

**NEW YORK STATE DEPARTMENT OF HEALTH**  
**PUBLIC HEALTH AND HEALTH PLANNING COUNCIL**  
**SPECIAL ESTABLISHMENT AND PROJECT REVIEW COMMITTEE MEETING**  
**June 20, 2024, 9:30 AM**  
**90 CHURCH STREET, 4TH FLOOR, CONFERENCE ROOMS 4A AND 4B, NYC**  
**TRANSCRIPT**

**Mr. Robinson** Good morning, everyone. I'm Peter Robinson, Chair of the Establishment and Project Review Committee. Mr. Holt did a great job of teeing up the rules of the road. These apply now, and I will not reread them. This is a special meeting of the Establishment and Project Review Committee to consider one application.

**Mr. Robinson** The application, 232025E is Palmer Avenue SNF Operations LLC doing business as Sarah Neuman Center for Rehabilitation and Nursing in Westchester County. The application is intended to establish Palmer Avenue SNF Operations LLC as the new operator of the New Jewish home Sarah Neuman at a 301-bed residential health care facility currently operated by Jewish Home Life Care Sarah Neuman Center at 845 Palmer Avenue in Mamaroneck. The department is recommending approval with a condition and contingency.

**Mr. Robinson** Motion by Dr. Berliner.

**Mr. Robinson** Second by Dr. Torres.

**Mr. Robinson** I will note an interest by Dr. Lim.

**Mr. Robinson** I believe that I am going to turn this over to Lynn Baniak for the introduction of the project.

**Ms. Baniak** Good morning. I'm Lynn Baniak with the Department of Health. I'm presenting the project today because Mark Furnish had to recuse himself.

**Ms. Baniak** Can you hear me okay?

**Mr. Robinson** A little closer.

**Ms. Baniak** I'll try to talk up too.

**Ms. Baniak** Before I begin, I would like to make a very minor correction into the record. On the executive summary top sheet, it says that the New Jewish Home Sarah Neuman is a 301-bed facility, but it should say 300 beds.

**Mr. Robinson** Correction noted.

**Ms. Baniak** Thank you.

**Ms. Baniak** The New Jewish Home Sarah Neuman is an existing 300 bed residential care facility located in Westchester County. This application is for Palmer Avenue SNF Operations LLC doing business as Sarah Neuman Center for Rehabilitation and Nursing to be established as the new operator of the facility. Palmer Avenue SNF Operations LLC is made up of one member Palmer Avenue SNF Operations Holdings LLC, which is made up of Esther Klein at 95% membership and Kathryn Perez at 5% membership. On May 17th, 2023, the current operator and real property owner, Jewish Home Life Care Sarah Neuman Center entered into an operational asset purchase agreement with Palmer Avenue SNF Operations LLC for the sale and acquisition of the residential health care facility operating interests for \$2 million plus certain liabilities determined debt closing. Concurrently, Jewish Home Life Care Sarah Neuman Center entered into a real estate purchase agreement with 845 Palmer Avenue Realty LLC for the sale and acquisition of the real property for \$74 million plus certain liabilities determined at closing. 845 Palmer Avenue Realty LLC is owned by 845 Palmer Avenue Realty Holdings LLC, of which Solomon Klein is the manager. Further details on the realty organizational chart can be found in BFA's attachment E. The applicant will lease the property from 845 Palmer Avenue Realty LLC with a triple net lease with a term of ten years with the first year's rent at \$9,500,000. That increases at 3% per year through the third year and then will be set to fair rental value as agreed to by the landlord and the tenant with the amount not being less than 1.10 times Palmer Realty's debt service payments at that time plus real estate, property taxes, insurance and related costs. The applicant also proposes entering into an agreement with another related party, Palmer Avenue SNF Consulting LLC, which is owned by a holding company that has two members, Solomon Klein and Chava each with a 50% membership interest. The proposed consulting fee is \$1.8 million annually. There will be no changes to beds or services as a result of this transaction. Regarding need, as of April 24th, 2024, occupancy was at 92.7% for the facility and 87.6% average for Westchester County. The facility is on par with the other nursing homes in Westchester County. Both Esther Klein and Catherine Perez have met the character and competence requirements for the fiscal analysis. There is no project cost with this application. As previously stated, the purchase price for operations is \$2 million, which will be funded by members equity with Palmer Avenue SNF Operations assuming certain liabilities. The Long-Term Care Ombudsman has reviewed the application and has no objections. The department received sixteen letters of support from the applicant, from Senators Cordell Cleare and Shelley Mayer, Assembly members Amy Paulin and Steven Otis, Westchester County Executive George Latimer, Mayor Sharon Torres and Interim Village Manager Charles B. Strome, the third of the Village of Mamaroneck. I apologize if I didn't say that correctly. The President and CEO of White Plains Hospital, Susan Fox, 1199, SEIU Executive Vice president Dane Williams, President and CEO of the Association of the Jewish Aging Services, Ruth Katz, Executive Director of Burke Rehabilitation, Scott Edelman, President of Greater New York Hospital Association Kenneth Rask, Katie Sloan Smith, President and CEO of Leading Age, President and CEO of Leading Age New York, James Klein Jr, and New York Presbyterian President and CEO Steven Corwin. The department is recommending approval with contingencies.

**Ms. Baniak** I would like to turn it over to David Abrams of the Division of Legal Affairs to provide additional information, but before I do that I will pause now, just in case you have questions before David provides his information.

**Mr. Robinson** Why don't we go ahead with David's presentation and then we'll open it up.

**Mr. Abrams** Good morning, everyone.

**Mr. Abrams** Can you all hear me okay?

**Mr. Abrams** Great.

**Mr. Abrams** As my colleague Ms. Baniak mentioned, my name is David Abrams. I'm senior counsel for special investigations with the Department of Health's Division of Legal Affairs.

**Mr. Abrams** I'm going to attempt to very briefly present an overview of some observations that DLA has found. There's going to be three main sections, a general background, comments about the related party transactions and comments related to the operators or the proposed operations. I'm going to pause after each of the three sections in case anyone has questions. You know, feel free to interrupt me at any time as well. As a reminder, the legal standard, the DLA's position is that the burden is on the applicant to ensure that this committee has adequate information to approve the application. We also note that the establishment and operations of hospitals and nursing homes in the state is one of the most highly regulated areas in the state, and that the legislature has recently or has historically and just recently mandated that there be a lot of review and transparency with the operations in this area. This includes finances. DLA in large part was asked to be involved or I was asked to be involved in large part due to several lawsuits that were brought by another state agency, the Attorney General Medicaid Fraud Control Unit. They filed four actions against nursing homes prior to the submission of this application. The four actions all alleged patient harm, in large part due to unauthorized individuals controlling operations and that those facilities were able to funnel what the Attorney General alleged were up front profits through related party transactions. This was done through a process called tunneling, which has been defined as, and I quote, tunneling is a practice through which health care providers covertly extract profits by making inflated payments for goods and services to commonly owned related parties. There are a couple of benefits to the providers. One is this can potentially shield assets from malpractice liability risk. There's also benefits related to tax benefits related to depreciation expenses for the portfolio. I think most importantly, what the AG found was this allows providers to extract profits through inflated rental payments, consulting agreements/agreements/another situation. When you have related parties negotiating with each other, it takes away the incentive to negotiate in the best interest of both sides. Now, that's the end of my first section. Before I move on to the second section and pause for questions, I want to be very clear. DLA is not

suggesting that there is evidence that the applicant here has historically engaged in any of those practices. Full pause. DLA just wishes to ensure that there's full transparency. I'm going to pause before I go on to sections two and three.

**Ms. Soto** How recent were those actions?

**Mr. Abrams** All four are still ongoing. They were filed, three were filed in late 2022. One was filed in Summer of 2023.

**Mr. Robinson** Dr. Berliner.

**Dr. Berliner** But the Office of the Attorney General is still pursuing this as a case. Is that correct?

**Mr. Abrams** I believe all four are ongoing. One of them actually may have settled, now that I think about it. I believe that at least several of them are still ongoing.

**Mr. Kraut** David, just to be clear.

**Mr. Abrams** Yeah.

**Mr. Kraut** The applicant is not involved in any of those investigations that you're naming.

**Mr. Abrams** Yes.

**Mr. Kraut** This is nice background information, but it's not germane to the applicant that we're considering, right?

**Mr. Kraut** Thanks.

**Mr. Kraut** Let's go to part two.

**Mr. Abrams** This does involve the application here. As my colleague, Ms. Baniak said, both the proposed landlord and the consultant are related parties with the members of the operator. The operator is, through various holding companies. The 95% member of the operator is an individual named Esther Klein. If the committee has or the council has the exhibit handy on the very last page is the realty organizational chart. As Mr. Bankiak said, the realty company is managed by an individual named Solomon Klein, which is Esther Klein's husband. It's also partially owned by an individual named Chava as well as a trust for the benefit of Esther Klein, herself. The consultant, similarly, is owned by Chava and Solomon Klein. Again, these are all through, holding companies. We have evidence that Chava and Solomon Klein have extensive business dealings together. Including cooperating several facilities in Florida and other states. Ms. Baniak mentioned the lease. The lease between the related parties is for \$9.5 million a year. It is a triple net lease, which means that all expenses, maintenance, real estate taxes and

insurance are to be paid for by the facility. By the planned terms of the lease those expenses are in addition to rent. The loan here is an interest only loan for about \$60.8 million. It's a three-year interest only loan. That would be close to \$3 million delta between the amount of lease and the amount of debt service. Presumably, that would be taken as profit by the landlord. We believe that there's evidence that that may continue after as well. The applicant has not stated what assurances it has that the landlord can cover the \$60.8 million balloon payment at the end of three years if refinancing is not available. In addition, for the consulting agreement that's a flat \$1.8 million a year. Those services are general and not itemized. The applicant has not stated why those services are necessary or what exactly the services will be providing or how the value was determined. Finally, as the council may be aware, the facility has stated that it is... The current operators have stated that it is operating at a significant loss. The applicant says that it can afford these increased or projects paying for these increased costs by increasing revenue by almost \$11 million a year. A large part of that is going to be done by increasing Medicare short term stays. The applicant has not provided details on exactly how it intends to do that other than generally stating it intends to rely on referral sources and business dealings and general practices. That is the end of my section two. Before I move on to section three, I'd like to pause.

**Mr. Robinson** Please continue.

**Mr. Abrams** Section Three. The proposed operators here, there's Esther Klein, the 95% member. As I mentioned, there's Catherine Perez, the 5% member. It's my understanding that they are here today. I just wanted to point that out. It is not clear. The applicants have not stated how Ms. Klein and Ms. Perez intend to act as the governing body. As you know, nursing homes are required to have a governing body that is responsible for the operation of the facility. Esther Klein currently holds membership interests in eleven facilities. All but two were acquired within the last few years. It is unclear to the department what specific tasks as operator Ms. Klein performs for each of those facilities. Finally, the New Jewish Home has written a letter stating that it sought, quote, to secure a capable and approvable buyer committed to ensuring the continued care of the residents and employment of staff. It is not clear to the department or to DLA, I should say, what exactly the New Jewish Home did to ensure that. There are additional details, obviously, I can go into if there are any questions. That outlines several of the findings that DLA notes with this application.

**Mr. Robinson** Thank you.

**Mr. Robinson** I think in this instance what I'm going to do is ask the applicant to come forward, so that they can make a statement and then they can be part of the question-and-answer process that we may want to go through.

**Mr. Robinson** Mr. Cicero, would you introduce your colleagues?

**Mr. Cicero** Sure.

**Mr. Cicero** Before we start, is there a reason we're doing this in a special EPRT rather than two weeks ago?

**Mr. Robinson** I don't think the application was ready two weeks ago, but I think there's also urgency, given the need to ensure the ongoing viability of the nursing home.

**Mr. Cicero** Thank you.

**Mr. Cicero** I'll introduce everyone.

**Mr. Cicero** Thank you, Mr. Robinson.

**Mr. Cicero** I'm Frank Cicero, a consultant to the applicant. To my far right is Harold Iselin, counsel to the New Jewish Home. To my immediate right is Dr. Jeffrey Farber, the President and CEO of the New Jewish Home. To my far left is Katie Perez, a member of the applicant. To my immediate left is Esther Klein, a member of the applicant. Dr. Farber would like to make a brief statement and then Ms. Klein will make a brief statement, and then we will be prepared to answer any questions that you may have.

**Mr. Robinson** Thank you.

**Mr. Robinson** Please go ahead.

**Dr. Faber** Thank you.

**Dr. Faber** Good morning. My name is Dr. Jeff Farber. I serve as the President and CEO at the New Jewish Home. Here with me this morning I'd also like to recognize my Chair of the Board of Directors, Bill Blumstein seated behind me as well as our Board Vice Chair, Dr. Aaron Ron. I want to thank the department for their thorough analysis here and the committee for putting us on the agenda. We are here and ready to answer any questions that the committee has. Thank you.

**Ms. Klein** Hi. My name is Esther Klein. I'm one of the proposed members. I appreciate the opportunity to make a brief statement to you today. I understand that some of you may have a concern that I may not have as much direct experience with operating nursing homes as others do, including my husband. However, rest assured, I do have what it takes. I am involved in my facilities. I will be involved with Sarah Neuman as well. My primary involvement in my facilities is the work on human resources, and to make sure to establish the quality elements that both the staff and the residents they live, and they work in an environment that improves their lives. One of my big parts is I have the wisdom and the judgment to surround myself with some great people, including Katie Perez. I'm privileged to be able to work with Katie every single day. She's been doing this for over twenty-five years. She's a long-time nursing home administrator. She is involved with everything I do in my facilities. In regard to the Sarah Neuman facility, we are pleased to report to you that we plan to retain the overwhelming

majority of the staff and including the administrator. In addition to that, we will bring in new resources to enhance the experience for the residents. I just want to add that recently my grandmother moved in with us from the age of 88 to the age of 90, in my home. I was responsible for all her therapies, her medications, her doctor appointments. A week before she passed away, she said to me, Esther, these were the two nicest years of my life. I want all the residents in my facilities to be able to say that these are the nicest years of their life. I have a very strong passion and compassion for the elderly ignited at a very young age. I used to drop in on my way home from school every single day to my great Grandfather. He was 98 years old. He was hunched over like that. My friends were annoyed with me while I made them wait downstairs. I said, no, this is important. Every single day I ran up the flight of stairs and I said, good morning, Grandpa. How are you today? He would pick up his beautiful blue eyes and he would say, Thank God. That was it. I ran back to my friends. I want you to know that he used to say that this is the granddaughter, the only granddaughter I have. He had close to 100. The only granddaughter that appreciates that I'm still alive. I used to say, Grandpa, how old are you? He never disclosed. He said, as old as my pinky finger. How many grandkids do you have? Never enough. I want to end with a personal statement since it was very important for me to be on this application. I'm Jewish. This is a home created by the Jewish Home. It's personally important to me to be part of this application and part of preserving this facility and its heritage. Thank you for listening. We do hope for your approval so that we can continue the good work this facility has been doing for the residents.

**Mr. Robinson** Thank you very much.

**Mr. Robinson** I'm going to just open it up for questions. You can direct them either to the department, those would go to Lynn or to the applicant if that's appropriate.

**Mr. Holt** Thanks, Peter.

**Mr. Holt** Question for the applicant. I'm just curious. The consulting agreement that's in place is pretty extensive in terms of the services that are anticipated to be provided. I think we're going to see more and more of these kinds of applications, or we've been starting to see these consulting arrangements coming forward. I'm just curious also as a license administrator, the relationship between the administrator in the facility and actual decision-making authority from a relational standpoint. How was that worked in your past experiences? How do you anticipate the amount of control that the actual on the ground administrator is going to have relative to patient care and services and all the things that you spoke to that are so important?

**Ms. Klein** I appreciate your question. The authority is on me. We definitely discuss with our consulting team all our concerns. It's Katie and me who do the final decisions. We sometimes approve or disapprove.

**Mr. Cicero** Mr. Holt, if I may add, a couple things relative to what the department said regarding the consulting agreement. The duties are included in the application. You see

the duties in the staff report as well. They are disclosed the amount of the consulting fee while there is not a market rate analysis of it, is a reduction in the same applicable line in the RHCF cost report of \$3.2 million. We believe there will be efficiency gained for these duties.

**Mr. Holt** That's the admin overhead.

**Mr. Cicero** That's correct.

**Mr. Kraut** You're achieving some scale economies with that one consulting agreement because of all the other places.

**Mr. Cicero** Yes.

**Mr. Robinson** Dr. Berliner.

**Dr. Berliner** You know, for Jewish Home the applicant says that they're going to be able to afford this and profit by short term Medicaid admissions.

**Mr. Kraut** Medicare.

**Dr. Berliner** I'm sorry.

**Dr. Berliner** My question is, why aren't you doing that now?

**Dr. Faber** I hear you. Great question. Look, the applicant here has different economies of scale, has different access, more access to capital and will have different vendor and labor contracts and a different approach. We have tried lots of things over the years to increase the Medicare payment mix. I'm sure and confident that as we seamlessly transfer continuity of care here to all the residents, families and staff, they'll bring other ideas and behaviors.

**Mr. Robinson** Other comments?

**Mr. Robinson** Dr. Kalkut and then Mr. Lawrence.

**Dr. Kalkut** Similar question about taking a what is currently a \$7 million loss and turning a minimum profit by increasing Medicare fee for service patients significantly and also cutting operating costs in a year significantly. Can you talk a little bit about how both of those... What process you followed to achieve both of those efficiency measures?

**Mr. Cicero** I'll start, and I think Katie Perez, who's done this before at other facilities who probably want to weigh in as well. Taking the Medicare first, I think as Doctor Farber said, this entity that's coming in has a greater access to capital. There is a plan for in the short-term submission to the Department of Limited Review application to improve therapy areas and areas where patients who will be short term stay will be



living that that's number one to improve the environment. Number two, this group of facilities owned by Ms. Kline, owned by her husband, have demonstrated the ability to do this in the past. If you look in the staff report on Page 14, you can see that with their four-star facility, Tenbroeck, which they've owned for six years, they more than doubled the number of Medicare admissions or percentage of Medicare payer days. The rates here are also based on those rates. We're not proposing numbers out of the air. There will be a significant on the Medicare site increase in CMI. In part that's done... You know, their plan is with the approval of PHHPC to be in there right away and to begin the hiring process that will increase FTEs. If you look at the number of FTEs that they proposed to increase here a third of those are for therapy. It is a model that has worked for them in the past. It has also worked at West Hampton, the other facility in New York that Ms. Kline is involved in the ownership of.

**Mr. Cicero** Let me turn it over to Katie Perez. She may want to say more on this.

**Ms. Perez** Good morning. I just wanted to explain that I was actually the administrator at Tenbroeck. First, I was there for twenty-eight years. I watched him, with the amount of tools that we were able to utilize that he had increase the Medicare from I think we're about fifteen to about thirty-five within that first year. We also work a lot on the staff. We make sure that the staff feel that they're comfortable. They want to be there. We all know that staffing is a huge issue, but we have a lot of tools in our back pocket that we've used, and they've actually worked. We've rented apartments for staff. We've done sign up bonus, referral bonuses. Again, anybody that's happy where they work is always going to want to have more people come to work with them. It's the people that are not happy or they don't feel taken care of. We look at each employee as a part of our family. It has worked for me for the past twenty-eight years. We noticed that any of the homes that we take over the staff increases. We have that feeling of familiness. We work together. The amount of tools that were given to us when we first started working was enormous. We have just exploded since then with our staff.

**Dr. Kalkut** Thank you.

**Dr. Kalkut** Just one numerical question. Do you expect the number of subacute beds and residential beds to change, the ratio to change?

**Mr. Cicero** From a certification standpoint, there's no difference, but I think, Katie, you may want to answer that question.

**Ms. Perez** I wasn't sure if you wanted to ---.

**Ms. Perez** We'll be increasing our Medicare residence for sure. Is that what you were asking?

**Dr. Kalkut** Yeah.

**Ms. Perez** Subacute versus long term as well.

**Dr. Kalkut** I'll leave it there.

**Mr. Robinson** Mr. Lawrence.

**Mr. Lawrence** Harvey Lawrence, member of the council. I was listening to council go through the different stages of this presentation. I heard Mr. Kraut indicate that none of what was a large in terms of tunneling applied to you, but I'm also struggling with this related party issue. You know, tunneling is a real problem, I think in some regards, because it happens in the industry and clients, patients suffer as a result of it. What assurances do we have that in this instance, since there's so many related parties, that these are transactions that are at market value and the real estate, there's a consultancy. How do we gauge that this is a fair market transaction?

**Mr. Cicero** Thank you, Mr. Lawrence.

**Mr. Cicero** I think we should do it based on the numbers. First, as I've said on the consulting agreement, \$1.8 million for a very extensive set of services and the line item in the facility's existing cost report that that \$1.8 million balance is against is a \$5 million allocation. There is a reduction. That's a big part of the cost side reduction that's occurring here. That's efficiencies, economies of scale with an organization that they're contracting with. No doubt related, but I think the reduction there stands on its own. With respect to the rent, the department staff report does call for two letters of rent reasonableness. During the course of this review, a five-page rent analysis, which goes way beyond what you're typically required to do letters of rent reasonableness are usually two paragraphs where a local realtor says this looks okay to me. This was a five-page analysis by an entity called Health Care Group, unrelated to anyone involved in this transaction. They came up with a number that would be reasonable at over 90% of what is being proposed here. They didn't account for any profit, any return on the investment, the significant investment in equity by the individuals will be on that side. I think the numbers bear out as opposed to reasonable. As Mr. Abrams said, the lease or I believe it's Mr. Banik, the lease will be judged at fair market value going forward. I think that's the justification in this case.

**Mr. Kraut** Don't we have an additional protection in this application. Just to be clear I'll the direct this at the department. Because... You know, we have limited ability to dive into the details of every transaction. We have a contingency placed on this application that they have to provide a lease acceptable to the department. Not only is it uncommon, it is in every approval we've ever done on related party transactions. Just to be clear, once we deal with the threshold issue of approving or reviewing and making a decision, the department at the end of the day will do its due diligence and will seek to get a lease that is acceptable based on the parameters of the regulations and those things. That's just the standard practice. The conversation here about the tunneling and the structure, I just want to remind everybody almost every for-profit ownership change we have approved in the last three or four years had similar, if not identical structures. This is not a unique structure. For the new members, this is not unique. We have

consistently seen this. This is an issue as Mr. Lawrence has said. It is a function of how we've structured. We require individual ownership. How we're financing nursing homes to some degree. Just to put that in context. I don't want to leave anybody with a perception that this is an apparent transaction. What is unique about this, in my opinion... You know, we rarely have seen. We've seen it, but it's rare. We've seen mostly government transfer of government owned nursing homes to for profit. We've seen it. I mean, it's not for profit into for profit. This has the added dimension here of the financial stability of the rest of the Jewish Home Life Care organization has indicated that if we don't approve this it's unlikely they can maintain ownership of operations of this home. The question I have to some degree for the department is my understanding and tell me if I'm right or wrong. There is limited capacity in the remaining nursing homes that are operating of these beds, these are 300 beds if they were to disappear. Number two, if they were to disappear, the local facilities and I... What is unusual is to get as many letters of support from local hospitals that are operating in the area. We've seen this time and again, the backup that's occurring, if they can't get patients out of the hospital into the nursing home. If their capacity is diminished, it's like that pebble in water. It has these ripple effects that go far beyond here. Ms. Klein, you talked to that. We just need to assure ourselves the quality of the care of the ownership group. There's a lot of financial questions here. Mr. Cicero, you answered a lot of those questions in the revenue and those things. We can dive in here. I want to be clear. The department, the Ombudsman has reviewed the operations of these other things. We've seen they have star ratings that are equal to or better than others that we've approved. We're confident as best as we can be at this point, that this operator will do a good job in keeping the quality here if we were to approve the transfer. That's kind of how I'm focusing in on thinking about this. Ms. Perez, I would just thank you because I know you had to change significant plans to be here. We do deeply appreciate the disruption it caused to you and your family to be able to be here, but it's impossible to do this without you. I just want to thank you. Am I correct about those assumptions about what happens if we don't approve and stuff?

**Ms. Deetz** Hi. I'm Valerie Deetz. I'm the Deputy Director for the Office of Aging and Long-Term Care. You are correct with the census at Sarah Neuman right now around 282, I think, was our last survey. Right now, in Westchester County, we have if every single resident from Sarah Neuman was be placed throughout West Chester County nursing homes that would leave us with two staff nursing home beds available for that county. Right now, we have 284 staffed beds available. We have a population at Sarah Neuman of 282. Surrounding contiguous counties around that area Rockland, Putnam and Bronx, although they do have additional beds. Again, it will definitely be a strain for closure. I hope that's helpful.

**Mr. Robinson** Thank you.

**Ms. Ngwashi** I just wanted to add one other comment from the department perspective. My name is Marthe Ngwashi. I'm an attorney at the Department of Health. I would like for the council to be able to consider this information. One of the things that the department has done and continues to do is look at practices prior to and after COVID

when we make assessments of the project applications. We have also taken into consideration many of the things that you have said at council meetings to help inform our review and decision-making processes as a result for this particular application under the circumstances that were presented to the department. We found it appropriate to recommend approval with the necessary contingencies. You can see them outlined here. If you have questions about those we can discuss those later. However, we do believe that with this project application and with these associated contingencies from the various departments at the Department of Health, it will ensure that we will have the necessary transparency as we move forward to address some of the issues that you have brought up. Thank you.

**Mr. Robinson** Thank you very much.

**Mr. Robinson** Dr. Berliner.

**Dr. Berliner** You're currently in 1199 facility, is that correct?

**Mr. Cicero** Yes.

**Dr. Berliner** Is the intention to continue being open with the 99 facilities?

**Dr. Faber** I will say yes and then I will ask both ladies to say yes.

**Ms. Klein** Yes.

**Ms. Perez** Yes.

**Ms. Ngwashi** Yes.

**Mr. Robinson** I have to ask the public first.

**Mr. Robinson** Any other questions from the committee or broadly members of the council?

**Mr. Robinson** You're going to be seeing this thing ten minutes from now at the full council meeting again. Just to give you an opportunity to weigh in.

**Mr. Robinson** I'm going to ask you guys to step back from the table. Thank you very much for being there and for your comments. We appreciate that.

**Mr. Robinson** I'm now going to open this up to allow anybody from the public that wishes to speak on this application.

**Mr. Robinson** Hearing none, I will now call the question.

**Mr. Robinson** All in favor?

All Aye.

**Mr. Robinson** Any opposed?

**Mr. Robinson** Just members of the committee that are currently appointed. The new members are not yet currently appointed.

**Mr. Robinson** Any abstentions?

**Mr. Robinson** That motion carries.

**Mr. Robinson** I do want to both thank the department and the applicant. There was a lot more transparency in this application than we've seen in the past. I think that's been very, very helpful for our deliberations. I just appreciate all that you've done to kind of tee this up.

**Mr. Robinson** With that, I'm going to adjourn the special meeting of the committee and turn it over to Mr. Kraut for the full council meeting.