

The proposed operator is as follows:

Sympaticare, LLC
d/b/a Summit Park Hospital
d/b/a Summit Nursing Care Center

<u>Member</u>	<u>Interest</u>
Shalom Braunstein	35.00%
Barry Braunstein	10.00%
Gregory Dyra	0.25%
Sympathy Care Partners, LLC	15.00%
Gloria Adler	66.67% (10.00%)
Dan Kreisel	33.33% (5.00%)
BSDSNF, LLC	10.00%
Jerome Kahan	30.00% (3.00%)
Benjamin Kahan	20.00% (2.00%)
Cheskel Kahan	10.00% (1.00%)
Shabsi Kahan	10.00% (1.00%)
Chaya Rosenfield	10.00% (1.00%)
Naomi Engelman	10.00% (1.00%)
Rifka Friedman	10.00% (1.00%)
SNH, LLC	9.75%
Nesanel Milstein	100.00% (9.75%)
PAM Summit Park, LLC	5.00%
Philip Pollak	100.00% (5.00%)
Sympaticare New Jersey, LLC	5.00%
Yisroel Kuperwasser	60.00% (3.00%)
Charles Kuperwasser	40.00% (2.00%)
Sympaticare Lakewood, LLC	5.00%
Saul Kuperwasser	50.00% (2.50%)
Bernard Zucker	40.00% (2.00%)
David Zucker	10.00% (0.50%)
Sympaticare SZ, LLC	5.00%
Samuel Zucker	100.00% (5.00%)

(%) = indirect interest

OPCHSM Recommendation
 Contingent Approval

Need Summary

In order to treat a wider mix of long-term acute care patients, Sympaticare proposes to convert

Summit Park's 57 physical medicine and rehabilitation beds to medical/surgical beds. This would re-orient the LTACH to the treatment of higher acuity patients in need of more specialized care than that provided under the hospital's current PM&R bed complement.

Program Summary

Based on the information reviewed, staff found nothing that would reflect adversely upon the applicant's character and competence or standing in the community.

Financial Summary

Summit Park Acquisition Group, LLC will acquire the Hospital's operating and real property assets for \$12,000,000 which will be funded as follows: \$2,400,000 from members' equity and a \$9,600,000 loan with an interest rate between 3.5% - 6.5%, for a 10-year term, amortized up to 30 years. The loan amount was determined based on financing 80% of the total purchase price and does not include closing costs estimated at 3.5%.

Total project costs of \$2,429,465 will be funded from members' equity of \$485,893 and a \$1,943,572 loan under the same terms. A letter of interest has been provided by Harborview Capital Partners, LLC. The applicant states that they expect to refinance with a HUD mortgage.

Budget

	<u>Year One</u>
Revenues:	\$14,132,800
Expenses:	<u>\$13,630,137</u>
Net Income:	\$520,663

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. A copy of the check must be uploaded into the NYSE-CON system after it is mailed to the Department. [PMU]
2. Submission of an executed transfer and affiliation agreement, acceptable to the Department, with a local acute care hospital. [HSP]
3. Submission of an executed Consulting and Administrative Services Agreement, acceptable to the Department. [HSP]
4. Submission of an executed loan commitment for the purchase of the operations and real property, acceptable to the Department of Health. (BFA)
5. Submission of an executed loan commitment for the project costs, acceptable to the Department of Health. (BFA)
6. Submission of an amended purchase and sale agreement changing the operations' ownership from Sympaticare Health, LLC to Sympaticare, LLC, with Exhibits completed, acceptable to the Department of Health. (BFA)
7. Submission of an executed Consulting and Administrative Services agreement, acceptable to the Department of Health. (BFA)
8. The submission of State Hospital Code (SHC) Drawings, acceptable to the Department, as described in BAEFP Drawing Submission Guidelines DSG-02. [AER]
9. Submission of an executed Certificate of Amendment to the Application for Authority of Sympaticare, LLC, acceptable to the Department. [CSL]
10. Submission of an executed Second Amended and Restated Operating Agreement of Sympaticare, LLC, acceptable to the Department. [CSL]
11. Submission of a signed and dated Certificate of Amendment of the Articles of Organization of PAM Summit Park LLC, acceptable to the Department. [CSL]
12. Submission of an executed amended Operating Agreement of PAM Summit Park LLC, acceptable to the Department. [CSL]
13. Submission of a signed and dated Certificate of Amendment of the Articles of Organization of Sympathy Care Partners LLC, acceptable to the Department. [CSL]
14. Submission of an executed amended Operating Agreement of Sympathy Care Partners LLC, acceptable to the Department. [CSL]
15. Submission of an executed amended Operating Agreement of SNH, LLC, acceptable to the Department. [CSL]
16. Submission of a signed and dated Certificate of Amendment of the Articles of Organization of BSDSNF, LLC, acceptable to the Department. [CSL]
17. Submission of an executed amended Operating Agreement of BSDSNF, LLC, acceptable to the Department. [CSL]
18. Submission of an executed amended Operating Agreement of Sympaticare New Jersey LLC, acceptable to the Department. [CSL]
19. Submission of an executed amended Operating Agreement of Sympaticare SZ, LLC, acceptable to the Department. [CSL]
20. Submission of an executed amended Operating Agreement of Sympaticare Lakewood LLC, acceptable to the Department. [CSL]
21. Submission of a signed and dated Certificate of Amendment of the Articles of Organization of Sympaticare SZ, LLC, acceptable to the Department. [CSL]

22. Submission of an executed complete CON application Schedule 4B Medicaid Affidavit, acceptable to the Department. [CSL]
23. Submission of a complete Purchase and Sale Agreement with all schedules and exhibits attached, acceptable to the Department. [CSL]
24. Submission of an executed Consulting and Administrative Services Agreement, acceptable to the Department. [CSL]

Approval conditional upon:

1. The project must be completed within three years from the date of the Public Health and Health Planning Council recommendation letter. Failure to complete the project within the prescribed time shall constitute an abandonment of the application by the applicant and an expiration of the approval. [PMU]
2. The submission of Final Construction Documents, signed and sealed by the project architect, as described in BAEFP Drawing Submission Guidelines DSG-01, prior to the applicant's start of construction. [AER]
3. Construction must start on or before January 1, 2016 and construction must be completed by July 1, 2017, presuming approval to start construction is granted prior to commencement. In accordance with 10 NYCRR Part 710.10(a), if construction is not started on or before the start date this shall constitute abandonment of the approval. It is the responsibility of the applicant to request prior approval for any changes to the start and completion dates. [AER]

Council Action Date
August 6, 2015

Need Analysis

Project Proposal

Sympaticare LLC is seeking approval to acquire the operating assets of Summit Park Hospital – Rockland County Infirmiry, an existing 74 bed hospital located at Sanatorium Road, Pomona, 10970, Rockland County. Upon acquisition of the Hospital, Sympaticare LLC would decertify 17 Psychiatric beds and convert 57 Physical Medicine and Rehabilitation beds to Medical/Surgical beds.

Summit Park Hospital (the Hospital) is currently a federally-designated Long-Term Acute Care Hospital (LTACH). LTACH is a Federal and not a state designation. Federally-designated LTACHs are required to have an average inpatient length of stay of 25 days or greater and have different reimbursement rules than other acute care hospitals. Summit Park Hospital had a non-psychiatric inpatient average length of stay of 29.1 days from 2009 to 2013.

In order to treat a wider mix of long-term acute care patients, Sympaticare proposes to convert Summit Park's 57 physical medicine and rehabilitation beds to medical/surgical beds. This would re-orient the LTACH to the treatment of higher acuity patients in need of more specialized care than that provided under the hospital's current PM&R bed complement.

Background

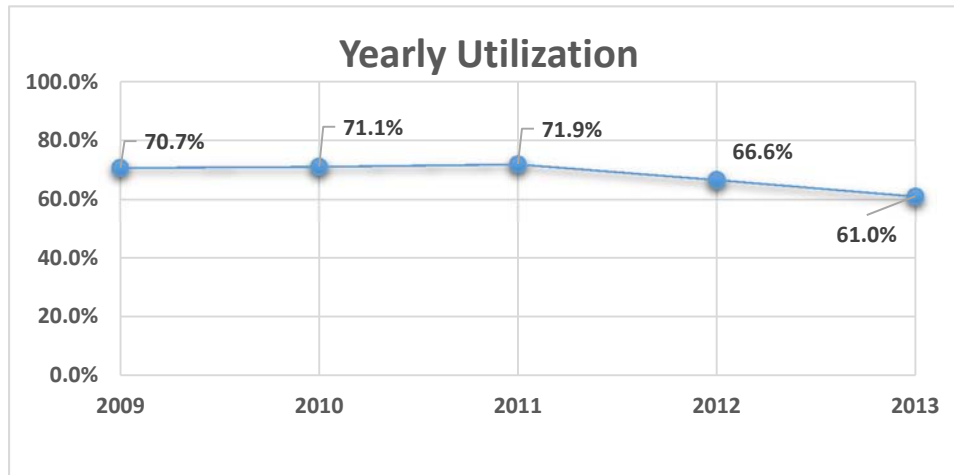
Summit Park Hospital will be certified for the following beds and services:

Table 1: Summit Park Hospital			
Bed Category	Current Beds	Requested Action	Upon Completion
Medical/Surgical	0	57	57
Physical Medicine and Rehabilitation	57	(57)	0
Psychiatric	17	(17)	0
Total	74	(17)	57

Table 2: Summit Park Hospital	
Medical Services – Primary Care	Medical Services – Other Medical Specialties
Renal Dialysis - Acute	

Analysis

Summit Park Hospital's historical utilization is given below.



Sympaticare proposes to purchase Summit Park Hospital and continue to operate the facility as an LTACH, converting its current Physical Medicine and Rehabilitation beds to medical surgical beds. An LTACH must have an average inpatient length of stay of 25 days or more, which Summit Park Hospital has consistently exceeded. The applicant expects a conservative estimate of 10% of the target population to be transferred to their LTACH, which would result in a fully utilized facility. Currently, the Hospital sees 12% of patients who have a LOS of 25 days or more in the service area.

Facility	2012		2013		2014	
	Discharges	LOS	Discharges	LOS	Discharges	LOS
Summit Park Hospital	187	58.1	161	54.4	116	50.2
Good Samaritan Hospital of Suffern	126	37.6	88	40.6	112	36.5
Hudson Valley Hospital Center	52	34.2	48	35.0	32	48.2
Nyack Hospital	126	37.8	99	40.1	77	35.5
SJRH - St Johns Division	161	40.0	171	35.8	95	39.3
Westchester Medical Center	735	50.4	815	48.0	861	49.7

Below is the historical 80% market share of Summit Park Hospital, by zip code. This market share is expected to change with the conversion of beds from Physical Medicine and Rehabilitation to Medical/Surgical.

Zip Code	2009		2010		2011		1012		2013	
	Market Share	Dis-charges	Market Share	Dis-charges	Market Share	Dis-charges	Market Share	Dis-charges	Market Share	Dis-charges
10977	20.0%	42	23.4%	65	20.8%	43	20.5%	37	26.4%	37
10970	55.1%	56	46.4%	26	53.7%	36	48.3%	25	48.5%	19
10980	8.1%	4	33.5%	11	22.8%	11	43.6%	18	42.7%	15
10927	36.7%	19	36.4%	22	34.3%	16	24.6%	17	33.1%	14
10952	31.2%	25	15.9%	16	12.1%	14	21.3%	15	11.9%	13
10956	13.8%	14	23.8%	22	27.8%	24	19.0%	15	22.9%	13
10960	24.2%	10	22.8%	11	38.6%	14	31.0%	13	22.5%	10
10923	24.6%	11	45.8%	13	27.4%	11	31.5%	11	27.3%	8
10954	23.1%	16	25.3%	15	23.9%	12	34.9%	17	12.9%	8
10965	28.8%	14	14.6%	4	14.0%	5	46.6%	12	35.8%	8
10901	12.0%	11	41.0%	18	29.2%	13	21.0%	7	14.6%	7
10962	24.2%	9	26.8%	15	17.7%	6	3.5%	3	7.9%	2
All Other	28.2%	12	31.7%	18	34.6%	5	23.8%	14	22.2%	29

In support of this application, Summit Park Hospital provided projections of referral volume from several nearby hospitals. These are summarized below and in BPNR Attachment A, Table 5. The Department requested that these projections be provided in letters signed by the applicant and the referring hospital. Currently only St Johns Riverside Hospital, Nyack Hospital and Good Samaritan Regional Medical Center included these referral projections within their signed letters of support; Westchester Medical Center and Hudson Valley Hospital Center did not provide signed transfer projections.

BPNR Attachment A, Table 5 indicates that the Hospital can expect at least 65 referrals per month from the three hospitals that furnished transfer projections. The transfer projections in the BPNR Attachment A are based on 2012 long-term acute care eligible patients. Patients with a length of stay greater than ten days are likely to require treatment in an LTACH. This likelihood increases for patients with a length of stay greater than 16 days, and patients with a length of stay greater than 25 days are definitely eligible for LTACH care. These assumptions support the transfer estimates provided in BPNR Attachment A.

Table 5: 2012 Discharges by Length of Stay for Patients Likely to Require Long-Term Acute Care			
Facility	Discharges by Length of Stay		
	10 – 16 Days	16 + Days	
		16 – 25 Days	25 + Days
Good Samaritan Hospital of Suffern	725	166	126
Hudson Valley Hospital Center	553	133	52
Nyack Hospital	773	227	126
SJRH - St Johns Division	980	259	161
Summit Park Hospital	82	69	187
Westchester Medical Center	1,635	660	735

The applicant expects to participate in all three PPS's serving Rockland County, Montefiore, Westchester and Refuah.

Historical length of stay data for Summit Park Hospital non-psychiatric inpatients is provided in BPNR Attachment A, Table 1. This project is expected to have no effect on the average length of stay at the LTACH.

Upon approval of this project, all current patients in the LTACH will be discharged, 30 of whom will transition to the associated nursing home located in the same building. The hospital will start over with a census of zero and operate in compliance with new CMS regulations for LTACH.

The applicant estimates that the census of the LTACH will grow to 33 by the end of year one and 52 by the end of year three. BPNR Attachment A, Tables 3 and 4, provide calculations of discharges and patient census at both the Hospital and the associated nursing home, based on the given census estimates. The tables provide a rough picture of the overall utilization patterns at both facilities.

Conclusion

The new bed focus will allow the Hospital to continue to operate as an LTACH in compliance with CMS regulations and to treat a wider mix of long-term acute care patients who may need a significant amount of specialized care. There is evidence that these 57 Medical/Surgical beds will be well-utilized, based on current hospital utilization patterns and transfer estimates provided by the applicant.

The 17 Psychiatric beds which the applicant also proposes to decertify have been unoccupied since April 2014. Therefore, the decertification will have no effect on current access to Psychiatric beds by residents of the community.

Recommendation

From a need perspective, approval is recommended.

Program Analysis

Project Proposal

Sympaticare, LLC seeks to acquire the operating assets of the Summit Park Hospital a/k/a Rockland County Infirmary in Rockland County, decertify 17 psychiatric beds and convert 57 Physical Medicine and Rehabilitation beds to Medical/Surgical and operate the facility as a federally-designated Long Term Care Hospital (LTCH). Upon approval, the facility will be known as Summit Park Hospital.

The Applicant indicates that the goal of the LTCH is to provide access to care for patients who require hospital-level care for relatively extended periods. The LTCH will serve patients with chronic critical

illnesses who require more extended recuperation periods, continued medical management, and a specialized environment for recovery.

Once the patient becomes medically stabilized and high intensity services are no longer needed, the patient can then be transferred to a lower level of care (such as home health or skilled nursing facility (SNF)). As Sympaticare will also be operating a SNF on the same site, it will be positioned to offer an integrated post-acute care delivery system. The LTCH patients who become stable enough can be transitioned to Summit Park Nursing Care Center, if they choose.

Staffing is expected to increase by 0.3 FTEs in the first year and by 76.5 FTEs by the third year of operation.

Character and Competence

The members of Sympaticare, LLC are:

Member Name	Education/Experience	Percentage Ownership
Shalom Braunstein <i>Managing Member</i>	NYS Licensed Nursing Home Administrator. Managing employee of Laconia Nursing Home (Bronx). Mr. Braunstein disclosed ownership interest in Elcor NH and Cayuga Ridge Extended Care Facility.	35.00%
Barry Braunstein <i>Managing Member</i>	NYS Licensed Nursing Home Administrator. Administrator of Laconia Nursing Home (Bronx). Mr. Braunstein disclosed ownership interest in Laconia, Oxford and Cayuga Ridge Extended Care Nursing Homes.	10.00%
Gregory Dyra	MBA from Northwestern Univ. Licensed Financial Analyst. Owns Obair Capital, a financial consulting company	0.25%
Sympathy Care Partners, LLC		15.00%
Gloria Adler (66.67%)	Holds dual master's degrees. President & managing member of GIA Investments and Properties, a real estate development company.	
Daniel Kreisel (33.33%)	Management position at the Jewish Foundation, Inc.	
BSDSNF, LLC		10.00%
Rivka Friedman (10%)	Student and NH Volunteer	
Benjamin Kahan (20%)	Salesman for the OE Group, an energy consulting company.	
Cheskel Kahan (10%)	Director of Purchasing for Sheepshead Nursing & Rehab Center	
Jerome Kahan (30%)	Holds dual Master's degrees. NYS Licensed Nursing Home Administrator at Sheepshead Nursing & Rehab Center. Mr. Kahan disclosed ownership interest in Sheepshead Nursing & Rehab Center and Harbor Care, LLC (LHCSA)	
Shabsi Kahan (10%)	Employed by BSD Management, a Home Care facility. Discharge Planning experience for the elderly from SNFs.	
Chaya Rosenfeld (10%)	Vocational Director at the School for Children with Hidden Intelligence in Lakewood Township, NJ. Experience providing special education for mentally disabled children.	
Naomi Engelman (10%)	Transportation Coordinator at Sheepshead Nursing & Rehab Center.	
SNH, LLC		9.75%
Nesanel Milstein (100%)	B.S. in Finance. President of MFI Management, an investment management company in NJ.	

PAM Summit Park, LLC		5.00%
Philip A. Pollak (100%)	Holds degrees in Talmudic Law & Finance. Employed as a Sr. Management Analyst by Harbor Group International, a real estate investment firm.	
Sympaticare New Jersey, LLC		5.00%
Yisroel Kuperwasser (60%)	Master's degree in Talmudical Studies. Teacher at Yeshivas Novominsk, a private school in Brooklyn. Various volunteering projects, including caring for mentally disabled and companion to the elderly.	
Charles Kuperwasser (40%)	Master's degree in Talmudical Law and CEO of Charles Kuperwasser, LLC, a diamond & jewelry manufacturer.	
Sympaticare Lakewood, LLC		5.00%
Shaul Kuperwasser (50%)	Founder & CEO of Strategic Properties, a real estate business. He owns and operates apartment complexes (over 2,000 residential units) and serves on the boards of a non-profit medical services company in NJ and school in Long Island. Mr. Kuperwasser disclosed ownership interest in Columbus Hospital LTACH in New Jersey.	
Bernard Zucker (40%)	Master's degree in Talmudical Studies. Teacher at Yeshivas Novominsk. Gives lectures on Talmudic Studies & Jewish Law. Mentors teenage boys & young adults.	
David Zucker (10%)	Master's degree in Talmudical Studies. Teacher at Yeshivas Ruach Chaim, a religious educational institution located in Jerusalem, Israel.	
Sympaticare SZ, LLC		5.00%
Samuel Zucker (100%)	President of Kapok International Trading, Inc., a company that imports filling/stuffing for toys.	

In addition to having a member (Shaul Kuperwasser) who holds an ownership interest in a New Jersey LTCH, Sympaticare plans to enter into a consulting and administrative services agreement with MileStone Healthcare, Inc. to aid in the transition and ultimate operation of the LTCH. Mr. George Thompson has been identified as the General Manager of MileStone. Sympaticare has indicated Ms. Suzanne Gehrman will be hired as the interim CEO for Summit Park Hospital. In keeping with past practice, disclosure information was submitted and reviewed for both individuals.

Mr. Thompson is both a Licensed Clinical Social Worker and Licensed Nursing Home Administrator with over 20 years of healthcare experience. Since November 1994, he has been employed by MileStone Healthcare in a variety of positions to include General Manager, Director of Operations, Assistant Vice President, Executive Director and Subacute Program Director. Mr. Thompson also works (.22 FTEs) as a surveyor for the Joint Commission. In this role, he is responsible for evaluating all aspects of healthcare services delivery.

Ms. Gehrman is a Registered Nurse with over 15 years of practice and experience in clinical support and development. Since 1997 she has served as the Regional Director of Operations and Director of Clinical Support Services at MileStone Healthcare. In this role, her responsibilities have included providing consultative and management services in post-acute care facilities, providing guidance, direction and educational resources in clinical program development, and ensuring regulatory compliance for LTCH, rehab and senior behavioral health services. Prior to her employment with Milestone, Ms. Gehrman was CEO/Administrator of Plano Specialty Hospital. There, she initiated building design, program development and operational LTCH services for a start-up hospital that became the model for other programs in the Southwest region.

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 revealed the following:

*A review of operations for **Cayuga Ridge Extended Care Center** for the periods identified above reveals that the Centers for Medicare & Medicaid Services (CMS) imposed Civil Monetary Penalties (CMPs) totaling \$200,750 for the enforcement cycle starting November 18, 2014 through April 21, 2015, when substantial compliance was achieved. The CMP resulted from the declaration of immediate jeopardy on November 18, 2014.*

The referenced NYSDOH survey of November 18, 2014 identified deficiencies under 10 NYCRR 483.25(h) Free of Accident Hazards/Supervision/Devices, 483.35(i) Food Procure/Prepare/Serve-Sanitary, 483.75 Effective Administration/resident Well-Being, 483.75(d)(1)-(2) Governing Body-Facility Policies/Appoint Administration, and 483.75(o)(1) QAA Committee-members/Meet Quarterly/Plans. Concerns rising to the level of Immediate Jeopardy related to the widespread unsanitary conditions in the food service department that potentially affected all the residents in the facility. An additional immediate risk to resident's health and safety was identified regarding the facility's failure to monitor and maintain safe surface temperatures of radiators in resident rooms.

On November 25, 2014, a revisit survey found that the Immediate Jeopardy was removed but the facility was still out of compliance with 10 NYCRR 483.25(h) Free of Accident Hazards/Supervision/Devices, 483.75 Effective Administration/resident Well-Being, 483.75(d)(1)(2) Governing Body-Facility Policies/Appoint Administration, and 483.75(o)(1) QAA Committee-members/Meet Quarterly/Plans.

On March 24, 2015 a second revisit survey determined that substantial compliance still had not been achieved and re-cited deficiencies under 10 NYCRR 483.25(h) Free of Accident Hazards/Supervision/Devices, 483.75 Effective Administration/Resident Well-Being, 483.75(d)(1)(2) Governing Body-Facility Policies/Appoint Administration, and 483.75(o)(1) QAA Committee-members/Meet Quarterly/Plans. The continued non-compliance resulted in a second declaration of Immediate Jeopardy stemming from the facility's failure to implement an effective plan of correction to monitor and maintain safe surface temperatures of radiators in resident rooms.

On March 27, 2015, a third revisit survey removed the Immediate Jeopardy cited the nursing home's continued non-compliance with 10 NYCRR 483.25(h) Free of Accident Hazards/Supervision/Devices, 483.75 Effective Administration/Resident Well-Being, 483.75(d)(1)-(2) Governing Body-Facility Policies/Appoint Administration and 483.75(o)(1) QAA Committee-members/Meet Quarterly/Plans.

On April 29, 2015, a fourth revisit survey found that the remaining deficiencies had been corrected, and substantial compliance had been achieved on April 21, 2015.

The New York State Department of Health is currently reviewing the findings. However, a review of the facts related to the above referenced surveys finds that the applicant members involved are in compliance with character and competence principles, consistent with PHL §2801-a(3). The analysis determined that the deficiencies were a continuation of non-compliance, and not isolated events, and that a single enforcement action would be issued.

*A review of operations for **Oxford Nursing Home** for the periods identified above reveals the nursing home was assessed a Civil Monetary Penalty of \$66,397.50 for the period of 6/10/01 to 8/11/05. The review of*

Oxford Nursing Home results in a conclusion of substantially consistent high level of care since there were no enforcements.

Conclusion

Based on the information reviewed, staff found nothing that would reflect adversely upon the applicant's character and competence or standing in the community.

Recommendation

From a programmatic perspective, contingent approval is recommended.

<h2>Financial Analysis</h2>

Real Property and Asset Purchase Agreement

The applicant has submitted a signed purchase and sale agreement to acquire the Hospital's operating interest and the real property. The terms are summarized below:

Date:	July 16, 2014
Seller:	Rockland County Health Facilities Corporation
Purchaser:	Sympaticare Health, LLC, Sympaticare, LLC, and Summit Park Acquisition Group, LLC
Assets Transferred:	Facility real property; facility business assets including furniture and equipment, inventories, computers, intellectual property, trade names, permits, personal property leases; contracts; books and records; patient and supplier data, surveys, maps and diagrams, causes of action against third parties and insurance proceeds.
Excluded Assets:	Cash and cash equivalents prior to closing date, accounts receivable for period prior closing, residents' personal property, claims to third party overpayments, inventory expended prior to closing date, information and property that does not pertain to the operations of the facility, and employee benefit plans and funds.
Assumed Liabilities:	Future payment and performance of assumed contracts.
Purchase Price:	\$12,000,000
Payment of the Purchase Price:	\$600,000 escrow deposit (allocated to Hospital) \$11,400,000 due at closing.

The purchase price for the real property and operations is proposed to be satisfied as follows:

Equity (Summit Park Acquisition Group, LLC)	\$2,400,000
Loan (10-years, 3.5% - 6.5%, amortization up to 30 years)	<u>\$9,600,000</u>
Total	\$12,000,000

A letter of interest has been provided by Harborview Capital Partners, LLC. The loan amount was determined based on financing 80% of the total purchase price and does not include closing costs estimated at 3.5%. The applicant states they expect to refinance with a HUD mortgage.

The Asset Purchase Agreement (APA) provides that ten days before closing the value of the operating assets being transferred from the realty entity to the operating entity will be determined and agreed upon. The applicant has provided a pro-forma balance sheet as of day one of operations which projects that \$2,400,000 will be allocated to the acquisition of the goodwill of the facility, \$600,000 will be allocated to the acquisition of the facility's equipment, and \$9,036,000 will be allocated to the purchase of the real property. A BFA contingency has been established for verification of the allocation of the Hospital operating assets.

The applicant has provided a Transition Agreement related to the APA whereby Rockland County Health Facilities Corporation will hold all assets associated with the operation of the Hospital and subject to State and Federal law, will transfer the assets to Sympaticare, LLC at closing.

The applicant states that litigation referenced in the APA as outstanding (CSEA v. County of Rockland et.al. Index No. 2014-323 and Northern Services Group, Inc. et.al County of Rockland et.al Index No. 2014-518) was dismissed during December of 2014.

BFA Attachment C is a summary of the net worth of the applicant members of Sympaticare, LLC and Summit Park Acquisition Group, LLC. The applicant has provided a letter of interest from Harborview Capital Partners to finance the acquisition of the operations and real property at the terms stated above. The letter of interest provides a ten-year bridge loan at the stated terms. The applicant intends to refinance the loan at the end of the term. It is noted that liquid resources may not be available in proportion to the proposed ownership interest. Signed, dated, and notarized affidavits have been received by sixteen of the applicant members stating their willingness to contribute resources disproportionate to their membership interest in the operating and realty entity to cover the equity contributions of any member who does not have adequate liquid assets to cover his or her share of the purchase price, working capital requirements, project costs, and the balloon payment (should terms acceptable to the Department be unavailable at the time of refinancing). As of July 20, 2015, affidavits remain outstanding from the following: Naomi Engelman, Dan Kreisel, Yisroel Kuperwasser, and Chaya Rosenfeld (submitted a signed affidavit, but not dated or notarized).

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 PHL with respect to the period of time prior to the applicant acquiring its interest, without releasing the transferor of its liability and responsibility. The facility has a small outstanding balance.

Assignment of Purchase and Sale Agreement

The applicant has submitted an executed Assignment of Purchase and Sale Agreement that assigns rights under the Purchase and Sale Agreement dated July 16, 2014, by and among Rockland County Health Facilities Corporation and Summit Park Acquisition Group, LLC. The terms are as follows:

Date:	November 14, 2014
Assignor:	Sympaticare Health, LLC
Assignee:	Sympaticare, LLC
Assets Transferred:	All rights, title, obligations and interest under the purchase agreement date July 16, 2014, by and among Rockland County Health Facilities Corporation, Summit Park Acquisition Group, LLC, Assignor and Assignee, pertaining to the facility Business Assets and Facility Real Property
Consideration:	\$10

Lease Agreement

The applicant has submitted an executed lease agreement to lease the real property. The terms are summarized below:

Date:	July 7, 2015
Premises:	All real property consisting of a 57-bed hospital located on the fourth floor of "Building A" located at 50 Sanatorium Road, Pomona, New York 10970
Owner/Landlord:	Summit Park Acquisition Group, LLC
Lessee:	Sympaticare, LLC
Term:	30 years
Rent:	\$1,500,000 per year in years 1 and 2; \$2,000,000 per year in years 3-30.
Provisions:	Triple Net

The lease agreement is a non-arm's length agreement. The applicant has indicated that Summit Park Acquisition Group, LLC and Sympaticare, LLC share the same membership.

Currently, Medicaid capital reimbursement will not be altered upon the change in ownership.

Consulting and Administrative Services Agreement

The applicant has submitted a draft consulting and administrative services agreement, the terms of which are summarized below:

Operator:	Sympaticare, LLC d/b/a Summit Park Hospital
Contractor:	Consultant Healthcare, LLC
Services Provided:	Assist in recruiting leadership positions (CEO/Administrator, director of nursing, case management, business office, admissions and marketing) for start-up for 1-3 year transition; assist in implementation of high acuity programs, staff education on LTCH criteria/conditions of participation, CMS reporting requirements, and state, federal, and local regulatory compliance standards; monitor CCI compliance on admissions and impact on net revenue; recommend cost efficiencies; assist in referral and census development, marketing activities, patient selection; analysis of length of stay with Case Management and Nursing leadership; monitoring billing, reimbursement, collections and reconciliation of business office activities; establish collaborative physician relations; assist with preparation of disease specific certifications, development of policies/procedures; develop DRG cost profiles for top ten DRGs; and establish and monitor benchmarks for short and extended patient days.
Term:	Initial term of 12 months, renewable for additional 12-month terms upon agreement of both Parties
Fee:	\$300,000 per annum, payable in monthly arrears (\$25,000/month)

While Consultant Healthcare, LLC will provide all of the above services, the licensed Operator retains full legal authority, responsibility, and control for the operations including control over the following:

- The hiring or termination of the LTCH's administrator;
- Independent control of the LTCH's books and records;
- Authority over the disposition of assets and the incurring of liabilities on behalf of the LTCH; and
- Authority for the independent adoption and enforcement of policies affecting the delivery of health care services.

Total Project Cost and Financing

Total project costs for renovations are estimated at \$2,429,465, broken down as follows:

Renovation & Demolition	\$1,709,200
Asbestos Abatement or Removal	75,000
Design Contingency	178,420
Construction Contingency	178,420
Architect/Engineering Fees	96,347
Financing Costs	100,805
Interim Interest Expense	75,000
CON Application Fee	3,000
CON Processing Fee	<u>13,273</u>
Total Project Cost	\$2,429,465

Project costs are based on a start date of January 1, 2016, with a eighteen-month construction period.

The applicant's financing plan appears as follows:

Equity - Summit Park Acquisition Group, LLC (Real Property owner)	\$485,893
Bank loan (10-years, 3.5% - 6.5%, amortization up to 30 years)	<u>1,943,572</u>
Total	\$2,429,465

A letter of interest has been provided by Harborview Capital Partners, LLC. The loan amount was determined based on financing 80% of the total project cost and does not include closing costs estimated at 3.5%. The applicant states they expect to refinance with a HUD mortgage.

The net worth summary of the applicant members reveals sufficient resources overall to meet equity requirements for the purchase of the operating assets, working capital, renovations and balloon payment (BFA Attachment C). However, liquid resources may not be available in proportion to ownership interest. As of July 20, 2015, affidavits have been provided from all except the four aforementioned members stating their willingness to contribute resources disproportionate to their membership interest in the operating and realty entities to cover the equity contributions of any member who does not have adequate liquid assets.

Operating Budget

The applicant has provided an operating budget, in 2015 dollars, for the first year of operation subsequent to the change in ownership. The budget is summarized below:

	<u>Per Diem</u>	<u>Year One</u>
Revenues:		
Medicaid-FFS	\$955.00	\$1,394,300
Medicare-FFS	\$1,200.00	\$11,826,000
Commercial-FFS	\$1,100.00	401,500
Private Pay	\$1,400.00	\$511,000
Total Revenue		\$14,132,800
Expenses:		
Operating	\$992.12	\$11,950,137
Capital	\$139.48	\$1,680,000
Total	\$1,131.60	\$13,630,137
Net Income		\$502,663
Utilization (Patient days)		12,045
Occupancy		57.89%

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

- The Medicaid rate is based on the Hospital's 2015 Specialty Hospital Exempt Rate authorized and developed in accordance with PHL §2807-c(4)(e-2)(iii) and Part 86-1.23(e) of 10NYCRR. As a specialty long term acute care hospital, the Medicaid rate is established as a per diem rate, currently based on the facility's 2005 operating costs with applicable trending in accordance with PHL §2807-c(10), plus capital pass-through. As long as the Hospital retains CMS LTCH designation, this per diem rate methodology will continue to be the basis for Medicaid rate establishment/reimbursement through to the full transition to Medicaid Managed Care. If the federal designation is terminated due to non-compliance with the new CMS LTCH regulations that go into effect in FFY 2016 (beginning October 1, 2015), Medicaid reimbursement would transition to the APR-DRG case-payment methodology applicable for Article 28 acute care hospitals.
- There is no distinction in the capital rate related to the facility going from public to proprietary. The hospital will get depreciation and interest.
- Medicare revenues are based on the historical experience of the facility, adjusted for projected changes in patient acuity. Medicare payments are per case and based on a long-term care diagnosis-related group (LTC-DRG) payment methodology, weighted to reflect resources required for the medically complex characteristics of LTCH patients. The applicant has presented the Medicare payments as an average per diem based on the historical LTC-DRG reimbursement experience of the Hospital's non-psychiatric inpatients.
- Commercial and Private Pay revenues are based on the current operator's historical experience.
- Expense assumptions are based on historical experience, taking into account reductions related to purchased services and staffing reductions (FTE decreases for LPNs, Aides, Physicians, PT and OT Therapists, plus related fringe/pension benefits).

- Projected utilization for the 57 Med/Surg beds is 57.89% in Year One and 87.72% by Year Three. In 2013, non-psychiatric inpatient utilization was 61%, with an average length of stay of 26.8 days.
- The breakeven utilization is projected at 55.83%.
- Utilization broken down by payor source during the first year after the change in ownership is summarized below:

<u>Payor:</u>	<u>Visits</u>	<u>%</u>
Medicaid-FFS	1,460	12.12%
Medicare-FFS	9,855	81.82%
Commercial-FFS	365	3.03%
Private Pay	<u>365</u>	<u>3.03%</u>
Total	12,045	100%

The applicant has provide letters of support for patient referrals to the Hospital, including the following:

- Good Samaritan Hospital - expects to refer 15-25 patients per month;
- Nyack Hospital - expects to refer 10-15 patients per month;
- St. John's Riverside Hospital - expects to refer 10-20 patient per month; and
- Westchester Medical Center - unable to determine the number of patient referrals at this time.

Capability and Feasibility

Summit Park Acquisition Group, LLC will acquire the Hospitals' operating and real property assets for \$12,000,000 which will be funded as follows: \$2,400,000 from members' equity and a \$9,600,000 loan for 10-years with an interest rate between 3.5% - 6.5%, amortized up to 30 years. Total project costs of \$2,429,465 will be funded from member's equity of \$485,893 and a \$1,943,572 loan under the same terms. A letter of interest has been provided by Harborview Capital Partners, LLC. The applicant states they expect to refinance with a HUD mortgage.

The working capital requirement is estimated at \$2,271,690 based on two months of Year One expenses. The pro-forma balance sheet indicates that as of day one of operations the members will have contributed the entire amount from their personal liquid resources. The members' net worth summary, provided as BFA Attachment C, shows sufficient resources overall to meet all equity requirements for this application, but liquid resources may not be available in proportion to ownership interest. As of July 20, 2015, affidavits have been provided from all except the four aforementioned members stating their willingness to contribute resources disproportionate to their membership interest in the operating and realty entities to cover the equity contributions of any member who does not have sufficient liquid assets.

The submitted budget indicates a net profit of \$502,663 in the first year after the change in ownership. BFA Attachment D is Summit Park Hospital's pro forma balance sheet, which shows the entity will start off with \$5,071,690 in members' equity.

BFA Attachment E is the 2012-2013 certified financial statements of Summit Park Hospital / Summit Park Nursing Care Center. As shown, the combined entity had an average negative working capital position of \$62,769,832, average negative net assets of \$136,465,576, and an average negative income of \$28,682,360 for the period. The following is noted with respect to the combined certified financial statements:

- The 2013 loss from operations increased by \$2 million over 2012. Total operating revenues declined more than total operating expenses (by 16.8% and 9.3%, respectively).
- Net patient service revenue decreased 17.6% or \$12.2 million – comprised of \$9.7 million from a decrease in census and service units, \$2 million related to a decrease in intergovernmental transfer (IGT) payments, and a \$663,000 increase in bad debt expense.
- The hospital and the nursing home rely on advances from the County to help meet their obligations on a timely basis. In 2013 the County transferred \$13.3 million (no advances were transferred in 2012). As of 2013, the facilities owe the County \$70.7 million.
- Reflected in the combined entity financials, in 2013 and 2012 the hospital received \$4.0 million and \$3.7 million, respectively, from the indigent care pool, which is intended to partially offset the cost of services provided to the uninsured.

- Included in other receivables at the end of 2013 and 2012 were approximately \$15.3 million and \$18.9 million, respectively, of IGT payments that were authorized by the State of New York Department of Health.

Subject to the noted contingencies, the applicant has demonstrated the capability to proceed financially feasible manner, and contingent approval is recommended.

Recommendation

From a financial perspective, contingent approval is recommended.

<h2>Attachments</h2>

<p>BPNR Attachment A HSP Attachment A BFA Attachment A BFA Attachment B BFA Attachment C BFA Attachment D BFA Attachment E</p>	<p>Need Analysis Quality Measures and Inspection Report Organizational Chart - Sympaticare, LLC d/b/a Summit Park Hospital Organizational Chart - Summit Park Acquisition Group, LLC Net Worth - Sympaticare, LLC d/b/a Summit Park Hospital, Sympaticare, LLC d/b/a Summit Park Nursing and Care Center, and Summit Park Acquisition Group, LLC Pro Forma Balance Sheet- Sympaticare, LLC d/b/a Summit Park Hospital 2012-2013 Financial Summary of Summit Park Hospital/Summit Park Nursing Care Center</p>
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BPNR Attachment

CON's 142211 and 141223

Need Analysis – Sympaticare/Summit Park: Hospital and Nursing Care Center

As CON's 142211 and 141223 involve co-located facilities operating in concert with each other, it was necessary to analyze the projected number of patients to be discharged from Summit Park Hospital (Hospital) and admitted to the residential health care facility, Summit Park Care Center (Nursing Home). While the projections provided by the proposed operator, Sympaticare, LLC, do not entirely coincide, the Department's own analysis suggests utilization sufficient to sustain both facilities by Year 3.

Sympaticare, LLC intends to discharge all 30 long term acute care patients currently at the Hospital to the Nursing Home as soon as possible based on patient acuity level and adequate training of nursing home staff. After transfer of all 30 patients, it is the intent of the proposed operators to gradually admit new patients to the hospital to achieve a patient total of 33 by the end of Year 1 and 50 by the end of Year 3. The proposed operators provided the Department a projection of 481 discharges from the hospital in Year 1, with 120 of those patients to be admitted to the nursing home. However, in order to achieve 120 discharges to the Nursing Home in Year 1, the hospital would need to start the year with 33 patients ($33 \times 12 \times 30\% = \sim 120$); but effective transfer of all current patients to the nursing home would leave zero patients at the start of the year.

The Department undertook alternate analyses to calculate patient projections for Years 1 through 3 for both the Hospital and Nursing Home. Historical average length of stay (ALOS) for the hospital is shown in Table 1. The average of the ALOS between 2010 and 2014 is 29.1 days. To calculate patient projections for the hospital in Table 3, ALOS was rounded up to 30 days, or one month. Historical length of stay and admissions data for the nursing home are shown in Table 2. As seen in Table 2, implied ALOS has historically been greater than one year and decreased from 2010 to 2013. The proposed operator anticipates that the ALOS in the nursing home will decrease due to the drawing of a higher acuity patient population from the hospital. To calculate patient projections for the nursing home in Table 4, an ALOS of one year was assumed. As shown in Table 2, the average of monthly admissions has been approximately 16 patients. Therefore, 16 patients is the number of "Other Admits" to the nursing home in Table 4, which represents the number of patients admitted to Summit Park Nursing Care Center from facilities other than Summit Park Hospital.

The proposed operator states that 30% of patients from the hospital will be discharged to the nursing home. Peer-reviewed studies find that the number of long term acute care hospital (LTACH) patients discharged to residential health care facilities is 25%. For this analysis, the number used to calculate patient projections is an average of those two percentages and equals 27.5% as indicated in Table 4. As seen in Table 4, the starting census at the nursing home is 230, and is based on the current census of about 200 residents plus the 30 patients to be admitted from the hospital immediately following change of ownership.

Assuming the hospital achieves the goal of admitting 50 patients per month by Year 3 as demonstrated in Table 3, approximately 12-14 Hospital patients will be admitted to the Nursing Home each month as demonstrated in Table 4. As a result, referrals from outside facilities would only need to be about 10 patients per month for the Nursing Home to maintain 97% occupancy.

As indicated in Table 5, three hospitals have provided letters of support to refer between 10 and 20 patients a month to the hospital. Conservatively, the low end estimate for referrals to the hospital is 65 per month. Based on these data, there appears to be adequate demand for the LTACH at Summit Park Hospital.

Table 1
Summit Park Hospital Historical Length of Stay
Non-Psychiatric Inpatients (per SPARCS)

Year	Average Length of Stay¹ (in days)
2010	30.2
2011	30.1
2012	31.4
2013	26.8
2014	27.1
Average	29.1

¹The Average Length of Stay (ALOS) at the Summit Park Hospital LTACH has been approximately 30 days. To calculate census projections, average length of stay at the LTACH was rounded to one month. Per Table 3, the total number of patients at the beginning of a month equals the number of discharges in the subsequent month.

Table 2
Summit Park Nursing Care Center
Historical Length of Stay/Admissions

Year	From Cost Reports (2009-2013)				Computed		
	Starting Census	Ending Census	Annual Discharges	Days of Care Provided	Implied ALOS (in days) ²	Annual Admissions	Monthly Admission Average ³
2009	297	291	243	104,825	431.4	237	19.75
2010	291	265	217	101,825	469.2	191	15.92
2011	265	251	213	95,344	447.6	199	16.58
2012	251	224	216	88,809	411.2	189	15.75
2013	224	209	206	77,698	377.2	191	15.92
2014*	209	203	200	N/A	N/A	194	16.17
2015*	203	197	195	N/A	N/A	189	15.75
*Per weekly census						Avg. 2010-2015	16.01

²ALOS was calculated by dividing Days of Care Provided by Annual Discharges. The historical implied ALOS for the Nursing Home has been greater than one year. Per the applicant, admission of LTACH patients to the Nursing Home will decrease the Nursing Home's ALOS. To account for this decrease, ALOS for the Nursing Home was adjusted to one year when calculating projections in Tables 3 and 4.

³Since 2010, monthly admission average has been approximately 16 patients and was used in Table 4 for the number of Other Admits.

Table 3
Summit Park Hospital Projections Years 1 - 3
(Average Length of Stay = 30 days)
Capacity = 57 beds

	Month	Patients Beginning Month	Admits	Discharges ⁴	Patients End Month	Net Change	Yearly Net Change
YEAR 1	1	0	2	0	2	2	
	2	2	4	0	6	4	
	3	6	6	2	10	4	
	4	10	8	6	12	2	
	5	12	10	10	12	0	
	6	12	12	12	12	0	
	7	12	14	12	14	2	
	8	14	16	12	18	4	
	9	18	19	14	23	5	
	10	23	22	18	27	4	
	11	27	26	23	30	3	
	12	30	30	27	33	3	
	Total		169	136			
YEAR 2	13	33	30	30	33	0	
	14	33	31	33	31	-2	
	15	31	32	33	30	-1	
	16	30	33	31	32	2	
	17	32	34	30	36	4	
	18	36	35	32	39	3	
	19	39	36	36	39	0	
	20	39	37	39	37	-2	
	21	37	38	39	36	-1	
	22	36	39	37	38	2	
	23	38	40	36	42	4	
	24	42	41	38	45	3	
	Total		426	414			
YEAR 3	25	45	42	42	45	0	
	26	45	43	45	43	-2	
	27	43	44	45	42	-1	
	28	42	45	43	44	2	
	29	44	46	42	48	4	
	30	48	47	44	51	3	
	31	51	48	48	51	0	
	32	51	49	51	49	-2	
	33	49	50	51	48	-1	
	34	48	50	49	49	1	
	35	49	50	48	51	2	
	36	51	50	49	52	1	
	Total		564	557			

⁴The number of Discharges is calculated by multiplying the total number of LTACH discharges by the 27.5% of patient expected to be admitted to the Nursing Home, excluding the 30 LTACH patients to be admitted to the nursing home immediately following the change in ownership.

Table 4
Summit Park Nursing Home Projections Years 1 - 3
(Average Length of Stay = 1 year)
Capacity upon CON completion = 280 beds

Starting Census:	200
Admissions From LTCH:	27.5%

	Month	Admits from LTCH ⁵	Other Admits	Total Admits	Discharges	Residents	Net Change	Yearly Net Change
YEAR 1	Start	30	0	30		230	0	5
	1	0	16	16	19	227	-3	
	2	0	16	16	19	224	-3	
	3	1	16	17	19	222	-2	
	4	2	16	18	18	221	-1	
	5	3	16	19	18	221	0	
	6	3	16	19	18	222	1	
	7	3	16	19	19	223	1	
	8	3	16	19	19	224	1	
	9	4	16	20	19	225	1	
	10	5	16	21	19	227	2	
	11	6	16	22	19	231	3	
	12	7	16	23	19	235	4	
	Total	67	192	229	225			
YEAR 2	13	8	16	24	20	239	5	36
	14	9	16	25	20	245	5	
	15	9	16	25	20	249	5	
	16	9	16	25	21	253	4	
	17	8	14	22	21	254	1	
	18	9	14	23	21	256	2	
	19	10	14	24	21	258	3	
	20	11	14	25	22	262	3	
	21	11	14	25	22	264	3	
	22	10	14	24	22	267	2	
	23	10	14	24	22	268	2	
	24	10	14	24	22	270	2	
	Total	114	176	290	254			
YEAR 3	25	12	10	22	23	269	-1	3
	26	12	10	22	22	269	0	
	27	12	10	22	22	269	0	
	28	12	10	22	22	269	-1	
	29	12	10	22	22	268	-1	
	30	12	10	22	22	268	0	
	31	13	10	23	22	268	1	
	32	14	10	24	22	270	2	
	33	14	10	24	23	272	2	
	34	13	10	23	23	272	1	
	35	13	10	23	23	273	0	
	36	13	10	23	23	274	1	
	Total	153	120	273	270			











⁵The number of Admits from LTACH is calculated by multiplying the total number of LTACH discharges by the 27.5% of patients expected to be sent to the Nursing Home, excluding the 30 LTACH patients to be admitted to the nursing home immediately following the change in ownership.

Table 5

Applicant Projected Monthly Referrals to the LTACH	Low	High	Verified via letter
Nyack Hospital	10	15	Yes
Good Samaritan Regional Medical Center	15	25	Yes
Westchester Medical Center	15	25	
St Johns Riverside Hospital	10	20	Yes
New York Presbyterian Hudson Valley Hospital	15	20	
Totals	65	105	

Summit Park Nursing Care Center

The following table shows how this nursing home performs in key quality measure areas.

Percentage of residents who...	Performance Ranking 
<p> Self-report moderate to severe pain (short stay) Reporting period: January to December 2014 14.6% This Facility 13.7% State average 18.3% National average</p>	3 out of 5 stars
<p> Have pressure sores that are new or worsened Reporting period: January to December 2014 2.2% This Facility 1.0% State average 0.9% National average</p>	1 out of 5 stars
<p> Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: January to December 2014 90.8% This Facility 84.7% State average 82.8% National average</p>	3 out of 5 stars
<p> Were given, appropriately, the pneumococcal vaccine Reporting period: January to December 2014 57.8% This Facility 83.3% State average 81.9% National average</p>	1 out of 5 stars
<p> Newly received an antipsychotic medication Reporting period: January to December 2014 6.3% This Facility 2.3% State average 2.4% National average</p>	1 out of 5 stars
<p> Needed increased help with daily activities (long stay) Reporting period: April to December 2014 26.0% This Facility 14.4% State average 15.6% National average</p>	1 out of 5 stars
<p> Self-report moderate to severe pain (long stay) Reporting period: April to December 2014 6.4% This Facility 4.9% State average 7.4% National average</p>	2 out of 5 stars
<p> Have pressure sores (long stay) Reporting period: April to December 2014 6.0% This Facility 7.5% State average 5.9% National average</p>	4 out of 5 stars
<p> Lose too much weight (long stay) Reporting period: April to December 2014</p>	4 out of 5 stars

142211 HSP Attachment A – Quality Measures and Inspection Report

<p>4.1% This Facility 6.1% State average 7.0% National average</p>	
<p>☞Lose control of their bowels or bladder (long stay, low risk) Reporting period: April to December 2014 46.4% This Facility 45.8% State average 45.0% National average</p>	3 out of 5 stars
<p>☞Had a catheter inserted and left in their bladder (long stay) Reporting period: April to December 2014 1.0% This Facility 2.6% State average 3.1% National average</p>	5 out of 5 stars
<p>☞Had a urinary tract infection (long stay) Reporting period: April to December 2014 4.3% This Facility 5.5% State average 5.7% National average</p>	3 out of 5 stars
<p>☞Have depressive symptoms (long stay) Reporting period: April to December 2014 7.5% This Facility 11.4% State average 6.0% National average</p>	2 out of 5 stars
<p>☞Were physically restrained (long stay) Reporting period: April to December 2014 0.2% This Facility 1.5% State average 1.1% National average</p>	3 out of 5 stars
<p>☞Experienced one or more falls with major injury (long stay) Reporting period: April to December 2014 2.6% This Facility 2.7% State average 3.2% National average</p>	3 out of 5 stars
<p>☞Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: April to December 2014 99.7% This Facility 94.8% State average 92.6% National average</p>	5 out of 5 stars
<p>☞Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: April to December 2014 99.1% This Facility 96.7% State average 93.8% National average</p>	3 out of 5 stars
<p>☞Received an antipsychotic medication (long stay) Reporting period: April to December 2014 25.2% This Facility 17.6% State average 19.3% National average</p>	1 out of 5 stars

Summit Park Nursing Care Center

Inspection Report

Report Period: June 2011 to May 2015

This report displays citations for Certification Surveys and Complaint Surveys during the reporting period.

Summary

This table summarizes the citations in the details section of this report and compares them against the statewide average.

Measure	This Facility	Statewide Average
Standard Health Deficiencies	22	23
Life Safety Code Deficiencies	19	12
Total Deficiencies	41	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

Elcor Nursing and Rehabilitation Center

The following table shows how this nursing home performs in key quality measure areas.

Percentage of residents who...	Performance Ranking
<p>Self-report moderate to severe pain (short stay) Reporting period: January to December 2014 24.2% This Facility 13.7% State average 18.3% National average</p>	<p>1 out of 5 stars</p>
<p>Have pressure sores that are new or worsened Reporting period: January to December 2014 0.2% This Facility 1.0% State average 0.9% National average</p>	<p>4 out of 5 stars</p>
<p>Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: January to December 2014 95.9% This Facility 84.7% State average 82.8% National average</p>	<p>4 out of 5 stars</p>
<p>Were given, appropriately, the pneumococcal vaccine Reporting period: January to December 2014 95.5% This Facility 83.3% State average 81.9% National average</p>	<p>4 out of 5 stars</p>
<p>Newly received an antipsychotic medication Reporting period: January to December 2014 0.8% This Facility 2.3% State average 2.4% National average</p>	<p>4 out of 5 stars</p>
<p>Needed increased help with daily activities (long stay) Reporting period: April to December 2014 19.9% This Facility 14.4% State average 15.6% National average</p>	<p>1 out of 5 stars</p>
<p>Self-report moderate to severe pain (long stay) Reporting period: April to December 2014 15.6% This Facility 4.9% State average 7.4% National average</p>	<p>1 out of 5 stars</p>
<p>Have pressure sores (long stay) Reporting period: April to December 2014 7.4% This Facility 7.5% State average 5.9% National average</p>	<p>3 out of 5 stars</p>
<p>Lose too much weight (long stay) Reporting period: April to December 2014</p>	<p>1 out of 5 stars</p>

142211 HSP Attachment A – Quality Measures and Inspection Report

<p>8.6% This Facility 6.1% State average 7.0% National average</p>	
<p>☐ Lose control of their bowels or bladder (long stay, low risk) Reporting period: April to December 2014 32.3% This Facility 45.8% State average 45.0% National average</p>	<p>4 out of 5 stars</p>
<p>☐ Had a catheter inserted and left in their bladder (long stay) Reporting period: April to December 2014 2.2% This Facility 2.6% State average 3.1% National average</p>	<p>3 out of 5 stars</p>
<p>☐ Had a urinary tract infection (long stay) Reporting period: April to December 2014 6.9% This Facility 5.5% State average 5.7% National average</p>	<p>2 out of 5 stars</p>
<p>● Have depressive symptoms (long stay) Reporting period: April to December 2014 30.0% This Facility 11.4% State average 6.0% National average</p>	<p>1 out of 5 stars</p>
<p>☐ Were physically restrained (long stay) Reporting period: April to December 2014 3.1% This Facility 1.5% State average 1.1% National average</p>	<p>1 out of 5 stars</p>
<p>☐ Experienced one or more falls with major injury (long stay) Reporting period: April to December 2014 1.9% This Facility 2.7% State average 3.2% National average</p>	<p>4 out of 5 stars</p>
<p>☐ Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: April to December 2014 99.6% This Facility 94.8% State average 92.6% National average</p>	<p>5 out of 5 stars</p>
<p>☐ Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: April to December 2014 100.0% This Facility 96.7% State average 93.8% National average</p>	<p>5 out of 5 stars</p>
<p>☐ Received an antipsychotic medication (long stay) Reporting period: April to December 2014 15.7% This Facility 17.6% State average 19.3% National average</p>	<p>3 out of 5 stars</p>

Elcor Nursing and Rehabilitation Center

Inspection Report

Report Period: June 2011 to May 2015

This report displays citations for Certification Surveys and Complaint Surveys during the reporting period.

Summary

This table summarizes the citations in the details section of this report and compares them against the statewide average.

Measure	This Facility	Statewide Average
Standard Health Deficiencies	29	23
Life Safety Code Deficiencies	16	12
Total Deficiencies	45	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

Cayuga Ridge Extended Care

The following table shows how this nursing home performs in key quality measure areas.

Percentage of residents who...	Performance Ranking
<p>Self-report moderate to severe pain (short stay) Reporting period: January to December 2014 7.9% This Facility 13.7% State average 18.3% National average</p>	<p>4 out of 5 stars</p>
<p>Have pressure sores that are new or worsened Reporting period: January to December 2014 1.0% This Facility 1.0% State average 0.9% National average</p>	<p>2 out of 5 stars</p>
<p>Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: January to December 2014 48.1% This Facility 84.7% State average 82.8% National average</p>	<p>1 out of 5 stars</p>
<p>Were given, appropriately, the pneumococcal vaccine Reporting period: January to December 2014 13.2% This Facility 83.3% State average 81.9% National average</p>	<p>1 out of 5 stars</p>
<p>Newly received an antipsychotic medication Reporting period: January to December 2014 0.7% This Facility 2.3% State average 2.4% National average</p>	<p>4 out of 5 stars</p>
<p>Needed increased help with daily activities (long stay) Reporting period: April to December 2014 22.8% This Facility 14.4% State average 15.6% National average</p>	<p>1 out of 5 stars</p>
<p>Self-report moderate to severe pain (long stay) Reporting period: April to December 2014 4.4% This Facility 4.9% State average 7.4% National average</p>	<p>3 out of 5 stars</p>
<p>Have pressure sores (long stay) Reporting period: April to December 2014 6.5% This Facility 7.5% State average 5.9% National average</p>	<p>3 out of 5 stars</p>
<p>Lose too much weight (long stay) Reporting period: April to December 2014</p>	<p>1 out of 5 stars</p>

142211 HSP Attachment A – Quality Measures and Inspection Report

<p>13.1% This Facility 6.1% State average 7.0% National average</p>	
<p>☑ Lose control of their bowels or bladder (long stay, low risk) Reporting period: April to December 2014 34.5% This Facility 45.8% State average 45.0% National average</p>	4 out of 5 stars
<p>☑ Had a catheter inserted and left in their bladder (long stay) Reporting period: April to December 2014 2.3% This Facility 2.6% State average 3.1% National average</p>	3 out of 5 stars
<p>☑ Had a urinary tract infection (long stay) Reporting period: April to December 2014 8.5% This Facility 5.5% State average 5.7% National average</p>	1 out of 5 stars
<p>☑ Have depressive symptoms (long stay) Reporting period: April to December 2014 22.2% This Facility 11.4% State average 6.0% National average</p>	1 out of 5 stars
<p>☑ Were physically restrained (long stay) Reporting period: April to December 2014 0.7% This Facility 1.5% State average 1.1% National average</p>	3 out of 5 stars
<p>☑ Experienced one or more falls with major injury (long stay) Reporting period: April to December 2014 1.5% This Facility 2.7% State average 3.2% National average</p>	4 out of 5 stars
<p>☑ Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: April to December 2014 91.0% This Facility 94.8% State average 92.6% National average</p>	2 out of 5 stars
<p>☑ Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: April to December 2014 72.2% This Facility 96.7% State average 93.8% National average</p>	1 out of 5 stars
<p>☑ Received an antipsychotic medication (long stay) Reporting period: April to December 2014 15.5% This Facility 17.6% State average 19.3% National average</p>	3 out of 5 stars

Cayuga Ridge Extended Care

Inspection Report

Report Period: June 2011 to May 2015

This report displays citations for Certification Surveys and Complaint Surveys during the reporting period.

Summary

This table summarizes the citations in the details section of this report and compares them against the statewide average.

Measure	This Facility	Statewide Average
Standard Health Deficiencies	80	23
Life Safety Code Deficiencies	37	12
Total Deficiencies	117	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	5	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	4%	3%

Sheepshead Nursing & Rehabilitation Center

The following table shows how this nursing home performs in key quality measure areas.

Percentage of residents who...	Performance Ranking
<p>Self-report moderate to severe pain (short stay) Reporting period: January to December 2014 1.9% This Facility 13.7% State average 18.3% National average</p>	<p>5 out of 5 stars</p>
<p>Have pressure sores that are new or worsened Reporting period: January to December 2014 0.4% This Facility 1.0% State average 0.9% National average</p>	<p>4 out of 5 stars</p>
<p>Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: January to December 2014 91.2% This Facility 84.7% State average 82.8% National average</p>	<p>3 out of 5 stars</p>
<p>Were given, appropriately, the pneumococcal vaccine Reporting period: January to December 2014 90.3% This Facility 83.3% State average 81.9% National average</p>	<p>3 out of 5 stars</p>
<p>Newly received an antipsychotic medication Reporting period: January to December 2014 2.0% This Facility 2.3% State average 2.4% National average</p>	<p>3 out of 5 stars</p>
<p>Needed increased help with daily activities (long stay) Reporting period: April to December 2014 6.3% This Facility 14.4% State average 15.6% National average</p>	<p>5 out of 5 stars</p>
<p>Self-report moderate to severe pain (long stay) Reporting period: April to December 2014 0.3% This Facility 4.9% State average 7.4% National average</p>	<p>5 out of 5 stars</p>
<p>Have pressure sores (long stay) Reporting period: April to December 2014 12.7% This Facility 7.5% State average 5.9% National average</p>	<p>1 out of 5 stars</p>
<p>Lose too much weight (long stay) Reporting period: April to December 2014</p>	<p>2 out of 5 stars</p>

142211 HSP Attachment A – Quality Measures and Inspection Report

<p>7.4% This Facility 6.1% State average 7.0% National average</p>	
<p>☉Lose control of their bowels or bladder (long stay, low risk) Reporting period: April to December 2014 56.0% This Facility 45.8% State average 45.0% National average</p>	2 out of 5 stars
<p>☉Had a catheter inserted and left in their bladder (long stay) Reporting period: April to December 2014 2.3% This Facility 2.6% State average 3.1% National average</p>	3 out of 5 stars
<p>☉Had a urinary tract infection (long stay) Reporting period: April to December 2014 0.3% This Facility 5.5% State average 5.7% National average</p>	5 out of 5 stars
<p>☉Have depressive symptoms (long stay) Reporting period: April to December 2014 64.9% This Facility 11.4% State average 6.0% National average</p>	1 out of 5 stars
<p>☉Were physically restrained (long stay) Reporting period: April to December 2014 0.0% This Facility 1.5% State average 1.1% National average</p>	5 out of 5 stars
<p>☉Experienced one or more falls with major injury (long stay) Reporting period: April to December 2014 0.9% This Facility 2.7% State average 3.2% National average</p>	5 out of 5 stars
<p>☉Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: April to December 2014 92.8% This Facility 94.8% State average 92.6% National average</p>	2 out of 5 stars
<p>☉Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: April to December 2014 97.6% This Facility 96.7% State average 93.8% National average</p>	2 out of 5 stars
<p>☉Received an antipsychotic medication (long stay) Reporting period: April to December 2014 14.2% This Facility 17.6% State average 19.3% National average</p>	4 out of 5 stars

Sheepshead Nursing & Rehabilitation Center

Inspection Report

Report Period: June 2011 to May 2015

This report displays citations for Certification Surveys and Complaint Surveys during the reporting period.

Summary

This table summarizes the citations in the details section of this report and compares them against the statewide average.

Measure	This Facility	Statewide Average
Standard Health Deficiencies	5	23
Life Safety Code Deficiencies	7	12
Total Deficiencies	12	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

Laconia Nursing Home

The following table shows how this nursing home performs in key quality measure areas.

Percentage of residents who...	Performance Ranking
<p>Self-report moderate to severe pain (short stay) Reporting period: January to December 2014</p> <p>1.6% This Facility 13.7% State average 18.3% National average</p>	<p>5 out of 5 stars</p>
<p>Have pressure sores that are new or worsened Reporting period: January to December 2014</p> <p>0.0% This Facility 1.0% State average 0.9% National average</p>	<p>5 out of 5 stars</p>
<p>Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: January to December 2014</p> <p>39.4% This Facility 84.7% State average 32.8% National average</p>	<p>1 out of 5 stars</p>
<p>Were given, appropriately, the pneumococcal vaccine Reporting period: January to December 2014</p> <p>62.6% This Facility 83.3% State average 81.9% National average</p>	<p>1 out of 5 stars</p>
<p>Newly received an antipsychotic medication Reporting period: January to December 2014</p> <p>0.0% This Facility 2.3% State average 2.4% National average</p>	<p>5 out of 5 stars</p>
<p>Needed increased help with daily activities (long stay) Reporting period: April to December 2014</p>	<p>1 out of 5 stars</p>

142211 HSP Attachment A – Quality Measures and Inspection Report

<p>35.2% This Facility 14.4% State average 15.6% National average</p>	
<p>Self-report moderate to severe pain (long stay) Reporting period: April to December 2014</p> <p>0.5% This Facility 4.9% State average 7.4% National average</p>	<p>5 out of 5 stars</p>
<p>Have pressure sores (long stay) Reporting period: April to December 2014</p> <p>9.4% This Facility 7.5% State average 5.9% National average</p>	<p>2 out of 5 stars</p>
<p>Lose too much weight (long stay) Reporting period: April to December 2014</p> <p>4.9% This Facility 6.1% State average 7.0% National average</p>	<p>4 out of 5 stars</p>
<p>Lose control of their bowels or bladder (long stay, low risk) Reporting period: April to December 2014</p> <p>29.1% This Facility 45.8% State average 45.0% National average</p>	<p>5 out of 5 stars</p>
<p>Had a catheter inserted and left in their bladder (long stay) Reporting period: April to December 2014</p> <p>0.8% This Facility 2.6% State average 3.1% National average</p>	<p>5 out of 5 stars</p>
<p>Had a urinary tract infection (long stay) Reporting period: April to December 2014</p> <p>4.2% This Facility 5.5% State average 5.7% National average</p>	<p>4 out of 5 stars</p>
<p>Have depressive symptoms (long stay) Reporting period: April to December 2014</p>	<p>4 out of 5 stars</p>

142211 HSP Attachment A – Quality Measures and Inspection Report

<p>1.6% This Facility 11.4% State average 6.0% National average</p>	
<p>☞Were physically restrained (long stay) Reporting period: April to December 2014</p> <p>2.2% This Facility 1.5% State average 1.1% National average</p>	<p>2 out of 5 stars</p>
<p>☞Experienced one or more falls with major injury (long stay) Reporting period: April to December 2014</p> <p>0.6% This Facility 2.7% State average 3.2% National average</p>	<p>5 out of 5 stars</p>
<p>☞Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: April to December 2014</p> <p>97.8% This Facility 94.8% State average 92.6% National average</p>	<p>3 out of 5 stars</p>
<p>☞Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: April to December 2014</p> <p>99.0% This Facility 96.7% State average 93.8% National average</p>	<p>3 out of 5 stars</p>
<p>☞Received an antipsychotic medication (long stay) Reporting period: April to December 2014</p> <p>35.6% This Facility 17.6% State average 19.3% National average</p>	<p>1 out of 5 stars</p>

Laconia Nursing Home

Inspection Report

Report Period: June 2011 to May 2015

This report displays citations for Certification Surveys and Complaint Surveys during the reporting period.

Summary

This table summarizes the citations in the details section of this report and compares them against the statewide average.

Measure	This Facility	Statewide Average
Standard Health Deficiencies	8	23
Life Safety Code Deficiencies	15	12
Total Deficiencies	23	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

Oxford Nursing Home

The following table shows how this nursing home performs in key quality measure areas.

Percentage of residents who...	Performance Ranking
<p>Self-report moderate to severe pain (short stay) Reporting period: January to December 2014</p> <p>2.8% This Facility 13.7% State average 18.3% National average</p>	<p>5 out of 5 stars</p>
<p>Have pressure sores that are new or worsened Reporting period: January to December 2014</p> <p>0.0% This Facility 1.0% State average 0.9% National average</p>	<p>5 out of 5 stars</p>
<p>Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: January to December 2014</p> <p>93.1% This Facility 84.7% State average 82.8% National average</p>	<p>4 out of 5 stars</p>
<p>Were given, appropriately, the pneumococcal vaccine Reporting period: January to December 2014</p> <p>93.9% This Facility 83.3% State average 81.9% National average</p>	<p>4 out of 5 stars</p>
<p>Newly received an antipsychotic medication Reporting period: January to December 2014</p> <p>5.2% This Facility 2.3% State average 2.4% National average</p>	<p>1 out of 5 stars</p>
<p>Needed increased help with daily activities (long stay) Reporting period: April to December 2014</p>	<p>5 out of 5 stars</p>

142211 HSP Attachment A – Quality Measures and Inspection Report

<p>8.9% This Facility 14.4% State average 15.6% National average</p>	
<p>Self-report moderate to severe pain (long stay) Reporting period: April to December 2014</p> <p>0.0% This Facility 4.9% State average 7.4% National average</p>	<p>5 out of 5 stars</p>
<p>Have pressure sores (long stay) Reporting period: April to December 2014</p> <p>5.1% This Facility 7.5% State average 5.9% National average</p>	<p>4 out of 5 stars</p>
<p>Lose too much weight (long stay) Reporting period: April to December 2014</p> <p>6.9% This Facility 6.1% State average 7.0% National average</p>	<p>2 out of 5 stars</p>
<p>Lose control of their bowels or bladder (long stay, low risk) Reporting period: April to December 2014</p> <p>15.6% This Facility 45.8% State average 15.0% National average</p>	<p>5 out of 5 stars</p>
<p>Had a catheter inserted and left in their bladder (long stay) Reporting period: April to December 2014</p> <p>0.9% This Facility 2.6% State average 3.1% National average</p>	<p>5 out of 5 stars</p>
<p>Had a urinary tract infection (long stay) Reporting period: April to December 2014</p> <p>2.1% This Facility 5.5% State average 5.7% National average</p>	<p>5 out of 5 stars</p>
<p>Have depressive symptoms (long stay) Reporting period: April to December 2014</p>	<p>2 out of 5 stars</p>

142211 HSP Attachment A – Quality Measures and Inspection Report

<p>10.8% This Facility 11.4% State average 6.0% National average</p>	
<p>Were physically restrained (long stay) Reporting period: April to December 2014</p> <p>0.0% This Facility 1.5% State average 1.1% National average</p>	<p>5 out of 5 stars</p>
<p>Experienced one or more falls with major injury (long stay) Reporting period: April to December 2014</p> <p>3.3% This Facility 2.7% State average 3.2% National average</p>	<p>2 out of 5 stars</p>
<p>Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: April to December 2014</p> <p>99.5% This Facility 94.8% State average 92.6% National average</p>	<p>5 out of 5 stars</p>
<p>Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: April to December 2014</p> <p>100.0% This Facility 96.7% State average 93.8% National average</p>	<p>5 out of 5 stars</p>
<p>Received an antipsychotic medication (long stay) Reporting period: April to December 2014</p> <p>30.3% This Facility 17.6% State average 19.3% National average</p>	<p>1 out of 5 stars</p>

Oxford Nursing Home

Inspection Report

Report Period: June 2011 to May 2015

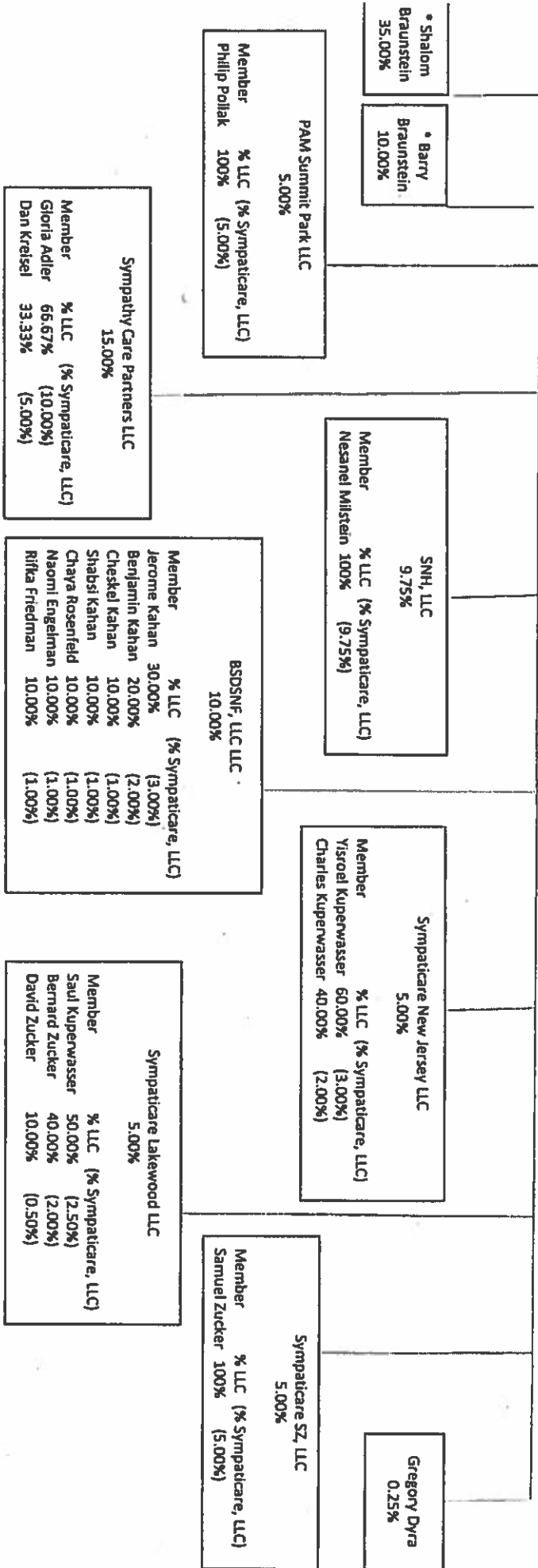
This report displays citations for Certification Surveys and Complaint Surveys during the reporting period.

Summary

This table summarizes the citations in the details section of this report and compares them against the statewide average.

Measure	This Facility	Statewide Average
Standard Health Deficiencies	17	23
Life Safety Code Deficiencies	10	12
Total Deficiencies	27	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

SYMPATICARE, LLC



• Managing Member of Sympaticare, LLC

SUMMIT PARK ACQUISITION GROUP, LLC

• Shalom
Braunstein
35.00%

• Barry
Braunstein
10.00%

PAM Summit Park LLC
5.00%

Member % LLC (% SPAG, LLC)
Philip Poliak 100% (5.00%)

SNH, LLC
9.79%

Member % LLC (% SPAG, LLC)
Nesanel Milstein 100% (9.75%)

Sympaticare New Jersey LLC
5.00%

Member % LLC (% SPAG, LLC)
Yisroel Kuperwasser 60.00% (3.00%)
Charles Kuperwasser 40.00% (2.00%)

Gregory Dyra
0.25%

Sympaticare SZ, LLC
5.00%

Member % LLC (% SPAG, LLC)
Samuel Zucker 100% (5.00%)

Sympathy Care Partners LLC
15.00%

Member % LLC (% SPAG, LLC)
Gloria Adler 66.67% (10.00%)
Dan Kreisel 33.33% (5.00%)

BSDSNF, LLC LLC
10.00%

Member % LLC (% SPAG, LLC)
Jerome Kahan 30.00% (3.00%)
Benjamin Kahan 20.00% (2.00%)
Cheskel Kahan 10.00% (1.00%)
Shabsi Kahan 10.00% (1.00%)
Chaya Rosenfeld 10.00% (1.00%)
Naomi Engelman 10.00% (1.00%)
Rika Friedman 10.00% (1.00%)

Sympaticare Lakewood LLC
5.00%

Member % LLC (% SPAG, LLC)
Saul Kuperwasser 50.00% (2.50%)
Bernard Zucker 40.00% (2.00%)
David Zucker 10.00% (0.50%)

• Managing Member of Summit Park Acquisition
Group, LLC (SPAG)

SUMMIT PARK Hospital
ProForma Balance Sheet at 1/1/2015

BFA Attachment D
CON # 142211

BALANCE SHEET	Summit LTACH 1/1/2015	Summit Realty NH & LTACH (2)		
		Total	NH	LTACH
ASSETS				
CURRENT ASSETS				
Cash and Cash Equivalents	2,371,690 (5)			
Resident Accounts Receivable - Net	2,500,000 (1)			
Prepaid Expenses, including escrow accounts	-			
Inventory	300,000			
TOTAL CURRENT ASSETS	5,171,690	-		
PROPERTY AND EQUIPMENT, AT COST:				
Land, Buildings and Improvements	-	24,999,600	15,963,600	9,036,000 (3)
Equipment	-	1,800,000	1,200,000	600,000 (3)
	-	26,799,600	17,163,600	9,636,000
Less accumulated depreciation and amortization	-	-	-	
Total property and equipment	-	26,799,600	17,163,600	9,636,000
OTHER ASSETS				
Security Deposit	-			
Resident Funds Held in Trust	-			
Mortgage Acquisition Costs	-	1,423,827	890,362	533,465 (4)
Goodwill	2,400,000 (3)			
Total other assets	2,400,000	1,423,827	890,362	533,465
TOTAL ASSETS	7,571,690	28,223,427	18,053,962	10,169,465
LIABILITIES AND OWNER'S EQUITY				
CURRENT LIABILITIES				
Accounts Payable and accrued expenses	-			
Accrued compensation and related benefits	-			
Deferred revenue - patient deposits	-			
AR Loan	2,500,000 (1)			
Current portion of debt	-	370,918	235,755	135,163 (4)
TOTAL CURRENT LIABILITIES	2,500,000	370,918	235,755	135,163
OTHER LIABILITIES				
Resident Funds Held in Trust	-			
Related party payables	-			
Estimated amounts due to third party payors	-			
Debt, less current portion	-	27,115,807	17,224,198	9,891,609 (4)
TOTAL LIABILITIES	2,500,000	27,486,725	17,459,953	10,026,772
Owners Equity	5,071,690	736,702	594,009	142,693
TOTAL LIABILITIES AND OWNER'S EQUITY	7,571,690	28,223,427	18,053,962	10,169,465

- (1) The Transition Agreement allows for the use of the County's AR for 18 months. Currently the total AR is \$18,000, however an analysis must be done to determine collectibility therefore only 50% (LTCH: \$2,500,000 and NH: \$6,500,000) has been used in the proforma.
- (2) Will hold the realty and financing for both the NH and LTACH.
- (3) Represents the allocation of the purchase price between land, building, equipment and operations (goodwill).
- (4) Proforma includes purchase financing but not the capital improvement financing as project will start subsequent to closing. See attached schedule of Capital project BS adjustments.
- (5) Working capital requirements will come from owner equity.

Amounts to be added to BS when project completed - 6/30/2017 (assuming closing on 1/1/2016)

BALANCE SHEET	Summit LTACH 1/1/2015	Summit Realty NH & LTACH (2)		
		Total	NH	LTACH
ASSETS				
CURRENT ASSETS				
Cash and Cash Equivalents				
Resident Accounts Receivable - Net				
Prepaid Expenses, including escrow accounts				
Inventory				
TOTAL CURRENT ASSETS	-	-		
PROPERTY AND EQUIPMENT, AT COST:				
Land, Buildings and Improvements	-	36,949,698	34,520,233	2,429,465
Equipment	-	-		
	-	36,949,698	34,520,233	2,429,465
Less accumulated depreciation and amortization	-	-		
Total property and equipment	-	36,949,698	34,520,233	2,429,465
OTHER ASSETS				
Securtiy Deposit	-			
Resident Funds Held in Trust	-			
Mortgage Acquisition Costs	-	1,576,173	1,468,170	108,003
Goodwill	-			
Total other assets	-	1,576,173	1,468,170	108,003
TOTAL ASSETS	-	38,525,871	35,988,403	2,537,468
LIABILITIES AND OWNER'S EQUITY				
CURRENT LIABILITIES				
Accounts Payable and accrued expenses	-			
Accrued compensation and related benefits	-			
Deferred revenue - patient deposits	-			
AR Loan	-			
Current portion of debt	-	2,544,144	2,376,576	167,568
TOTAL CURRENT LIABILITIES	-	2,544,144	2,376,576	167,568
OTHER LIABILITIES				
Resident Funds Held in Trust	-			
Related party payables	-			
Estimated amounts due to third party payors	-			
Debt, less current portion	-	28,276,552	26,414,146	1,862,406
TOTAL LIABILITIES	-	30,820,696	28,790,722	2,029,974
Owners Equity	-	7,705,175	7,197,681	507,494
TOTAL LIABILITIES AND OWNER'S EQUITY	-	38,525,871	35,988,403	2,537,468

Represents the amounts to be added to the balance sheet at completion of project, currently estimated to be eighteen months after start of operations. This is not a complete balance sheet but rather the projected assets and liabilities for the construction project.

**SUMMIT PARK HOSPITAL/SUMMIT PARK
NURSING CARE CENTER**
(Formerly Known as Summit Park Hospital/
Rockland County Infirmary)
(An Enterprise Fund of the County of Rockland)

Statements of Net Position
December 31, 2013 and 2012

Assets	<u>2013</u>	<u>2012</u>
Current assets:		
Cash	\$ 85,765	48,658
Patients' accounts receivable:		
Long-term acute care and skilled nursing facility, less allowance for doubtful accounts of \$1,753,057 in 2013 and \$1,422,419 in 2012	6,346,652	7,586,905
Mental health units, less allowance for doubtful accounts of \$1,066,857 in 2013 and \$1,358,565 in 2012	1,431,470	1,905,456
Other receivables	15,424,744	19,356,626
Supplies	796,462	703,562
Funds held in trust for residents	233,366	259,385
Due from the State of New York by mental health units for outpatient subsidy, net	81,095	—
Total current assets	<u>24,399,554</u>	<u>29,860,592</u>
Capital assets, net	18,665,300	19,099,701
Cash equivalents held by the County of Rockland designated for construction	7,877,889	2,003,265
Total noncurrent assets	<u>26,543,189</u>	<u>21,102,966</u>
Total assets	<u>\$ 50,942,743</u>	<u>50,963,558</u>
Liabilities and Net Deficit		
Current liabilities:		
Current portion of advances from the County of Rockland:		
Bond anticipation notes	\$ 337,000	450,000
General obligation bonds	1,971,297	1,596,660
Due to the County of Rockland, net	70,676,400	68,537,794
Accounts payable and accrued expenses	8,370,496	7,478,029
Accrued salaries, vacation, and holiday pay	9,143,737	9,421,414
Deferred revenues	501,169	512,285
Accrued interest payable	170,090	140,687
Funds held in trust for residents	233,366	259,385
Total current liabilities	<u>91,403,555</u>	<u>88,396,254</u>
Advances from the County of Rockland – General Obligation Bonds, net of current portion	15,547,732	10,582,614
Postemployment benefits obligation, other than pension	86,411,273	78,521,913
Estimated third-party liabilities, net	2,344,160	1,629,953
Total long-term liabilities	<u>104,303,165</u>	<u>90,734,480</u>
Total liabilities	<u>195,706,720</u>	<u>179,130,734</u>
Commitments and contingencies		
Net position:		
Invested in capital assets, net of related debt	8,687,161	8,473,692
Unrestricted	(153,451,138)	(136,640,868)
Total net position	<u>(144,763,977)</u>	<u>(128,167,176)</u>
Total liabilities and net position	<u>\$ 50,942,743</u>	<u>50,963,558</u>

See accompanying notes to basic financial statements.

**SUMMIT PARK HOSPITAL/SUMMIT PARK
 NURSING CARE CENTER**

(Formerly Known as Summit Park Hospital/
 Rockland County Infirmary)

(An Enterprise Fund of the County of Rockland)

Statements of Revenues, Expenses, and Changes in Net Position

Years ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Operating revenues:		
Net patient service revenue (net of provision for bad debts of \$2,657,082, in 2013 and \$1,994,004, in 2012)	\$ 57,440,172	69,671,135
Other operating revenue:		
Services provided to the County jail	330,000	330,000
Services provided to the County of Rockland	2,987,152	3,114,138
Other	520,098	542,729
Total operating revenues	<u>61,277,422</u>	<u>73,658,002</u>
Operating expenses:		
Salaries and wages	37,089,314	40,007,303
Employee benefits	19,611,400	20,681,551
Postemployment benefits, other than pension	15,055,705	18,841,059
Supplies and other	7,125,605	8,286,066
Depreciation	2,185,761	2,289,193
Expenses allocated by the County of Rockland	9,888,213	11,238,974
Total operating expenses	<u>90,955,998</u>	<u>101,344,146</u>
Loss from operations	(29,678,576)	(27,686,144)
Interest expense, net	243,291	287,599
Loss before transfers	(29,921,867)	(27,973,743)
Transfers – County of Rockland	13,325,066	—
Decrease in net position	(16,596,801)	(27,973,743)
Net position at beginning of year	<u>(128,167,176)</u>	<u>(100,193,433)</u>
Net position at end of year	<u>\$ (144,763,977)</u>	<u>(128,167,176)</u>

See accompanying notes to basic financial statements.