

Executive Summary

Good Samaritan University Hospital (GSUH) is an existing, 437-bed, not-for-profit hospital and member of Catholic Health. GSUH is located at 1000 Montauk Highway, West Islip (Suffolk County), New York 11795. GSUH is submitting this Limited Review Application seeking approval to add Medical Services – Other Medical Specialties as a certified service at one (1) of its existing extension clinics, to open a new wound care center. The extension clinic is located at 15 Park Avenue, Bay Shore (Suffolk County), New York 11706 (PFI No. 6968) (15 Park) and currently provides primary medical care, pre-surgical testing and laboratory services. 15 Park is currently certified for the following certified services: Medical Services – Primary Medical Care; and Clinical Laboratory Service O/P. This project includes a Health Equity Impact Assessment.

Due to the closure of a wound care center in Hauppauge (Suffolk County), which was operated by another hospital system, GSUH has decided to open its own wound care center in Bay Shore, which is located approximately 15 minutes away from the closed Hauppauge facility. The closure of the Hauppauge facility has left a void for wound care services in this part of Suffolk County, requiring patients to travel a considerable distance to the next closest facilities in Patchogue and Bethpage. This has created a significant burden and barrier for individuals to access wound care services, especially in socially vulnerable areas where transportation is a social determinant of health. By establishing a wound care center in Bay Shore, GSUH will improve access to wound care services.

GSUH has identified the need for these services based on GSUH's discharge data and particularly the significant number of patients who would potentially require wound care post-discharge in the outpatient setting. According to statistics researched by GSUH, 7% of residents in its primary service area have diabetes. Diabetic patients often require wound care services and treatment and would benefit from the services proposed in this Application. A recent market analysis conducted by GSUH shows that the estimated total number of wound care patients drawn from the hospital's service area was 6,595 patients (each patient receives multiple wound care treatments). GSUH has conservatively estimated that it will provide approximately 2,400 wound care treatments in the first year of operation and 3,200 wound care treatments in the third year of operation. Furthermore, several providers have expressed interest to GSUH in shifting their patients to this center, due to the closure of the Hauppauge facility and distance of the Patchogue facility.

GSUH's wound care service will be provided in four (4) existing exam rooms at 15 Park. There is no construction required for this project and there are no changes required to the existing lease; the space in question is already covered by GSUH's existing lease. Ultimately, this project will transform 15 Park into a more comprehensive outpatient care setting providing multiple services. The only capital cost associated with this project, other than the Application fee, is for information technology equipment, which GSUH will fund with cash.

Good Samaritan University Hospital
SITE INFORMATION

Alternate contact: Mr. Joseph Loiacono

Email address: Joseph.Loiacono@chsli.org

Type of Application: Establishment Construction Administrative Limited

Total Project Cost:

\$10,500

Operator Information:

Good Samaritan Hospital Medical Center (GSH)

1000 Montauk Highway, West Islip (Suffolk County), New York 11795

PFI No. 0925

Project Site Information:

Good Samaritan University Hospital Pre-Surgical Testing

15 Park Avenue, Bay Shore (Suffolk County), New York 11706

PFI No. 6968

Site Proposal Summary (maximum of 1,000 characters):

Good Samaritan University Hospital is submitting this Limited Review Application seeking approval to add Medical Services – Other Medical Specialties as a certified service at one (1) of its existing extension clinics, to open a new wound care center.

Modify Name/Address:

N/A

Beds:

N/A

Services:

Please provide table of existing and proposed services (similar to Schedule 16/17).

	<u>Current</u>	<u>Add</u>	<u>Remove</u>	<u>Proposed</u>
Medical Services – Primary Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Clinical Laboratory Service O/P	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medical Services – Other Medical Specialties	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Remove Site:

N/A

Limited Review Application

State of New York Department of Health
Office of Primary Care and Health Systems Management

LRA Cover Sheet

Project to be Proposed/Applicant Information

This application is for those projects subject to a limited review pursuant to 10 NYCRR 710.1(c)(5)-(7). Please check the appropriate box(es) reflective of the project being proposed by your facility (**NOTE** – Some projects may involve requisite “Construction”. If so, and **total** project costs are below designated thresholds, then **both boxes** must be checked and necessary LRA Schedules submitted). **Please read the LRA Instructions to ensure submission of an appropriate and complete application:**

- Minor Construction** – Minor construction project with total project costs of up to \$15,000,000 for general hospitals and up to \$6,000,000 for all other facilities, if not relating to clinical space – check “Non-Clinical” box below).

NO CONSTRUCTION REQUIRED; HOWEVER, THE APPLICANT IS SUBMITTING ARCHITECTURAL DOCUMENTS TO CERTIFY THE SPACE.

Necessary LRA Schedules: Cover Sheet, 2, 3, 4, 5, and 6.

- Equipment** – Project related to the acquisition, relocation, installation or modification of certain medical equipment, with total project costs of up to \$15,000,000 for general hospitals and up to \$6,000,000 for all other facilities. (**NOT** necessary for “1-for-1” replacement of existing equipment without construction, pursuant to Chapter 174 of the Laws of 2011 amending Article 28 of the Public Health law to eliminate limited review and CON review for one for one equipment replacement)

Necessary LRA Schedules: Cover Sheet, 2, 3, 4, and 5.

- Service Delivery** – Project to decertify a facility's beds/services; add services which involve a total project cost up to \$15,000,000 for general hospitals and up to \$6,000,000 for all other facilities; or convert beds within approved categories. (*If construction associated, also check “Construction” above.*)

Necessary LRA Schedules: Cover Sheet, 7, 8, 10, and 12. **If proposing to decertify beds within a nursing home, provide a description of the proposed alternative use of the space including a detailed sketch (unless the decertification is being accomplished by eliminating beds in multiple-bedded rooms).*

- Cardiac Services** – Project by an appropriately certified facility to add electrophysiology (EP) services; or add, upgrade or replace a cardiac catheterization laboratory or equipment. (*If construction associated, also check “Construction” above.*)

Necessary LRA Schedules: Cover Sheet, 7, 8, 10, and 12.

- Relocation of Extension Clinic** – Project to relocate an extension clinic within the same service area which involve a total project cost up to \$15,000,000 for general hospitals and up to \$6,000,000 for all other facilities. (*If construction associated, also check “Construction” above.*)

Necessary LRA Schedules: Cover Sheet, 2, 3, 4, 5, 6 and 7. *Also include a Closure Plan for vacating extension clinic.*

- Part-Time Clinic** – Project to operate, change services offered, change hours of operation or relocate a part-time clinic site – for applicants already certified for “part-time clinic”. (*If construction associated, also check “Construction” above.*)

Necessary LRA Schedules: Cover Sheet, 8, 10, 11, and 12.

OPERATING CERTIFICATE NO. 5154001H	CERTIFIED OPERATOR Good Samaritan University Hospital	TYPE OF FACILITY Hospital – Ext. Clinic
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OPERATOR ADDRESS – STREET & NUMBER 1000 Montauk Highway		PFI 0925	NAME AND TITLE OF CONTACT PERSON Frank M. Cicero, Cicero Consulting Associates		
CITY West Islip	COUNTY Suffolk	ZIP 11795	STREET AND NUMBER 925 Westchester Avenue, Suite 201		
PROJECT SITE ADDRESS – STREET & NUMBER 15 Park Avenue		PFI 6968	CITY White Plains	STATE NY	ZIP 10604
CITY Bay Shore	COUNTY Suffolk	ZIP 11706	TELEPHONE NUMBER (914) 682-8657	FAX NUMBER (914) 682-8895	
TOTAL PROJECT COST: \$10,500			CONTACT E-MAIL: conadmin@ciceroassociates.com		

(Rev 06/2017)

Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 3

Proposed Plan for Project Financing

A. LEASE

If any portion of the cost for land, building or Equipment is to be financed through a lease, rental agreement or lease/purchase agreement, complete the chart at the right.

A complete copy of each proposed lease must be submitted.

Attachment # _____

ITEM	COST AS IF PURCHASED	
	\$	
	\$	
	\$	
	\$	
	\$	

B. CASH

If cash is to be used, complete the chart at the right.

Attach a copy of the latest certified financial Statement and interim monthly or quarterly financial reports to cover the balance of time to date.

Attachment # Schedule LRA 3 Attachment

Accumulated Funds	\$	\$10,500
Sale of Existing Assets	\$	
Other – (i.e. gifts, grants, etc.)	\$	
TOTAL CASH	\$	\$10,500

*Attach a full and complete description of the assets to be sold.

Attachment # N/A

** If grants, attach a description of the source of financial support

Attachment # N/A

C. DEBT FINANCING

If the project is to be financed by debt of any type, complete the chart at the right.

Attach a copy of the proposed letter of interest From the intended source of permanent financing.

This letter must include an estimate of the Principal, term, interest rate and pay-out period presently being considered.

Attachment # _____

Principal	\$	
Interest Rate		
Term		
Pay-out Period		
Type *		

* Commercial, Dormitory Authority Bonds, Dormitory Authority, TELP Lease, Industrial Development Agency Bonds, Other (identify).

Schedule LRA 4/Schedule 7 CON Forms Regarding Environmental issues

Contents:

Schedule LRA 4/Schedule 7 - Environmental Assessment

Environmental Assessment			
Part I.	The following questions help determine whether the project is "significant" from an environmental standpoint.	Yes	No
1.1	If this application involves establishment, will it involve more than a change of name or ownership only, or a transfer of stock or partnership or membership interests only, or the conversion of existing beds to the same or lesser number of a different level of care beds? NOT APPLICABLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2	Does this plan involve construction and change land use or density?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.3	Does this plan involve construction and have a permanent effect on the environment if temporary land use is involved?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.4	Does this plan involve construction and require work related to the disposition of asbestos?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Part II.	If any question in Part I is answered "yes" the project may be significant, and Part II must be completed. If all questions in Part II are answered "no" it is likely that the project is not significant NOT APPLICABLE	Yes	No
2.1	Does the project involve physical alteration of ten acres or more?	<input type="checkbox"/>	<input type="checkbox"/>
2.2	If an expansion of an existing facility, is the area physically altered by the facility expanding by more than 50% and is the total existing and proposed altered area ten acres or more?	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Will the project involve use of ground or surface water or discharge of wastewater to ground or surface water in excess of 2,000,000 gallons per day?	<input type="checkbox"/>	<input type="checkbox"/>
2.4	If an expansion of an existing facility, will use of ground or surface water or discharge of wastewater by the facility increase by more than 50% and exceed 2,000,000 gallons per day?	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Will the project involve parking for 1,000 vehicles or more?	<input type="checkbox"/>	<input type="checkbox"/>
2.6	If an expansion of an existing facility, will the project involve a 50% or greater increase in parking spaces and will total parking exceed 1000 vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
2.7	In a city, town, or village of 150,000 population or fewer, will the project entail more than 100,000 square feet of gross floor area?	<input type="checkbox"/>	<input type="checkbox"/>
2.8	If an expansion of an existing facility in a city, town, or village of 150,000 population or fewer, will the project expand existing floor space by more than 50% so that gross floor area exceeds 100,000 square feet?	<input type="checkbox"/>	<input type="checkbox"/>
2.9	In a city, town or village of more than 150,000 population, will the project entail more than 240,000 square feet of gross floor area?	<input type="checkbox"/>	<input type="checkbox"/>
2.10	If an expansion of an existing facility in a city, town, or village of more than 150,000 population, will the project expand existing floor space by more than 50% so that gross floor area exceeds 240,000 square feet?	<input type="checkbox"/>	<input type="checkbox"/>
2.11	In a locality without any zoning regulation about height, will the project contain any structure exceeding 100 feet above the original ground area?	<input type="checkbox"/>	<input type="checkbox"/>
2.12	Is the project wholly or partially within an agricultural district certified pursuant to Agriculture and Markets Law Article 25, Section 303?	<input type="checkbox"/>	<input type="checkbox"/>
2.13	Will the project significantly affect drainage flow on adjacent sites?	<input type="checkbox"/>	<input type="checkbox"/>

2.14	Will the project affect any threatened or endangered plants or animal species?	<input type="checkbox"/>	<input type="checkbox"/>
2.15	Will the project result in a major adverse effect on air quality?	<input type="checkbox"/>	<input type="checkbox"/>
2.16	Will the project have a major effect on visual character of the community or scenic views or vistas known to be important to the community?	<input type="checkbox"/>	<input type="checkbox"/>
2.17	Will the project result in major traffic problems or have a major effect on existing transportation systems?	<input type="checkbox"/>	<input type="checkbox"/>
2.18	Will the project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbance as a result of the project's operation?	<input type="checkbox"/>	<input type="checkbox"/>
2.19	Will the project have any adverse impact on health or safety?	<input type="checkbox"/>	<input type="checkbox"/>
2.20	Will the project affect the existing community by directly causing a growth in permanent population of more than five percent over a one-year period or have a major negative effect on the character of the community or neighborhood?	<input type="checkbox"/>	<input type="checkbox"/>
2.21	Is the project wholly or partially within, or is it contiguous to any facility or site listed on the National Register of Historic Places, or any historic building, structure, or site, or prehistoric site, that has been proposed by the Committee on the Registers for consideration by the New York State Board on Historic Preservation for recommendation to the State Historic Officer for nomination for inclusion in said National Register?	<input type="checkbox"/>	<input type="checkbox"/>
2.22	Will the project cause a beneficial or adverse effect on property listed on the National or State Register of Historic Places or on property which is determined to be eligible for listing on the State Register of Historic Places by the Commissioner of Parks, Recreation, and Historic Preservation?	<input type="checkbox"/>	<input type="checkbox"/>
2.23	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.	<input type="checkbox"/>	<input type="checkbox"/>
Part III.		Yes	No
3.1	Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Agency Name:	Town of Islip Building Department	
	Contact Name:	Michelle Bassen	
	Address:	One Manhattan Court	
	State and Zip Code:	Islip, N.Y. 11751	
	E-Mail Address:	Commissioner-PD@IslipNY.gov	
	Phone Number:	631-224-5464	
	Agency Name:		
	Contact Name:		
	Address:		
	State and Zip Code:		
	E-Mail Address:		
	Phone Number:		
Agency Name:			
Contact Name:			

	Address:					
	State and Zip Code:					
	E-Mail Address:					
	Phone Number:					
	Agency Name:					
	Contact Name:					
	Address:					
	State and Zip Code:					
	E-Mail Address:					
Phone Number:						
3.2	Has any other agency made an environmental review of this project? If so, give name, and submit the SEQRA Summary of Findings with the application in the space provided below.			Yes	No	
				<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Agency Name:					
	Contact Name:					
	Address:					
	State and Zip Code:					
3.3	Is there a public controversy concerning environmental aspects of this project? If yes, briefly describe the controversy in the space below.			Yes	No	
				<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Agency Name:					
	Contact Name:					
Address:						
State and Zip Code:						
E-Mail Address:						
Phone Number:						
Part IV.	Storm and Flood Mitigation					
	Definitions of FEMA Flood Zone Designations					
	Flood zones are geographic areas that the FEMA has defined according to varying levels of flood risk. These zones are depicted on a community's Flood Insurance Rate Map (FIRM) or Flood Hazard Boundary Map. Each zone reflects the severity or type of flooding in the area.					
	Please use the FEMA Flood Designations scale below as a guide to answering all Part IV questions regardless of project location, flood and or evacuation zone.			Yes	No	
4.1	Is the proposed site located in a flood plain? If Yes, indicate classification below and provide the Elevation Certificate (FEMA Flood Insurance).			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Moderate to Low Risk Area			Yes	No	
	Zone	Description		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	In communities that participate in the NFIP, flood insurance is available to all property owners and renters in these zones:					
	B and X	Area of moderate flood hazard, usually the area between the limits of the 100-year and 500-year floods. Are also used to designate base floodplains of lesser hazards, such as areas protected by levees from 100-year flood, or shallow flooding areas with average depths of less than one foot or drainage areas less than 1 square mile.		<input type="checkbox"/>		

C and X	Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	<input type="checkbox"/>	
High Risk Areas		Yes	No
Zone	Description	<input type="checkbox"/>	<input checked="" type="checkbox"/>
In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
A	Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. Because detailed analyses are not performed for such areas; no depths or base flood elevations are shown within these zones.	<input type="checkbox"/>	
AE	The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1-A30.	<input type="checkbox"/>	
A1-30	These are known as numbered A Zones (e.g., A7 or A14). This is the base floodplain where the FIRM shows a BFE (old format).	<input type="checkbox"/>	
AH	Areas with a 1% annual chance of shallow flooding, usually in the form of a pond, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	<input type="checkbox"/>	
AO	River or stream flood hazard areas, and areas with a 1% or greater chance of shallow flooding each year, usually in the form of sheet flow, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Average flood depths derived from detailed analyses are shown within these zones.	<input type="checkbox"/>	
AR	Areas with a temporarily increased flood risk due to the building or restoration of a flood control system (such as a levee or a dam). Mandatory flood insurance purchase requirements will apply, but rates will not exceed the rates for unnumbered A zones if the structure is built or restored in compliance with Zone AR floodplain management regulations.	<input type="checkbox"/>	
A99	Areas with a 1% annual chance of flooding that will be protected by a Federal flood control system where construction has reached specified legal requirements. No depths or base flood elevations are shown within these zones.	<input type="checkbox"/>	
High Risk Coastal Area		Yes	No
Zone	Description	<input type="checkbox"/>	<input checked="" type="checkbox"/>
In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
Zone V	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. No base flood elevations are shown within these zones.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VE, V1 - 30	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	<input type="checkbox"/>	X
Undetermined Risk Area		Yes	No
Zone	Description	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	D	Areas with possible but undetermined flood hazards. No flood hazard analysis has been conducted. Flood insurance rates are commensurate with the uncertainty of the flood risk.		
4.2	Are you in a designated evacuation zone?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If Yes, the Elevation Certificate (FEMA Flood Insurance) shall be submitted with the application.			
	If yes which zone is the site located in?			
4.3	Does this project reflect the post Hurricane Lee, and or Irene, and Superstorm Sandy mitigation standards?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If Yes, which floodplain?	100 Year	<input type="checkbox"/>	
		500 Year	<input type="checkbox"/>	

The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

FEMA Elevation Certificate and Instructions

NOT APPLICABLE

Limited Review Application

Schedule LRA 5

State of New York Department of Health/Office of Health Systems Management

Space & Construction Cost Distribution

New

Alteration

NOT APPLICABLE - NO CONSTRUCTION

LOCATION			Code and Functional Category Description	Functional Gross SF	Construction Cost per SF	Total Construction Cost	(ALT) Scope of Work
Bldg. No.	Floor No.	Sect. No.					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
			Total Construction				

1. If new construction is involved, is it "freestanding"? Yes No

2. (Check where applicable) The facilities to be affected by this project are located in a:

Dense Urban Area Other Metropolitan or Suburban Area Rural Area

3. This submission consists of: New Construction Report Number of pages _____
 Alteration Construction Report Number of pages _____

Do not use the master copy. Photocopy master and then complete copy if this schedule is required.

Schedule 6

Architectural/Engineering Submission

Contents:

- **Schedule 6 – Architectural/Engineering Submission**

Architectural Submission Requirements for Contingent Approval and Contingency Satisfaction

Schedule applies to all projects with construction, including Articles 28 & 40, i.e., Hospitals, Diagnostic and Treatment Centers, Residential Health Care Facilities, and Hospices.

Instructions

- Provide Architectural/Engineering Narrative using the format below.
- Provide Architect/Engineer Certification form:
 - [Architect's Letter of Certification for Proposed Construction or Renovation for Projects That Will Be Self-Certified. Self-Certification Is Not an Option for Projects over \\$15 Million, or Projects Requiring a Waiver](#) (PDF)
 - [Architect's Letter of Certification for Proposed Construction or Renovation Projects to Be Reviewed by DOH or DASNY](#). (PDF) (Not to Be Submitted with Self-Certification Projects)
 - [Architect's Letter of Certification for Completed Projects](#) (PDF)
 - [Architect's or Engineer's Letter of Certification for Inspecting Existing Buildings](#) (PDF)
- Provide FEMA BFE Certificate. Applies only to Hospitals and Nursing Homes.
 - [FEMA Elevation Certificate and Instructions.pdf](#)
- Provide Functional Space Program: A list that enumerates project spaces by floor indicating size by gross floor area and clear floor area for the patient and resident spaces.
- For projects with imaging services, provide Physicist's Letter of Certification and Physicist's Report including drawings, details and supporting information at the design development phase.
 - [Physicist's Letter of Certification](#) (PDF)
- Provide Architecture/Engineering Drawings in PDF format created from the original electronic files; scans from printed drawings will not be accepted. Drawing files less than 100 MB, and of the same trade, may be uploaded as one file.
 - [NYSDOH and DASNY Electronic Drawing Submission Guidance for CON Reviews](#)
 - [DSG-1.0 Schematic Design & Design Development Submission Requirements](#)
- Refer to the Required Attachment Table below for the Schematic Design Submission requirements for Contingent Approval and the Design Development Submission requirements for Contingency Satisfaction.
 - Attachments must be labeled accordingly when uploading in NYSE-CON.
 - Do not combine the Narrative, Architectural/Engineering Certification form and FEMA BFE Certificate into one document.
 - If submitted documents require revisions, provide an updated Schedule 6 with the revised information and date within the narrative.

Architecture/Engineering Narrative

Narrative shall include but not limited to the following information. Please address all items in the narrative including items located in the response column. **Incomplete responses will not be accepted.**

Project Description	
Schedule 6 submission date: 5/16/2024	Revised Schedule 6 submission date: N/A
Does this project amend or supersede prior CON approvals or a pending application? No If so, what is the original CON number? N/A	
Intent/Purpose: To certify an Article 28 Wound Care Unit to an existing Extension Clinic. Click here to enter text.	
Site Location: 15 Park Avenue Bay Shore, NY 11706	

New York State Department of Health Certificate of Need Application

Schedule 6

Brief description of current facility, including facility type: Combination of both article 28 and non-articles 28 healthcare units are existing in the building	
Brief description of proposed facility: 4 existing exam rooms will be used for Article 28 wound care.	
Location of proposed project space(s) within the building. Note occupancy type for each occupied space. Proposed 4 existing exam rooms will be used for Article 28 wound care.	
Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies: Two (2) hour fire/smoke separation exists between the existing article 28 unit and the non-article 28 units.	
If this is an existing facility, is it currently a licensed Article 28 facility?	Yes
Is the project space being converted from a non-Article 28 space to an Article 28 space?	No
Relationship of spaces conforming with Article 28 space and non-Article 28 space: Two (2) hour fire/smoke separation exists between the existing article 28 unit and the non-article 28 units.	
List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3. N/A	
Does the project involve heating, ventilating, air conditioning, plumbing, electrical, water supply, and fire protection systems that involve modification or alteration of clinical space, services or equipment such as operating rooms, treatment, procedure rooms, and intensive care, cardiac care , other special care units (such as airborne infection isolation rooms and protective environment rooms), laboratories and special procedure rooms, patient or resident rooms and or other spaces used by residents of residential health care facilities on a daily basis? If so, please describe below. Click here to enter text.	No
Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc. Existing article 28 MEP services are utilized for the existing exam rooms.	
Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc. Existing article 28 MEP services are utilized for the existing exam rooms, including HVAC, electrical, fire alarm and fire sprinkler.	
Describe existing and or new work for fire detection, alarm, and communication systems: Existing systems are extended to accommodate the existing exam rooms.	
If a hospital or nursing home located in a flood zone, provide a FEMA BFE Certificate from www.fema.gov , and describe the work to mitigate damage and maintain operations during a flood event. N/A	
Does the project contain imaging equipment used for diagnostic or treatment purposes? If yes, describe the equipment to be provided and or replaced. Ensure physicist's letter of certification and report are submitted. N/A	
Does the project comply with ADA? If no, list all areas of noncompliance. New design will comply with ADA	
Other pertinent information: N/A	
Project Work Area	Response
Type of Work	Renovation
Square footages of existing areas, existing floor and or existing building.	26,675 SF, First Floor
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	464 SF (no renovation)
Does the work area exceed more than 50% of the smoke compartment, floor or building?	Less than 50% of the smoke compartment, floor or building.
Sprinkler protection per NFPA 101 Life Safety Code	Sprinklered throughout
Construction Type per NFPA 101 Life Safety Code and NFPA 220	Type II (000)

New York State Department of Health Certificate of Need Application

Schedule 6

Building Height	18"0" at front elevation and 26"0" at second floor setback
Building Number of Stories	Two
Which edition of FGI is being used for this project?	2018 Edition of FGI
Is the proposed work area located in a basement or underground building?	Not Applicable
Is the proposed work area within a windowless space or building?	No
Is the building a high-rise?	No
If a high-rise, does the building have a generator?	Not Applicable
What is the Occupancy Classification per NFPA 101 Life Safety Code?	Chapter 20 New Ambulatory Health Care Occupancy
Are there other occupancy classifications that are adjacent to or within this facility? If yes, what are the occupancies and identify these on the plans. Click here to enter text.	Yes
Will the project construction be phased? If yes, how many phases and what is the duration for each phase? Click here to enter text.	No
Does the project contain shell space? If yes, describe proposed shell space and identify Article 28 and non-Article 28 shell space on the plans. Click here to enter text.	No
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be? Click here to enter text.	Not Applicable
Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply. Click here to enter text.	Not Applicable
Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. Click here to enter text.	Not Applicable
Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? Click here to enter text.	Not Applicable
Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. Click here to enter text.	Not Applicable
Changes in the number of occupants? If yes, what is the new number of occupants? Click here to enter text.	No
Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? Click here to enter text.	No
If an existing EES Type 1, does it meet NFPA 99 -2012 standards?	Not Applicable
Does the existing EES system have the capacity for the additional electrical loads? Click here to enter text.	Not Applicable
Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description. Click here to enter text.	No
Does the project involve Bulk Oxygen Systems? If yes, provide brief description. Click here to enter text.	No
If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems?	Not Applicable
Does the project involve a pool?	No

[Click here to enter text.](#)

REQUIRED ATTACHMENT TABLE			
SCHEMATIC DESIGN SUBMISSION for CONTINGENT APPROVAL	DESIGN DEVELOPMENT SUBMISSION (State Hospital Code Submission) for CONTINGENCY SATISFACTION	Title of Attachment	File Name in PDF format
•		Architectural/Engineering Narrative	A/E Narrative.PDF
•		Functional Space Program	FSP.PDF
•		Architect/Engineer Certification Form	A/E Cert Form. PDF
•		FEMA BFE Certificate	FEMA BFE Cert.PDF
•		Article 28 Space/Non-Article 28 Space Plans	CON100.PDF
•	•	Site Plans	SP100.PDF
•	•	Life Safety Plans including level of exit discharge, and NFPA 101-2012 Code Analysis	LSC100.PDF
•	•	Architectural Floor Plans, Roof Plans and Details. Illustrate FGI compliance on plans.	A100.PDF
•	•	Exterior Elevations and Building Sections	A200.PDF
•	•	Vertical Circulation	A300.PDF
•	•	Reflected Ceiling Plans	A400.PDF
optional	•	Wall Sections and Partition Types	A500.PDF
optional	•	Interior Elevations, Enlarged Plans and Details	A600.PDF
	•	Fire Protection	FP100.PDF
	•	Mechanical Systems	M100.PDF
	•	Electrical Systems	E100.PDF
	•	Plumbing Systems	P100.PDF
	•	Physicist's Letter of Certification and Report	X100.PDF

Good Samaritan University Hospital

SCHEDULE LRA 6 ATTACHMENT

Architectural Information

1. Architectural Certification
2. Drawings



**Department
of Health**

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Acting Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

**CERTIFICATION LETTER FOR INSPECTING EXISTING BUILDINGS
FOR
ARCHITECTS/ENGINEERS**

Date: April 15, 2024

CON Number: TBD

Facility Name: Good Samaritan Medical Center-Add Services to Existing Extension Clinic

Facility ID Number: 925

Facility Address: 15 Park Avenue, Bayshore, NY 11709

NYS Department of Health/Office of Health Systems Management
Center for Health Care Facility Planning, Licensure and Finance
Bureau of Architectural and Engineering Review
ESP, Corning Tower, 18th Floor
Albany, New York 12237

To The New York State Department of Health:

I hereby certify that:

1. I have been retained to evaluate the aforementioned facility for compliance with all applicable codes and regulations that are in effect at the time this application is being submitted.
2. I have ascertained that, to the best of my knowledge, information and belief, the existing structure is compatible with the programmatic features for the referenced project and in accordance with any project definitions, modifications and or revisions approved or required by the New York State Department of Health.
3. The above-reference structure is in compliance with all applicable local, state, and federal codes, statutes, and regulations, and the applicable provisions of the State Hospital Code -- 10 NYCRR Part 711 (General Standards for Construction) and Parts (check all that apply):
 - a. 712 (Standards of Construction for General Hospital Facilities)
 - b. 713 (Standards of Construction for Nursing Home Facilities)
 - c. 714 (Standards of Construction for Adult Day Health Care Program Facilities)
 - d. 715 (Standards of Construction for Freestanding Ambulatory Care Facilities)
 - e. 716 (Standards of Construction for Rehabilitation Facilities)
 - f. 717 (Standards of Construction for New Hospice Facilities and Units)

PLEASE NOTE ANY EXCEPTIONS HERE:

4. I understand that if upon evaluation of the facility a component is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), I shall bring this to the

ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION FOR INSPECTING EXISTING BUILDINGS

attention of the Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health for compliance resolution.

- 5. I understand non-article 28 areas, spaces, rooms and facilities being converted to Article 28 facilities shall be evaluated and shall be brought into compliance for new construction standards as indicated with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717 shall be met.
- 6. I understand that upon completion of evaluation, the costs of any subsequent corrections necessary to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

This certification is being submitted to facilitate the CON review and subsequent to formal plan approval by your office.

Project Name: Good Samaritan Medical Center-Add Services to Existing Extension Clinic

Location: 15 Park Avenue, Bayshore, NY 11709

Description: Addition of four (4) exam rooms to the existing extension Clinic.

Signature of NY Licensed Architect/Engineer

Alexander Hadjiyane

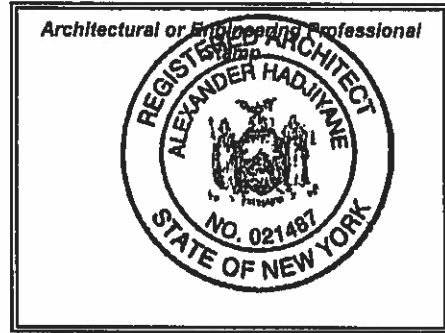
Name of Architect/Engineer (Print)

021487

Professional New York State License Number

181 E. Jericho Tpk., Mineola, NY 11501

Business Address



The undersigned applicant understands and agrees that, notwithstanding this architectural/engineering certification the Department of Health shall have continuing authority to (a) review the plans if existence and/or inspect the project with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Department to comply with existing and future codes and regulations.

5/22/24

Date

Authorized Signature for Applicant
Justin B. Lundbye, MD, President
Name (Print) Title

Notary signing required for the applicant

STATE OF NEW YORK

County of Suffolk

On the 22 day of May, 2024 before me personally appeared Justin B. Lundbye, to me known, who being by me duly sworn, did depose and say that he/she is the President of the Good Samaritan University Hospital, the facility described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the governing authority of said facility.

(Notary) Ashley Boerner

)
) SS:
)

ASHLEY BOERNER
Notary Public, State of New York
Reg. No. 01B06415361
Qualified in Suffolk County
Commission Expires 03/15/2025

ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION FOR INSPECTING EXISTING BUILDINGS

Good Samaritan University Hospital

SCHEDULE LRA 8 ATTACHMENT

Medical Director Curriculum Vitae

**Charles A. La Rosa, MD, FACS, FSVS,
FAPWCA
Island Surgical & Vascular Group, P.C.
15 Park Avenue
Bay Shore, New York 11706
(631) 581-4400
IsIsurg@gmail.com**

PERSONAL DATA

**DATE OF BIRTH: July 14, 1959
PLACE OF BIRTH: Brooklyn, New York
CITIZENSHIP: U.S.A.**

EDUCATION

UNDERGRADUATE: Spring Hill College, Mobile, Alabama

**Degree: Bachelor of Science
Summa Cum Laude 1981**

**Honors: Miller-LeJeune Memorial Scholarship
President's Scholar in Biology
Phi Eta Sigma Honor Society
Alpha Sigma Nu Honor Society**

**MEDICAL: State University of New York
Downstate Medical Center School of Medicine
Brooklyn, New York**

**Degree: Doctor of Medicine
Summa Cum Laude 1985**

**Honors: Alpha Omega Alpha Honor Society
Alumni Association Research Award
Samuel Kountz Memorial Award for Clinical
Excellence in Surgery**

**Research: Medical Student Research Fellowship
Division of Hematology and Oncology
The Brooklyn Veterans Administration
Medical Center (1982-1984)**

**Technical Specialist
Department of Biochemistry
SUNY Downstate Medical Center
(Summer 1981)**

POSTDOCTORAL TRAINING:

INTERNSHIP AND RESIDENCY:

**1985-86: Intern in Surgery
1986-87: Junior Resident in Surgery
1989-91: Senior Resident in Surgery
1991-92: Chief Resident in Surgery
(Golden Apple Award for Medical
Student Teacher of the Year)**

**SUNY Health Science Center at Brooklyn
Brooklyn, New York**

RESEARCH FELLOWSHIP:

**1987-89: Research Fellow
Department of Surgery
SUNY Health Science Center at Brooklyn
Brooklyn, New York**

VASCULAR SURGERY FELLOWSHIP:

1992-93: Research Fellow
1993-94: Clinical Fellow
Division of Vascular Surgery
Department of Surgery
University of Massachusetts Medical Center
Worcester, Massachusetts

LICENSURE:

1986 New York (License #167344)

CERTIFICATION:

1986 Diplomate: National Board of Medical Examiners
1993 Diplomate: American Board of Surgery
1995 Advanced Cardiac Life Support
American Heart Association
1995 Advanced Trauma Life Support
1996 American Board of Surgery
Added Qualifications in
General Vascular Surgery
1997 Fellow: American College of Surgeons
2008 Fellow: American Professional Wound Care
Association

ACADEMIC APPOINTMENTS:

1985-92 Clinical Assistant Instructor
Department of Surgery
SUNY Health Center at Brooklyn
Brooklyn, New York

- 1992-94** **Clinical Instructor**
Department of Surgery
University of Massachusetts Medical Center
Worcester, Massachusetts
- 1996-Present** **Adjunct Clinical Assistant Professor of Surgery**
New York College of Osteopathic Medicine
of New York Institute of Technology
Westbury, New York
- 2011-Present** **Clinical Assistant Professor of Surgery**
Hofstra Northshore-LIJ School of Medicine
At Hofstra University
Uniondale, New York

PRIVATE PRACTICE:

- 1994 - Present** **General and Vascular Surgery**
Island Surgical and Vascular Group
Bay Shore, New York

HOSPITAL APPOINTMENTS:

- 1994 - Present** **Good Samaritan Hospital Medical Center**
West Islip, New York
Department of Surgery
- 1998 - 2021** **Chief of Vascular Surgery**
- 1994 - 2018** **Southside Hospital**
Bay Shore, New York
Department of Surgery
- 2002 - 2012** **Medical Director - Center for Wound Healing**
- 2007-Present** **St. Catherine of Siena Medical Center**
Smithtown, New York
Department of Surgery
- 2015 – Present** **Long Island Community Hospital**
Patchogue, New York
Department of Surgery
- 2016 – 2024** **Medical Director – The Center for Wound Care and**
Hyperbaric Medicine at Hauppauge

HOSPITAL COMMITTEES:

**Good Samaritan Hospital
Samaritan Physicians Organization,
Board of Directors, Secretary
Surgical Performance Improvement Committee
Operating Room Committee
Medical Board
(2006-2015)
Chairman of the Liaison Committee
(2009-2015)**

SOCIETY MEMBERSHIPS:

**American College of Surgeons
Alpha Omega Alpha Medical Honor Society
Medical Society of the State of New York
Suffolk County Medical Society
American Professional Wound Care Association
Police Surgeons Benevolent Association
Long Island Wound Healing Association
President (2008-Present)
Society for Vascular Surgery**

JOURNAL REVIEWER:

2010-Present *Vascular*

BIBLIOGRAPHY:

JOURNAL ARTICLES:

1. Iqbal, M.P., Rothenberg, S.P., LaRosa, C.A.: Immunologic Heterogeneity of Dihydrofolate Reductase from Methotrexate Sensitive and Resistant L1210 Leukemia Cells. *Proceedings of the Society for Experimental Biology and Medicine*.180:98-102, 1985.
2. Iqbal, M.P., Rothenberg, S.P., LaRosa, C.A.: Mouse Brain Contains a High Molecular Weight Nonfunctional Protein with Antigenic Homology to Dihydrofolate Reductase. *Biochemical and Biophysical Research Communications*141:258-262, 1986.
3. Kimura, K., LaRosa, C.A., Money, S.R., Jaffe, B.M.: Segmental Intestinal Transplantation in Rats with Resected Entire Small Bowel, Ileocecal Valve and Cecum. *Journal of Surgical Research* 45:349-356, 1988.
4. LaRosa, C.A., Kimura, K., Jaffe, B.M.: Glucose, Maltose, Folate and Vitamin B12 Absorption in Small Bowel Transplantation. *Surgical Forum* 39:399-402, 1988.
5. Jaffe, B.M., LaRosa, C.A., Kimura, K.: Prostaglandins and Surgical Diseases: Part I. *Current Problems in Surgery* 25:675-706, 1988.
6. Jaffe, B.M., LaRosa, C.A., Kimura, K.: Prostaglandins and Surgical Diseases Part II. *Current Problems in Surgery* 25:711-747, 1988.
7. LaRosa, C.A., Kimura, K., Dresner, L.S., Birnbaum, E., Jaffe, B.M.: Cyclosporine Absorption by Transplanted Rat Small Intestine. *Transplantation*47:736-738, 1989.

8. LaRosa, C.A., Sherlock, D., Kimura, K., Pimpl W., Money, S., Jaffe, B.M.: The Role of Serotonin in the Canine Secretory Response to Cholera Toxin in Vivo. *Journal of Pharmacology and Experimental Therapeutics* 251:71-76, 1989.
9. LaRosa, C.A., Kimura, K., Dresner, L.S., Birnbaum, E., Jaffe, B.M.: The Effect of Small Intestine Transplantation on Intraluminal Serotonin and Substance P. *Journal of Surgical Research* 46:600-604, 1989.
10. LaRosa, C.A., Kimura, K., Jaffe, B.M.: Correction of a Genetic Enzyme Deficiency by Small Intestinal Transplantation. *Surgical Forum* 40:341-344, 1989.
11. Kimura, K., LaRosa, C.A., Jaffe, B.M.: The Effect of Extrinsic Denervation on Jejunal Handling of Water and Electrolytes in the Rat. *Surgical Forum* 40:172-174, 1989.
12. Kimura, K., LaRosa, C.A., Blank, M.A., Jaffe, B.M.: Successful Segmental Small Intestinal Transplantation in Enterectomized Pigs. *Annals of Surgery* 211:158-164, 1990.
13. LaRosa, C.A., Blank, M.A., Kimura, K., Jaffe, B.M.: Effect of Transplantation on Tissue Levels of Substance P, Vasoactive Intestinal Polypeptide and Serotonin in Rat Small Intestine. *Annals of the New York Academy of Science* 594:336-346, 1990.
14. LaRosa, C.A., Shaha, A.: Neck Dissection in the Treatment of Metastatic Tonsillar Carcinoma. *Surgical Rounds* 14:139-148, 1991.
15. Kirsch, A.J., Kirsch, S.S., Kimura, K., LaRosa, C.A., Jaffe, B.M.: The Adaptive Ability of Transplanted Rat Small Intestine. *Surgery* 109:779-787, 1991.
16. LaRosa, C.A., Kottmeier, P.K.: Anorectal Agenesis: Part I. *Surgical Rounds* 14:1001-1006, 1991

17. LaRosa, C.A., Kottmeier, P.K.: Anorectal Agenesis: Part II. *Surgical Rounds* 14:1079-1082, 1991.
18. LaRosa, C.A., Shaha, A.: Noninvasive Parathyroid Localization: Part I. *Surgical Rounds* 15:33-57, 1992.
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20. Shaha, A., LaRosa, C.A., Jaffe, B.M.: Parathyroid Localization Prior to Primary Exploration. *American Journal of Surgery* 166:289-293, 1993.
21. LaRosa, C.A., Rohrer, M.J., Benoit, S.E., Rodino, L.J., Barnard, M.J., Michelson, A.D.: Human Neutrophil Cathepsin G is a Potent Platelet Activator. *Journal of Vascular Surgery* 19:306-319, 1994.
22. LaRosa, C.A., Rohrer, M.J., Benoit, S.E., Barnard, M.J., Michelson, A.D.: Neutrophil Cathepsin G Modulates the Platelet Surface Expression of the GPIb-IX Complex by Proteolysis of the von Willebrand Factor Binding Site on GPIb-alpha and by a Cytoskeletal-mediated Redistribution of the Remainder of the Complex. *Blood* 84:158-168, 1994.
23. Hajarizadeh, H., LaRosa, C.A., Cardullo, P., Rohrer, M.J., Cutler, B.: Ultrasound-guided Compression of Iatrogenic Femoral Pseudoaneurysm Failure, Recurrence and Long Term Results. *Journal of Vascular Surgery* 22:425-433, 1995.
24. Li, J.M., Hajarizadeh, H., LaRosa, C.A., Rohrer, M.J., Vander Salm, T.J., Cutler, B.S.: Heparin and Protamine Stimulate the Production of Nitric Oxide. *Journal of Cardiovascular Surgery* 37:445-452, 199.

25. La Rosa, C.A., Fanelli, C.: Successful Outpatient Treatment of Full-thickness Necrotic Lower-extremity Ulcers Caused by Traumatic Hematomas in Anticoagulated Patients. *Wounds* 23(10):293-300, 2011.

26. Massand, S., Lewcun, J.A., LaRosa, C.A.: Clinical and cost efficacy of advanced wound care matrices in the treatment of venous leg ulcers: a systematic review. *J Wound Care* 30(7):553-561, 2021.

PUBLISHED ABSTRACTS:

1. LaRosa, C.A., Blank, M.A., Kimura, K., Jaffe, B.M.: Effect of Transplantation on Tissue Levels of Vasoactive Intestinal Polypeptide in Rat Small Intestine. *Biomedical Research* 9 (suppl. 1):97, 1988.
2. LaRosa, C.A., Kimura, K., Pimpl, W., Money, S., Jaffe, B.M.: The Effects of Ketanserin and Verapamil on Intraluminal Serotonin-Induced Secretion of Water and Electrolytes. *Biomedical Research* 9(suppl. 1):122, 1988.
3. Kirsch, A., Jaffe, B.M., Kirsch, S., Kimura, K., LaRosa, C.A.: The Adaptive Ability of Transplanted Small Intestine. *Gastroenterology* 96:A685, 1989.
4. LaRosa, C.A., Rohrer, M.J., Rodino, L.J., Benoit, S.E., Barnard, M.R., Michelson, A.D.: Human Neutrophil Cathepsin G is a Potent Platelet Activator. *Journal of Vascular Surgery* 17:1131, 1993.
5. LaRosa, C.A., Rohrer, M.J., Benoit, S.E., Barnard, M.R., Michelson, A.D.: Neutrophil Cathepsin G Modulates the Platelet Surface Expression of the GPIb-IX Proteolysis of Complex by Proteolysis of GPIb and by a Cytoskeletal-mediated Redistribution of the Complex. *Blood* 82(suppl. 1):73a, 1993.

6. Dresner, L., LaRosa, C., Berger, D., Sinert, R., Scalea, T.: Peritoneal Lavage Alkaline Phosphatase is not a Sensitive Indicator of Bowel Injury from Abdominal Trauma. *Annals of Emergency Medicine* 23(3):618, 1994.
7. LaRosa, C.A., Fanelli, C.: Successful Treatment Protocol of Lower Extremity Pyoderma Gangrenosum with Immunosuppression and Application of a Bi-layered Skin Substitute. *Wounds* 22(3):A36, 2010.

Revised **2/24/2024**

Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 10

The Sites Tab in NYSE-CON has replaced Schedule LRA 10. Schedule LRA 10 is only to be used when submitting a Modification, in hardcopy, after approval or contingent approval. However, due to programming issues, you may still be required to upload a blank Schedule LRA 10 to submit a Service Delivery LRA application.

NOT APPLICABLE

Impact of Limited Review Application on Operating Certificate (services specific to the site)

Instructions:
“Current” Column: Mark "x" in the box only if the service currently appears on the operating certificate (OpCert) not including requested changes
“Add” Column: Mark "x" in the box this CON application seeks to add.
“Remove” Column: Mark "x" in the box this CON application seeks to decertify.
“Proposed” Column: Mark "x" in the box corresponding to all the services that will ultimately appear on the OpCert.

<u>Category/Authorized Service</u>	<u>Code</u>	<u>Current</u>	<u>Add</u>	<u>Remove</u>	<u>Proposed</u>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Does the applicant have any previously submitted Certificate of Need (CON) applications that have not been completed involving addition or decertification of beds?

No

Yes (Enter CON numbers to the right)

Limited Review Application

State of New York Department of Health/Office of Health Systems Management

Schedule LRA 12

Assurances

The undersigned, as a duly authorized representative of the applicant, hereby gives the following assurances:

- a) The applicant has or will have a fee simple or such other estate or interest in the site, including necessary easements and rights-of-way, sufficient to assure use and possession for the purpose of the construction and operation of the facility.
- b) The applicant will obtain the approval of the Commissioner of Health of all required submissions, which shall conform to the standards of construction and equipment in Subchapter C of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York (Title 10).
- c) The applicant will submit to the Commissioner of Health final working drawings and specifications, which shall conform to the standards of construction and equipment of Subchapter C of Title 10, prior to contracting for construction, unless otherwise provided for in Title 10.
- d) The applicant will cause the project to be completed in accordance with the application and approved plans and specifications.
- e) The applicant will provide and maintain competent and adequate architectural and/or engineering inspection at the construction site to insure that the completed work conforms to the approved plans and specifications.
- f) If the project is an addition to a facility already in existence, upon completion of construction all patients shall be removed from areas of the facility that are not in compliance with pertinent provisions of Title 10, unless a waiver is granted by the Commissioner of Health, under Title 10.
- g) The facility will be operated and maintained in accordance with the standards prescribed by law.
- h) The applicant will comply with the provisions of the Public Health Law and the applicable provisions of Title 10 with respect to the operation of all established, existing medical facilities in which the applicant has a controlling interest.
- i) The applicant understands and recognizes that any approval of this application is not to be construed as an approval of, nor does it provide assurance of, reimbursement for any costs identified in the application. Reimbursement for all cost shall be in accordance with and subject to the provisions of Part 86 of Title 10.

July 1st, 2024

Date



Signature

Justin Lundbye

Name (Please Type)

President

Title (Please Type)