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Peter Robinson Good morning, everyone. I'm Peter Robinson, Chair of the Establishment and Project Review Committee. I have the privilege of calling this meeting of the committee to order and to welcome members, participants and observers. I will recognize two members of the council that are not members of the committee that are in attendance. On your screen, Roseanne Lewin, Dr. Roseanne Lewin and Denise. Welcome to both of you. Thank you for participating in the meeting this morning. I'd like to remind council members, staff and the audience that this meeting is subject to the open meeting law and is broadcast over the internet. The webcast are accessed at the Department of Health's website, which is <http://NYHealth.Gov>. The on demand webcast will be available no later than seven days after the meeting for a minimum of thirty days, and then a copy will be retained in the department for four months. A few suggestions ground rules to follow to make this successful. Because there is synchronized captioning, it is important that people do not talk over each other. Captioning cannot be done correctly with two people speaking at the same time. I would ask especially for those online that the first time you speak, please state your name and briefly identify yourself as a council member or DOH staff. This will be of assistance to the broadcasting company to record this meeting. Also, I want to note that the microphones are hot, meaning they pick up every sound. Please avoid rustling of papers next to the microphone and also be sensitive about personal conversations or sidebars as the microphone will pick up that chatter. And just finally, the record of appearance, which I believe everybody here has already filled out, but that form needs to be filled out as you enter the meeting. It records your attendance. It's required by the Joint Commission on Public Ethics in accordance with Executive Law, Section 166. This form also is posted on the Department of Health's website again www.NYHealth.Gov under the Certificate of Need. In the future, you can fill out the form prior to the council meetings. Thank you for your cooperation as we fulfill our responsibilities and we are ready to get underway.

Peter Robinson Calling our first application 2 1 2 2 8 2 C, Auburn Community Hospital in Cayuga County. I'm declaring an interest in this project. This is to construct a radiation oncology center with a linear accelerator on the hospital campus and to certify radiology or radiotherapy services. The department is recommending approval with conditions and contingencies.

Peter Robinson A motion, please, by Dr. Gutierrez and a second by Mr. Thomas.

Peter Robinson Ms. Glock.

Shelly Glock Clark Good morning. This is Shelly Glock with the department. The Auburn Community Hospital is a 99 bed voluntary non-for-profit Article 28 Acute Care Hospital located in Cayuga County. This application is requesting approval to construct a radiation oncology center and to certify radiology, therapeutic outpatient, linear accelerator and medical specialties and other medical specialties as stated. Auburn Community Hospital will contract with Upstate University Radiation Oncology Inc, which is a New York State,

not for profit University Faculty Practice Corporation of SUNY Upstate Medical University to provide the clinical physicians, technologists and the medical director services for this center. This new building will be located on the hospital campus and will include exam rooms, infusion rooms, a PET and CT scanner, the LINAC in all appropriate support spaces. Currently, there are no Article 28 in Cayuga County. This project will allow patients to receive radiation oncology services in Cayuga County instead of having to travel to other counties to receive treatment, which could be with the round trip well over an hour and a half. Currently, there are none in the county, as I just stated, and based on a review of compliance, public need and financial feasibility, the department is recommending approval with conditions and contingencies.

Peter Robinson Thank you.

Peter Robinson Questions from the committee?

Peter Robinson Any one?

Peter Robinson Please go ahead, Scott.

Scott La Rue Good morning. Scott La Rue, member. It's a question for Ms. Glock. It says in the documents you sent out that Auburn Community Hospital did not report spending in Community Health Improvement Services and Community Benefit Operations in their 2018 Form 990. Can you just expand on that for me, please?

Shelly Glock Those reports, I believe, go to the Office of Public Health. Scott I'd have to defer to the applicant for any further detail on that. However, they did report over \$282,000 in financial assistance at cost and another 6.5 million in Medicaid. I would have to defer to the applicant on that situation.

Peter Robinson Would you like a further response from the applicant, Scott?

Scott La Rue I would. Please.

Peter Robinson Can we ask the applicant to come forward for Auburn.

Peter Robinson Can you please introduce yourself and I'll have Mr. La Rue ask the question again.

Scott Berlucchi My name is Scott Berlucchi. I'm the President and Chief Executive Officer of Auburn Community Hospital.

Peter Robinson Thank you.

Peter Robinson Please, Scott, ask the question again.

Scott La Rue Yes.

Scott La Rue Good morning. I was just questioning the comment that is in the project submission about the not filing the community health improvement services and benefit in the 990.

Scott Berlucchi I can give you some 2021 patient statistics in that regard, Sir. And as was mentioned in 2018, we did that filing. In 2021 in the emergency department was 25,000 visits. And as you know, for a community not for profit, we see everybody, regardless of the ability to pay. In the urgent care clinics, of which we have three 26,000 visits in the three urgent care clinics. The care provided to low income, uninsured and underinsured patients was \$10 million. Acute inpatient admissions in 2021 was 7,000, in-patient surgeries was 7,000. Of course, we had COVID in the last couple of years. We really took the lead in terms of COVID, COVID testing, COVID processing, tested and reported 141 tests a day. In 2021, there was 52,000 COVID-19 test processed. I know that you're familiar with Auburn in Cayuga County. You know our county health department is small, consist of one RN manager and one RN. Really, the burden over the last couple of years of a COVID response has all fallen on Auburn Community Hospital. I've often said I felt more like a public health and county health department. We provided a tremendous amount of support there. We delivered 350 babies. We also have a 70 man multi-specialty group practice. That's why we define ourselves as a rural, integrated delivery system. All those physicians are employed under the hospitals not for profit physician group. That physician group that we oversee and manage last month saw a 10,000 combined office visits in Cayuga County. The payer mix, I'm sure, as you know, is 56% Medicare, obviously mostly elderly, 26% Medicaid and 20% commercial. 75% of the community that we serve is either a federal or a state payer. So, those were the statistics from 2021. I would when I get back, look at that document and see if we can update it moving forward.

Scott La Rue Thank you.

Peter Robinson Does that answer your question, Mr. La Rue?

Scott La Rue Yes, it does.

Scott La Rue Thank you.

Peter Robinson Thank you.

Scott Berlucchi Thank you, Sir.

Peter Robinson Why don't you wait there in case there are other questions.

Peter Robinson Anything else from the committee?

Peter Robinson Ms. Monroe.

Ann Monroe Just a quick question.

Scott Berlucchi Yes.

Ann Monroe You said that you're going to contract with SUNY Upstate for these services.

Scott Berlucchi They're here with us.

Ann Monroe Are you far along in that? Do you see it being within the dollar range of what you've talked about in the application?

Scott Berlucchi Absolutely. Absolutely. The contracts sitting on my desk as we speak. It's all been negotiated. I'm very, very pleased with the SUNY leadership that's helping on the clinical side. And yes, it's completely within that dollar range. Yes.

Peter Robinson Hearing no other questions, I think you're all set.

Peter Robinson Thank you.

Scott Berlucchi Yes, Sir.

Scott Berlucchi Thank you.

Peter Robinson Is there anybody from the public that wishes to speak on this application?

Peter Robinson Seeing none, I'm going to call the question.

Peter Robinson All in favor?

Peter Robinson Any opposed?

Peter Robinson The motion carries.

Peter Robinson Dr. Kalkut, I'm going to turn the meeting over to you.

Dr. Kalkut Thank you, Mr. Robinson.

Dr. Kalkut The next application is 2 2 1 1 0 5 C, Strong Memorial Hospital in Monroe County. Mr. Robinson has a conflict, recused himself and left the Zoom call. There's an interest declared by Mr. Thomas. This is to construct an inpatient tower, certify nine intensive care beds and thirty-five medical surgical beds, and perform renovations to expand and modernize the emergency department. Department recommends approval with conditions and contingencies.

Dr. Kalkut I ask for a motion.

Dr. Kalkut Dr. Gutierrez.

Dr. Kalkut Can I have a second?

Dr. Kalkut I can't see.

Shelly Glock Thomas.

Dr. Kalkut Mr. Thomas.

Dr. Kalkut Thank you.

Dr. Kalkut Shelly.

Shelly Glock Thank you.

Shelly Glock Strong Memorial Hospital is an 886 bed voluntary non-for-profit Article 28 Hospital located in Rochester, Monroe County. This application is seeking approval to construct a five story inpatient bed tower, certified nine additional intensive care beds and thirty-five additional med surge beds, and to perform renovations to expand and modernize the emergency department and the Comprehensive Psychiatric Emergency Program. The total number of med surge beds will increase from 478 to 513, and ICU beds will increase from 98 to 107. Strong Memorial Hospital is designated as a level one adult and pediatric trauma center, a regional perinatal center, as well as a comprehensive stroke center, aids and burn center. Currently, the hospitals are operating over 100% of its licensed bed capacity, with up to 80 patients boarding in the emergency department on any given day. The addition of these 44 beds will allow the senses to be closer to an average of 95% occupancy rate and help alleviate the boarding issue in the emergency department. The project will also increase Strong's complement of private beds from 75% to 95%, meeting community health needs and expectations for patient and family privacy as well as improved infection control. The existing ground floor in the first floor will be renovated to expand and modernize the ED and the CPAP. The new construction includes the Southwest Tower, which will house the expansion of the ED on the ground floor, nearly tripling its footprint and a new 48 bed ED observation unit on the third floor. The new tower will include three new twenty-eight bed med surge units and a new ICU unit as well as shelf space for future expansions. Currently, as I mentioned, there is an inability to place patients in private rooms to accommodate those situations for privacy and infection control due to lack of private rooms and inability to meet the national standards for those private beds. The total project cost will be met with \$257,250,894 of accumulated funds and 300 million with tax exempt bond proceeds. The Finger Lakes HSA is recommending approval as the department is recommending approval with contingencies and conditions.

Dr. Kalkut Thank you.

Dr. Kalkut Other questions from committee members?

Dr. Kalkut I don't see any.

Dr. Kalkut Is there anybody from the public who would like to speak or raise a question?

Dr. Kalkut Gary, we have a question.

Ann Monroe I have a question.

Ann Monroe Ms. Monroe.

Ann Monroe Yes.

Ann Monroe Thank you.

Ann Monroe Do we still have a hospital bed cap so that you can't go over a certain number of beds within your region or your area?

Shelly Glock Not that I'm aware of. I know we've discussed at this meeting in the past applicants wanting to convert beds and we've discussed, you know, post-pandemic the need to really maintain that extra capacity to deal with those situations, but I'm not aware of a bed cap.

Ann Monroe Okay. So, that wouldn't be plague here in terms of where those beds are coming from?

Shelly Glock No.

Ann Monroe Thank you.

Shelly Glock Clearly, from the utilization there's a need.

Ann Monroe They're not transferring from somewhere else.

Shelly Glock No, they are not.

Dr. Kalkut Any other questions from the committee?

Dr. Kalkut I'd ask if there's a member of the public who wishes to speak or ask a question.

Dr. Kalkut Hearing none, I call for a vote.

Dr. Kalkut All in favor?

Dr. Kalkut Opposed?

Dr. Kalkut Abstain?

Dr. Kalkut The motion carries.

Dr. Kalkut Can you ask Mr. Robinson to come back into the room or the Zoom?

Peter Robinson Thank you, Dr. Kalkut.

Dr. Kalkut Take it away, Peter.

Peter Robinson We are now moving to applications for ambulatory surgery centers.

Peter Robinson This is application 2 1 2 2 7 1 C, Ambulatory Surgery Center of Niagara in Niagara County. This application is a conversion from single specialty ophthalmology ambulatory surgery to multi-specialty ambulatory surgery, and there are some associated requisitions with the project. The department is recommending approval with conditions and a contingency.

Peter Robinson A motion, please.

Peter Robinson Dr. Gutierrez.

Peter Robinson A second?

Peter Robinson Dr. Kalkut.

Peter Robinson Ms. Glock.

Shelly Glock Niagara ASC, LLC doing business as the Ambulatory Surgery Center of Niagara LLC is an existing Article 28 ASC. They're located in Niagara Falls. This application seeks approval to convert from a single specialty ASC to a multi-specialty ambulatory surgery center and then to perform those requisite renovations. The center is currently certified for ophthalmology and began operations in March of 2016. Approval of this application will initially add orthopedic and pain management to become a multi-specialty ASC. Currently, there are two ASC's operating in Niagara Falls, the subject, the applicant, and also an endoscopy center of Niagara, which provides gastro and entomology surgery. This application actually came before the committee last meeting and there was a question on the breakdown of surgical versus pain injections that were projected to be performed at the center. The applicant did respond to those questions in writing to the members. They're also here today to answer any additional questions that the committee may have. The response to that question was that there would be 480 epidural and pain injections performed and 86 surgical procedures that are currently being performed in an ambulatory surgery center. There is also a question about the Oasis revenue, which was indicated in the exhibit, and the applicant has responded that that was an error that actually should have been recorded as other income and that's primarily includes worker's comp, worker's compensation, disability and no fault among other revenues. The center approval of this application will not result in any changes to the lease space, the membership structure or the executed transfer agreement with Mount Saint Mary's of Niagara Falls. Based upon our review of compliance, public needs and financial feasibility, the department is recommending approval with conditions and a contingency.

Peter Robinson Thank you very much.

Peter Robinson Questions, please.

Peter Robinson From the committee?

Peter Robinson Seeing none, anybody else?

Peter Robinson Anybody from the public have a question?

Peter Robinson You have a question for the applicant.

Peter Robinson Can we ask the applicant to come forward, please?

Peter Robinson Thanks.

Peter Robinson Please introduce yourselves.

Peter Robinson Thank you.

Bruce Smith John, who's the consultant for the applicant. I'm Bruce Smith, the attorney. This is Dr. Michael who's one of the two owners of the surgery center.

Peter Robinson Ms. Monroe.

Ann Monroe Thank you.

Ann Monroe I do have a question. When you decide to build an ASC, do you also take into or is one of the options before you decide to build to work with the local hospital to

increase their revenue in this situation and provide you the support that you need? I'm worried in a number of rural areas and low income areas that an ASC, as nice as it is, could work more closely with a local hospital building its revenue. Did you think about that? How did you decide that an ASC was the strategy to move forward with?

Ann Monroe Thank you.

Michael Once again, I'm Michael. We have been in operation with this ASC for six years as specialty specific for ophthalmology. I actually do still do cases at the hospital. In fact, the majority of my corneal transplants, ones that have a certain BMI that might not be healthy enough for the ASC, I'm the only one that takes call. My partner and I. We work very closely with the hospital. The cases that we had moved at our original ASC granting for specialty specific were already being done at ASC's in different counties. We tried to do it just for access for our county residents not to have to drive a half an hour. We work very closely with the hospitals right now, but certain cases that are of a certain amount of time seem to be best served in the hospital versus certain cases that might be eight to fifteen minutes have been better served by patient recommendations and even the equipment that the hospital has at the ASC over the years.

Ann Monroe The business model might also fit an ASC better than working with the hospital.

Michael That's correct, yes.

Ann Monroe Well, I just worry because a lot of community hospitals are hurting pretty badly. When ASC's go in, I'm not opposed to that, but I worry that it's an opportunity lost for more collaboration.

Michael Really agree and that's why we work pretty closely with the hospitals almost on a monthly basis.

Jeffrey Kraut Peter.

Peter Robinson Thanks for your question.

Peter Robinson Yes.

Jeffrey Kraut Peter, I got a question. You know, I noticed that when you were a single specialty Ophthalmological facility, you indicated that your Medicaid percentage is 4%, which is not unusual given ophthalmology that's skewed towards Medicare. As you're now diversifying and including other specialties, could you explain to me how you predicted that your Medicaid percentage is actually going down because you're going to be providing aid and other procedures, orthopedic procedures, and you're predicting your Medicaid percentages decline, which is kind of counterintuitive to every other application we've seen that has moved from ophthalmology single specialty to multi-specialty.

Applicant Really, the answer to that is the two physicians who have committed to bring cases, they basically do no Medicaid. Apparently up to 85% of their patients are either workers comp or no fault with maybe a smattering of commercial and a little bit of Medicare. The way it is now, the surgery center basically has two free days. The ophthalmologists do cases three out of five days. Most of their staff is full time, so they're there five days. The thought is, once this surgery center becomes multi-specialty, other

specialties in the community have expressed an interest to bring cases there in mostly physicians who ordinarily would bring their cases to surgery centers in the Buffalo area. This would be, you know, much more convenient. The thought is over the next couple of years, although it wasn't built into our projections, because there's no commitments or letters of interest that, you know, as other specialties are added, there'll be more traditional practices that will have a higher Medicaid utilization than these two particular surgeons. It's these two surgeons cases.

Jeffrey Kraut I understand that, but I think that runs counter to the..when you are granted the opportunity to be an Article 28 facility to build you get enhanced reimbursement for procedures and you subject yourselves to other requirements. One of those things is to require those people who come to your facility to serve everyone. That's been a longstanding practice that we've imposed in every applicant that has come in here. You might want to consider that anybody who you grant privileges to, you as the operator have to ensure that all community members have access to that center. You have to require, I would suspect, as a consequence of these privileges that you have to ensure that all members of the community have access to this facility. I'm not sure, you know, that's a good practice that you're pursuing. You might want to reconsider that because that's a real problem for us.

Applicant Yeah, I think that's a real interesting suggestion. Again, the surgery center currently participates with all local Medicaid managed care plans.

Jeffrey Kraut I mean, I saw all that, but that was Mrs. Monroe's point to some degree, as you're basically saying, these two docs will dump non-commercial patients to give them to the hospitals and let them take the losses. That's the whole point of this. I would suggest we're going to have to I would suggest there might be a condition or a contingency imposed on this application that you have to work out some agreement with the department to acknowledge the requirement to accept Medicaid for all physicians who practice there.

Applicant Really just a question for you. So, I mean, obviously, the surgery center provides services to those members of the medical staff who bring in cases. You're suggesting that they require their medical---

Jeffrey Kraut Yeah, I would just do that you require what we require of every other surgery center in New York.

Applicant To participate with Medicare.

Jeffrey Kraut Usually what we expect is you've done outreach to the local hospital clinics, federally qualified health center.

Applicant Correct.

Jeffrey Kraut Any kind of referral base for Medicare, for Medicaid patients that require pain management, orthopedic or ophthalmology. What we're basically saying, it's your obligation to make sure that when you get those referrals that you have surgeons who will do those cases in your location. And that's why we asked that the applicant, you know, recognize the percent of Medicaid that's in your particular service area, which is almost 20%, almost one out of every five people are insured by Medicaid. And that number is

climbing in New York. It's our job to make sure those individuals will always have access to all of our regulated entities in the state. That's just a issue.

Applicant Okay, that's fair.

Jeffrey Kraut I'm going to ask the Department of Health before we bring this back to the full council that you might want to have a discussion about adding some requirement there about Medicaid access. I don't know how the other members of the council feel about this. I'm not going to amend.

Peter Robinson I think maybe we should consider amending the motion that's being made here to incorporate the point that you made, Jeff.

Jeffrey Kraut Yeah.

Peter Robinson Dr. Gutierrez and Doctor Kalkut were the motion and the second. Would you withdraw your motion and your second?

Peter Robinson Now, I'm going to take a new motion. Jeff, if you want to make it, that would be helpful.

Jeffrey Kraut I'm going to just essentially say that let the Department of Health work out the wording of this, but an affirmative acknowledgment of the requirement to provide for Medicaid referrals.

Peter Robinson Recommending approval with that particular additional contingency.

Peter Robinson I'll take that as a motion.

Peter Robinson Can I have a second to that?

Peter Robinson Thank you, Dr. Gutierrez.

Peter Robinson Any further questions for the applicant?

Peter Robinson Does the applicant have anything else that they wish to say about this, and particularly the likely additional contingency?

Applicant I think everything the committee makes perfect sense. We work very hard to continue to offer our services to all of the community, including working with our societies where several times a year and through our website and outreach programs, we even provide free surgeries when people have no insurance at all. So, that will not be a problem. We'll be delighted to serve.

Peter Robinson Appreciate that response.

Peter Robinson Thank you.

Peter Robinson You can step back.

Peter Robinson Thank you very much.

Peter Robinson Is there anybody else from the public that wishes to speak on this application?

Peter Robinson We're voting on the new motion that Jeff made. I'm calling the question now.

Peter Robinson All in favor?

Peter Robinson Any opposed?

Peter Robinson The motion carries.

Peter Robinson Application for residential health care facilities, beginning with 2 1 2 1 0 5 C, Rutland Nursing Home Inc in Kings County. This is to certify an 80 bed young adult demonstration program with no change in total certified beds and perform requisite renovations. The department is recommending approval with conditions and contingencies.

Peter Robinson A motion, please.

Peter Robinson Dr. Gutierrez.

Peter Robinson Second, Dr. Kalkut.

Peter Robinson Ms. Glock.

Shelly Glock Rutland Nursing Home is a 466 bed voluntary, not for profit Article 28 RHCF Located in Brooklyn in Kings County. This application is requesting approval to renovate part of the facility to initiate an 80 bed young adult RHCF program. One Brooklyn Health Inc is the active parent co operator of Rutland Nursing Home. This application is one of two providers in New York State awarded the opportunity to operate a young adult demonstration program for medically fragile children in transition to young adults and young adults with complex medical conditions as provided by the Public Health Law 2808E. The new young adult program beds will create a continuity of care and programming for residents aged 18 and older who are aging out of the existing pediatric nursing home beds. The historically high occupancy rates in pediatric skilled nursing beds demonstrate the consistent demand for specialized skilled nursing services and programs for those with medically complex conditions. The Young Adult Demonstration program that was established in public health law is an effort to address the aging out of these medically fragile population. These children residing in pediatric skilled nursing beds to provide the level of care required and sometimes help them make a transition out of the skilled nursing environment can be very challenging for these medically fragile children. Special young adult programs creates an opportunity to transition to these existing young adults from these programs into programs that offer those continuing long term care, residential care specific needs that are very unique to this population. There will be no change in the total number of licensed beds in this facility as a result of the application. Rutland Nursing Home currently has 404 non specialty RHCF beds, 30 beds certified and dedicated to serving ventilator dependent residents and 32 pediatric program beds. The proposed young adult unit will be on the 9th and 10th floor of this 11 story building that Rutland Nursing Home currently occupies. This project will renovate those two floors to accommodate 40 beds on each floor as part of the project. There will be seventeen double bedrooms and six private rooms on each of these floors. The Young Adult Demonstration

program is going to have their own program space at their own support spaces separate from the rest of the facility. The proposed space, currently, there are 146 beds on the 9th and 10th floor, and that will be reduced to 80, 40 on each floor, as I mentioned, which will create larger resident rooms with increased accessibility on those floors. The project proposes to permanently move 66 beds that are currently on the 9th and 10th floor to the 4th floor of the building in space that was originally constructed as a nursing home floor with resident rooms, a dining space and physical therapy spaces. This 4th floor, those rooms were vacated and converted into administrative space, so they're currently empty. The total project cost of 43 million plus will be met from the Kings County Health Care Facility Transformation Program Grant, which was the 664 million grant that provided capital funding to address the health care needs in Kings County, served by the three hospitals and the other One Brooklyn Health facilities. This is a much needed demonstration project and so this is the second opportunity for the committee to see this application or to see an application. The first one we brought, I believe, to the last meeting. I just want to propose and mention that there is mention of acknowledgement of exception to 2018 FGI being provided. I just want to comment that that is a situation that currently exists in the building. Currently on the 9th and the 10th floor, there are some four bedrooms as well as double bedrooms and singles and the 4th floor where we will be relocating this population who currently resides on nine and ten. There will be no four bedded rooms on that floor. This is an exception that we're acknowledging to FGI that currently exists. What that really means is when you place a chair in the room, a resident chair or chair that a visitor might sit in to visit with a family member, it creates a tight space in that it can, in several of the rooms, block access to either the closet or the bathroom. In order to allow residents who are functionally independent to access those areas. The facility deals with that currently by having a specialized care plan for each of the families and residents that addresses an alternate to bed, stay and alternate seating for the residents as well as having chairs be available for visitors. It's an existing condition in the facility that the facility is effectively managing through specialized care planning. I did want to point that out as an explanation of what you see in the exhibit. Also, I want to point out that approval for use of the 4th floor breaker building as a temporary space so that residents can reside within Rutland while this construction takes place. That's a time limited approval, which will allow some of the residents for nine and ten to be temporarily relocated to the 4th floor building while the construction takes place. Based upon our review of compliance, public need and financial feasibility, the department is recommending approval with conditions and contingencies on this project.

Peter Robinson Thank you.

Peter Robinson Mr. Holt.

Mr. Holt Question for the applicant, please. .

Peter Robinson Can we ask for you to introduce yourselves?

Paul Rosenfeld Oh, sure, of course.

Paul Rosenfeld I'm Paul Rosenfeld. I'm the Executive Director of Kingsbrook Jewish Medical Center, Rutland Nursing Home.

Frank Cicero Frank Cicero, a consultant to the applicant.

Mohammed Mohammed ---, architect for the facility.

Emily McClure Hi. I'm Emily McClure. I'm the director of Child Life at Rutland Nursing Home.

Mr. Holt Thank you.

Mr. Holt First, I want to commend the applicant for bringing this project forward. It's a complicated project, obviously, dealing with a very, very complex population. I appreciate that. Just want to amplify from your perspective perhaps a little bit Ms. Glock's comments regarding the number of double bedrooms limitations that are driving that, the quality of life that will be enhanced as a part of this project and then also we had received a question with regard to air conditioning throughout the facility as a result of this project. If you could just address those two pieces.

Mr. Holt Thanks.

Applicant Sure.

Applicant In terms of the numbers of you're saying four bedrooms?

Mr. Holt Well, at the end of the project, there are still a number of double bedded rooms and generally we've moved away from that. I understand there may be some limitations that you guys are experiencing.

Applicant In nursing homes, as opposed to if you look at the letter, the person who wrote the letter is actually referencing a hospital that's before the council. And as we all know in hospitals, we're hoping that we have an average length of four or five days or or less. In a nursing home, folks are either coming in for short term, acute rehab, subacute rehab, or they're coming in for a longer term stay. With children and young adults as well as adults, socialization is exceptionally important. While in many hospitals we're starting to rebuild with single rooms, that would be, you know, kind of in contradiction to the socialization that we would want to achieve with young adults, etc. We have built the project or designed the project to have twelve single bedded rooms. We believe that for clinical and other other reasons, including infection control practice, that those twelve rooms will meet the needs, those single rooms of when we have to either isolate or someone has a preference for a single room on that unit. In terms of the air conditioning system, I have no idea why the person doesn't think that there's a new air conditioning system going in. There is a new system going in for the floors that are being renovated. This is an old building. It was constructed and opened in 1976. We have to deal with the cards sometimes that are dealt us. It is an old building. This will be a completely new system with high filtration in the system. I might also add that we, you know, in the single bedded rooms when they're needed for isolation, we do equip them with filters so we feel we're, you know, meeting the needs of the design.

Peter Robinson Other questions from members of the committee or others on the council?

Peter Robinson Dr. Berliner.

Dr. Berliner I believe one of the other points raised in the letter was about training of staff. Can you address that, please.

Applicant Sure.

Applicant One of the conditions of the RFP was tied to the amount of years of experience that the facility has and so that was a thirty year level of experience. The Rutland Nursing Home has been treating medically fragile pediatrics for thirty years. In addition to that, over those thirty years, obviously, you know, staff have turned over and we've been, you know, re appointing and restructuring some of the staff. And the leadership staff on the floor are all leadership staff that have been involved in either running our medically fragile pediatric program or other programs down county. So, for example, --- ----, who's Director of Nursing has over ten years of experience of managing as a nurse executive in a pediatric medically fragile long term care facility. The Senior Director of Nursing the same thing. We also have a clinical educator on the floor with significant experience. We also have a separate rehab department certified and, you know, specializes in that level of care. Prior to COVID, we also were rotating some of our staff for additional training over to the children's hospital. Unfortunately, with COVID, that became something that was very difficult to do. We are very well staffed, our leadership staff. They're very well experienced. The Medical Director has over thirty years as a pediatrician and came to us from another pediatric medically fragile facility, a long term care facility. We we feel that our staff is exceptionally well trained and prepared for this.

Peter Robinson Thank you.

Peter Robinson Other questions of the applicant?

Peter Robinson We thank you.

Applicant Thank you very much. Appreciate it.

Peter Robinson Any other questions from the committee on the project with the staff?

Peter Robinson Anybody from the public wishing to be heard on this project?

Peter Robinson Seeing none, I'm going to call the question.

Peter Robinson All in favor?

Peter Robinson Thank you.

Peter Robinson Any opposed?

Peter Robinson The motion carries.

Peter Robinson Thank you.

Peter Robinson These are now for establishment and construction, starting with application 2 2 1 1 1 5 E, Apex Surgical Center in Oneida County. This is to transfer a total of 48.87% ownership interest from three withdrawing members and four existing members to two new individual members. One new member LLC comprised of multiple individual members and two existing members. The department is recommending approval with a condition and contingencies.

Peter Robinson A motion by Dr. Gutierrez, a second by Dr. Kalkut.

Peter Robinson Ms. Glock.

Shelly Glock Doing Business as Apex Surgical Center. This is an existing multi-specialty Article 28 ASC, located in Oneida County. They're seeking approval to transfer 48.87% of the membership interest in the center as was outlined from existing members. Three withdrawing members for existing to two new physician individual members John Sullivan and Daniel Mendez, as well as one new member LLC, SCD NY, which is comprised of multiple individual members and then two existing physician members. You can see that on Page 3 in the program review. Upon approval of this application, the center will continue to be owned and operated by Westmoreland ASC LLC, with no changes in location or the services being provided. The center has a transfer agreement with Oneida Health approximately 14.3 miles away. The Medical Director will continue to serve. There are no projects or costs associated with the application. The total purchase price is met with member equity. Department has reviewed character and competence, public need and financial feasibility and is recommending approval with a condition on the project.

Shelly Glock Thank you.

Peter Robinson Questions from the committee?

Peter Robinson Yes, Ms. Monroe.

Ann Monroe Just a clarification. This looks like in the new world, the biggest holder or the biggest stockholder or whatever the term is, will be SCD NY LLC. I didn't see that in the description. Did I miss it? What is that?

Shelly Glock SCD NY LLC is an LLC that's going to under this application will receive 38% of the membership.

Ann Monroe Right.

Shelly Glock And you can see the individuals they are listed who are the members of SCD NY. It's an LLC made up of those individual members, each with the membership percentage that you can see in the exhibit, which will total 38%. John Sullivan, M.D., is coming in new at 5.5% as Daniel Mendez, M.D., at 1.5. You can see the three withdrawing members and then the current members who are staying and have a lesser percentage of the membership entity which allows for the new members coming in.

Ann Monroe My question, Shelly, is, is that a thing? Is SCD, NY LLC an entity? And so is it that involved in this before? I just couldn't find it anywhere.

Shelly Glock There is a description in the exhibit though of who SCD NY. They were founded in 1993. There are a privately owned company with physicians that own the majority interest and so they are coming into this membership. They do have participated in many ASC's in many different states, which you can see from the exhibit. They partner with local physicians to help create, you know, to improve current operations or help create new ASC's that help meet the community and patient needs.

Ann Monroe Thank you.

Peter Robinson Other questions?

Peter Robinson Does anyone from the public wish to speak?

Peter Robinson Call the question.

Peter Robinson All in favor?

All Aye.

Peter Robinson Any opposed?

Peter Robinson Motion carries.

Peter Robinson Thank you.

Peter Robinson We're now up to application 2 2 1 0 7 0 B, Pinpoint Medical LLC in Kings County. This is an application for a diagnostic and treatment center, and this is to establish and construct the DNTC at 649 39th Street in Brooklyn. Department recommending approval with conditions and contingencies.

Peter Robinson Motion, please.

Peter Robinson Dr. Gutierrez.

Peter Robinson Second, Dr. Kalkut.

Peter Robinson Ms. Glock.

Shelly Glock Pinpoint Medical LLC is requesting approval to establishing and construct an Article 28 Diagnostic and Treatment Center in Brooklyn, Kings County. Pinpoint Medical LLC is a newly formed entity. The sole member is -----, which is an existing, not for profit corporation. The Board of Managers of Pinpoint Medical LLC and the Board of Directors for ----, which you can see in the exhibit, are identical in their list and they are for you. --- is an existing early intervention program, a center that provides services for children from birth to three for those who are either suspected or at risk of developmental delay or disabilities. The center will be located in an area that is HERSA designated health professionals, shortage area for primary care, that Sunset Park area in Brooklyn. They will provide primary care and other medical specialties, including infectious disease, pulmonology, endocrinology and cardiology. Dr. Marc --- will serve as the Medical Director. They expect to have a transfer an affiliation agreement which is located about one mile or five minute driving time. They are projecting Medicaid utilization at 40% and charity care at 2. The project cost will be met with cash from a ----. The department, based upon a review of character and competence, public need and financial feasibility, is recommending approval with conditions and contingencies.

Peter Robinson Thank you.

Peter Robinson Questions, please.

Peter Robinson Seeing none from the committee, anybody from the public wishing to speak on this application?

Peter Robinson Questions only.

Peter Robinson I think we are ready to call the question.

Peter Robinson All in favor?

Peter Robinson Any opposed?

Peter Robinson That motion carries.

Peter Robinson Thank you.

Peter Robinson This is for residential health care facility. Application 1 9 2 0 2 7 E, Crest OpCo LLC doing Businesses Crest Manor Living and Rehabilitation Center in Monroe County. This is to establish Crest OpCo LLC as the new operator of the 80 bed residential health care facility located at 6745 Pittsford Palmira Road in Fairport. The department recommends approval with a condition and contingencies.

Peter Robinson Motion by Dr. Gutierrez, seconded by Dr. Kalkut.

Peter Robinson Thank you.

Peter Robinson Ms. Glock.

Shelly Glock The Crest OpCo LLC is requesting approval, as stated, to be established as the new operator of Crest Manor Living and Rehab Center, which is located in Fairport, Monroe County. It's currently operated by Crest Manor Living and Rehab. The real property is owned by Crest Prop Co LLC, who purchased the property in December of 2018. Upon approval of this application, the new facility operator will be Crest OpCo and the facility will be named Crest Manor Living and Rehab. You can see in the exhibit the proposed operator of Crest OpCo, LLC. The members are listed there. Those members making up that membership are Jennifer ---, Eli ---, Josh Brown and Michael ----. There was an application with the same proposed members which came to us the last meeting. It was approved on June 2nd. That was CON 1 9 2 0 2 6 for East Side Nursing Home. This membership is exactly the same as that application. There will be no changes to beds or services as a result of this project. Josh Brown is a licensed nursing home administrator in New York. He reports concurrent employment as the COO of Crest Manor and East Side. He also reports previous employment as a licensed nursing home administrator in several skilled nursing facilities. He has disclosed ownership interest in one health care facility that's Park Avenue Health Care Center in Massachusetts, which he has owned since September of 2021, and the other members of the proposed operating entity disclosed no health care ownership interest. Crest OpCo will acquire the operations for you could see \$100,000 funded by the members equity. The Finger Lakes, HSA and the Long Term Care Ombudsman program are both recommending approval, as is the department with condition and contingencies.

Peter Robinson Very good.

Peter Robinson Questions from the committee?

Peter Robinson Hearing none, applicant questions only.

Peter Robinson Anyone from the public wishing to speak?

Peter Robinson All in favor?

Peter Robinson Any opposed?

Peter Robinson Any abstentions?

Peter Robinson Motion carries.

Peter Robinson Thank you.

Peter Robinson Application 1 9 2 3 3 2 E, EDRNC Operating LLC Doing businesses Eden Rehabilitation and Nursing Center in Erie County Establishes EDRNC Operating LLC as the new operator of the 40 bed residential health care facility located at 2806 George Street in Eden, currently operated by Absolute Center for Nursing and Rehabilitation at Eden LLC. Department is recommending approval with a condition and contingencies.

Peter Robinson Motion by Dr. Gutierrez, seconded by Dr. Kalkut.

Peter Robinson Thank you.

Peter Robinson Ms. Glock.

Shelly Glock These next four applications, EDRNC, HORNC, SARNC and DURNC. These four applications involve a change of ownership for four current absolute centers for nursing and rehab centers. These are facilities located in the South of Buffalo region. All four C owners have identical, current and proposed operator and real team membership, so I'll go through it on this first application. The current operators, as I mentioned, are Absolute Facilities Management LLC as well as Israel and Samuel Sherman and the proposed operators are Esther --- ---, --- ----, Chaia Walden and Teresa Creedon. There is a familiar relationship between the property owner and several of the proposed operating members. There will be no change in beds or services provided with the applications. The asset purchase agreements submitted are included the sale of these absolute RHCF's which will be operated by the same members. There's also a fifth facility which is being sold to a different member per an amendment to the APA that's being reviewed separately under a different CON. The total purchase price of all the five facilities was \$100,000. The amounts allocated for each of the applications you can see in the exhibits. Except for Theresa Creedon, the proposed members have an ownership interest in three other New York State nursing homes, Orchard Rehab and Nursing Center, Gwanda Rehab and Nursing Center and Massena Rehab and Nursing. You can see that they've met the standard for approval in those three facilities. Two of them are rated three stars or higher. The third facility has a quality rating of below average, but this facility was acquired less than 42 months ago. You'll note in the exhibit that these CMS star rating has actually increased from 1 to 2 stars under that ownership. All of the facilities meet or exceed the Medicaid admissions thresholds and actually have occupancy rates higher than the current average county. For EDRNC, they're currently operating a census of about 97.5% in the counties. The long term care ombudsman program is recommending approval on this application. Based upon a review of character and competence, public need and financial feasibility, the department is recommending approval with a condition and contingencies.

Peter Robinson Thank you.

Peter Robinson Any questions from the committee?

Jeffrey Kraut Peter, I have a question, and it's going to require the applicant to come to the table.

Peter Robinson Please make the introductions.

Frank Cicero I'm Frank Cicero, a consultant to the applicant, and this is Teresa Creedon, one of the applicant members and managing member.

Frank Cicero Thank you.

Jeffrey Kraut Thank you.

Jeffrey Kraut This is my question. Conveying the four nursing homes for \$100,000. I'm looking at the asset purchase of the operations is \$100,000 allocated between the four applications. I'm trying to understand relative to other transfers or ownership. We've never seen a number quite this low. We also know sometimes it associates with transfer of the real estate. Here, the real estate is still being leased. Was there a transaction that involved the real estate in the conveyance of these properties? I'm just trying to understand how is this so low.

Frank Cicero Mr. Kraut, yes, there was. There was a transaction. It's disclosed in the application. It occurred back in 2017, well before this. The realty was purchased and it was leased to the absolute facilities at that time well in advance of these applications two years before. This is just for the operations at this point.

Jeffrey Kraut I don't know if we were involved with the transfer of the real estate and the approval of that. We might have been, right?

Frank Cicero I don't believe so. It would not have come here. It was a real transaction.

Jeffrey Kraut The incentive here was there's liabilities, although these facilities, one of the exception are cash positive, they're conveying this. Are they getting rid of other liabilities?

Frank Cicero I would say they're cash positive now. The department could speak to this more than I could. I believe the absolute facilities have had some significant issues back at the end of the last decade. You can see in this exhibit that --- --- has been the CEO appointed by this facility and each of the four for the last several years. They have improved significantly since he came into place in 2019. Were it not for COVID and other things that have happened, this change of ownership probably would have occurred during 2020. We would have had a different conversation.

Jeffrey Kraut Thank you.

Peter Robinson Thank you.

Peter Robinson Other questions from the committee or the counsel?

Peter Robinson Thank you.

Peter Robinson Any other comments from the applicant?

Frank Cicero No.

Frank Cicero Thank you.

Peter Robinson Anybody from the public wishing to speak?

Peter Robinson All in favor?

Peter Robinson Thank you.

Peter Robinson Any opposed?

Peter Robinson Any abstentions?

Peter Robinson Motion carries.

Peter Robinson Thank you.

Ann Monroe Was that on all of them?

Peter Robinson What's that? We have another one of these applications coming up next week. They're related in terms of ownership.

Ann Monroe Okay.

Peter Robinson Application 1 9 2 3 3 3 E, HORNC operating LLC doing business as Houghton Rehabilitation and Nursing Center in Allegheny County. This is to establish HORNC Operating LLC as the new operator of the 100 bed residential health care facility located at 9876 Luckey Drive in Houlton, currently operated by Absolute Center for Nursing and Rehabilitation. Department recommending approval with a condition and contingencies.

Peter Robinson Motion, please.

Peter Robinson Dr. Kalkut.

Peter Robinson Second, please.

Peter Robinson Dr. Lim.

Peter Robinson Ms. Glock.

Shelly Glock HORNC Operating LLC is a New York LLC. Its requesting approval to be established as the operator of Houghton Rehab and Nursing Center. I don't know if I said that right. A 100 bed, Article 28 RACF located in Allegheny County. The current operator is the same as the last application and the proposed operator, HORNC Operating LLC. You can see in the exhibits the same four members as the application that you just took action on. This is a 100 bed facility. I mentioned their occupancy right now is 94% at the end of June, with Allegheny County being occupied at 92%. Again, the occupancy exceeds the

county. Long Term Care Ombudsman program has recommended approval. The department, based upon a review of character, competence, public need and financial feasibility, is recommending approval with a conditions, contingencies and a condition.

Peter Robinson Questions from the committee?

Peter Robinson These are obviously the same operators and we've got two more to go after this one.

Peter Robinson Any other members questions?

Peter Robinson Questions only from the applicant.

Peter Robinson Anybody from the public wishing to speak?

Peter Robinson Call the question.

Peter Robinson All in favor?

Peter Robinson Thank you.

Peter Robinson Any opposed?

Peter Robinson That motion carries.

Peter Robinson Application 1 9 2 3 3 5 E, SARNC Operating LLC doing business Salamanca Rehabilitation Nursing Center in Colorado County, noting an interest by Mr. Holt to establish SARNC operating LLC as the new operator of the 120 bed residential health care facility located at 451 Broad Street in Salamanca, currently operated by Absolute Center for Nursing and Rehabilitation at Salamanca LLC. Department recommends approval with a condition and contingencies.

Peter Robinson May I have a motion?

Peter Robinson Dr. Gutierrez.

Peter Robinson A second?

Peter Robinson Dr. Lim.

Peter Robinson Ms. Glock.

Peter Robinson Yikes.

Shelly Glock Thank you.

Peter Robinson Gary, I've got you on my mind. I don't know what's going on here.

Shelly Glock As Mr. Robinson stated, this is a request for SARNC Operating LLC to be established as the new operator of Salamanca Rehab and Nursing Center, a 120 bed facility. I can never say that right.

Shelly Glock Thank you.

Shelly Glock Same proposed operator and current operator of the facility is currently has an occupancy of 88.3% when the county is only at 86.2. Recommendation by the long term care ombudsman program is for approval. The department is recommending approval with a condition and contingencies.

Peter Robinson Questions from the committee?

Peter Robinson Dr. Gutierrez.

Peter Robinson We don't hear you. I think you're on mute.

Dr. Gutierrez Good morning.

Dr. Gutierrez Thank you.

Dr. Gutierrez Because I live in Salamanca for 20 years, I have some curiosity about this transaction and I have questions for the applicant.

Peter Robinson Can we ask the applicant to come forward and make introductions?

Frank Cicero Frank Cicero, a consultant to the applicant.

Teresa Creedon Teresa Creedon. I am one of the managing members of this application.

Peter Robinson Please go ahead, Dr. Gutierrez.

Dr. Gutierrez Good morning. You are part of the purchasing company?

Frank Cicero Yes.

Teresa Creedon Yes, that is correct.

Dr. Gutierrez You understand that this nursing home sits on Indian land, which belongs to the nation?

Teresa Creedon Yes, I do.

Dr. Gutierrez You are paying rent for the land? You own the building, but not the land.

Frank Cicero The applicant does not own the building. There is a separate realty company that owns the building and I assume the land that it sits on, but perhaps not. The applicant will be paying rent to the realty company.

Dr. Gutierrez Okay.

Dr. Gutierrez The building is on a lease agreement with the nation that is going to last more than the next 20 years. Is that something that you are aware of?

Frank Cicero I don't know the answer to that question.

Dr. Gutierrez Okay.

Dr. Gutierrez I bring it up, because if you're going to run a nursing home there and the person that owns the property you lease from has a separate lease with the nation, independent of at least the city of Salamanca has with that lease may terminate in say 50 years. There you are in the middle of a lease negotiation that you may not have been aware of before.

Frank Cicero Doctor, we have ---- -----, here who one of the members of the realty entity. He can speak to that.

Dr. Gutierrez Please.

Dr. Gutierrez Thank you.

Applicant Hi. I'm from the realty company. So, I think I don't know exact terms, but I think it's a very long, very, very cheap land lease with the Seneca Nation. I think it's like 100 years or it's a very long period. I think it's like \$6,000 a year. It's a very small amount of money to lease it from the Seneca Nation. I think it's a very long lease. I could get all the details exactly. I don't have it right in front of me, but it's a very long lease with the Seneca Nation. It's not fifteen years. It's significant longer than it.

Dr. Gutierrez Now, because of the fact that a very big employer in the area, second only to the city and the school system. You would be about the fourth employer my guess the current situation. Do you have any idea how many of the employees in the nursing home are Seneca Indians?

Applicant I don't think any of us knows that, doctor, at this point.

Dr. Gutierrez Is there some kind of town committee or alliance or users committee that advises you on the cultural elements of taking care of Seneca Indians?

Teresa Creedon I know with the facilities we do a lot of cultural diversity, inclusion and training to ensure that each facility addresses the diversity of the population when it comes to the staff and the residents. I believe the administrator and the Director of Nursing and this key senior leaderships do partner with the community with respect to the area and working together to ensure that there is inclusion and diversity that we provide those services to.

Dr. Gutierrez I did hear you say community, but this is a very particular community. There is a community Salamanca, City of Salamanca, Salamanca school district and so forth and there is a Seneca nation of Indians. They own the casino and all that there.

Jeffrey Kraut I think what you're really doing is a great job educating them as to if they don't---

Dr. Gutierrez I want them to succeed.

Jeffrey Kraut Yeah, no, I understand. I think it's a great...

Dr. Gutierrez I want them to succeed. Unless they have input from the Seneca Nation of Indians, success in Salamanca is difficult.

Frank Cicero Doctor, the Seneca Nation of Indians is a client of ours. I am going to make sure that I put a email together between these folks and our other client after this meeting.

Frank Cicero Thank you.

Dr. Gutierrez Thank you, Mr. Cicero.

Dr. Gutierrez I do want you to succeed, because I want Salamanca to do better.

Jeffrey Kraut What I would say to you, there are many applicants that are not, you know, in a kind of a Native American Indians. They should all take your advice for the community they work in regardless It's good advice.

Peter Robinson Thank you for that response and also for your, you know, understanding of the cultural sensitivities that I think Dr. Gutierrez was wanting us to be sure we acknowledge.

Peter Robinson Other questions from the committee for the applicant?

Peter Robinson Thank you very much.

Frank Cicero Thank you.

Peter Robinson Any other questions on the project?

Peter Robinson Anyone from the public wishing to speak on this application?

Peter Robinson Hearing none, I'll call the question.

Peter Robinson All in favor?

All Aye.

Peter Robinson Any opposed?

Peter Robinson The motion carries.

Peter Robinson The last of this line of four applications is 1 9 2 3 3 6 E, DURNC Operating LLC doing business as Dunkirk Rehabilitation and Nursing Center in Chatham County with an interest also declared by Mr. Holt to establish DURNC Operating LLC as the new operator of the 40 bed residential health care facility located at 447-449 Lakeshore Drive West in Dunkirk, currently operated by Absolute Center for Nursing and Rehabilitation, Dunkirk, LLC. Department recommending approval with a condition and contingencies.

Peter Robinson A motion, please.

Peter Robinson Thank you, Dr. Gutierrez.

Peter Robinson A second.

Peter Robinson Dr. Kalkut, you saved me.

Peter Robinson Ms. Glock.

Shelly Glock Thank you.

Shelly Glock DURNC Operating LLC doing business as Dunkirk Rehab and Nursing Center. This is a request to be approved to be established as the new operator of Dunkirk Rehab and Nursing Center, located on Lakeshore Drive in Dunkirk. As previously stated, this is the same current operator proposed operator and realty owner as the previous applications just discussed. There'll be no changes to beds or services as a result of the project, and the facility is currently occupied of 85%, well above the county average of 79.7. The long term care ombudsman program is recommending approval, as is the department, with a contingencies and a condition.

Peter Robinson Thank you.

Peter Robinson Questions from the committee or the council?

Peter Robinson Good.

Peter Robinson Applicants, questions only.

Peter Robinson Anybody from the public wishing to speak on this application?

Peter Robinson Hearing none, call the question.

Peter Robinson All in favor?

All Aye.

Peter Robinson Any opposed?

Peter Robinson Any abstentions?

Peter Robinson The motion carries.

Peter Robinson Thank you.

Peter Robinson Application 2 2 1 0 8 4 E, Hilaire Farm Skilled Living and Rehabilitation Center LLC doing business as Hilaire Rehab and Nursing in Suffolk County. This application transfers 3.3% ownership interest from one deceased member to one new member. Department is recommending approval with a condition.

Peter Robinson May I have a motion?

Peter Robinson Dr. Gutierrez.

Peter Robinson A second.

Peter Robinson Mr. Thomas.

Peter Robinson Ms. Glock.

Shelly Glock Hilaire Farm Skilled Nursing and Rehab Center doing business as Hilaire Rehab and Nursing. This is an existing 76 bed RCF located in Huntington, which is Suffolk County. The applicant is requesting approval to transfer the membership interest of a deceased member to a new member. You can see in the exhibit that the proposed members, the current and proposed members, we have ---- ----, who is deceased and his membership will be transferred. The approval of this application to --- ---. Is a licensed physician's practice in New York, co-owner of Queens Medical Services PLLC, and discloses no ownership interest of any licensed health care facilities. There will be no changes in beds or services or beds as a result of the CON. The Long Term Care Ombudsman program is recommending approval. The department based on a review of character and competence, public need and financial feasibility is recommending approval with a condition.

Peter Robinson Thank you very much.

Peter Robinson Questions from the committee or other members of the council?

Peter Robinson Ms. Monroe.

Ann Monroe Yes.

Ann Monroe Thank you.

Ann Monroe On this one, it says that per Public Health Law. Now, I lost it. Whatever. There is no need review. There is no need review. What does that mean?

George from the Department I'm George ---- from the department. What that means is if you go to that section of Public Health Law, because this application is simply substituting a member within the current operating entity, that it does not get a review.

Ann Monroe Any need impact analysis.

George from the Department Correct.

Ann Monroe Okay.

Ann Monroe Thank you.

Peter Robinson Thank you.

Peter Robinson Any other questions?

Peter Robinson Applicant, questions only.

Peter Robinson Thank you.

Peter Robinson Anybody from the public wishing to speak?

Peter Robinson Hearing none, I'll call the question.

Peter Robinson All in favor?

Peter Robinson Any opposed?

Peter Robinson Any abstentions?

Peter Robinson Motion carries.

Peter Robinson Thank you very much.

Peter Robinson Our final application, 202122 E, Providence Rest Inc in Bronx County. I want to note here a conflict and recusal by Mr. La Rue, who was certainly left the screen and I assume the room. Establish Catholic Health Care System as the active parent and cooperator of Providence Rest a 200 bed residential health care facility located at 3304 Westbury Avenue in the Bronx. Department is recommending approval with a condition and contingencies.

Peter Robinson Motion, please.

Peter Robinson Dr. Gutierrez.

Peter Robinson Second, please.

Peter Robinson Dr. Kalkut.

Peter Robinson Ms. Glock.

Shelly Glock Is an existing voluntary not for profit Article 28 RACF located in Bronx County. They are requesting approval to establish Catholic Health Care System, CHCS as the active parent and the co operator of the RACF. CHCS is a not for profit corporation. They are located in New York County. It's a health care delivery system comprised of long term acute care hospital, nursing homes, community support services, including supportive housing, pastoral care and community engagement. As of December 23rd, 2020, CHCS doing business as Arch Care is the sole member and the passive parent of Providence Rest. Upon approval of this application by the committee and counsel, Providence Rest will the assumed name Arch Care at Providence Rest. There'll be no changes to the beds or services as a result of the application. You can see the portfolio of the proposed co operator includes seven New York State nursing homes, all with CMS quality ratings of three stars or above. There are no project costs. The submitted budget does show a deficit in year one with excess of revenue in over expenses in year three. They've provided a letter indicating that those first year net operating losses will be offset via ongoing operations of CHCS. The Long Term Care Ombudsman program recommends approval. Based upon a review of character and competence, public need and financial feasibility, the department is recommending approval with a condition and contingencies.

Peter Robinson Thank you very much.

Peter Robinson Dr. Berliner.

Dr. Berliner Shelly, does the long term care ombudsman program get the applications before they come here?

Shelly Glock Yes.

Shelly Glock As part of our review process...I'm so used to looking at you up there. As part of the review process when the application comes into the department, it is assigned to the long term care ombudsman program. We provide them information about what's in the current portfolio and then they conduct their review and make recommendations based on their program.

Dr. Berliner Thank you.

Peter Robinson Other questions?

Peter Robinson Applicant, questions only.

Peter Robinson Anyone from the public wishing to speak?

Peter Robinson Hearing none, call the question.

Peter Robinson All in favor?

All Aye.

Peter Robinson Any opposed?

Peter Robinson Any abstentions?

Peter Robinson Motion carries.

Peter Robinson Thank you, committee. Thank you, staff. Thank you, the public, for your participation in today's meeting. We meet as a full council on the 28th back here in Albany. Look forward to seeing everybody then.

Peter Robinson And with that, this meeting is adjourned.

Peter Robinson Thank you.