Our Lady of Peace Nursing Care	13.6%	6.1%	18.4%

### Conclusion

There will be no changes to beds or services as a result of this application. As of March 3, 2026, the facility reported a 96.7% occupancy rate of its staffed beds, while Niagara County had a 94.6% occupancy rate of staffed beds.

## Program Analysis

### Program Description

	Existing	Proposed
<b>Facility Name</b>	Our Lady of Peace Nursing Care Residence	Same
<b>Address</b>	5285 Lewiston Road, Lewiston, New York 14092	Same
<b>RHCF Capacity</b>	250 beds	Same
<b>ADHCP Capacity</b>	N/A	N/A
<b>Type of Operator</b>	Not-for-Profit Corporation	Limited Liability Company
<b>Class of Operator</b>	Voluntary	Proprietary
<b>Operator</b>	<b>Our Lady of Peace, Inc.</b>  - Affiliate of Ascension Living -	<b>OLP SNF OPCO LLC d/b/a Our Lady Peace Nursing Care Residence</b>  <b>Membership:</b> Bernadette Roesch*            10% Pesach Brown                    45% Fayga Chapler                    45%  <i>*Managing Member</i>

### Character and Competence

**Bernadette Roesch** lists current employment as the VP of Operations at Crest Manor Living and Rehabilitation Center in Fairport, NY, East Side Nursing and Rehab in Warsaw, NY, and Kirkhaven in Rochester, NY. Previously, Bernadette was Administrator of Record at Kirkhaven, East Side Nursing and Rehab, Crest Manor Living and Rehabilitation Center, Absolut Care of Orchard Park, Absolut Care of Westfield, and Absolut Care of Allegany. Prior to Bernadette's employment as Administrator of Record at the aforementioned facilities, Bernadette was the Assistant Administrator at Absolut Care LLC, Regional Social Work Consultant at Absolut Care LLC, Assistant Administrator at Absolut Care of Orchard Park, and Director of Social Work at Absolut Care of Orchard Park. Bernadette holds a master's degree in social work from the University of Buffalo and a nursing home administrator certificate from D'Youville University. Bernadette Roesch is licensed as a Nursing Home Administrator in New York State with more than eight years of experience and discloses the following pending health care facility ownership interest:

New York Nursing Home

Kirkhaven (10%)

Pending

**Pesach (Chesky/Ken) Brown** lists employment as CEO of Fresh Scents Inc. in Ramsey, NJ. Fresh Scents sells/leases commercial scent systems to the healthcare industry. Previously, Pesach was the Sales Director of Tristate Surgical Supplies/MBS in Brooklyn, NY. Tristate provides medical supplies to nursing homes. Pesach Brown received a bachelor's degree in Talmudic law from Ner Israel College and discloses the following pending health care facility ownership interest:

New York Nursing Home

Kirkhaven (45%)

Pending

**Fayga Chapler** is currently a Homemaker. Previously, Fayga was an Account Manager with RushKing Promotions. Fayga received a high school diploma from Yeshiva of Brooklyn. Fayga Chapler discloses the following pending health care facility ownership interest:

New York Nursing Home

Kirkhaven (45%)

Pending

## Quality Review

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

CMS Star Rating Criteria					
		Duration of Ownership*			
		< 48 Months		48 months or more	
Proposed Owner	Total Nursing Homes	Number of Nursing Homes	Percent of Nursing Homes With a Below Average Rating	Number of Nursing Homes	Percent of Nursing Homes With a Below Average Rating
Bernadette Roesch	0	0	N/A	0	N/A
Pesach Brown	0	0	N/A	0	N/A
Fayga Chapler	0	0	N/A	0	N/A

\*Duration of Ownership as of 05/07/2026

Data date: 02/2026

## Review of Employment History

The proposed owners disclosed they have no ownership interest in healthcare facilities. A review was conducted to ensure that the applicants have adequate relevant experience to conduct the affairs of the company.

Bernadette Roesch has more than eight years of experience as a Licensed Nursing Home Administrator (LNHA) with employment as follows:

- Supervisory Administrator of Record at Crest Manor Living and Rehabilitation Center from March 2024 to September 2024;
- LNHA at Kirkhaven from September 2023 to July 2024;
- LNHA at East Side Nursing Home from August 2022 to September 2023 and from February 2019 to October 2021;
- LNHA at Crest Manor Living and Rehabilitation Center from January 2022 to July 2022;
- LNHA at Absolut Center for Nursing & Rehab Orchard Park from June 2017 to December 2018;
- LNHA at Absolut Center for Nursing and Rehabilitation at Westfield from December 2016 to June 2017; and
- LNHA at Absolut Center for Nursing & Rehab Allegany from March 2015 to December 2016.

Currently, Bernadette Roesch is the VP of Operations at the following facilities:

- Crest Manor Living and Rehabilitation Center since August 2022;
- East Side Nursing Home since August 2022; and
- Kirkhaven since July 2024.

East Side Nursing Home has a CMS overall quality rating of 3 stars (average). Kirkhaven and Crest Manor Living and Rehabilitation Center have below average CMS overall quality ratings. To improve the quality at Kirkhaven and Crest Manor Living and Rehabilitation Center, the applicant provided the following:

### **Kirkhaven– CMS 2-Star Rating**

Upon assuming operational control of Kirkhaven, the new operator will implement immediate and targeted interventions to address the decline in the Centers for Medicare & Medicaid Services Five-Star Rating.

Additional on-site administrative and clinical oversight will be established through increased hours by the Operator and QA Nurse to ensure daily monitoring of care delivery, documentation, and regulatory compliance. Staffing enhancements have been initiated in coordination with the current operator, including increased wage rates to recruit and retain qualified nursing staff, as well as restructuring CNA roles to include designated shower aides to improve resident hygiene and quality of care outcomes.

Formal weekly Risk and Quality Assurance meetings are being implemented and led by the current Operator, proposed operator and in conjunction with a QA nurse with participation from the interdisciplinary team. These meetings will focus on reviewing audit findings, identification of trends, and implementation of corrective actions across key areas including clinical care, customer service, and regulatory compliance.

Comprehensive audit tools have been developed and deployed facility-wide to monitor performance in real time. In addition, focused staff education and in-service training programs will be initiated to reinforce expectations related to resident care, service excellence, and adherence to policies and procedures.

These actions collectively establish a structured, accountable framework aimed at improving quality outcomes, enhancing resident satisfaction, and restoring the facility's CMS star rating.

**Crest Manor – CMS 1-Star Rating**

Steps were taken to stabilize the facility and restore clinical integrity.

Corrective actions included:

- Leadership changes initiated, including the replacement of the current Administrator and onboarding of a new Director of Nursing.
- Appointment of a House Manager to directly oversee aide performance and care routines.
- Deployment of regional QA and Educator staff to provide in-service education on documentation, nutrition monitoring, and clinical protocols.
- Standardization of weekly risk meetings
- Strengthening of audit tools, staff coaching, and interdisciplinary collaboration.

The plan includes mock survey cycles, staff competency validation, and structured leadership rounding. Our goal is to bring this facility into compliance and set it on a clear path toward quality improvement and CMS rating advancement.

<b>Facility</b>	<b>VP of Operations Since*</b>	<b>Overall</b>	<b>Health Inspection</b>	<b>Quality Measure</b>	<b>Staffing</b>
<b>New York</b>					
Our Lady of Peace Nursing Care Residence	Subject Facility	*****	****	*****	****
Kirkhaven	Current	**	**	****	**
	07/2024	**	***	**	*
Crest Manor Living and Rehabilitation Center	Current	*	*	****	*
	08/2022	**	***	****	*
East Side Nursing Home	Current	***	****	***	*
	08/2022	***	****	****	*

Data date: 02/2026

\*Please Note: Bernadette Roesch serves as the VP of Operations, not the operator, of these facilities and is not subject to the CMS Star Ratings Portfolio Assessment under 10 NYCRR §600.2(b)(5)(iv).

<b>Facility</b>	<b>Administrator Since*</b>	<b>Overall</b>	<b>Health Inspection</b>	<b>Quality Measure</b>	<b>Staffing</b>
<b>New York</b>					
<b>End-Dated as Administrator</b>					
Crest Manor Living and Rehabilitation Center†	09/2024	*	*	***	*
	03/2024	*	**	***	*
Kirkhaven	07/2024	**	***	**	*
	09/2023	***	***	****	**
East Side Nursing Home	09/2023	**	****	*	*
	08/2022	***	****	****	*
Crest Manor Living and Rehabilitation Center	07/2022	**	***	****	*
	01/2022	***	***	****	***
East Side Nursing Home	10/2021	*****	****	*****	**
	02/2019	****	***	****	****
Absolut Center for Nursing and Rehabilitation at Orchard Park	12/2018	*	*	*	****
	06/2017	*	*	**	**
Absolut Center for Nursing and Rehabilitation at Westfield	06/2017	*	*	**	*
	12/2016	*	*	*	***
Absolut Center for Nursing and Rehabilitation at Allegany	12/2016	*	*	***	**
	03/2015	***	****	**	*

\*Please Note: The above represents the time periods Bernadette Roesch served as the LNHA, not the operator, of these facilities and is not subject to the CMS Star Ratings Portfolio Assessment under 10 NYCRR §600.2(b)(5)(iv).

†Bernadette Roesch was the Supervisory Administrator of Record, supervising Andrew Joksimovic, the unlicensed provisional Administrator of Record for Crest Manor Living and Rehabilitation Center.

### Enforcement History

A review of the operations of the facilities while Bernadette Roesch was the VP of Operations/Administrator follows:

#### **New York**

A review of the operations of Kirkhaven under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was cited on 12/08/2025 for surveillance findings under F550 for failure to honor the residents right to a dignified existence, self-determination, communication, and to exercise his or her rights. The facility disputed the citation, which was upheld on 03/03/2026. Federal CMPs or State enforcement action resulting from this citation, if any, have yet to be issued.

A review of the operations of East Side Nursing Home under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was assessed federal CMPs of \$2,659 on 01/08/2024, \$2,098 on 01/02/2024 and \$4,233 on 12/11/2023 for failure to report COVID data under F884.
- The facility was assessed a federal CMP of \$650 on 07/05/2021 for failure to report COVID data under F884.

- The facility was fined \$2,000 pursuant to Stipulation and Order NH-21-146 for surveillance findings on 12/31/2020. Deficiencies were found under 10 NYCRR §415.19(a)(1) and §400.2 Infection Control. The facility failed to establish and maintain an infection control program under which it investigates, controls and takes action to prevent infections in the facility; and failed to implement appropriate universal precaution procedures for individual residents. Also, the facility failed to require all staff to be checked for COVID-19 symptoms, including a temperature check at the start of each shift and every 12 hours while on duty pursuant to the directives of the Department of Health.

A review of the operations of Crest Manor Living and Rehabilitation Center under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was fined \$32,000 pursuant to Stipulation and Order NH-25-023 for surveillance findings on 10/15/2024. Deficiencies were found under 10 NYCRR §415.12(1)(c) and (1)(a) – Quality of Care and 10 NYCRR §415.12(h)(1) – Quality of Care – Nutrition (2 citations). The facility was also assessed a federal CMP of \$41,360 on 10/15/2024 for failure to provide appropriate treatment and care according to orders, residents preference and goals under F684 at a G level, and for failure to provide enough food/fluids to maintain a resident's health under F692 at a G level.
- The facility was fined \$2,000 pursuant to Stipulation and Order NH-23-097 for surveillance findings on 04/18/2023. Deficiencies were found under 10 NYCRR §415.19 Infection Control. The facility failed to ensure staff adhere to its infection prevention and control policies, as outlined in the Statement of Deficiencies. Specifically, there were three observed instances of a failure to use appropriate hand hygiene, unsanitary storage of medication, unsanitary care of an indwelling urine catheter drainage bag, and failure to clean/disinfect resident care equipment after use.
- The facility was fined \$2,000 pursuant to Stipulation and Order NH-24-022 for surveillance findings on 12/22/2022. Deficiencies were found under 10 NYCRR §415.19(a) Infection Control. The facility failed to screen a resident for prior COVID-19 immunization before administration of the COVID-19 booster immunization.

A review of the operations of Absolut Center for Nursing & Rehab Orchard Park under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

A review of the operations of Absolut Center for Nursing & Rehab Westfield under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

A review of the operations of Absolut Center for Nursing and Rehabilitation at Allegany under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

#### Conclusion

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

## Financial Analysis

### Operating Budget

The applicant has provided an operating budget, in 2026 dollars, for the first and third years subsequent to the change of ownership. The budget is summarized below:

	<u>Current Year</u>		<u>Year One</u>		<u>Year Three</u>	
	<u>Per Diem</u>	<u>Total</u>	<u>Per Diem</u>	<u>Total</u>	<u>Per Diem</u>	<u>Total</u>
<u>Revenues</u>						
Commercial FFS	\$477.60	\$369,185	\$525.31	\$7,937,900	\$538.42	\$8,578,700
Medicare FFS	\$698.42	970,112	\$666.95	1,626,683	\$683.86	1,823,843
Medicare MC	\$499.55	1,062,041	\$667.15	1,173,517	\$683.83	1,202,857
Medicaid FFS	\$226.10	7,572,219	\$220.67	13,367,161	\$220.67	14,122,861
Medicaid MC	\$226.10	701,362	\$220.67	526,739	\$220.67	526,739
Private Pay	\$475.02	2,037,835	\$603.99	1,014,100	\$619.32	1,096,200
All Other		<u>130,246</u>		<u>249,600</u>		<u>255,500</u>
Total Revenue		\$12,843,000		\$25,895,700		\$27,606,700
Other Oper. Rev.		<u>1,555,000</u>		<u>1,200</u>		<u>1,200</u>
Total Project Rev.		\$14,398,000		\$25,896,900		\$27,607,900
<u>Expenses</u>						
Operating	\$406.42	\$18,358,049	\$287.42	\$24,129,100	\$275.12	\$24,352,185
Capital	\$33.58	<u>1,516,951</u>	\$20.86	<u>1,751,000</u>	<u>\$19.84</u>	<u>1,756,050</u>
Total Expenses	\$440.00	\$19,875,000	\$308.28	\$25,880,100	\$294.96	\$26,108,235
Excess of Rev. over Exp.		<u>\$(5,477,000)</u>		<u>\$16,800</u>		<u>\$1,499,665</u>
Patient Days		45,170		83,950		88,516
Occupancy		49.50%		92.00%		97.00%

The following is noted with respect to the submitted budget:

- The Current Year revenue and expenses reflect facility's 2024 Audited Financial Statements. Current Year utilization reflects facility's 2024 payor mix.
- All Other revenue is comprised of Medicare Part B. Other Operating Revenue is comprised of \$946,975 NYS Assessment, \$48,988 program revenue and discounts, \$16,233 barber and beauty shop revenue, \$24,324 cafeteria revenue, and \$518,480 other revenue.
- Patient days and payor mix in Years One and Three were projected based on a normalized occupancy and in line with similar facilities.
  - The drop in census is attributable to a flood at the facility, resulting in approximately 50% of the beds being taken temporarily offline. The current operator experienced delays bringing the beds back online, as well as staffing challenges attributable to the Collective Bargaining Agreement (CBA).
  - The CBA has since been ratified, and the current operator has been able to attract and retain new staff. The seller and the buyer have agreed to work together in recruiting efforts for staff and resident admissions, including establishing new marketing techniques, contact with local area hospital discharge planners and other potential sources of admission.
- Private and other insurance rates in Years One and Three are based on similar facilities in the same geographical area and are increased by 2.5%.
- Medicare rates are projected based on full Federal rates for the Medicare Prospective Payment System in effect for 2023 and are increased by 2.5%.
- Medicaid rates in Years One and Three are projected based on 2023 rate of \$210.64 less \$15.65 in voluntary capital, plus \$12.30 in capital and \$13.38 per-diem receipts. The applicant does not have updated 2024 or 2025 rates; material variance is not anticipated.

- Breakeven utilization is projected at 91.94% or 83,895 patient days for Year One and 91.73% or 83,708 patient days for Year Three.

Utilization by payor source is summarized below:

<u>Payor</u>	<u>Current Year</u>		<u>Year One</u>		<u>Year Three</u>	
	<u>Patient Days</u>	<u>%</u>	<u>Patient Days</u>	<u>%</u>	<u>Patient Days</u>	<u>%</u>
Commercial FFS	773	1.71%	15,111	18.00%	15,933	18.00%
Medicare FFS	1,389	3.08%	2,439	2.90%	2,667	3.01%
Medicare MC	2,126	4.71%	1,759	2.10%	1,759	1.99%
Medicaid FFS	33,490	74.14%	60,575	72.16%	64,000	72.30%
Medicaid MC	3,102	6.87%	2,387	2.84%	2,387	2.70%
Private Pay	<u>4,290</u>	<u>9.49%</u>	<u>1,679</u>	<u>2.00%</u>	<u>1,770</u>	<u>2.00%</u>
Total	45,170	100.00%	83,950	100.00%	88,516	100.00%

#### Amended and Restated Operations Transfer and Asset Purchase Agreement

The applicant has submitted an executed Amended and Restated Operations Transfer and Asset Purchase Agreement for the RHCF's operating interest. The terms of the agreement are summarized below:

<b>Date:</b>	October 11, 2024
<b>Seller:</b>	Our Lady of Peace, Inc. d/b/a Our Lady of Peace Nursing Care Residence
<b>Buyer:</b>	OLP SNF OPCO LLC
<b>Purchased Assets:</b>	All assets in final working capital, all personal property, motor vehicles owned for operations, assumed contracts, permits and approvals named by the seller, books, records and financial records, goodwill associated with operations, and resident funds in trusts, names and symbols, restricted gifts including donor gifts, and all real property owned or leased by seller.
<b>Excluded Assets: (Operational)</b>	Excluded assets are claims, appeals, rights, cash or credits due to seller, third party with respect to limitations and effective time limits, insurance proceeds and accounts receivable from prior rendering of service, computer hardware, software solutions and programs of the seller.
<b>Purchase Price:</b>	Purchase price is "Base Purchase Price" of \$1,833,300, plus "Net Working Capital" estimated at negative \$526,000, minus Assumed Debt estimated at \$0, resulting in a Purchase Price of \$1,357,300, held in escrow with Landmark Abstract Agency, LLC at 207 Rockaway Turnpike, Lawrence, NY 11559.
<b>Payment of Purchase Price:</b>	Purchase Price will be funded by the members of the Lewiston SNF Propco, LLC and transfer within (3) days immediately by wire in U.S. Dollars. Purchase Price may be adjusted depending on methodologies, working capital need and assumed dept. mutually agreed upon.

#### First Amendment to Real Estate Purchase and Sale Agreement

The applicant has submitted an executed First Amendment to Agreement Real Estate Purchase and Sale Agreement to acquire the RHCF's realty interests. The terms are summarized below

<b>Date:</b>	October 30, 2023
<b>Seller:</b>	Our Lady of Peace, Inc.
<b>Buyer:</b>	Lewiston SNF PROPCO LLC
<b>Property:</b>	250-bed skilled nursing facility commonly known as Our Lady of Peace located 5285 Lewiston Road, Lewiston, NY, 14092
<b>Amendment</b>	Section 5(a) of the agreement is deleted.

## Real Estate Purchase and Sale Agreement

The applicant has submitted an executed Real Estate Purchase and Sale Agreement to acquire the RHCF's realty interests. The terms are summarized below:

<b>Date:</b>	October 30, 2023
<b>Seller:</b>	Our Lady of Peace, Inc.
<b>Buyer:</b>	Lewiston SNF PROPCO LLC
<b>Facility:</b>	250-bed skilled nursing facility commonly known as Our Lady of Peace located 5285 Lewiston Road, Lewiston, NY, 14092
<b>Assets Acquired:</b>	All right, title, and interest of the seller in and to (i) the land, (ii) all rights appurtenant to the land including, without limitation, all rights with respect to (a) minerals, oil, gas and other hydrocarbon substances, (b) access, air, water, riparian and development, and (c) easements, interests in roadways and strips, and (iii) all improvements, structures, and fixtures located upon the Land.
<b>Purchase Price:</b>	\$12,241,700
<b>Payment of Purchase Price:</b>	The Purchase Price for the Property shall be adjusted on the closing date (as defined below) by the prorations and credits specified in this Agreement, which amount shall be paid by wire transfer of immediately available federal funds (through the escrow described in Section 5) on the Closing Date.
<b>Closing Costs:</b>	At Closing, Buyer shall pay (a) the costs associated with the survey (b) all of the title insurance premiums for the Owner's Policy and any endorsements, (c) 50% of all escrow charges, (d) all recording fees for the Deed, (e) all fees, costs and expenses in connection with Buyer's due diligence reviews and (f) all city, county, and local transfer taxes.

The applicant has submitted an original affidavit, which is acceptable to the Department, in which the applicant agrees, notwithstanding any agreement, arrangement or understanding between the applicant and the transferor to the contrary, to be liable and responsible for any Medicaid overpayments made to the facility and/or surcharges, assessments or fees due from the transferor pursuant to Article 28 of the Public Health Law with respect to the period of time prior to the applicant acquiring its interest, without releasing the transferor of its liability and responsibility. As of February 9, 2026, the facility has no outstanding Medicaid overpayment liabilities.

## Master Lease Agreement

The applicant submitted an executed master lease agreement for the RHCF. The terms are summarized as follows:

<b>Date:</b>	August 29, 2025, lease is not effective until receipt of approval of CON project 232239.
<b>Facility:</b>	250-bed skilled nursing home facility commonly known as Our Lady of Peace located at 5285 Lewiston Road, Lewistown, New York 14092.
<b>Lessor:</b>	Lewiston SNF PROPCO LLC
<b>Lessee:</b>	OLP SNF Opco LLC
<b>Terms:</b>	20 years with two (2) additional 5-year extensions
<b>Base Rent:</b>	\$1,500,000 (\$125,000 monthly). Base rent shall be subject to an increase of 1% of prior year's Base Rent.
<b>Security Deposit:</b>	Three (3) months' rent
<b>Provisions:</b>	Lessee is responsible for taxes, utilities, insurance.

The applicant has submitted an affidavit stating that the lease agreement is a non-arm's length arrangement in that Lewiston SNF Propco, LLC and OLP SNF Opco, LLC have familial relations between the lessor and lessee.

## Capability and Feasibility

There are no project costs associated with this application. The purchase price for the operations of \$1,833,300 will be met with equity from members of the Lewiston SNF Propco, LLC. The purchase price for the real estate of \$12,241,700 will be met with a bank loan of up to \$13,000,000 with a 5-year term, 20-year amortization at 7.5% interest. Payments will be interest only monthly for months 1 – 24, converting to monthly principal and interest on a 20-year amortization for the remaining term. Midland States Bank has provided a letter of interest at the stated terms. Adam Offman and Josh Brown provided affidavits indicating that both will provide equity related to the real estate re-financing of the proposed loan commitment should refinancing not be available.

The working capital requirement is estimated at \$4,313,350 based on two months of the first year's expenses. Working capital will be funded using \$2,156,675 in members' equity and a loan up to \$2,500,000 at SOFR + 4.25% for an estimated interest of 7.95% and a 3-year term. Dwight Healthcare Funding has provided a letter of interest at the stated terms. BFA Attachment A, Net Worth Statement of the Proposed Members of OLPSNF, shows sufficient resources for the stated levels of equity contributions.

BFA Attachment E, Pro-Forma Balance Sheet, indicates a positive members' equity of \$4,936,700 as of the first day of operations. It is noted that assets include \$2,410,000 in goodwill, which is not an available liquid resource, nor is it recognized for Medicaid reimbursement purposes. Excluding goodwill, members' equity would be \$2,526,700.

The submitted budget projects an excess of revenue over expenses of \$16,800 and \$1,499,665 in Years One and Three, respectively. The current operator experienced delays bringing the beds back online after a flood at the facility, as well as staffing challenges attributable to the collective bargaining agreement (CBA). The CBA has since been ratified, and the current operator has been able to attract and retain new staff. The seller and the buyer have agreed to work together in recruiting efforts for staff and resident admissions, including establishing new marketing techniques, contact with local area hospital discharge planners and other potential sources of admission. The budget appears reasonable.

BFA Attachment C, 2022-2024 Financial Summary and November 2025 Internal Financial Statements for Ascension Living Our Lady of Peace, Inc., indicate that between 2022 and 2024 the facility reported an average negative working capital, an average negative equity position, and an average excess of expenses over revenue of \$4,598,333. For the eleven-month period ending November 30, 2025, the facility reported negative working capital, a positive net position, and an excess of expenses over revenue of \$4,870,819. The applicant indicated that the negative working capital was due to the facility operating at below normal occupancy levels, delays in bringing beds back online, staffing shortages, and increases in operating costs. Certain corporate allocations (for centralized leadership and shared costs including clinical support, compliance, revenue cycle, finance, HR, IT and performance management) continue to have an adverse impact on overall profitability.

Management has implemented operational initiatives focused on census growth, transitioning away from contract labor through permanent staffing, improved charge capture, and tighter cost management. Throughout 2025 the facility reported improvements in average daily census, increasing from 140 to 168 between January and November. This resulted in improved net patient service revenues and a smaller loss. Additional remedies include strengthening referral management and their admissions process, as well as scheduling optimization.

## Conclusion

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

## Attachments

LTCOP Attachment	Long-Term Care Ombudsman Program Recommendation
BHFP Attachment	Map
BFA Attachment A	OLPSNF, LLC – Proposed Members Net Worth Summary Lewiston SNF PROPCO LLC – Member Net Worth Summary
BFA Attachment B	Organization Chart – Proposed Members of OLP SNF OPCO LLC
BFA Attachment C	2022-2024 Financial Summary and November 2025 Internal Financial Statements for Ascension Living Our Lady of Peace, Inc.
BFA Attachment D	2024 Audited Financial Statements – Ascension Living Our Lady of Peace, Inc.
BFA Attachment E	Our Lady of Peace Nursing Care Residence Pro Forma Balance Sheet

RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 2801-a of the Public Health Law, on this 7th day of May 2026, having considered any advice offered by the Regional Health Systems Agency, the staff of the New York State Department of Health, and the Establishment and Project Review Committee of this Council and after due deliberation, hereby proposes to approve the following application to establish OLP SNF OPCO LLC as the new operator of a 250-bed Residential Health Care Facility currently operated by Our Lady of Peace, Inc at 5285 Lewiston Road, Lewiston, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that any approval of this application is not to be construed as in any manner releasing or relieving any transferor (of any interest in the facility that is the subject of the application) of responsibility and liability for any Medicaid (Medicaid Assistance Program -- Title XIX of the Social Security Act) or other State fund overpayments made to the facility covering the period during which any such transferor was an operator of the facility, regardless of whether the applicant or any other entity or individual is also responsible and liable for such overpayments, and the State of New York shall continue to hold any such transferor responsible and liable for any such overpayments, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

232239 E

FACILITY/APPLICANT:

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

APPROVAL CONTINGENT UPON:

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

APPROVAL CONDITIONAL UPON:

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

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a complete response to each individual contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the Contingencies Tab in NYSE-CON.



**Project # 261111-B**  
**Transitional Living Community at The Center for Discovery**

**Program:** Residential Health Care Facility      **County:** Sullivan  
**Purpose:** Establishment and Construction      **Acknowledged:** March 26, 2026

**Executive Summary**

**Description**

Transitional Living Community at The Center for Discovery, Inc. (TLC), a to-be-formed not-for-profit corporation, requests approval to establish and construct a new, 40-bed residential health care facility (RHCF) that will serve aging adults (aged 35+) with medical fragility and an intellectual and/or developmental disability (I/DD). The RHCF will be on the 3rd floor of the building at 195 Lake Louise Marie Road, Rock Hill (Sullivan County)

The building where this RHCF will be located also houses an Article 16 Specialty Hospital operated by The Center for Discovery, Inc. (TCFD) under the auspices of the New York State Office for People with Developmental Disabilities and a separate Article 28 Diagnostic and Treatment Center extension clinic, which is also operated by TCFD. Both of those facilities are located within separate and distinct areas within the building, and they will both be located within separate and distinct areas from the proposed 40-bed RHCF.

The applicant was awarded the opportunity to operate an aging adult demonstration program for aging adults that are age 35+ and meet the definition of medical fragility, as provided for by Public Health Law § 2808-f. In addition to the baseline RHCF services, the proposed RHCF will provide Respiratory Care.

OALTC Recommendation  
Contingent Approval

**Need Summary**

Approval of this project addresses a statewide gap in specialized skilled nursing facility care for adults from age thirty-five to end of life with an intellectual and/or developmental disability and medical fragility in and around Sullivan County.

**Program Summary**

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

**Financial Summary**

The total project cost of \$51,603,048 will be met with \$12,938,176 in equity from TCFD, a grant from NYS Senate of \$151,573, a Mother Cabrini Foundation I Grant of \$577,600, a Mother Cabrini Foundation II Grant of \$577,600, and loan for \$29,297,427 with an interest rate of 6.77% for a 30-year term. The proposed budget is as follows:

<u>Budget</u>	<u>Year One</u>	<u>Year Three</u>
Revenues	\$27,279,586	\$28,682,572
Expenses	<u>\$28,368,967</u>	<u>\$28,492,155</u>
Net Income/(Loss)	(\$1,089,381)	\$190,417

**Health Equity Impact Assessment**

This project does not meet the requirements for a Health Equity Impact Assessment under Public Health Law§2802-B.

## Recommendations

Long Term Care Ombudsman Program  
The LTCOP recommends Approval. (See LTCOP Attachment A)

Health Systems Agency  
There will be no HSA recommendation for this project.

Office of Aging and Long-Term Care

**Approval contingent upon:**

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

**Approval conditional upon:**

1. This project must be completed by **May 15, 2028**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Construction must start on or before **November 15, 2026**, and construction must be completed by **February 15, 2028**, presuming the Department has issued a letter deeming all contingencies have been satisfied prior to commencement. It is the responsibility of the applicant to request prior approval for any changes to the start and completion dates. In accordance with 10 NYCRR Section 710.10(a), if construction is not started on or before the approved start date, this shall constitute abandonment of the approval. [PMU]
3. The submission of Final Construction Documents, as described in BAER Drawing Submission Guidelines DSG-05, is required prior to the applicant's start of construction. [AER]
4. As a condition of this approval the applicant will commit to regularly reporting of detailed information and outcomes associated with the population being served under the demonstration program. [LTC]

Council Action Date  
May 7, 2026

## Need Analysis

### Background and Analysis

The Center for Discovery (TCFD) was founded in 1950 and provides health, educational, and residential services for children and adults with severe disabilities, medical frailties, and/or autism spectrum disorders in a multi-campus setting. TCFD serves individuals from across New York State with the largest proportion of individuals from Orange and Sullivan Counties, followed by New York City, Westchester, Ulster, Dutchess, Nassau, Rockland, Suffolk, Putnam and Delaware Counties.

Due to medical advances, the developmentally disabled and special health care needs population is experiencing increased longevity. The implementation of this project will significantly improve the quality of life for both residents and their families, providing advanced nursing home-level care in familiar surroundings of existing facilities while reducing lengthy hospital stays and preventing discharges to other facilities that could potentially be out-of-state. The applicant expects referrals for admission from physicians, intensive care units at acute care hospitals, and Intermediate Care Facilities (ICFs).

The Center reports it will immediately fill the proposed 40-bed RHCF with existing patients from their Adult ICFs, which are located in Harris, Monticello, and Liberty. The closest ICF from the proposed RHCF is approximately 10 miles away, with the furthest ICF from the proposed RHCF being approximately 20 miles. Only adults aged 35 and older with intellectual and/or developmental disability (I/DD) and medical fragility with health care needs requiring RHCF placement will be admitted to the facility.

TCFD reports they will fill the 40 Adult ICF beds that will be vacated by transitioning 20 adults from the Children's Residential Project (CRP) program to the Adult ICF program and Day Habilitation model, as well as transitioning 20 pediatric CRP/ICF residents from an aged facility to a newer one.

### Conclusion

Approval of this project addresses a statewide gap in specialized skilled nursing facility care for adults from age thirty-five to end of life with an intellectual and/or developmental disability and medical fragility in and around Sullivan County.

## Program Analysis

### Program Description

<b>Facility Name</b>	Transitional Living Community at The Center for Discovery
<b>Address</b>	195 Lake Louise Marie Road Rock Hill, NY 12775
<b>RHCF Capacity</b>	40 beds
<b>ADHCP Capacity</b>	N/A
<b>Type of Operator</b>	Not-for-Profit Corporation
<b>Class of Operator</b>	Voluntary
<b>Operator</b>	<b>Transitional Living Community at The Center for Discovery, Inc.</b>  <u>Board Members:</u> Edward Sweeney Rolland Bojo Jr. Joel Forman, J.D. Allison Lewis Patricia Tursi

The Center for Discovery was awarded the opportunity to apply to establish and operate residential health care facility for aging adults with medical fragility under a demonstration program authorized through New York State Public Health Law § 2808-f. The demonstration program allows for the establishment and construction of a new facility or the repurpose of part of an existing facility to operate as an adult residential health care facility care for aging adults with medical fragility.

Section 2808-f of the New York Public Health Law defines aging adults with medical fragility as adults from age thirty-five to end of life who have a chronic debilitating condition or conditions, are at risk of hospitalization, are technology-dependent for life or health-sustaining functions, require complex medication regimens or medical interventions to maintain or to improve their health status, and/or are in need of ongoing assessment or intervention to prevent serious deterioration of their health status or medical complications that place their life, health or development at risk. This Certificate of Need application is being submitted as required under the demonstration program.

Transitional Living Community at The Center for Discovery, Inc. has indicated there will be an administrative services agreement with The Center for Discovery, Inc. There is overlapping board membership between Transitional Living Community at The Center for Discovery, Inc. and The Center for Discovery, Inc.

The Center for Discovery, Inc. will consult and assist the established operator with the following as noted in the administrative services agreement: charge structure, personnel administration, collection of accounts, payment of accounts, accounting and financial records, depositories for funds, purchases and leases, complaint procedure development, insurance, human resources, licenses, permits, accreditations and provider numbers, compliance, financial responsibility, and compliance requirements. The fees associated with the administrative services agreement are not tied to facility revenues. The fees are associated with the direct costs and expenses incurred by The Center for Discovery to provide the administrative services, including the costs of any salary, plus fringe benefits, plus overhead of the associates provided for the provision of the administrative services plus, a defined percentage of direct costs.

Character and Competence

**Edward “Ed” Sweeney** is currently employed as the Senior Vice President of NRS, Inc., a transportation logistics company, in Lyndhurst, NJ. Edward previously worked as a Financial Advisor for Morgan Stanley, a financial company, in Brooklyn, NY. Edward holds a Bachelor of Arts degree from Hofstra University and discloses the following health facility board member interests:

New York Diagnostic and Treatment Center

The Center for Discovery, Inc. 10/2011 to Present  
Discovery Health Center II (Extension Clinic) 12/2023 to Present

**Rolland “Boomer” Bojo Jr.** lists current employment as the Board Member, President, and CEO of United Health Services – Delaware Valley Hospital, located in Walton, NY. Rolland is also employed as the Emergency Manager at the Town and Village of Hancock, an emergency operations center located in Hancock, NY. Rolland currently serves as the Assistant Chief and Vice President of the Hancock Fire Department, located in Hancock, NY. Rolland also currently serves as a board member for Twin Tier Health Inc, a professional home care and durable medical equipment company in Johnson City, NY. Rolland was previously employed as Vice President of Garnet Health Medical Center, a medical center located in Harris, NY. Rolland has a master’s in nursing from Norwich University, is a licensed Registered Professional Nursing in New York State, and discloses the following health facility board member interests:

New York Hospital

Delaware Valley Hospital Inc 06/2021 to Present

New York Certified Home Health Agency

Twin Tier Home Health Inc 05/2024 to Present

**Joel Forman** lists employment as Partner in Akerman, LLP, a law firm located in New York, NY. Previously, Joel was a Partner in Vedder Price, P.C., a law firm located in New York, NY. Joel holds a Juris Doctor from St. John’s University School of Law, is a licensed attorney in New York State, and discloses the following health facility board member interests:

New York Diagnostic and Treatment Center

The Center for Discovery, Inc. 10/2008 to Present  
Discovery Health Center II (Extension Clinic) 10/2008 to Present

**Allison Lewis** lists employment as Director of Admissions at St. David’s School, an elementary school for boys located in New York, NY. Allison holds a Bachelor of Science from Wake Forest University and discloses the following health facility board member interests:

New York Diagnostic and Treatment Center

The Center for Discovery, Inc. 09/2019 to Present  
Discovery Health Center II (Extension Clinic) 09/2019 to Present

**Patricia Tursi** is currently employed as the President and Chief Executive at the Elizabeth Seton Children’s Center, a residential health care facility located in Yonkers, NY. Patricia holds a Master of Public Administration from Syracuse University, is a Licensed Nursing Home Administrator in New York State, and discloses the following health facility interest:

New York Nursing Homes

Elizabeth Seton Children’s Center\* 08/2001 to Present

\* Elizabeth Seton Children’s Center is in the process of constructing The Elizabeth Seton Young Adult Center, a new 96 bed specialty care nursing facility for young adults. The program was created on a demonstration basis for medically fragile children in transition to young adults and young adults with complex medical conditions, as provided for by Public Health Law Section 2808-e.

Quality Review

The proposed owner has been evaluated, in part, on the distribution of CMS Star ratings for their portfolio. For the proposed owner, the distribution of CMS star ratings for their facilities meets the standard described in state regulations.

CMS Star Rating Criteria					
		Duration of Ownership*			
		< 48 Months		48 months or more	
Owner	Total Nursing Homes	Number of Nursing Homes	Percent of Nursing Homes With a Below Average Rating	Number of Nursing Homes	Percent of Nursing Homes With a Below Average Rating
Edward Sweeney	0	0	N/A	0	N/A
Rolland Bojo Jr.	0	0	N/A	0	N/A
Joel Forman, J.D.	0	0	N/A	0	N/A
Allison Lewis	0	0	N/A	0	N/A
Patricia Tursi	0	0	N/A	0	N/A

\*Duration of Ownership as of 05/07/2026

Data date: 03/2026

**New York.** The proposed member portfolio includes affiliation in one New York facility. The affiliated New York facility Elizabeth Seton Children's Center has a CMS overall quality rating of above average.

Facility	President and CEO Since*	Overall	Health Inspection	Quality Measure	Staffing
<b>New York</b>					
Elizabeth Seton Children's Center	Current	*****	****	*****	*****
	08/2001**	*****	****	*****	*****

Data date:03/2026

\* Please Note: Patricia Tursi serves as the President and CEO, not the operator of the facility and is not subject to the CMS Star Ratings Portfolio Assessment under 10 NYCRR §600.2(b)(5)(iv).

\*\*Data as of 01/2009

Enforcement History

**New York**

A review of the operations of Elizabeth Seton Children's Center under 10 NYCRR §600.2 requirements for approval reveals the following:

- The facility was assessed a federal CMP of \$3,145.35 on 06/27/2022 and \$1,747.85 on 07/18/2022 under F884 for failure to report National Health Safety Network data.

New York Diagnostic and Treatment Center

A review of the operations of The Center for Discovery, Inc. under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

A review of the operations of Discovery Health Center II (Extension Clinic) under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

New York Hospital

A review of the operations of Delaware Valley Hospital Inc. under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

### New York Certified Home Health Agency

A review of the operations of Twin Tier Home Health Inc. under 10 NYCRR §600.2 requirements for approval reveals no enforcements.

### New York State Mental Hygiene Article 16 Provider

Verified with the Office for People with Development Disabilities (OPWDD) that Center for Discovery, Inc. is a provider in good standing.

### Physical Environment

The proposed project will consist of a comprehensive 56,000-square-foot gut renovation of existing space on the third floor of an existing onsite building. The existing building consists of three stories plus a partial basement and features the following distinct programs and support spaces on each floor:

- The basement level functions as the primary building entrance and lobby. This floor further accommodates a centralized kitchen and dining area for non-Article 28 spaces, dedicated Article 16 specialty hospital facilities, and building support services.
- The first floor features a secondary lobby serving the Article 28 diagnostic and treatment center, the Article 16 specialty hospital facilities, and educational classrooms associated with the Article 16 program.
- The second floor is designated for non-article 28 administrative office space.
- The third floor, currently occupied by administrative offices, will be repurposed for the construction of the new Article 28 residential health care facility, with the existing administrative offices relocating to the second floor.

Access to the new 40-bed Article 28 residential health care facility on the third floor is provided via two elevators, located in the lobby of the primary building entrance on the basement level. The existing central lobby features a waiting area, café, and 24-hour security. Tactile signage and an electronic display will be provided adjacent to the elevators and visible to visitors upon entering the elevator lobby. Upon entering the third floor, the administrative suite is located adjacent to the main elevator lobby. The suite encompasses administrative meeting space and offices for the executive assistant, resident intake and discharge coordinator, administrator, MDS/clinical education coordinators, compliance and quality assurance coordinator, staff coordinator, and nursing administration. An adjacent medical office suite will be provided with dedicated space for the medical director, psychologist, rehab director, and space to conduct clinical meetings. The facility will feature centralized diagnostic and treatment spaces, including a private exam room, therapy gym, and respiratory therapy office adjacent to the medical office suite.

The layout of the residential unit on the floor utilizes a neighborhood model. The design consists of five distinct, self-contained households, each containing 6 to 10 private resident rooms. Each household features a dedicated kitchen and an integrated living/dining area, designed with ample space to accommodate specialized resident equipment, staff assistance, and visitation. To support clinical operations, every household includes a dedicated nurse station, medication room, and charting office. Additionally, administrative offices for unit managers are located on households one and three. The resident rooms in each household are ADA accessible and amply sized at 451 to 499 square feet to accommodate large mobility devices and specialized equipment. Each resident room features suction and medical air provided at the bedside, ADA accessible bathroom with a shower, and all rooms are equipped with an overhead lift able to transport residents from their beds to the bathroom. An additional central bathing room has been incorporated between households two and three to facilitate residents requiring recumbent bathing and to provide additional space for specialized bathing equipment and shower gurneys if needed. Clean/soiled utility rooms, janitorial rooms, storage rooms, and resident laundry facilities are centrally located between residential households to enhance staff accessibility. Access to residential communal areas including seating nooks along the corridor, a beauty salon, a sensory room, a worship room, a recreational therapy room, and an outdoor terrace are incorporated throughout the floor to provide accessibility and ease of access for residents.

### Conclusion

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

## Financial Analysis

### Total Project Cost and Financing

Total project cost, which is for construction of a new 40-bed Residential Health Care Facility is estimated at \$51,603,048, and is further broken down as follows:

Land Acquisition	\$213,712
Building Acquisition	\$11,084,426
Renovation and Demolition	\$22,122,285
Temporary Utilities	\$199,962
Design Contingency	\$2,212,229
Construction Contingency	\$2,212,229
Planning Consultant Fees	\$122,834
Architect/Engineering Fees	\$2,393,711
Construction Manager Fees	\$208,284
Other Fees (Consultant)	\$1,553,710
Moveable Equipment	\$4,021,558
Telecommunications	\$1,335,156
Financing Costs (Points etc.)	\$2,374,771
Interim Interest Expense	\$1,263,929
CON Fee	\$2,000
Additional Processing Fee	<u>\$282,253</u>
Total Project Cost	\$51,603,048

The applicant's financing plan appears as follows:

Accumulated Funds of TCFD	\$12,938,176
Government Grant - Senate Initiative Grant	\$151,573
Mother Cabrini Health Foundation I Grant	\$577,600
Mother Cabrini Health Foundation II Grant	\$577,600
Total Cash	\$14,244,949
USDA Financing (secured)	\$8,060,672
HUD Financing (8 Promissory Notes)	<u>\$29,297,427</u>
Total	\$51,603,048

Operating Budget

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

	<u>Year One</u>		<u>Year Three</u>	
	<u>Per Pat. Day</u>	<u>Total</u>	<u>Per Pat. Day</u>	<u>Total</u>
<u>Revenues</u>				
Medicare FFS	\$876.65	\$604,012	\$876.65	\$633,818
Medicaid FFS	\$1,985.03	\$26,001,896	\$1,980.46	\$27,193,675
Part B		\$239,557		\$251,126
Supplemental Payment		\$434,121		\$453,953
Non-Operating Revenue		<u>\$0</u>		<u>\$150,000</u>
Total Revenues		\$27,279,586		\$28,682,572
<u>Expenses</u>				
Operating	\$1,745.93	\$24,072,889	\$1,677.58	\$24,247,759
Capital	<u>\$311.58</u>	<u>\$4,296,078</u>	<u>\$293.65</u>	<u>\$4,244,396</u>
Total Expenses	\$2,057.51	\$28,368,967	\$1,971.23	\$28,492,155
Net Income/(Loss)		(\$1,089,381)		\$190,417
Utilization: (Patient Days)		13,788		14,454
Occupancy Percentage		94.44%		99.00%

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

- The number and mix of staff are based upon the experience of The Center for Discovery in serving its population, which primarily consists of medically fragile individuals with I/DD that require intense medical and clinical support.
- Expenses, revenues and projected utilization are based on the experience of other RHCFS in New York State that serve a similar population, as well as the experience of The Center for Discovery.
- The proposed facility will admit only adults (aged 35+) with I/DD and medical fragility with health care needs requiring RHCF placement. TCFD will immediately fill the proposed 40-bed RHCF by transitioning 40 of its existing patients with significant medical comorbidities and progressive conditions who currently reside within the Adult Intermediate Care Facility (ICF) program of TCFD, to the new RHCF.

Utilization, broken down by payor source during Years One and Three are as follows:

<u>Payor</u>	<u>Year One</u>		<u>Year Three</u>	
	<u>Pat. Days</u>	<u>%</u>	<u>Pat. Days</u>	<u>%</u>
Medicare FFS	689	4.97%	723	5.00%
Medicaid FFS	<u>13,099</u>	<u>95.03%</u>	<u>13,731</u>	<u>95.00%</u>
Total	13,788	100.00%	14,454	100.00%

### Lease Agreement

The applicant has submitted an executed lease agreement, the terms of which are summarized below:

<b>Date</b>	April 10, 2026
<b>Premises</b>	195 Lake Louise Marie Road, Rock Hill, New York 12775
<b>Landlord</b>	The Center for Discovery, Inc.
<b>Tenant</b>	Transitional Living Community at The Center for Discovery, Inc.
<b>Term</b>	60 Months / 5 Years, Renewal Option 1 (5) Years
<b>Rental</b>	\$54,588/Month, \$655,056/Year

The applicant submitted two letters from real estate brokers attesting to the reasonableness of the per square foot rental. The applicant submitted an affidavit certifying that TCFD, Lessor and CSH as Lessee have overlapping Board Members; and the lease is not an arm's-length agreement.

### Administrative Services Agreement

The applicant provided an executed administrative services agreement, summarized below:

<b>Date</b>	April 10, 2026
<b>Established Operator</b>	Transitional living Community at The Center for Discovery
<b>Servicer</b>	The Center for Discovery, LLC
<b>Term</b>	Three (3) Years from the Effective Date - Renews automatically for successive periods of One (1) Year
<b>Responsibilities of the Servicer</b>	Administrative Services to be provided by The Center of TLC: Charge Structure, Personnel Administration, Collection of Accounts, Patient Billing, Payment of Accounts and Indebtedness, Accounting and Financial Records, Depositories for Funds, Purchases and Leases, Compliant Procedure Development, Human Resources, Licenses, Permits, Accreditations and Provider Numbers, Financial Responsibility, Compliance Requirements.
<b>Compensation</b>	TLC shall pay The Center \$2,318,225 annually or \$193,185.42 monthly

The agreement provides that the facility operator will retain ultimate control in all the final decisions associated with the facility. The applicant submitted an executed attestation stating that the applicant understands and acknowledges that there are powers that must not be delegated, the applicant will not willfully engage in any illegal delegation and understands that the Department will hold the applicant accountable.

### Capability and Feasibility

The total project cost of \$51,603,048 will be met with \$12,938,176 in equity from The Center for Discovery (TCFD), a grant from NYS Senate of \$151,573, a Mother Cabrini Foundation I Grant of \$577,600, a Mother Cabrini Foundation II Grant of \$577,600, and loan for \$29,297,427 with an interest rate of 6.77% for a 30-year term. Berkadia has provided a letter of interest for the project.

The working capital requirement for this project is estimated at \$4,748,693, based on two months of Year Three expenses. In addition, the applicant is projecting an operating loss of (\$1,089,381) during Year One of operations. Taken together, the needed working capital is \$5,838,074. However, the applicant estimates that it will need \$8,123,000 in working capital to fund this project. As such, \$4,061,500 will be financed by Transitional Living Community at The Center for Discovery, Inc. (TLC) through TCFD with an interest-free loan and \$4,061,500 will be financed with equity by TCFD.

BFA Attachment B, Pro Forma Balance sheet of Transitional Living Community at The Center for Discovery, Inc., indicated the entity will have a positive net asset position of \$13,563,068 as of the first day of operations.

BFA Attachment A, 2023-2024 Certified and the 1/1/2025-6/30/25 Internal financials of The Center for Discovery (TCFD), shows the facility maintained an average positive working capital position, an average positive net asset positions, and an average net income of \$5,963,408 between 2023 and 2024. For the period 1/1/2025-6/30/2025, the facility achieved a positive working capital position, a positive net asset position, and a net income of \$2,858,377.

The submitted budget indicates a net loss of (\$1,089,068) in Year One and a net income of \$190,417 in Year Three. Revenues are based on current reimbursement methodologies for RHCs in New York State and the experience of The Center for Discovery. The submitted budget appears reasonable. The Year One loss will be covered by working capital.

**Conclusion**

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

<b>Attachments</b>
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LTCOP Attachment A	Long-Term Care Ombudsman Program Recommendation
BFA Attachment A	2023-2024 Certified and 1/1/2025-6/30/2025 Internal Financial Statements of The Center for Discovery
BFA Attachment B	Pro Forma Balance sheet of Transitional Living Community at The Center for Discovery, Inc
BFA Attachment C	Organizational Chart of Transitional Living Community at The Center for Discovery, Inc

RESOLUTION

RESOLVED, that the Public Health and Health Planning Council, pursuant to the provisions of Section 2801-a of the Public Health Law, on this 7th day of May 2026, having considered any advice offered by the Regional Health Systems Agency, the staff of the New York State Department of Health, and the Establishment and Project Review Committee of this Council and after due deliberation, hereby proposes to approve the following application to establish and construct a multi-specialty ambulatory surgery center at 274-278 Fulton Avenue, Hempstead, and with the contingencies, if any, as set forth below and providing that each applicant fulfills the contingencies and conditions, if any, specified with reference to the application, and be it further

RESOLVED, that upon fulfillment by the applicant of the conditions and contingencies specified for the application in a manner satisfactory to the Public Health and Health Planning Council and the New York State Department of Health, the Secretary of the Council is hereby authorized to issue the approval of the Council of the application, and be it further

RESOLVED, that any approval of this application is not to be construed as in any manner releasing or relieving any transferor (of any interest in the facility that is the subject of the application) of responsibility and liability for any Medicaid (Medicaid Assistance Program -- Title XIX of the Social Security Act) or other State fund overpayments made to the facility covering the period during which any such transferor was an operator of the facility, regardless of whether the applicant or any other entity or individual is also responsible and liable for such overpayments, and the State of New York shall continue to hold any such transferor responsible and liable for any such overpayments, and be it further

RESOLVED, that upon the failure, neglect or refusal of the applicant to submit documentation or information in order to satisfy a contingency specified with reference to the application, within the stated time frame, the application will be deemed abandoned or withdrawn by the applicant without the need for further action by the Council, and be it further

RESOLVED, that upon submission of documentation or information to satisfy a contingency specified with reference to the application, within the stated time frame, which documentation or information is not deemed sufficient by Department of Health staff, to satisfy the contingency, the application shall be returned to the Council for whatever action the Council deems appropriate.

NUMBER:

261111 B

FACILITY/APPLICANT:

Transitional Living Community at The Center  
for Discovery

APPROVAL CONTINGENT UPON:

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

APPROVAL CONDITIONAL UPON:

1. This project must be completed by **May 15, 2028**, including all pre-opening processes, if applicable. Failure to complete the project by this date may constitute an abandonment of the project by the applicant and the expiration of the approval. It is the responsibility of the applicant to request prior approval for any extensions to the project approval expiration date. [PMU]
2. Construction must start on or before **November 15, 2026**, and construction must be completed by **February 15, 2028**, presuming the Department has issued a letter deeming all contingencies have been satisfied prior to commencement. It is the responsibility of the applicant to request prior approval for any changes to the start and completion dates. In accordance with 10 NYCRR Section 710.10(a), if construction is not started on or before the approved start date, this shall constitute abandonment of the approval. [PMU]
3. The submission of Final Construction Documents, as described in BAER Drawing Submission Guidelines DSG-05, is required prior to the applicant's start of construction. [AER]
4. As a condition of this approval the applicant will commit to regularly reporting of detailed information and outcomes associated with the population being served under the demonstration program. [LTC]

Documentation submitted to satisfy the above-referenced contingencies shall be submitted within sixty (60) days. Enter a complete response to each individual contingency via the New York State Electronic Certificate of Need (NYSE-CON) system by the due date(s) reflected in the Contingencies Tab in NYSE-CON.