

**ADDENDUM**

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

**COMMITTEE DAY**

**AGENDA**

*July 23, 2015*  
*10:00 a.m.*

*Empire State Plaza, Concourse Level*  
*Meeting Room 6, Albany*

**I. COMMITTEE ON ESTABLISHMENT AND PROJECT REVIEW**

Dr. Gary Kalkut, Vice Chair

**B. Applications for Establishment and Construction of Health Care Facilities/Agencies**

**Acute Care Services – Establish/Construct**

**Exhibit # 3**

	<b><u>Number</u></b>	<b><u>Applicant/Facility</u></b>
4.	151217 E	North Shore LIJ Healthcare, Inc. (Nassau County)

**Residential Health Care Facilities - Establish/Construct**

**Exhibit # 7**

	<b><u>Number</u></b>	<b><u>Applicant/Facility</u></b>
8.	151191 E	West Ledge Op, LLC d/b/a Pinnacle Center for Rehabilitation on the Hudson (Westchester County)

**II. COMMITTEE ON CODES, REGULATIONS AND LEGISLATION**

Dr. Angel Gutiérrez

**Exhibit # 11**

**For Emergency Adoption**

15-12 Amendment of Section 9.1 of Title 10 NYCRR (Prohibit Additional Synthetic Cannabinoids)



**Project # 151217-E**  
**North Shore-Long Island Jewish Health Care, Inc.**

**Program: Hospital**  
**Purpose: Establishment**

**County: Nassau**  
**Acknowledged: May 14, 2015**

**Executive Summary**

**Description**

North Shore-Long Island Jewish Health Care, Inc., a not-for-profit corporation whose sole corporate member is North Shore-Long Island Jewish Health System, Inc., requests approval to become the active parent and co-operator of Central Suffolk Hospital a/k/a/ Peconic Bay, inclusive of its licensed entities, Peconic Bay Medical Center (PBMC), Peconic Bay Skilled Nursing Facility (PBSNF), and Peconic Bay Homehealth Services (PBHS). PBMC is a 140-bed, voluntary not-for-profit, Article 28 hospital located at 1300 Roanoke Avenue, Riverhead (Suffolk County); PBSNF is a 60-bed residential health care facility, located at the same site, and PBHS is a certified home health agency serving Suffolk County. Peconic Bay’s current active parent and co-operator is Peconic Health Corporation d/b/a East End Health Alliance (EEHA). Concurrently, Peconic Bay is seeking to disestablish EEHA as its active parent and co-operator via CON #151205.

Peconic Bay serves eastern Long Island and controls, in addition to the above licensed entities, Peconic Bay Medical Center Foundation and Peconic Bay Management Corporation. North Shore-Long Island Jewish Health Care, Inc. is a comprehensive, integrated health care delivery system comprised of numerous acute care hospitals in the New York metropolitan area, as well as physician practices and providers of subacute care including home care, long term care, and hospice services. North Shore-Long Island Jewish Health Care, Inc. and

Peconic Bay desire to enter into this transaction for the purpose of supporting their common vision to:

- improve the wellness of the communities they serve;
- deliver value to patients, payors, and employers;
- increase operational efficiencies;
- support long-term financial security; and
- advance clinical best practices, efficient governance, and stewardship of community assets.

Upon approval of this application, North Shore-Long Island Jewish Health Care, Inc. will be the sole member of Peconic Bay.

There will be no change in authorized services or the number or type of beds as a result of approval of this project. Also, there are no projected changes in the utilization, revenues or expenses of as a direct result of this project. Peconic Bay will remain a separate not-for-profit corporation licensed under Article 28 and Article 36 of the Public Health Law, maintaining its separate operating certificates following completion of the project. Peconic Bay will not be a part of the North Shore-Long Island Jewish Obligated Group.

As active parent and co-operator, North Shore-Long Island Jewish Health Care, Inc. will have the rights, powers and authorities with respect to Peconic Bay to:

- Elect and remove management level employees and medical staff, and the Directors of the Corporation;
- Approve operating and capital budgets and strategic and operating plans;
- Approve operating policies and procedures, CON applications, quality improvement and patient safety plans, and contracts for management or for clinical services;
- Approve settlements of administrative proceedings or litigation to which Peconic Bay is party; and
- Appoint additional members to the Board of Directors not to exceed 30% of the number of seated members.

BFA Attachment A is the organizational chart of North Shore Long Island Health Systems post-closing.

#### OPCHSM Recommendation Contingent Approval

##### Need Summary

This transaction involves no changes in beds, services or utilization for the affected facilities and home health agency.

##### Program Summary

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

##### Financial Summary

There are no project costs associated with this application.

## Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Primary Care and Health Systems Management

**Approval contingent upon:**

1. Submission of a photocopy of the bylaws for Central Suffolk Hospital d/b/a Peconic Bay Medical Center, acceptable to the Department. [CSL]

**Approval conditional upon:**

1. The project must be completed within three years from the date of the Public Health and Health Planning Council recommendation letter. Failure to complete the project within the prescribed time shall constitute an abandonment of the application by the applicant and an expiration of the approval. [PMU]

Council Action Date

**August 6, 2015**

## Need Analysis

### Background

This transaction proposes no changes in beds, services or utilization for the affected hospital, nursing home and home health agency.

### Conclusion

The goal of this merger is to improve community wellness, deliver better value, increase operational effectiveness, and improve future sustainability.

### Recommendation

**From a need perspective, approval is recommended.**

## Program Analysis

### Project Proposal

North Shore-Long Island Jewish Health Care, Inc., a not-for-profit corporation whose sole corporate member is North Shore-Long Island Jewish Health System, Inc., requests approval to become the active parent and co-operator of Central Suffolk Hospital a/k/a/ Peconic Bay, inclusive of its licensed entities, Peconic Bay Medical Center (PBMC), Peconic Bay Skilled Nursing Facility (PBSNF), and Peconic Bay Homehealth Services (PBHS). PBMC is a 140-bed, voluntary not-for-profit, Article 28 hospital located at 1300 Roanoke Avenue, Riverhead (Suffolk County); PBSNF is a 60-bed residential health care facility, located at the same site, and PBHS is a certified home health agency serving Suffolk County. North Shore-Long Island Jewish Health Care, Inc., whose sole corporate member is North Shore-Long Island Jewish Health System, Inc., is a comprehensive, integrated health care delivery system comprised of 19 hospitals across the New York metropolitan area as well as physician practices and providers of subacute care including home care, long term care, and hospice services.

Peconic Bay seeks to join North Shore-Long Island Jewish Health Care, Inc. Together, they will work to build an integrated delivery system with the goal of providing high quality, lower cost health care to improve the wellness of the communities served. There will be no change in either authorized services or the number or type of beds as a result of this proposed change in governance structure.

### Character and Competence

The sole corporate member of North Shore-Long Island Jewish Health Care, Inc. is North Shore-Long Island Jewish Health System, Inc. (NSLIJHS).

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

Upon review of the 131 member Board of Trustees of NSLIJHS, the following disclosures were made:

Mr. Michael Ashner disclosed two settled civil legal matters involving allegations of breach of fiduciary duty, abuse of control, mismanagement, waste of corporate assets and unjust enrichment on the part of the board.

Mr. Alan Chopp disclosed affiliation with several long-term care health facilities, some of which had been subjected to enforcement actions. In Stipulation and Orders (S&Os) dated April 21, 2009 and July 16, 2009, the Department cited Avalon Gardens Rehabilitation and fined the facility a total of \$6,000 for Quality of Care issues. On September 29, 2005, June 13, 2007, and December 16, 2011, S&Os were issued to Bayview Nursing & Rehabilitation Center and the facility was fined a total of \$19,000 for problems with Comprehensive Care Plans, and Quality of Life/Quality of Care issues. Civil money penalties (CMPs) were collected in the amount of \$74,658.64 and a Denial of Payment for new admissions was imposed between November 24, 2004 and January 10, 2005. Four S&Os (dated June 12, 2007, June 1, 2009, December 6, 2010, and May 24, 2011) revealed the Hamptons Center for Rehabilitation and Nursing had been cited several times by the Department for issues related to Quality of Care, Administration and Facility Practices and CMPs totaling \$13,353 were collected.

Mr. Epstein disclosed that the Jewish Board of Family and Children's Services with which he is affiliated had recently entered into a settlement with the NY Office of Medicaid Inspector General to reconcile excess payments received relative to Office of Mental Health's reimbursement methodology.

Mr. Richard Goldstein disclosed that he had been both a director and shareholder of corporation which filed for bankruptcy protection in 2009 then subsequently sold their assets.

Mr. Hiltz disclosed that, as a registered broker dealer, his firm is regulated by NASD and FINRA and is subject to regular examinations. On two occasions, the firm agreed to the imposition of regulatory fines (each under \$5,000) for routine business claims rather than pursue a dispute resolution process.

Mr. Richard Horowitz disclosed that he had been named as a defendant (among other Members of the Board of Trustees and employees of the Children's Medical Fund (CMF)) in a pending lawsuit filed by an individual for employment discrimination and sexual harassment. Mr. Horowicz stated he has no personal involvement and is named by virtue of his professional association with CMF.

Mr. Seth Horowitz disclosed that, in June 2012, a company he is affiliated with entered into a settlement with the Securities and Exchange Commission (SEC) and agreed to a Consent Judgment to settle the civil action filed by the SEC.

Mr. Charles Merinoff disclosed that he had been named in an employment action involving a company that he was affiliated with in 2009. The matter was settled at arbitration in July 2012.

Dr. Peress disclosed one open malpractice case pending trial in Putnam County.

Mr. Ranieri disclosed that a company with which he was affiliated had entered into a settlement agreement in March 2013 with the SEC for failure to adequately oversee a third party's activities in 2008 related to marketing a particular fund.

Mr. Rosenthal disclosed that, in 2005, a shareholder lawsuit involving governance issues was brought against a company with which he was affiliated and all Directors were sued. The matter was subsequently settled.

Mr. Sahn disclosed a settled malpractice action that had been initiated in 2012 against a firm in which he was a Senior Partner.

Ms. Schlissel disclosed one pending and two settled civil legal matters related to unpaid legal fees involving the law firm in which she is a Managing Attorney.

### Compliance with Applicable Codes, Rules and Regulations

This facility has no outstanding Article 28 surveillance or enforcement actions and, based on the most recent surveillance information, is deemed to be currently operating in substantial compliance with all applicable State and Federal codes, rules and regulations. This determination was made based on a review of the files of the Department of Health, including all pertinent records and reports regarding the facility's enforcement history and the results of routine Article 28 surveys as well as investigations of reported incidents and complaints.

In a Stipulation and Order (S&O) dated October 16, 2006, Southside Hospital was fined \$14,000 when a complaint investigation revealed a physician performed a right ovarian cystectomy on a patient who was admitted and signed consent for removal of a large dermoid cyst on her left ovary.

In an S&O dated December 8, 2006, Forest Hills Hospital was fined \$12,000 after an investigation revealed that surgery was performed on the patient's right side although the patient entered the hospital for hernia repair on the left side.

In an S&O dated February 6, 2007, Staten Island University Hospital was fined \$8,000 based on the investigation of a patient admitted for a left sided mediastinotomy (insertion of a tube into the chest). The procedure was begun on the right side of the chest and an anesthesiologist noticed the error ten minutes into the procedure. In another S&O dated July 23, 2007, the hospital was fined \$12,000 due to an overdose of a controlled substance which caused a patient's death. Nursing administered a drug at a higher rate than was ordered and continued administration even after the medication had been discontinued by a surgical resident.

In September 2008, Staten Island University Hospital (SIUH) entered into a settlement with the U.S. Attorney's Office, the Office of the Inspector General of the Department of Health and Human Services, and the Attorney General's Office of the State of New York and agreed to pay a monetary settlement of \$76.4M to the federal government and \$12.4M to the state and enter into a 5-year Corporate Integrity Agreement. The settlement covered payments related to stereotactic radiosurgery treatments; provision of detoxification services above licensed capacity; SIUH's graduate medical education program; and the provision of inpatient psychiatric services above licensed capacity.

In an S&O dated December 11, 2008, North Shore University Hospital- Manhasset was fined \$18,000 based on post-operative care rendered to an elderly patient. Following surgery for an aneurysm, the patient developed multiple decubiti, fell out of bed resulting in a dislocated femur and developed renal failure. It was determined that follow-up care was delayed or inadequate.

In an S&O dated July 8, 2010, Syosset Hospital was fined \$42,000 based an investigation of the care a child received related to an adenotonsillectomy. The patient was improperly cleared for surgery and, despite multiple comorbidities, was not kept for observation post-operatively. The patient expired after discharge.

In September 2010, North Shore-Long Island Jewish Health System settled claims without a finding or admission of fraud, liability or other wrongdoing relative to a qui tam lawsuit filed under the civil False Claims Act by a private whistleblower and investigated by the U.S. Attorney's Office. The \$2.95M settlement covered a 10-year period and primarily related to isolated errors in various cost reports rather than the allegations.

In November 2010, Civil Investigative Demands (CIDs) for documents, interviews and other information relating to North Shore University Hospital's clinical documentation improvement program were issued by the US Attorney's Office for the Southern District. The Health System complied, however, to date, there have been no specific demands for repayment or findings of liability in this matter.

In December 2010, the Civil Division of The United States Department of Justice (DOJ) requested the Health System execute a one-year tolling agreement to provide the government time to review claims for payment of implantable cardioverter defibrillators (ICDs) and related services for which Medicare does not cover. The Health System has executed eight extensions to the initial tolling agreement. When the government's review is complete, it may seek repayment of any claims that were not proper as determined by its resolution model.

In October 2011, the US Attorney's Office for the Western District of New York initiated a review of Southside Hospital's inpatient admissions for atherectomy procedures. And, in June 2012, the US Attorney's Office for the Eastern District of New York subpoenaed documentation relating to services rendered at Staten Island University Hospital's inpatient specialized burn unit. To date, the government has not indicated whether there is any potential liability in either matter.

In October 2012, a Program Integrity Contractor acting on behalf of the Centers for Medicare & Medicaid Services (CMS) reviewed 33 inpatient cardiac stent claims for 25 Medicare patients that had been submitted by Lenox Hill Hospital (LHH) between October 2007 and December 2010. The Contractor determined that, for many of the cases reviewed, documentation did not support inpatient admission and/or the medical necessity of the cardiac stent procedure and requested that LHH undertake a self-audit and voluntary disclosure. While the Contractor agreed with LHH's conclusions regarding many of the cases submitted, a demand for payment was issued with respect to those disallowed. LHH is appealing those claims through the administrative review process.

#### Conclusion

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

#### Recommendation

**From a programmatic perspective, approval is recommended.**

## Financial Analysis

There are no projected changes in the utilization, revenues or expenses of Peconic Bay as a direct result of this project.

#### Capability and Feasibility

There are no issues of capability or feasibility, as there are no project costs or budgets associated with this application.

BFA Attachment B is the financial summary of the 2013 and 2014 certified financial statements of North Shore Long Island Health Systems, Inc. As shown, the health system had an average positive working capital position and an average positive net asset position from 2013 through 2014. Also, the health system achieved an average operating income of \$85,735,000 from 2013 through 2014.

BFA Attachment C is the financial summary of the 2012 through 2014 certified financial statements of Central Suffolk Hospital. As shown, the corporation had an average positive working capital position and an average positive net asset position from 2012 through 2014. Also, the corporation achieved an average income from operations of \$2,724,184 from 2012 through 2014.

The applicant has demonstrated the capability to proceed in a financially feasible manner, and approval is recommended.

#### Recommendation

**From a financial perspective, approval is recommended.**

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## Attachments

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BFA Attachment A	Organizational Chart
BFA Attachment B	2013-2014 North Shore Long Island Jewish Health Systems, Inc. Financial Summary
BFA Attachment C	2012-2014 Central Suffolk Hospital Financial Summary.

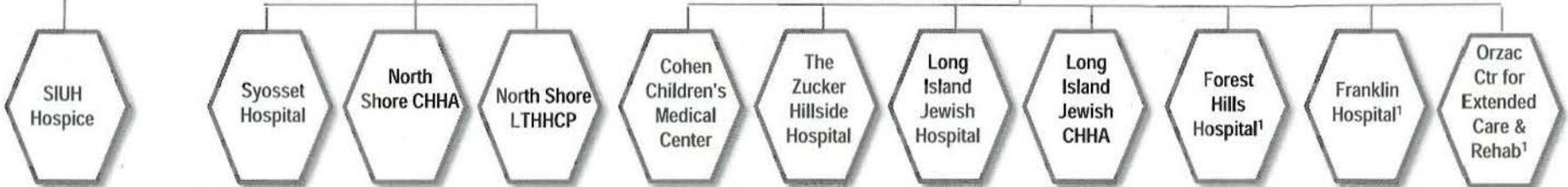
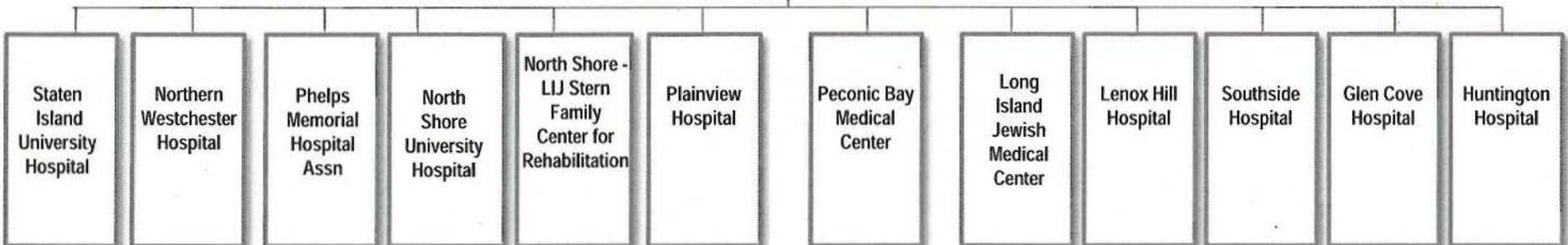
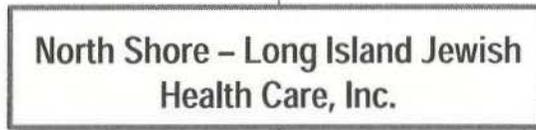
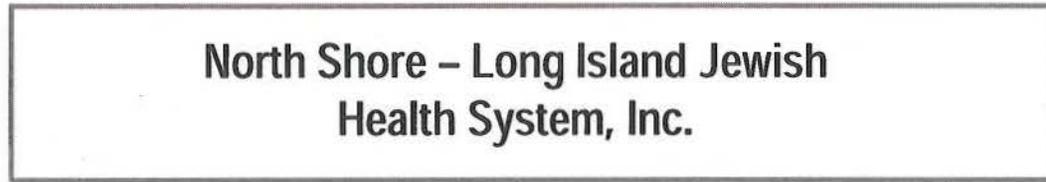
Not-for-Profit Corporation

# North Shore-Long Island Jewish Health System, Inc. Table of Organization

Proposed

Division

BFA Attachment A - Org. Chart - #151217



<sup>1</sup> Pending contingent approval of CON# 142108.

BFA - Attachment B - Financial Summaries of North Shore Long Island Jewish Health Systems- #151217

	<u>2014</u>	<u>2013</u>
Current Assets	\$3,344,952,000	\$3,091,491,000
Non-Current Assets	<u>5,701,400,000</u>	<u>5,331,863,000</u>
Total Assets	9,046,352,000	8,423,354,000
Current Liabilities	1,790,999,000	1,655,915,000
Long Term Liabilities	<u>4,421,962,000</u>	<u>3,778,513,000</u>
Total Liabilities	6,212,961,000	5,434,428,000
Net Assets	\$2,833,391,000	\$2,988,926,000
Working Capital Position	\$1,553,953,000	\$1,435,576,000
Operating Revenues	\$7,435,047,000	\$7,001,831,000
Operating Expenses	<u>7,347,534,000</u>	<u>6,917,874,000</u>
Operating Net Income	\$87,513,000	\$83,957,000

BFA - Attachment C - Financial Summaries of Central Suffolk Hospital- #151217

	<u>2014</u>	<u>2013</u>	<u>2012</u>
Current Assets	\$47,714,919	\$48,361,728	\$46,205,349
Non-Current Assets	77,446,698	76,269,435	72,844,452
Total Assets	<u>125,161,617</u>	<u>124,631,163</u>	<u>119,049,801</u>
Current Liabilities	33,827,106	33,747,306	30,815,818
Long Term Liabilities	67,733,104	66,953,475	73,670,067
Total Liabilities	<u>101,560,210</u>	<u>100,700,781</u>	<u>104,485,885</u>
Net Assets	23,601,407	23,930,382	14,563,916
Working Capital Position	13,887,813	14,614,422	15,389,531
Operating Revenues	152,845,205	150,435,093	140,094,342
Operating Expenses	<u>149,452,252</u>	<u>147,145,724</u>	<u>138,316,983</u>
Operating Net Income	\$3,392,953	\$3,289,369	\$1,777,359



Project # 151191-E
West Ledge Op, LLC d/b/a Pinnacle Center for Rehabilitation on the Hudson

Program: Residential Health Care Facility
Purpose: Establishment

County: Westchester
Acknowledged: April 29, 2015

Executive Summary

Description

West Ledge Op, LLC, an existing New York limited liability company, requests approval to be established as the operator of West Ledge Rehabilitation and Nursing Center, a 100-bed Article 28 residential health care facility (RHCF) located at 2000 E Main Street, Peekskill (Westchester County). The certified bed capacity of West Ledge Rehabilitation and Nursing Center is proposed to decrease by four beds, bringing the total number of beds to 96 at the conclusion of this project. Upon approval of this application, the facility will be named Pinnacle Center for Rehabilitation on the Hudson. There will be no change in services provided.

WLOP LLC, a New York limited liability company, is the current operator of West Ledge Rehabilitation and Nursing Center. In August 2013, WLOP LLC entered into an Employment Agreement with Mark Friedman and Neal Einhorn for the purpose of employing them as co-Chief Executive Officers to assist with the operation of the facility in order to restore profitability and stability to the overall operations. On September 18, 2013, WLOP LLC entered into an Operations Transfer and Surrender Agreement (OTA) with West Ledge Op, LLC for the sale and acquisition of the operating interest of the RHCF. It is noted that Mark Friedman and Neal Einhorn had membership interest in West Ledge Op, LLC. Assignments have been provided effective April 1, 2015, documenting that Mr. Friedman and Mr. Einhorn have assigned and transferred to Devorah Friedman and Sharon Einhorn, respectively, all of their

rights, title and interests in West Ledge Op, LLC. An Amended and Restated Operating Agreement has also been provided effective April 1, 2015. West Ledge Op, LLC now seeks to exercise its rights under the OTA, whereby West Ledge Op, LLC will be the new operator of the facility upon approval by the Public Health and Health Planning Council. The Employment Agreement will terminate upon closing of the OTA.

The real estate ownership will not change as a result of this application. On September 18, 2013, WLRE LLC, a New York limited liability company, and West Ledge Op, LLC entered into a draft lease agreement whereby WLRE LLC will lease the facility to West Ledge Op, LLC for a term of twelve years. The lease term will commence after the closing of the OTA. The proposed lease is an arm's length transaction.

The current and proposed operator are as follows:

Table with 2 columns: Members, %
Current WLOP LLC
Members: Moshe Scheiner (60%), Nathan Stein (40%)

Table with 2 columns: Members, %
Proposed West Ledge OP, LLC
Members: Devorah Friedman (42.5%), Sharon Einhorn (42.5%), Yossie Zucker (8.5%), Shaindl Shur (3.0%), Ahiva Rudner (2.0%), Steven Sax (2.0%)

OPCHSM Recommendation  
Contingent Approval

Need Summary

The change in ownership will result in a change in beds as noted in the chart below:

<b>West Ledge Rehabilitation and Nursing Center</b>	<b>Current</b>	<b>Proposed Action</b>	<b>Upon Completion</b>
RHCF Beds	100	-4	96
<b>Total</b>	<b>100</b>	<b>-4</b>	<b>96</b>

West Ledge's occupancy was 94.2% in 2011, 91.4% in 2012 and 93.6% in 2013.

Program Summary

No negative information has been received concerning the character and competence of the

proposed applicants. All health care facilities are in substantial compliance with all rules and regulations. The individual background review indicates the applicants have met the standard to provide a substantially consistent high level of care as set forth in Public Health Law §2801-a (3).

Financial Summary

The purchase price for the acquisition of the operating interest is the assumption of certain liabilities.

Budget:	Revenues	\$11,260,093
	Expenses	<u>11,226,748</u>
	Net Income	\$33,345

## Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Primary Care and Health Systems Management

**Approval contingent upon:**

1. Submission of an executed building lease, acceptable to the Department. [BFA]
2. Submission of a commitment signed by the applicant which indicates that, within two years from the date of the council approval, the percentage of all admissions who are Medicaid and Medicare/Medicaid eligible at the time of admission will be at least 75 percent of the planning area average of all Medicaid and Medicare/Medicaid admissions, subject to possible adjustment based on factors such as the number of Medicaid patient days, the facility's case mix, the length of time before private paying patients became Medicaid eligible, and the financial impact on the facility due to an increase in Medicaid admissions. [RNR]
3. Submission of a plan to continue to enhance access to Medicaid residents. At a minimum, the plan should include, but not necessarily be limited to, ways in which the facility will:
  - Reach out to hospital discharge planners to make them aware of the facility's Medicaid Access Program;
  - Communicate with local hospital discharge planners on a regular basis regarding bed availability at the nursing facility; and
  - Identify community resources that serve the low-income and frail elderly population who may eventually use the nursing facility, and inform them about the facility's Medicaid Access policy. [RNR]
4. Submission of a commitment, signed by the applicant, to submit annual reports to the DOH, for at least two years, demonstrating substantial progress with the implementation of the plan. These reports should include, but not be limited to:
  - Describing how the applicant reached out to hospital discharge planners to make them aware of the facility's Medicaid Access Program;
  - Indicating that the applicant communicated with local hospital discharge planners on a regular basis regarding bed availability at the nursing facility;
  - Identifying the community resources that serve the low-income and frail elderly population that have used, or may eventually use, the nursing facility, and confirming they were informed about the facility's Medicaid Access policy.
  - Documentation pertaining to the number of referrals and the number of Medicaid admissions; and
  - Other factors as determined by the applicant to be pertinent.The DOH reserves the right to require continued reporting beyond the two year period. [RNR]
5. Submission of a programmatically acceptable name for the facility. [LTC]
6. Submission and programmatic review of plans showing the proposed four bed reduction including the affected rooms and nursing unit(s). [LTC]
7. Submission of a photocopy of an executed lease agreement between WLRE, LLC and the applicant, which is acceptable to the Department. [CSL]

**Approval conditional upon:**

1. The project must be completed within three years from the date of the Public Health and Health Planning Council recommendation letter. Failure to complete the project within the prescribed time shall constitute an abandonment of the application by the applicant and an expiration of the approval. [PMU]

Council Action Date

**August 6, 2015**

# Need Analysis

## Background

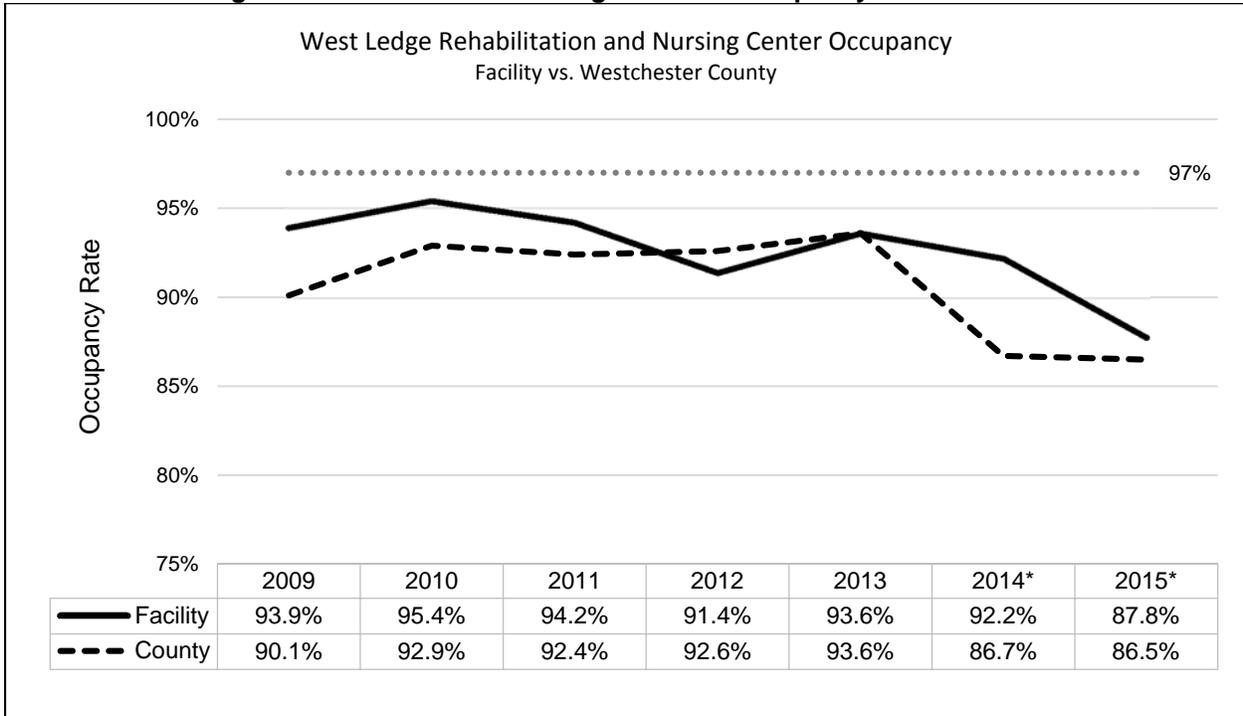
There is currently a need for 180 beds in Westchester County as indicated in Table 1 below:

**Table 1: RHCN Need – Westchester County**

<b>2016 Projected Need</b>	6,716
<b>Current Beds</b>	6,583
<b>Beds Under Construction</b>	-47
<b>Total Resources</b>	6,536
<b>Unmet Need</b>	180

The overall occupancy for Westchester County is 94.5%, as indicated in Chart 1 below:

**Chart 1: West Ledge Rehabilitation and Nursing Center’s Occupancy Rates**



*\*unaudited; based on weekly census*

West Ledge’s occupancy was 94.2% in 2011, 91.4% in 2012 and 93.6% in 2013. For 2014, and thus far in 2015, occupancy averages to approximately 92.2% and 87.8%, respectively. According to the applicant, low, historical occupancy rates are the result of a low level of professional referral sources, an absence of outreach and relationships with local hospitals, lack of a niche rehabilitation program within the facility, a marginally effective marketing team and an overall low level of community outreach. Low utilization in 2015 is attributed to renovations being done under approved AEP-6211 to create a more pleasant, home-like environment with larger areas for rehabilitation, dining and recreation. During any given week of the construction period, there have been six to eight beds unavailable to residents, which has been a significant contributing factor to the lower occupancy. Renovations are expected to be completed toward the end of 2015.

## Analysis

The change in ownership will result in a change in beds as noted in the chart below:

<b>West Ledge Rehabilitation and Nursing Center</b>	<b>Current</b>	<b>Proposed Action</b>	<b>Upon Completion</b>
RHCF Beds	100	-4	96
<b>Total</b>	<b>100</b>	<b>-4</b>	<b>96</b>

West Ledge Rehab's occupancy was 94.2% in 2011, 91.4% in 2012 and 93.6% in 2013. In addition to the 4-bed reduction shown in the preceding table, the applicant intends to increase occupancy in the following ways: promote the facility to local hospitals and physicians in the Hudson Valley and New York City planning regions, conduct community outreach, reduce unplanned discharges, expand clinical competencies, implement specialty programs for cardiac and pulmonary rehab and ramp up marketing efforts after completion of renovations currently being performed under approved AEP-6211.

## Access

Regulations indicate that the Medicaid patient admissions standard shall be 75% of the annual percentage of all Medicaid admissions for the long term care planning area in which the applicant facility is located. Such planning area percentage shall not include residential health care facilities that have an average length of stay 30 days or fewer. If there are four or fewer residential health care facilities in the planning area, the applicable standard for a planning area shall be 75% of the planning area percentage of Medicaid admissions, or of the Health Systems Agency area Medicaid admissions percentage, whichever is less. In calculating such percentages, the Department will use the most current data which have been received and analyzed by the Department.

An applicant will be required to make appropriate adjustments in its admission policies and practices so that the proportion of its own annual Medicaid patient's admissions is at least 75% of the planning area percentage or the Health Systems Agency percentage, whichever is applicable.

West Ledge Rehab's Medicaid admissions for 2012 and 2013 are 21.1% and 21.5%, respectively. This facility did not exceed Westchester County's 75% Medicaid admission threshold rates in 2012 and 2013 of 46.9% and 51.7%, respectively; the facility will be required to follow the contingency plan as noted below.

## Conclusion

The measures proposed by the prospective owners, and the four percent reduction in beds, will help restore occupancy to more optimum levels, and result in more efficient operation of the facility.

## Recommendation

**From a need perspective, contingent approval is recommended.**

# Program Analysis

## Program Description

No changes in the program or physical environment are proposed in this application. No administrative services or consulting agreements are proposed in this application.

## Facility Information

	<b>Existing</b>	<b>Proposed</b>
Facility Name	West Ledge Rehabilitation and Nursing Center	Pinnacle Center for Rehabilitation on the Hudson

Address	2000 Main Street Peekskill, NY. 10566	Same
RHCF Capacity	100	96
ADHC Program Capacity	N/A	N/A
Type of Operator	Proprietary	Proprietary
Class of Operator	Limited Liability Company	Limited Liability Company
Operator	WLOP, LLC  Moshe Scheiner           60% Nathan Stern               40%	West Ledge Op, LLC  Managing Members: Devorah Friedman           42.50% Sharon Einhorn               42.50%  Members: Yossie Zucker               8.00% Shaindl Shur                 3.00% Akiva Rudner                 2.00% Steven Sax                    2.00%

Character and Competence - Background

**Facilities Reviewed**

Nursing Homes

Sans Souci Rehabilitation & Nursing Center	10/2009 to present
Dumont Center for Rehabilitation	08/2010 to present
Bellhaven Center for Rehabilitation and Nursing Center	03/2010 to present
Ramapo Manor Center for Rehabilitation & Nursing	07/2012 to present
St. James Rehabilitation & Healthcare Center	08/2012 to present
The Grand Pavilion for Rehabilitation at Rockville Center	08/2012 to present
The Riverside	08/2013 to present
Cortlandt Healthcare	03/2014 to present
Crown Center for Nursing and Rehabilitation	01/2015 to present
The Phoenix Rehabilitation and Nursing Center	01/2015 to present

**Individual Background Review**

Devorah Friedman holds a New York State speech language pathologist license and is considered to be in good standing. She is currently employed as the owner/operator of Bellhaven Center for Rehabilitation and Nursing. Ms. Friedman discloses the following ownership interests in health facilities:

Sans Souci Rehabilitation & Nursing Center	10/2009 to present
Dumont Center for Rehabilitation	08/2010 to present
Bellhaven Center for Rehabilitation and Nursing Center	03/2010 to present
Ramapo Manor Center for Rehabilitation & Nursing	07/2012 to present
St. James Rehabilitation & Healthcare Center	08/2012 to present
The Grand Pavilion for Rehabilitation at Rockville Center	08/2012 to present
The Riverside	08/2013 to present
Cortlandt Healthcare	03/2014 to present
The Phoenix Rehabilitation and Nursing Center	01/2015 to present

Sharon Einhorn discloses no employment history over the last 10 years. Ms. Einhorn discloses the following ownership interests in health facilities:

Dumont Center for Rehabilitation	08/2010 to present
Bellhaven Center for Rehabilitation and Nursing Center	03/2010 to present
Ramapo Manor Center for Rehabilitation & Nursing	07/2012 to present
St. James Rehabilitation & Healthcare Center	08/2012 to present
The Grand Pavilion for Rehabilitation at Rockville Center	08/2012 to present
The Riverside	08/2013 to present
Cortlandt Healthcare	03/2014 to present

The Phoenix Rehabilitation and Nursing Center 01/2015 to present

Yossie Zucker is a New York State certified public accountant with license currently inactive. Mr. Zucker is the owner of CareRite Services LLC, in Lakewood, New Jersey, a financial consulting firm for nursing homes. He discloses ownership interests in the following facilities:

Ramapo Manor Center for Rehabilitation and Nursing	07/2012 to present
St. James Rehabilitation and Healthcare Center	08/2012 to present
The Grand Pavilion for Rehab and Nursing at Rockville Center	08/2012 to present
The Riverside	08/2013 to present
Cortlandt Healthcare	03/2014 to present

Shaindl Shur is the president of Comprehensive Healthcare Solutions LLC, a medical billing company located in Lakewood, New Jersey. Ms. Shur discloses ownership interests in the following facilities:

Cortlandt Healthcare	03/2014 to present
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Akiva Rudner holds New York State nursing home administrator's license and is considered to be in good standing. He currently serves as Chief Operating Officer at CareRite LLC, a nursing home consulting service. Mr. Rudner discloses ownership in the following facility:

St. James Rehabilitation & Healthcare Center	08/2012 to present
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Steven Sax has been the Director of Clinical Reimbursement and Development at CareRite Services, LLC since July 2012. Previously, Mr. Sax was the assistant administrator to the Sans Souci Rehabilitation and Nursing Center in Yonkers, New York. Steven Sax discloses the following ownership interest in health facilities:

St. James Rehabilitation and Healthcare Center	08/2012 to present
Cortlandt Healthcare	03/2014 to present

#### Character and Competence – Analysis

No negative information has been received concerning the character and competence of the applicants.

A review of Sans Souci Nursing Home for the period reveals that the facility was fined \$10,000 pursuant to a Stipulation and Order for surveillance findings on February 11, 2011. Deficiencies were found under 10 NYCRR 415.12(j): Quality of Care – Hydration.

A review of operations for the Sans Souci Rehabilitation and Nursing Center for the period results in a conclusion of substantially consistent high level of care since there were no repeat enforcements.

A review of Bellhaven Center for Rehabilitation and Nursing, Dumont Center for Rehabilitation and Nursing, Ramapo Manor Center for Rehabilitation & Nursing, St. James Rehabilitation and Healthcare Center, The Grand Pavilion for Rehabilitation at Rockville Center, The Riverside, Cortlandt Healthcare, Crown Center for Nursing and Rehabilitation, and The Phoenix Rehabilitation and Nursing Center reveals that a substantially consistent high level of care has been provided since there were no enforcements for the time period reviewed.

#### Conclusion

No negative information has been received concerning the character and competence of the proposed applicants. All health care facilities are in substantial compliance with all rules and regulations. The individual background review indicates the applicants have met the standard to provide a substantially consistent high level of care as set forth in Public Health Law §2801-a (3).

#### Recommendation

**From a programmatic perspective, contingent approval is recommended.**

## Financial Analysis

### Asset Transfer Agreement

The applicant has submitted an executed asset purchase agreement for the transfer of the operation, which is summarized below:

Date:	September 18, 2013
Premises:	The site located at 2000 East Main Street, Peekskill, New York.
Seller:	WLOP LLC
Purchaser:	West Ledge Op, LLC
Assets Acquired:	All inventory and supplies; all contracts, agreements, leases, purchase orders, insurance policies and other arrangements; all menus, policies and procedures manuals, operating manuals, training materials, marketing, sales and promotional materials, intellectual property including, but not limited to, patents, trademarks, service marks, copyrights and registrations and applications, trade names and secrets and/or computer software used in connection with the operation of the Facility; all rights to telephone and facsimile numbers used by the Facility; all of the rights of the Transferor in the name "West Ledge Rehabilitation and Nursing Center"; all administrative records, financial books and records, employee and payroll records, patient trust account records, computer software relating to the operation of the Facility; all patient medical records, employee and payroll records and medical/administrative libraries, the business, operation and goodwill of the Facility, except for the Excluded Assets; all petty cash at the Facility on the Closing Date; all accounts receivable relating to services rendered by the Facility on and after the Effective Date; all retroactive rate increases resulting from rate appeals; all leasehold improvements, furniture, fixtures and equipment owned or leased by Transferor; all cash in the Special Account and resident security deposits and prepayments.
Excluded Assets:	Cash (other than petty cash) as of the Effective Date, and any cash in the General Account as of the Closing Date; licenses and permits that are not assignable or transferable, whether with or without third party consent to New Operator; marketable securities owned by Transferor as of the Effective Date; any grant awarded by a governmental entity to Transferor relating solely to the operation of the Facility prior to the Effective Date; funds from all retroactive rate increases prior to the Effective Date and all accounts receivable and other rights to payment from third parties.
Assumed Liabilities:	All liabilities of Transferor relating to the use, ownership and operation of the Facility on and after the Effective Date.
Excluded Liabilities:	Taxes, account and trade payables.
Purchase Price:	Assumption of certain liabilities.

The applicant has submitted an affidavit, which is acceptable to the Department, in which the applicant agrees, notwithstanding any agreement, arrangement or understanding between the applicant and the transferor to the contrary, to be liable and responsible for any Medicaid overpayments made to the facility and/or surcharges, assessments or fees due from the transferor pursuant to Article 28 of the Public Health Law with respect to the period of time prior to the applicant acquiring its interest, without releasing the transferor of its liability and responsibility. Currently, the facility has no outstanding Medicaid liabilities and assessments.

### Lease Rental Agreement

The applicant has submitted a proposed lease rental agreement, which is summarized below:

Date:	September 18, 2013
Premises:	The site located at 2000 Main Street, Peekskill, New York
Lessor:	WLRE, LLC

Lessee:	West Ledge Op, LLC
Term:	12 years commence after the closing of the OTA
Rental:	\$525,000 annually (\$43,750 per month in equal monthly installments)
Provisions:	Lessee shall be responsible for insurance, utilities, maintenance and real estate taxes.

The proposed lease is an arm's length transaction.

#### Operating Budget

The applicant has submitted an operating budget, in 2015 dollars, during the first year after the change in ownership, as summarized below:

	<u>Per Diem</u>	<u>Total</u>
Revenues:		
Medicaid Managed Care	\$251.17	\$6,767,401
Medicare Fee-For-Service	\$576.31	2,781,866
Commercial Fee-For-Service	\$365.54	442,665
Private Pay	\$406.95	677,170
Other		<u>590,991</u>
Total Revenues		\$11,260,093
Expenses:		
Operating	\$303.28	\$10,495,205
Capital	<u>20.77</u>	<u>731,543</u>
Total Expenses	\$324.05	\$11,226,748
Net Income		\$33,345
Utilization (patient days)		34,645
Occupancy		98.87%
Breakeven Occupancy		94.73%

The following is noted with respect to the submitted budget:

- The Medicaid rate is based on the facility's January 2015 Medicaid Fee-For-Service (FFS) rate, which serves as the benchmark rate for Medicaid Managed Care payments.
- Other revenues consists of Medicare Part A (\$196,860), Medicaid add on (\$368,030) on and vending machine revenues (\$26,101).
- Expense assumptions are based on the historical experience of the facility.
- Utilization broken down by payor source during the first year after the change in operator is as follows:

Medicaid Managed Care	77.77%
Medicare Fee for Service	13.93%
Commercial Fee for Service	3.60%
Private Pay	4.70%
- The applicant is projecting to increase utilization due to working closely with local health care and social work providers, including hospital, adult care facilities and assisted living programs, and leveraging its existing community relationship and doing aggressive outreach efforts. The applicant has developed a marketing business plan to increase utilization. Medicaid utilization is projected to decrease and Medicare and Commercial is projected to increase due to the planned implementation of the applicant's marketing and operational plan, which focuses on increasing referral sources, utilization of community outreach efforts, enhanced marketing, the reduction of unplanned discharges, and the implementation of specialty programs within the facility.

#### Capability and Feasibility

The purchase price for the acquisition of the operating interests is the assumption of certain liabilities.

Working capital requirements are estimated at \$1,871,124, which appears reasonable based on two months of first year expenses. The applicant will meet the working capital requirement via acquired accounts receivable and equity contribution from the proposed members of West Ledge Op, LLC.

BFA Attachment A is the personal net worth statements of West Ledge Op, LLC's members, which indicates the availability of sufficient funds for the equity contribution. BFA Attachment C is the pro-forma balance sheet as of the first day of operation, which indicates a positive net asset position of \$292,324. Assets includes \$49,499 in goodwill which is not a liquid resource nor is it recognized for Medicaid reimbursement. If goodwill is eliminated from the equation, total net assets would be \$242,825.

The submitted budget indicates a net income of \$33,345 during the first year subsequent to the change in operator. The submitted budget appears reasonable.

A transition of nursing home (NH) residents to Medicaid managed care is currently being implemented statewide. Under the managed care construct, Managed Care Organizations (MCOs) will negotiate payment rates directly with NH providers. A department policy, as described in the "Transition of Nursing Home Benefit and Population into Managed Care Policy Paper", provided guidance requiring MCOs to pay the benchmark Medicaid FFS rate, or a negotiated rate acceptable to both plans and NH, for three years after a county has been deemed mandatory for NH population enrollment. As a result, the benchmark FFS rate remains a viable basis for assessing NH revenues through the transition period.

BFA Attachment B is the financial summary of West Ledge Rehabilitation from 2011 through 2014. As shown, the entity had an average negative working capital position and an average negative net asset position. The applicant indicated that the reason for the negative working capital and the negative net asset position in 2012 was the result of historical losses. The entity incurred average net losses of \$124,779 from 2011 through 2014. The applicant indicated that the reason for the losses in 2012 and 2014 was the result of decreased utilization. To improve operations, the current operator hired Mark Friedman and Neal Einhorn in August 2013 as co-Chief Executive Officers to help restore profitability, and responded to concerns from local community representatives who advised that renovations were needed to make the facility more homelike and attractive to prospective residents. Renovations are currently underway. The applicant has noted that during this ongoing construction period certain beds are not available for occupancy. Overall utilization is expected to improve upon completion of the renovations.

BFA Attachment D presents a financial summary of the nursing homes the members of West Ledge OP, LLC currently have ownership interest in. As shown, the facilities have maintained a positive net asset position and had positive income from operations for the periods shown, with the exception of The Grand Pavilion for Rehab & Nursing at Rockville which incurred a slight loss in 2014. Financial statements for Cortlandt Healthcare are not available as the facility was newly acquired in March 2014. Financial statements for Crown Center for Nursing and Rehabilitation and The Phoenix Rehabilitation & Nursing Center are also not available as membership was not established until January 2015.

The applicant has demonstrated the capability to proceed in a financially feasible manner, and contingent approval is recommended.

Recommendation

**From a financial perspective, contingent approval is recommended.**

## Attachments

BNHLC Attachment A	Quality Measures and Inspection Report
BFA Attachment A	Personal Net Worth Statement
BFA Attachment B	Financial Summary - West Ledge Rehabilitation and Nursing Center
BFA Attachment C	Pro-forma Balance Sheet
BFA Attachment D	Financial Summary - Other skilled nursing facilities
BFA Attachment E	Ownership interests of other nursing homes

CON#151191

BFA Attachment B

West Ledge Rehabilitation

	<u>2014</u>	<u>2013</u>	<u>2012</u>	<u>2011</u>
CURRENT ASSETS	\$1,670,805	\$1,443,686	\$1,473,985	\$1,432,707
FIXED ASSETS	947,404	94,438	1,049,969	895,331
CURRENT LIABILITIES	2,797,987	1,291,300	2,853,290	2,073,381
LONG TERM LIABILITIES	132,296	110,426	98,538	85,585
WORKING CAPITAL POSITION	(\$1,127,182)	\$152,386	(\$1,379,305)	(\$640,674)
NET ASSET POSITION	(\$312,074)	\$136,398	(\$427,874)	\$169,072
REVENUES	\$10,666,464	\$4,483,566	\$10,969,469	\$11,380,043
EXPENSES	10,938,359	4,347,168	11,554,500	11,158,633
NET INCOME	(\$271,895)	\$136,398	(\$585,031)	\$221,410
NUMBER OF BEDS	100	100	100	100
OCCUPANCY	92.18%	92.61%	91.37%	94.18%
MEDICAID	82.13%	79.43%	82.37%	86.99%
MEDICARE	11.04%	16.47%	14.24%	12.33%
PRIVATE PAY	6.83%	4.10%	3.39%	0.68%

BFA Attachment C  
CON#151191

ASSETS:

Cash	\$1,669,259
Cash (Patient Funds)	118,152
Accounts Receivable	1,578,801
Goodwill	49,499
Prepaid Expenses	71,436
Security Deposits	1,710
Fixed Assets	<u>275,333</u>
TOTAL ASSETS	\$3,764,190

LIABILITIES:

Accounts Payable	\$1,376,936
Accrued Compensation	239,427
Due to Related Parties	158,227
Other Accrued Expenses	79,967
Patient Trust Fund Payable	118,152
Due to Previous Owner	<u>121,395</u>
TOTAL LIABILITIES	\$2,094,104

NET ASSETS	\$1,670,086
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\* 2012-2013 totals based on HCFSystems Cost Report data  
 \* 2014 totals based on internal financial statements  
 \* totals presented in thousands

	<u>2014</u>	<u>2013</u>	<u>2012</u>
<b><u>Dumont Center</u></b>			
Current Assets	\$5,541	\$4,871	\$4,119
Fixed Assets	<u>\$3,749</u>	<u>\$3,772</u>	<u>\$3,531</u>
Total Assets	\$9,290	\$8,643	\$7,650
Current Liabilities	\$7,577	\$7,867	\$4,058
Long Term Liabilities	\$0	<u>\$645</u>	<u>\$229</u>
Total Liabilities	\$7,577	\$8,512	\$4,287
Net Assets	\$1,713	\$131	\$3,363
Working Capital Position	-\$2,036	-\$2,966	\$61
Operating Revenues	\$20,944	\$23,540	\$22,408
Operating Expenses	<u>\$17,825</u>	<u>\$21,576</u>	<u>\$20,185</u>
Operating Net Income	\$3,119	\$1,964	\$2,223
<b><u>Bellhaven Center</u></b>			
Current Assets	\$3,338	\$3,359	\$4,092
Fixed Assets	<u>\$4,606</u>	<u>\$4,321</u>	<u>\$3,558</u>
Total Assets	\$7,944	\$7,680	\$7,650
Current Liabilities	\$4,538	\$5,282	\$3,525
Long Term Liabilities	<u>\$568</u>	<u>\$1,634</u>	<u>\$922</u>
Total Liabilities	\$5,106	\$6,896	\$4,447
Net Assets	\$2,838	\$784	\$3,203
Working Capital Position	-\$1,200	-\$1,903	\$567
Operating Revenues	\$24,338	\$26,277	\$24,291
Operating Expenses	<u>\$22,252</u>	<u>\$23,373</u>	<u>\$21,461</u>
Operating Net Income	\$2,086	\$2,904	\$2,830
<b><u>Ramapo Manor Nursing Center</u></b>			
Current Assets	\$9,027	\$8,240	\$6,879
Fixed Assets	<u>\$20,851</u>	<u>\$21,483</u>	<u>\$18,226</u>
Total Assets	\$29,878	\$29,723	\$24,905
Current Liabilities	\$3,265	\$4,050	\$3,433
Long Term Liabilities	<u>\$23,344</u>	<u>\$23,304</u>	<u>\$18,791</u>
Total Liabilities	\$26,629	\$27,354	\$22,224
Net Assets	\$3,249	\$2,369	\$2,681
Working Capital Position	\$5,742	\$4,190	\$3,246
Operating Revenues	\$25,079	\$25,426	\$24,168
Operating Expenses	<u>\$23,297</u>	<u>\$23,922</u>	<u>\$21,090</u>
Operating Net Income	\$1,782	\$1,504	\$3,078
<b><u>The Riverside</u></b>			
Current Assets	\$12,992		
Fixed Assets	<u>\$17,558</u>		
Total Assets	\$30,550		
Current Liabilities	\$13,245		
Long Term Liabilities	\$2,982		
Total Liabilities	\$16,227		
Net Assets	\$14,323		
Working Capital Position	-\$253		
Operating Revenue	\$67,227		
Operating Expenses	<u>\$59,935</u>		
Operating Net Income	\$7,292		

\* 2012-2013 totals based on HCFSystems Cost Report data  
\* 2014 totals based on internal financial statements

**St. James Rehabilitation and Healthcare Center**

	<b><u>2014</u></b>	<b><u>2013</u></b>	<b><u>2012</u></b>
Current Assets	\$5,645	\$5,489	\$0
Fixed Assets	\$4,121	\$2,752	\$0
Total Assets	\$9,766	\$8,241	\$0
Current Liabilities	\$3,869	\$3,051	\$0
Long Term Liabilities	\$174	\$810	\$0
Total Liabilities	\$4,043	\$3,661	\$0
Net Assets	\$5,723	\$4,580	\$0
Working Capital Position	\$1,776	\$2,436	\$0
Operating Revenues	\$30,241	\$29,434	\$0
Operating Expenses	\$28,196	\$24,256	\$0
Operating Net Income	\$2,045	\$5,178	\$0

**Cortlandt Operations LLC**

	<b><u>2014</u></b>	<b><u>2013</u></b>	<b><u>2012</u></b>
Current Assets	\$3,003	\$2,655	\$2,546
Fixed Assets	\$4,922	\$786	\$876
Total Assets	\$7,925	\$3,421	\$3,422
Current Liabilities	\$2,857	\$1,868	\$2,140
Long Term Liabilities	\$3,858	\$858	\$643
Total Liabilities	\$6,513	\$2,526	\$2,783
Net Assets	\$1,412	\$895	\$639
Working Capital Position	\$146	\$787	\$406
Operating Revenues	\$12,911	\$14,432	\$14,817
Operating Expenses	\$12,182	\$14,175	\$14,482
Operating Net Income	\$729	\$257	\$335

**The Grand Pavillion for Rehab and Nursing at Rockville College**

	<b><u>2014</u></b>	<b><u>2013</u></b>	<b><u>2012</u></b>
Current Assets	\$4,069	\$2,901	\$0
Fixed Assets	\$8,997	\$8,586	\$0
Total Assets	\$13,066	\$11,497	\$0
Current Liabilities	\$4,255	\$2,149	\$0
Long Term Liabilities	\$186	\$543	\$0
Total Liabilities	\$4,441	\$2,692	\$0
Net Assets	\$8,625	\$8,805	\$0
Working Capital Position	-\$186	\$752	\$0
Operating Revenues	\$18,152	\$18,489	\$0
Operating Expenses	\$18,329	\$17,048	\$0
Operating Net Income	-\$177	\$1,441	\$0

**San Souci Rehab Center**

	<b><u>2014</u></b>	<b><u>2013</u></b>	<b><u>2012</u></b>
Current Assets	\$3,215	\$2,651	\$2,489
Fixed Assets	\$3,407	\$3,389	\$2,651
Total Assets	\$6,622	\$6,020	\$5,140
Current Liabilities	\$2,815	\$3,339	\$2,389
Long Term Liabilities	\$74,586	\$675	\$713
Total Liabilities	\$77,401	\$4,014	\$3,102
Net Assets	-\$70,779	\$2,006	\$2,038
Working Capital Position	\$400	-\$688	\$100
Operating Revenues	\$15,593	\$14,182	\$12,661
Operating Expenses	\$13,063	\$13,314	\$11,136
Operating Net Income	\$2,530	\$868	\$1,525

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BFA Attachment E

	<u>Devorah Friedman</u>	<u>Sharon Einhorn</u>	<u>Yossie Zucker</u>	<u>Steven Sax</u>	<u>Akiva Rudner</u>
Sans Souchi Rehab	2.00%				
The Grand Pavilion	35.00%	35.00%	5.00%		
Bellhaven Center	16.50%	13.00%			
Dumont Center	11.00%	9.90%			
Cortlandt Healthcare	36.50%	36.50%	2.00%	1.00%	
St. James Rehab	25.00%	25.00%	5.00%	3.00%	1.00%
The Riverside	9.50%	9.50%	2.00%		
The Phoenix Rehabilitation	40.00%	40.00%			
Ramapo Center for Rehab	8.50%	8.50%	2.00%		
Crown Center for Nursing			15.00%		

## West Ledge Rehabilitation and Nursing Center

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

Percentage of residents who...	Performance Ranking 
<p> Self-report moderate to severe pain (short stay) Reporting period: January to December 2014</p> <p><b>3.9% This Facility</b> 13.7% State average 18.3% National average</p>	<p> 5 out of 5 stars</p>
<p> Have pressure sores that are new or worsened Reporting period: January to December 2014</p> <p><b>0.8% This Facility</b> 1.0% State average 0.9% National average</p>	<p> 3 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: January to December 2014</p> <p><b>67.4% This Facility</b> 84.7% State average 82.8% National average</p>	<p> 1 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine Reporting period: January to December 2014</p> <p><b>44.9% This Facility</b> 83.3% State average 81.9% National average</p>	<p> 1 out of 5 stars</p>
<p> Newly received an antipsychotic medication Reporting period: January to December 2014</p> <p><b>2.4% This Facility</b> 2.3% State average 2.4% National average</p>	<p> 2 out of 5 stars</p>
<p> Needed increased help with daily activities (long stay) Reporting period: April to December 2014</p>	<p> 2 out of 5 stars</p>

151191 BNHLC Attachment A – Quality Measures and Inspection Report

<p><b>19.0% This Facility</b>          14.4% State average          15.6% National average</p>	
<p><b>Self-report moderate to severe pain (long stay)</b>          Reporting period: April to December 2014</p> <p><b>0.8% This Facility</b>          4.9% State average          7.4% National average</p>	<p>          5 out of 5 stars</p>
<p><b>Have pressure sores (long stay)</b>          Reporting period: April to December 2014</p> <p><b>7.3% This Facility</b>          7.5% State average          5.9% National average</p>	<p>          3 out of 5 stars</p>
<p><b>Lose too much weight (long stay)</b>          Reporting period: April to December 2014</p> <p><b>12.7% This Facility</b>          6.1% State average          7.0% National average</p>	<p>          1 out of 5 stars</p>
<p><b>Lose control of their bowels or bladder (long stay, low risk)</b>          Reporting period: April to December 2014</p> <p><b>53.4% This Facility</b>          45.8% State average          45.0% National average</p>	<p>          2 out of 5 stars</p>
<p><b>Had a catheter inserted and left in their bladder (long stay)</b>          Reporting period: April to December 2014</p> <p><b>3.2% This Facility</b>          2.6% State average          3.1% National average</p>	<p>          2 out of 5 stars</p>
<p><b>Had a urinary tract infection (long stay)</b>          Reporting period: April to December 2014</p> <p><b>2.4% This Facility</b>          5.5% State average          5.7% National average</p>	<p>          5 out of 5 stars</p>
<p><b>Have depressive symptoms (long stay)</b>          Reporting period: April to December 2014</p>	<p>          4 out of 5 stars</p>

151191 BNHLC Attachment A – Quality Measures and Inspection Report

<p><b>1.7% This Facility</b>          11.4% State average          6.0% National average</p>	
<p><b>Were physically restrained (long stay)</b>          Reporting period: April to December 2014</p> <p><b>3.2% This Facility</b>          1.5% State average          1.1% National average</p>	<p>          1 out of 5 stars</p>
<p><b>Experienced one or more falls with major injury (long stay)</b>          Reporting period: April to December 2014</p> <p><b>1.6% This Facility</b>          2.7% State average          3.2% National average</p>	<p>          4 out of 5 stars</p>
<p><b>Were given, appropriately, the seasonal influenza vaccine (long stay)</b>          Reporting period: April to December 2014</p> <p><b>80.6% This Facility</b>          94.8% State average          92.6% National average</p>	<p>          1 out of 5 stars</p>
<p><b>Were given, appropriately, the pneumococcal vaccine (long stay)</b>          Reporting period: April to December 2014</p> <p><b>79.8% This Facility</b>          96.7% State average          93.8% National average</p>	<p>          1 out of 5 stars</p>
<p><b>Received an antipsychotic medication (long stay)</b>          Reporting period: April to December 2014</p> <p><b>21.5% This Facility</b>          17.6% State average          19.3% National average</p>	<p>          2 out of 5 stars</p>

## West Ledge Rehabilitation and Nursing Center

### Inspection Report

**Report Period: June 2011 to May 2015**

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

### Summary

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

Measure	This Facility	Statewide Average
Standard Health Deficiencies	15	23
Life Safety Code Deficiencies	16	12
Total Deficiencies	31	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

## Sans Souci Rehabilitation and Nursing Center

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

Percentage of residents who...	Performance Ranking 
<p> Self-report moderate to severe pain (short stay) Reporting period: January to December 2014</p> <p><b>21.0% This Facility</b> 13.7% State average 18.3% National average</p>	<p></p> <p>2 out of 5 stars</p>
<p> Have pressure sores that are new or worsened Reporting period: January to December 2014</p> <p><b>0.1% This Facility</b> 1.0% State average 0.9% National average</p>	<p></p> <p>5 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: January to December 2014</p> <p><b>94.9% This Facility</b> 84.7% State average 82.8% National average</p>	<p></p> <p>4 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine Reporting period: January to December 2014</p> <p><b>87.2% This Facility</b> 83.3% State average 81.9% National average</p>	<p></p> <p>3 out of 5 stars</p>
<p> Newly received an antipsychotic medication Reporting period: January to December 2014</p> <p><b>2.1% This Facility</b> 2.3% State average 2.4% National average</p>	<p></p> <p>3 out of 5 stars</p>
<p> Needed increased help with daily activities (long stay) Reporting period: April to December 2014</p>	<p></p> <p>1 out of 5 stars</p>

151191 BNHLC Attachment A – Quality Measures and Inspection Report

<p><b>19.6% This Facility</b>          14.4% State average          15.6% National average</p>	
<p><b>Self-report moderate to severe pain (long stay)</b>          Reporting period: April to December 2014</p> <p><b>5.1% This Facility</b>          4.9% State average          7.4% National average</p>	<p>          2 out of 5 stars</p>
<p><b>Have pressure sores (long stay)</b>          Reporting period: April to December 2014</p> <p><b>9.0% This Facility</b>          7.5% State average          5.9% National average</p>	<p>          2 out of 5 stars</p>
<p><b>Lose too much weight (long stay)</b>          Reporting period: April to December 2014</p> <p><b>7.2% This Facility</b>          6.1% State average          7.0% National average</p>	<p>          2 out of 5 stars</p>
<p><b>Lose control of their bowels or bladder (long stay, low risk)</b>          Reporting period: April to December 2014</p> <p><b>40.2% This Facility</b>          45.8% State average          45.0% National average</p>	<p>          4 out of 5 stars</p>
<p><b>Had a catheter inserted and left in their bladder (long stay)</b>          Reporting period: April to December 2014</p> <p><b>1.1% This Facility</b>          2.6% State average          3.1% National average</p>	<p>          5 out of 5 stars</p>
<p><b>Had a urinary tract infection (long stay)</b>          Reporting period: April to December 2014</p> <p><b>3.2% This Facility</b>          5.5% State average          5.7% National average</p>	<p>          4 out of 5 stars</p>
<p><b>Have depressive symptoms (long stay)</b>          Reporting period: April to December 2014</p>	<p>          3 out of 5 stars</p>

151191 BNHLC Attachment A – Quality Measures and Inspection Report

<p><b>6.2% This Facility</b>          11.4% State average          6.0% National average</p>	
<p><b>Were physically restrained (long stay)</b>          Reporting period: April to December 2014</p> <p><b>0.4% This Facility</b>          1.5% State average          1.1% National average</p>	<p>          3 out of 5 stars</p>
<p><b>Experienced one or more falls with major injury (long stay)</b>          Reporting period: April to December 2014</p> <p><b>1.6% This Facility</b>          2.7% State average          3.2% National average</p>	<p>          4 out of 5 stars</p>
<p><b>Were given, appropriately, the seasonal influenza vaccine (long stay)</b>          Reporting period: April to December 2014</p> <p><b>99.2% This Facility</b>          94.8% State average          92.6% National average</p>	<p>          4 out of 5 stars</p>
<p><b>Were given, appropriately, the pneumococcal vaccine (long stay)</b>          Reporting period: April to December 2014</p> <p><b>98.4% This Facility</b>          96.7% State average          93.8% National average</p>	<p>          3 out of 5 stars</p>
<p><b>Received an antipsychotic medication (long stay)</b>          Reporting period: April to December 2014</p> <p><b>17.9% This Facility</b>          17.6% State average          19.3% National average</p>	<p>          3 out of 5 stars</p>

## Sans Souci Rehabilitation and Nursing Center

### Inspection Report

**Report Period: June 2011 to May 2015**

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

### Summary

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

Measure	This Facility	Statewide Average
Standard Health Deficiencies	20	23
Life Safety Code Deficiencies	11	12
Total Deficiencies	31	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

## Dumont Center for Rehabilitation and Nursing Care

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

Percentage of residents who...	Performance Ranking 
<p> Self-report moderate to severe pain (short stay) Reporting period: January to December 2014</p> <p><b>3.4% This Facility</b> 13.7% State average 18.3% National average</p>	<p> 5 out of 5 stars</p>
<p> Have pressure sores that are new or worsened Reporting period: January to December 2014</p> <p><b>2.2% This Facility</b> 1.0% State average 0.9% National average</p>	<p> 1 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: January to December 2014</p> <p><b>81.3% This Facility</b> 84.7% State average 82.8% National average</p>	<p> 2 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine Reporting period: January to December 2014</p> <p><b>79.1% This Facility</b> 83.3% State average 81.9% National average</p>	<p> 2 out of 5 stars</p>
<p> Newly received an antipsychotic medication Reporting period: January to December 2014</p> <p><b>2.8% This Facility</b> 2.3% State average 2.4% National average</p>	<p> 2 out of 5 stars</p>
<p> Needed increased help with daily activities (long stay) Reporting period: April to December 2014</p>	<p> 4 out of 5 stars</p>

151191 BNHLC Attachment A – Quality Measures and Inspection Report

<p><b>11.4% This Facility</b>          14.4% State average          15.6% National average</p>	
<p><b>Self-report moderate to severe pain (long stay)</b>          Reporting period: April to December 2014</p> <p><b>2.2% This Facility</b>          4.9% State average          7.4% National average</p>	<p>          4 out of 5 stars</p>
<p><b>Have pressure sores (long stay)</b>          Reporting period: April to December 2014</p> <p><b>10.8% This Facility</b>          7.5% State average          5.9% National average</p>	<p>          1 out of 5 stars</p>
<p><b>Lose too much weight (long stay)</b>          Reporting period: April to December 2014</p> <p><b>3.5% This Facility</b>          6.1% State average          7.0% National average</p>	<p>          5 out of 5 stars</p>
<p><b>Lose control of their bowels or bladder (long stay, low risk)</b>          Reporting period: April to December 2014</p> <p><b>32.8% This Facility</b>          45.8% State average          45.0% National average</p>	<p>          4 out of 5 stars</p>
<p><b>Had a catheter inserted and left in their bladder (long stay)</b>          Reporting period: April to December 2014</p> <p><b>3.3% This Facility</b>          2.6% State average          3.1% National average</p>	<p>          2 out of 5 stars</p>
<p><b>Had a urinary tract infection (long stay)</b>          Reporting period: April to December 2014</p> <p><b>4.7% This Facility</b>          5.5% State average          5.7% National average</p>	<p>          3 out of 5 stars</p>
<p><b>Have depressive symptoms (long stay)</b>          Reporting period: April to December 2014</p>	<p>          3 out of 5 stars</p>

151191 BNHLC Attachment A – Quality Measures and Inspection Report

<p><b>6.1% This Facility</b>          11.4% State average          6.0% National average</p>	
<p><b>Were physically restrained (long stay)</b>          Reporting period: April to December 2014</p> <p><b>0.6% This Facility</b>          1.5% State average          1.1% National average</p>	<p>          3 out of 5 stars</p>
<p><b>Experienced one or more falls with major injury (long stay)</b>          Reporting period: April to December 2014</p> <p><b>1.7% This Facility</b>          2.7% State average          3.2% National average</p>	<p>          4 out of 5 stars</p>
<p><b>Were given, appropriately, the seasonal influenza vaccine (long stay)</b>          Reporting period: April to December 2014</p> <p><b>97.0% This Facility</b>          94.8% State average          92.6% National average</p>	<p>          3 out of 5 stars</p>
<p><b>Were given, appropriately, the pneumococcal vaccine (long stay)</b>          Reporting period: April to December 2014</p> <p><b>98.5% This Facility</b>          96.7% State average          93.8% National average</p>	<p>          3 out of 5 stars</p>
<p><b>Received an antipsychotic medication (long stay)</b>          Reporting period: April to December 2014</p> <p><b>13.6% This Facility</b>          17.6% State average          19.3% National average</p>	<p>          4 out of 5 stars</p>

## Dumont Center for Rehabilitation and Nursing Care

### Inspection Report

**Report Period: June 2011 to May 2015**

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

### Summary

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

Measure	This Facility	Statewide Average
Standard Health Deficiencies	39	23
Life Safety Code Deficiencies	25	12
Total Deficiencies	64	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	5	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	8%	3%

## Bellhaven Center for Rehabilitation and Nursing Care

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

Percentage of residents who...	Performance Ranking 
<p> Self-report moderate to severe pain (short stay) Reporting period: January to December 2014</p> <p><b>13.2% This Facility</b> 13.7% State average 18.3% National average</p>	<p> 3 out of 5 stars</p>
<p> Have pressure sores that are new or worsened Reporting period: January to December 2014</p> <p><b>1.4% This Facility</b> 1.0% State average 0.9% National average</p>	<p> 2 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: January to December 2014</p> <p><b>93.8% This Facility</b> 84.7% State average 82.8% National average</p>	<p> 4 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine Reporting period: January to December 2014</p> <p><b>92.7% This Facility</b> 83.3% State average 81.9% National average</p>	<p> 4 out of 5 stars</p>
<p> Newly received an antipsychotic medication Reporting period: January to December 2014</p> <p><b>1.0% This Facility</b> 2.3% State average 2.4% National average</p>	<p> 4 out of 5 stars</p>
<p> Needed increased help with daily activities (long stay) Reporting period: April to December 2014</p>	<p> 4 out of 5 stars</p>

151191 BNHLC Attachment A – Quality Measures and Inspection Report

<p><b>10.1% This Facility</b>          14.4% State average          15.6% National average</p>	
<p><b>Self-report moderate to severe pain (long stay)</b>          Reporting period: April to December 2014</p> <p><b>2.1% This Facility</b>          4.9% State average          7.4% National average</p>	<p>          4 out of 5 stars</p>
<p><b>Have pressure sores (long stay)</b>          Reporting period: April to December 2014</p> <p><b>8.9% This Facility</b>          7.5% State average          5.9% National average</p>	<p>          2 out of 5 stars</p>
<p><b>Lose too much weight (long stay)</b>          Reporting period: April to December 2014</p> <p><b>5.0% This Facility</b>          6.1% State average          7.0% National average</p>	<p>          4 out of 5 stars</p>
<p><b>Lose control of their bowels or bladder (long stay, low risk)</b>          Reporting period: April to December 2014</p> <p><b>48.2% This Facility</b>          45.8% State average          45.0% National average</p>	<p>          3 out of 5 stars</p>
<p><b>Had a catheter inserted and left in their bladder (long stay)</b>          Reporting period: April to December 2014</p> <p><b>0.2% This Facility</b>          2.6% State average          3.1% National average</p>	<p>          5 out of 5 stars</p>
<p><b>Had a urinary tract infection (long stay)</b>          Reporting period: April to December 2014</p> <p><b>4.7% This Facility</b>          5.5% State average          5.7% National average</p>	<p>          3 out of 5 stars</p>
<p><b>Have depressive symptoms (long stay)</b>          Reporting period: April to December 2014</p>	<p>          1 out of 5 stars</p>

151191 BNHLC Attachment A – Quality Measures and Inspection Report

<p><b>30.0% This Facility</b>          11.4% State average          6.0% National average</p>	
<p><b>Were physically restrained (long stay)</b>          Reporting period: April to December 2014</p> <p><b>0.0% This Facility</b>          1.5% State average          1.1% National average</p>	<p>          5 out of 5 stars</p>
<p><b>Experienced one or more falls with major injury (long stay)</b>          Reporting period: April to December 2014</p> <p><b>2.6% This Facility</b>          2.7% State average          3.2% National average</p>	<p>          3 out of 5 stars</p>
<p><b>Were given, appropriately, the seasonal influenza vaccine (long stay)</b>          Reporting period: April to December 2014</p> <p><b>97.4% This Facility</b>          94.8% State average          92.6% National average</p>	<p>          3 out of 5 stars</p>
<p><b>Were given, appropriately, the pneumococcal vaccine (long stay)</b>          Reporting period: April to December 2014</p> <p><b>99.8% This Facility</b>          96.7% State average          93.8% National average</p>	<p>          4 out of 5 stars</p>
<p><b>Received an antipsychotic medication (long stay)</b>          Reporting period: April to December 2014</p> <p><b>12.6% This Facility</b>          17.6% State average          19.3% National average</p>	<p>          4 out of 5 stars</p>

# Bellhaven Center for Rehabilitation and Nursing Care

## Inspection Report

**Report Period: June 2011 to May 2015**

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

### Summary

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

Measure	This Facility	Statewide Average
Standard Health Deficiencies	17	23
Life Safety Code Deficiencies	1	12
Total Deficiencies	18	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

## Ramapo Manor Center for Rehabilitation & Nursing

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

Percentage of residents who...	Performance Ranking 
<p> Self-report moderate to severe pain (short stay) Reporting period: January to December 2014</p> <p><b>31.6% This Facility</b> 13.7% State average 18.3% National average</p>	<p> 1 out of 5 stars</p>
<p> Have pressure sores that are new or worsened Reporting period: January to December 2014</p> <p><b>1.1% This Facility</b> 1.0% State average 0.9% National average</p>	<p> 2 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: January to December 2014</p> <p><b>85.7% This Facility</b> 84.7% State average 82.8% National average</p>	<p> 3 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine Reporting period: January to December 2014</p> <p><b>85.9% This Facility</b> 83.3% State average 81.9% National average</p>	<p> 3 out of 5 stars</p>
<p> Newly received an antipsychotic medication Reporting period: January to December 2014</p> <p><b>2.7% This Facility</b> 2.3% State average 2.4% National average</p>	<p> 2 out of 5 stars</p>
<p> Needed increased help with daily activities (long stay) Reporting period: April to December 2014</p>	<p> 1 out of 5 stars</p>

151191 BNHLC Attachment A – Quality Measures and Inspection Report

<p><b>32.8% This Facility</b>          14.4% State average          15.6% National average</p>	
<p><b>Self-report moderate to severe pain (long stay)</b>          Reporting period: April to December 2014</p> <p><b>11.0% This Facility</b>          4.9% State average          7.4% National average</p>	<p></p> <p>1 out of 5 stars</p>
<p><b>Have pressure sores (long stay)</b>          Reporting period: April to December 2014</p> <p><b>10.4% This Facility</b>          7.5% State average          5.9% National average</p>	<p></p> <p>2 out of 5 stars</p>
<p><b>Lose too much weight (long stay)</b>          Reporting period: April to December 2014</p> <p><b>7.7% This Facility</b>          6.1% State average          7.0% National average</p>	<p></p> <p>2 out of 5 stars</p>
<p><b>Lose control of their bowels or bladder (long stay, low risk)</b>          Reporting period: April to December 2014</p> <p><b>47.5% This Facility</b>          45.8% State average          45.0% National average</p>	<p></p> <p>3 out of 5 stars</p>
<p><b>Had a catheter inserted and left in their bladder (long stay)</b>          Reporting period: April to December 2014</p> <p><b>2.7% This Facility</b>          2.6% State average          3.1% National average</p>	<p></p> <p>3 out of 5 stars</p>
<p><b>Had a urinary tract infection (long stay)</b>          Reporting period: April to December 2014</p> <p><b>11.1% This Facility</b>          5.5% State average          5.7% National average</p>	<p></p> <p>1 out of 5 stars</p>
<p><b>Have depressive symptoms (long stay)</b>          Reporting period: April to December 2014</p>	<p></p> <p>2 out of 5 stars</p>

151191 BNHLC Attachment A – Quality Measures and Inspection Report

<p><b>8.9% This Facility</b>          11.4% State average          6.0% National average</p>	
<p><b>Were physically restrained (long stay)</b>          Reporting period: April to December 2014</p> <p><b>2.8% This Facility</b>          1.5% State average          1.1% National average</p>	<p></p> <p>1 out of 5 stars</p>
<p><b>Experienced one or more falls with major injury (long stay)</b>          Reporting period: April to December 2014</p> <p><b>1.5% This Facility</b>          2.7% State average          3.2% National average</p>	<p></p> <p>4 out of 5 stars</p>
<p><b>Were given, appropriately, the seasonal influenza vaccine (long stay)</b>          Reporting period: April to December 2014</p> <p><b>88.0% This Facility</b>          94.8% State average          92.6% National average</p>	<p></p> <p>1 out of 5 stars</p>
<p><b>Were given, appropriately, the pneumococcal vaccine (long stay)</b>          Reporting period: April to December 2014</p> <p><b>98.7% This Facility</b>          96.7% State average          93.8% National average</p>	<p></p> <p>3 out of 5 stars</p>
<p><b>Received an antipsychotic medication (long stay)</b>          Reporting period: April to December 2014</p> <p><b>17.0% This Facility</b>          17.6% State average          19.3% National average</p>	<p></p> <p>3 out of 5 stars</p>

# Ramapo Manor Center for Rehabilitation & Nursing

## Inspection Report

**Report Period: June 2011 to May 2015**

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

### Summary

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

Measure	This Facility	Statewide Average
Standard Health Deficiencies	22	23
Life Safety Code Deficiencies	20	12
Total Deficiencies	42	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

## St. James Rehabilitation & Healthcare Center

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

Percentage of residents who...	Performance Ranking 
<p> Self-report moderate to severe pain (short stay) Reporting period: January to December 2014</p> <p><b>10.6% This Facility</b> 13.7% State average 18.3% National average</p>	<p></p> <p>3 out of 5 stars</p>
<p> Have pressure sores that are new or worsened Reporting period: January to December 2014</p> <p><b>0.5% This Facility</b> 1.0% State average 0.9% National average</p>	<p></p> <p>4 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: January to December 2014</p> <p><b>96.8% This Facility</b> 84.7% State average 82.8% National average</p>	<p></p> <p>5 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine Reporting period: January to December 2014</p> <p><b>94.1% This Facility</b> 83.3% State average 81.9% National average</p>	<p></p> <p>4 out of 5 stars</p>
<p> Newly received an antipsychotic medication Reporting period: January to December 2014</p> <p><b>2.7% This Facility</b> 2.3% State average 2.4% National average</p>	<p></p> <p>2 out of 5 stars</p>
<p> Needed increased help with daily activities (long stay) Reporting period: April to December 2014</p>	<p></p> <p>4 out of 5 stars</p>

151191 BNHLC Attachment A – Quality Measures and Inspection Report

<p><b>9.5% This Facility</b>                  14.4% State average                  15.6% National average</p>	
<p><b>Self-report moderate to severe pain (long stay)</b>                  Reporting period: April to December 2014</p> <p><b>3.5% This Facility</b>                  4.9% State average                  7.4% National average</p>	<p>                  3 out of 5 stars</p>
<p><b>Have pressure sores (long stay)</b>                  Reporting period: April to December 2014</p> <p><b>6.2% This Facility</b>                  7.5% State average                  5.9% National average</p>	<p>                  3 out of 5 stars</p>
<p><b>Lose too much weight (long stay)</b>                  Reporting period: April to December 2014</p> <p><b>13.4% This Facility</b>                  6.1% State average                  7.0% National average</p>	<p>                  1 out of 5 stars</p>
<p><b>Lose control of their bowels or bladder (long stay, low risk)</b>                  Reporting period: April to December 2014</p> <p><b>41.1% This Facility</b>                  45.8% State average                  45.0% National average</p>	<p>                  3 out of 5 stars</p>
<p><b>Had a catheter inserted and left in their bladder (long stay)</b>                  Reporting period: April to December 2014</p> <p><b>4.8% This Facility</b>                  2.6% State average                  3.1% National average</p>	<p>                  1 out of 5 stars</p>
<p><b>Had a urinary tract infection (long stay)</b>                  Reporting period: April to December 2014</p> <p><b>6.2% This Facility</b>                  5.5% State average                  5.7% National average</p>	<p>                  2 out of 5 stars</p>
<p><b>Have depressive symptoms (long stay)</b>                  Reporting period: April to December 2014</p>	<p>                  5 out of 5 stars</p>

151191 BNHLC Attachment A – Quality Measures and Inspection Report

<p><b>0.2% This Facility</b>          11.4% State average          6.0% National average</p>	
<p><b>Were physically restrained (long stay)</b>          Reporting period: April to December 2014</p> <p><b>4.9% This Facility</b>          1.5% State average          1.1% National average</p>	<p></p> <p>1 out of 5 stars</p>
<p><b>Experienced one or more falls with major injury (long stay)</b>          Reporting period: April to December 2014</p> <p><b>1.8% This Facility</b>          2.7% State average          3.2% National average</p>	<p></p> <p>4 out of 5 stars</p>
<p><b>Were given, appropriately, the seasonal influenza vaccine (long stay)</b>          Reporting period: April to December 2014</p> <p><b>99.8% This Facility</b>          94.8% State average          92.6% National average</p>	<p></p> <p>5 out of 5 stars</p>
<p><b>Were given, appropriately, the pneumococcal vaccine (long stay)</b>          Reporting period: April to December 2014</p> <p><b>100.0% This Facility</b>          96.7% State average          93.8% National average</p>	<p></p> <p>5 out of 5 stars</p>
<p><b>Received an antipsychotic medication (long stay)</b>          Reporting period: April to December 2014</p> <p><b>10.6% This Facility</b>          17.6% State average          19.3% National average</p>	<p></p> <p>5 out of 5 stars</p>

## St. James Rehabilitation & Healthcare Center

### Inspection Report

**Report Period: June 2011 to May 2015**

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

### Summary

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

Measure	This Facility	Statewide Average
Standard Health Deficiencies	19	23
Life Safety Code Deficiencies	13	12
Total Deficiencies	32	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

## The Grand Pavilion for Rehab & Nursing at Rockville Centre

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

Percentage of residents who...	Performance Ranking 
<p> Self-report moderate to severe pain (short stay) Reporting period: January to December 2014</p> <p><b>15.4% This Facility</b> 13.7% State average 18.3% National average</p>	<p> 2 out of 5 stars</p>
<p> Have pressure sores that are new or worsened Reporting period: January to December 2014</p> <p><b>2.8% This Facility</b> 1.0% State average 0.9% National average</p>	<p> 1 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: January to December 2014</p> <p><b>60.4% This Facility</b> 84.7% State average 82.8% National average</p>	<p> 1 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine Reporting period: January to December 2014</p> <p><b>37.2% This Facility</b> 83.3% State average 81.9% National average</p>	<p> 1 out of 5 stars</p>
<p> Newly received an antipsychotic medication Reporting period: January to December 2014</p> <p><b>3.2% This Facility</b> 2.3% State average 2.4% National average</p>	<p> 2 out of 5 stars</p>
<p> Needed increased help with daily activities (long stay) Reporting period: April to December 2014</p>	<p> 4 out of 5 stars</p>

151191 BNHLC Attachment A – Quality Measures and Inspection Report

<p><b>10.0% This Facility</b>          14.4% State average          15.6% National average</p>	
<p><b>Self-report moderate to severe pain (long stay)</b>          Reporting period: April to December 2014</p> <p><b>4.8% This Facility</b>          4.9% State average          7.4% National average</p>	<p>          2 out of 5 stars</p>
<p><b>Have pressure sores (long stay)</b>          Reporting period: April to December 2014</p> <p><b>6.6% This Facility</b>          7.5% State average          5.9% National average</p>	<p>          3 out of 5 stars</p>
<p><b>Lose too much weight (long stay)</b>          Reporting period: April to December 2014</p> <p><b>10.0% This Facility</b>          6.1% State average          7.0% National average</p>	<p>          1 out of 5 stars</p>
<p><b>Lose control of their bowels or bladder (long stay, low risk)</b>          Reporting period: April to December 2014</p> <p><b>50.0% This Facility</b>          45.8% State average          45.0% National average</p>	<p>          3 out of 5 stars</p>
<p><b>Had a catheter inserted and left in their bladder (long stay)</b>          Reporting period: April to December 2014</p> <p><b>2.9% This Facility</b>          2.6% State average          3.1% National average</p>	<p>          2 out of 5 stars</p>
<p><b>Had a urinary tract infection (long stay)</b>          Reporting period: April to December 2014</p> <p><b>6.8% This Facility</b>          5.5% State average          5.7% National average</p>	<p>          2 out of 5 stars</p>
<p><b>Have depressive symptoms (long stay)</b>          Reporting period: April to December 2014</p>	<p>          2 out of 5 stars</p>

151191 BNHLC Attachment A – Quality Measures and Inspection Report

<p><b>20.1% This Facility</b>                  11.4% State average                  6.0% National average</p>	
<p><b>Were physically restrained (long stay)</b>                  Reporting period: April to December 2014</p> <p><b>0.0% This Facility</b>                  1.5% State average                  1.1% National average</p>	<p>                  5 out of 5 stars</p>
<p><b>Experienced one or more falls with major injury (long stay)</b>                  Reporting period: April to December 2014</p> <p><b>3.5% This Facility</b>                  2.7% State average                  3.2% National average</p>	<p>                  2 out of 5 stars</p>
<p><b>Were given, appropriately, the seasonal influenza vaccine (long stay)</b>                  Reporting period: April to December 2014</p> <p><b>94.0% This Facility</b>                  94.8% State average                  92.6% National average</p>	<p>                  2 out of 5 stars</p>
<p><b>Were given, appropriately, the pneumococcal vaccine (long stay)</b>                  Reporting period: April to December 2014</p> <p><b>94.7% This Facility</b>                  96.7% State average                  93.8% National average</p>	<p>                  1 out of 5 stars</p>
<p><b>Received an antipsychotic medication (long stay)</b>                  Reporting period: April to December 2014</p> <p><b>17.3% This Facility</b>                  17.6% State average                  19.3% National average</p>	<p>                  3 out of 5 stars</p>

# The Grand Pavilion for Rehab & Nursing at Rockville Centre

## Inspection Report Report Period: June 2011 to May 2015

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

### Summary

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

Measure	This Facility	Statewide Average
Standard Health Deficiencies	17	23
Life Safety Code Deficiencies	25	12
Total Deficiencies	42	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

## The Riverside

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

Percentage of residents who...	Performance Ranking 
<p> Self-report moderate to severe pain (short stay) Reporting period: January to December 2014</p> <p><b>2.1% This Facility</b> 13.7% State average 18.3% National average</p>	<p> 5 out of 5 stars</p>
<p> Have pressure sores that are new or worsened Reporting period: January to December 2014</p> <p><b>0.4% This Facility</b> 1.0% State average 0.9% National average</p>	<p> 4 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: January to December 2014</p> <p><b>70.7% This Facility</b> 84.7% State average 82.8% National average</p>	<p> 1 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine Reporting period: January to December 2014</p> <p><b>86.8% This Facility</b> 83.3% State average 81.9% National average</p>	<p> 3 out of 5 stars</p>
<p> Newly received an antipsychotic medication Reporting period: January to December 2014</p> <p><b>1.2% This Facility</b> 2.3% State average 2.4% National average</p>	<p> 4 out of 5 stars</p>
<p> Needed increased help with daily activities (long stay) Reporting period: April to December 2014</p>	<p> 4 out of 5 stars</p>

151191 BNHLC Attachment A – Quality Measures and Inspection Report

<p><b>10.0% This Facility</b>          14.4% State average          15.6% National average</p>	
<p><b>Self-report moderate to severe pain (long stay)</b>          Reporting period: April to December 2014</p> <p><b>0.6% This Facility</b>          4.9% State average          7.4% National average</p>	<p>          5 out of 5 stars</p>
<p><b>Have pressure sores (long stay)</b>          Reporting period: April to December 2014</p> <p><b>7.6% This Facility</b>          7.5% State average          5.9% National average</p>	<p>          3 out of 5 stars</p>
<p><b>Lose too much weight (long stay)</b>          Reporting period: April to December 2014</p> <p><b>7.0% This Facility</b>          6.1% State average          7.0% National average</p>	<p>          2 out of 5 stars</p>
<p><b>Lose control of their bowels or bladder (long stay, low risk)</b>          Reporting period: April to December 2014</p> <p><b>68.4% This Facility</b>          45.8% State average          45.0% National average</p>	<p>          1 out of 5 stars</p>
<p><b>Had a catheter inserted and left in their bladder (long stay)</b>          Reporting period: April to December 2014</p> <p><b>1.5% This Facility</b>          2.6% State average          3.1% National average</p>	<p>          4 out of 5 stars</p>
<p><b>Had a urinary tract infection (long stay)</b>          Reporting period: April to December 2014</p> <p><b>3.0% This Facility</b>          5.5% State average          5.7% National average</p>	<p>          4 out of 5 stars</p>
<p><b>Have depressive symptoms (long stay)</b>          Reporting period: April to December 2014</p>	<p>          4 out of 5 stars</p>

151191 BNHLC Attachment A – Quality Measures and Inspection Report

<p><b>1.6% This Facility</b>          11.4% State average          6.0% National average</p>	
<p><b>Were physically restrained (long stay)</b>          Reporting period: April to December 2014</p> <p><b>0.0% This Facility</b>          1.5% State average          1.1% National average</p>	<p>          5 out of 5 stars</p>
<p><b>Experienced one or more falls with major injury (long stay)</b>          Reporting period: April to December 2014</p> <p><b>1.2% This Facility</b>          2.7% State average          3.2% National average</p>	<p>          4 out of 5 stars</p>
<p><b>Were given, appropriately, the seasonal influenza vaccine (long stay)</b>          Reporting period: April to December 2014</p> <p><b>61.6% This Facility</b>          94.8% State average          92.6% National average</p>	<p>          1 out of 5 stars</p>
<p><b>Were given, appropriately, the pneumococcal vaccine (long stay)</b>          Reporting period: April to December 2014</p> <p><b>92.2% This Facility</b>          96.7% State average          93.8% National average</p>	<p>          1 out of 5 stars</p>
<p><b>Received an antipsychotic medication (long stay)</b>          Reporting period: April to December 2014</p> <p><b>17.1% This Facility</b>          17.6% State average          19.3% National average</p>	<p>          3 out of 5 stars</p>

# The Riverside

## Inspection Report

### Report Period: June 2011 to May 2015

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

### Summary

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

Measure	This Facility	Statewide Average
Standard Health Deficiencies	21	23
Life Safety Code Deficiencies	19	12
Total Deficiencies	40	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	2	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	5%	3%

## Cortlandt Healthcare

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

Percentage of residents who...	Performance Ranking 
<p> Self-report moderate to severe pain (short stay) Reporting period: January to December 2014</p> <p><b>23.1% This Facility</b> 13.7% State average 18.3% National average</p>	<p> 1 out of 5 stars</p>
<p> Have pressure sores that are new or worsened Reporting period: January to December 2014</p> <p><b>2.2% This Facility</b> 1.0% State average 0.9% National average</p>	<p> 1 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: January to December 2014</p> <p><b>95.3% This Facility</b> 84.7% State average 82.8% National average</p>	<p> 4 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine Reporting period: January to December 2014</p> <p><b>82.4% This Facility</b> 83.3% State average 81.9% National average</p>	<p> 2 out of 5 stars</p>
<p> Newly received an antipsychotic medication Reporting period: January to December 2014</p> <p><b>1.7% This Facility</b> 2.3% State average 2.4% National average</p>	<p> 3 out of 5 stars</p>
<p> Needed increased help with daily activities (long stay) Reporting period: April to December 2014</p>	<p> 1 out of 5 stars</p>

151191 BNHLC Attachment A – Quality Measures and Inspection Report

<p><b>20.0% This Facility</b>                  14.4% State average                  15.6% National average</p>	
<p><b>Self-report moderate to severe pain (long stay)</b>                  Reporting period: April to December 2014</p> <p><b>4.4% This Facility</b>                  4.9% State average                  7.4% National average</p>	<p>                  3 out of 5 stars</p>
<p><b>Have pressure sores (long stay)</b>                  Reporting period: April to December 2014</p> <p><b>10.7% This Facility</b>                  7.5% State average                  5.9% National average</p>	<p>                  1 out of 5 stars</p>
<p><b>Lose too much weight (long stay)</b>                  Reporting period: April to December 2014</p> <p><b>7.9% This Facility</b>                  6.1% State average                  7.0% National average</p>	<p>                  2 out of 5 stars</p>
<p><b>Lose control of their bowels or bladder (long stay, low risk)</b>                  Reporting period: April to December 2014</p> <p><b>41.8% This Facility</b>                  45.8% State average                  45.0% National average</p>	<p>                  3 out of 5 stars</p>
<p><b>Had a catheter inserted and left in their bladder (long stay)</b>                  Reporting period: April to December 2014</p> <p><b>3.6% This Facility</b>                  2.6% State average                  3.1% National average</p>	<p>                  2 out of 5 stars</p>
<p><b>Had a urinary tract infection (long stay)</b>                  Reporting period: April to December 2014</p> <p><b>5.1% This Facility</b>                  5.5% State average                  5.7% National average</p>	<p>                  3 out of 5 stars</p>
<p><b>Have depressive symptoms (long stay)</b>                  Reporting period: April to December 2014</p>	<p>                  1 out of 5 stars</p>

151191 BNHLC Attachment A – Quality Measures and Inspection Report

<p><b>37.7% This Facility</b>          11.4% State average          6.0% National average</p>	
<p><b>Were physically restrained (long stay)</b>          Reporting period: April to December 2014</p> <p><b>0.4% This Facility</b>          1.5% State average          1.1% National average</p>	<p>          3 out of 5 stars</p>
<p><b>Experienced one or more falls with major injury (long stay)</b>          Reporting period: April to December 2014</p> <p><b>0.0% This Facility</b>          2.7% State average          3.2% National average</p>	<p>          5 out of 5 stars</p>
<p><b>Were given, appropriately, the seasonal influenza vaccine (long stay)</b>          Reporting period: April to December 2014</p> <p><b>98.4% This Facility</b>          94.8% State average          92.6% National average</p>	<p>          4 out of 5 stars</p>
<p><b>Were given, appropriately, the pneumococcal vaccine (long stay)</b>          Reporting period: April to December 2014</p> <p><b>95.7% This Facility</b>          96.7% State average          93.8% National average</p>	<p>          2 out of 5 stars</p>
<p><b>Received an antipsychotic medication (long stay)</b>          Reporting period: April to December 2014</p> <p><b>13.4% This Facility</b>          17.6% State average          19.3% National average</p>	<p>          4 out of 5 stars</p>

## Cortlandt Healthcare

### Inspection Report

**Report Period: June 2011 to May 2015**

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

### Summary

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

Measure	This Facility	Statewide Average
Standard Health Deficiencies	23	23
Life Safety Code Deficiencies	17	12
Total Deficiencies	40	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

## Crown Center for Nursing and Rehabilitation

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

Percentage of residents who...	Performance Ranking 
<p> Self-report moderate to severe pain (short stay) Reporting period: January to December 2014</p> <p><b>14.0% This Facility</b> 13.7% State average 18.3% National average</p>	<p> 3 out of 5 stars</p>
<p> Have pressure sores that are new or worsened Reporting period: January to December 2014</p> <p><b>0.3% This Facility</b> 1.0% State average 0.9% National average</p>	<p> 4 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: January to December 2014</p> <p><b>77.3% This Facility</b> 84.7% State average 82.8% National average</p>	<p> 2 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine Reporting period: January to December 2014</p> <p><b>83.6% This Facility</b> 83.3% State average 81.9% National average</p>	<p> 2 out of 5 stars</p>
<p> Newly received an antipsychotic medication Reporting period: January to December 2014</p> <p><b>2.8% This Facility</b> 2.3% State average 2.4% National average</p>	<p> 2 out of 5 stars</p>
<p> Needed increased help with daily activities (long stay) Reporting period: April to December 2014</p>	<p> 1 out of 5 stars</p>

151191 BNHLC Attachment A – Quality Measures and Inspection Report

<p><b>30.2% This Facility</b>          14.4% State average          15.6% National average</p>	
<p><b>Self-report moderate to severe pain (long stay)</b>          Reporting period: April to December 2014</p> <p><b>3.7% This Facility</b>          4.9% State average          7.4% National average</p>	<p>          3 out of 5 stars</p>
<p><b>Have pressure sores (long stay)</b>          Reporting period: April to December 2014</p> <p><b>7.0% This Facility</b>          7.5% State average          5.9% National average</p>	<p>          3 out of 5 stars</p>
<p><b>Lose too much weight (long stay)</b>          Reporting period: April to December 2014</p> <p><b>5.6% This Facility</b>          6.1% State average          7.0% National average</p>	<p>          3 out of 5 stars</p>
<p><b>Lose control of their bowels or bladder (long stay, low risk)</b>          Reporting period: April to December 2014</p> <p><b>30.9% This Facility</b>          45.8% State average          45.0% National average</p>	<p>          4 out of 5 stars</p>
<p><b>Had a catheter inserted and left in their bladder (long stay)</b>          Reporting period: April to December 2014</p> <p><b>6.4% This Facility</b>          2.6% State average          3.1% National average</p>	<p>          1 out of 5 stars</p>
<p><b>Had a urinary tract infection (long stay)</b>          Reporting period: April to December 2014</p> <p><b>3.0% This Facility</b>          5.5% State average          5.7% National average</p>	<p>          4 out of 5 stars</p>
<p><b>Have depressive symptoms (long stay)</b>          Reporting period: April to December 2014</p>	<p>          4 out of 5 stars</p>

151191 BNHLC Attachment A – Quality Measures and Inspection Report

<p><b>2.8% This Facility</b>                  11.4% State average                  6.0% National average</p>	
<p><b>Were physically restrained (long stay)</b>                  Reporting period: April to December 2014</p> <p><b>2.6% This Facility</b>                  1.5% State average                  1.1% National average</p>	<p>                  1 out of 5 stars</p>
<p><b>Experienced one or more falls with major injury (long stay)</b>                  Reporting period: April to December 2014</p> <p><b>2.8% This Facility</b>                  2.7% State average                  3.2% National average</p>	<p>                  3 out of 5 stars</p>
<p><b>Were given, appropriately, the seasonal influenza vaccine (long stay)</b>                  Reporting period: April to December 2014</p> <p><b>92.8% This Facility</b>                  94.8% State average                  92.6% National average</p>	<p>                  2 out of 5 stars</p>
<p><b>Were given, appropriately, the pneumococcal vaccine (long stay)</b>                  Reporting period: April to December 2014</p> <p><b>89.8% This Facility</b>                  96.7% State average                  93.8% National average</p>	<p>                  1 out of 5 stars</p>
<p><b>Received an antipsychotic medication (long stay)</b>                  Reporting period: April to December 2014</p> <p><b>26.8% This Facility</b>                  17.6% State average                  19.3% National average</p>	<p>                  1 out of 5 stars</p>

## Crown Center for Nursing and Rehabilitation

### Inspection Report

**Report Period: June 2011 to May 2015**

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

### Summary

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

Measure	This Facility	Statewide Average
Standard Health Deficiencies	108	23
Life Safety Code Deficiencies	7	12
Total Deficiencies	115	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	11	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	10%	3%

## The Phoenix Rehabilitation and Nursing Center

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

Percentage of residents who...	Performance Ranking 
<p> Self-report moderate to severe pain (short stay) Reporting period: January to December 2014</p> <p><b>1.5% This Facility</b> 13.7% State average 18.3% National average</p>	<p> 5 out of 5 stars</p>
<p> Have pressure sores that are new or worsened Reporting period: January to December 2014</p> <p><b>1.2% This Facility</b> 1.0% State average 0.9% National average</p>	<p> 2 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: January to December 2014</p> <p><b>79.8% This Facility</b> 84.7% State average 82.8% National average</p>	<p> 2 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine Reporting period: January to December 2014</p> <p><b>79.5% This Facility</b> 83.3% State average 81.9% National average</p>	<p> 2 out of 5 stars</p>
<p> Newly received an antipsychotic medication Reporting period: January to December 2014</p> <p><b>2.3% This Facility</b> 2.3% State average 2.4% National average</p>	<p> 2 out of 5 stars</p>
<p> Needed increased help with daily activities (long stay) Reporting period: April to December 2014</p>	<p> 5 out of 5 stars</p>

151191 BNHLC Attachment A – Quality Measures and Inspection Report

<p><b>8.2% This Facility</b>                  14.4% State average                  15.6% National average</p>	
<p><b>Self-report moderate to severe pain (long stay)</b>                  Reporting period: April to December 2014</p> <p><b>0.1% This Facility</b>                  4.9% State average                  7.4% National average</p>	<p></p> <p>5 out of 5 stars</p>
<p><b>Have pressure sores (long stay)</b>                  Reporting period: April to December 2014</p> <p><b>10.6% This Facility</b>                  7.5% State average                  5.9% National average</p>	<p></p> <p>2 out of 5 stars</p>
<p><b>Lose too much weight (long stay)</b>                  Reporting period: April to December 2014</p> <p><b>6.6% This Facility</b>                  6.1% State average                  7.0% National average</p>	<p></p> <p>2 out of 5 stars</p>
<p><b>Lose control of their bowels or bladder (long stay, low risk)</b>                  Reporting period: April to December 2014</p> <p><b>19.0% This Facility</b>                  45.8% State average                  45.0% National average</p>	<p></p> <p>5 out of 5 stars</p>
<p><b>Had a catheter inserted and left in their bladder (long stay)</b>                  Reporting period: April to December 2014</p> <p><b>1.2% This Facility</b>                  2.6% State average                  3.1% National average</p>	<p></p> <p>4 out of 5 stars</p>
<p><b>Had a urinary tract infection (long stay)</b>                  Reporting period: April to December 2014</p> <p><b>4.7% This Facility</b>                  5.5% State average                  5.7% National average</p>	<p></p> <p>3 out of 5 stars</p>
<p><b>Have depressive symptoms (long stay)</b>                  Reporting period: April to December 2014</p>	<p></p> <p>4 out of 5 stars</p>

151191 BNHLC Attachment A – Quality Measures and Inspection Report

<p><b>1.6% This Facility</b>          11.4% State average          6.0% National average</p>	
<p><b>Were physically restrained (long stay)</b>          Reporting period: April to December 2014</p> <p><b>1.0% This Facility</b>          1.5% State average          1.1% National average</p>	<p>          2 out of 5 stars</p>
<p><b>Experienced one or more falls with major injury (long stay)</b>          Reporting period: April to December 2014</p> <p><b>1.8% This Facility</b>          2.7% State average          3.2% National average</p>	<p>          4 out of 5 stars</p>
<p><b>Were given, appropriately, the seasonal influenza vaccine (long stay)</b>          Reporting period: April to December 2014</p> <p><b>93.2% This Facility</b>          94.8% State average          92.6% National average</p>	<p>          2 out of 5 stars</p>
<p><b>Were given, appropriately, the pneumococcal vaccine (long stay)</b>          Reporting period: April to December 2014</p> <p><b>99.0% This Facility</b>          96.7% State average          93.8% National average</p>	<p>          3 out of 5 stars</p>
<p><b>Received an antipsychotic medication (long stay)</b>          Reporting period: April to December 2014</p> <p><b>10.8% This Facility</b>          17.6% State average          19.3% National average</p>	<p>          5 out of 5 stars</p>

# The Phoenix Rehabilitation and Nursing Center

## Inspection Report

**Report Period: June 2011 to May 2015**

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

### Summary

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

Measure	This Facility	Statewide Average
Standard Health Deficiencies	5	23
Life Safety Code Deficiencies	16	12
Total Deficiencies	21	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

Pursuant to the authority vested in the Public Health and Health Planning Council and the Commissioner of Health by Section 225 of the Public Health Law, section 9.1 of Title 10 of the Official Compilation of Codes, Rules and Regulations of the State of New York is amended, to be effective upon filing with the Department of State.

Subdivision (b) of section 9.1 is amended as follows:

(b) Synthetic Cannabinoid means any manufactured chemical compound that is a cannabinoid receptor agonist and includes, but is not limited to any material, compound, mixture, or preparation that is not listed as a controlled substance in Schedules I through V of § 3306 of the Public Health Law, and not approved by the federal Food and Drug Administration (FDA), and contains any quantity of the following substances, their salts, isomers (whether optical, positional, or geometric), homologues (analogs), and salts of isomers and homologues (analogs), unless specifically exempted, whenever the existence of these salts, isomers, homologues (analogs), and salts of isomers and homologues (analogs) is possible within the specific chemical designation:

(1) Naphthoylindoles. Any compound containing a 3-(1-Naphthoyl)indole structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl, or 2-(4-morpholinyl)ethyl group, whether or not further substituted in the indole ring to any extent and whether or not substituted in the naphthyl ring to any extent. (Other names in this structural class include but are not limited to: JWH 007, JWH 015, JWH 018, JWH 019, JWH 073, JWH 081, JWH 98, JWH 122, JWH 164, JWH 200, JWH 210, JWH 398, AM 2201, MAM 2201, EAM 2201 and WIN 55 212.)

(2) Naphthylmethyloindoles. Any compound containing a 1 H-indol-3-yl-(1-naphthyl)methane structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl, or 2-(4-morpholinyl)ethyl group, whether or not further substituted in the indole ring to any extent and whether or not substituted in the naphthyl ring to any extent. (Other names in this structural class include but are not limited to: JWH-175, and JWH-184.)

(3) Naphthoylpyrroles. Any compound containing a 3-(1-naphthoyl) pyrrole structure with substitution at the nitrogen atom of the pyrrole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl, or 2-(4-morpholinyl)ethyl group, whether or not further substituted in the pyrrole ring to any extent and whether or not substituted in the naphthyl ring to any extent. (Other names in this structural class include but are not limited: JWH 307.)

(4) Naphthylmethylindenes. Any compound containing a naphthylmethyl indenes structure with substitution at the 3-position of the indene ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl, or 2-(4-morpholinyl)ethyl group, whether or not further substituted in the indene ring to any extent and whether or not substituted in the naphthyl ring to any extent. (Other names in this structural class include but are not limited: JWH-176.)

(5) Phenylacetylindoles. Any compound containing a 3-phenylacetylindole structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl, or 2-(4-morpholinyl)ethyl group, whether or not further substituted in the indole ring to any

extent and whether or not substituted in the phenyl ring to any extent. (Other names in this structural class include but are not limited to: RCS-8 (SR-18), JWH 201, JWH 250, JWH 203, JWH-251, and JWH-302.)

(6) Cyclohexylphenols. Any compound containing a 2-(3-hydroxycyclohexyl)phenol structure with substitution at the 5-position of the phenolic ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl, or 2-(4-morpholinyl)ethyl group, whether or not substituted in the cyclohexyl ring to any extent. (Other names in this structural class include but are not limited to: CP 47,497 (and homologues (analogs)), cannabicyclohexanol, and CP 55,940.)

(7) Benzoylindoles. Any compound containing a 3-(benzoyl)indole structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl, or 2-(4-morpholinyl)ethyl group, whether or not further substituted in the indole ring to any extent and whether or not substituted in the phenyl ring to any extent. (Other names in this structural class include but are not limited to: AM 694, Pravadoline (WIN 48,098), RCS 4, AM-2233 and AM-679.)

(8) [2,3-Dihydro-5-methyl-3-(4-morpholinylmethyl)pyrrolo [1,2,3-de]-1, 4-benzoxazin-6-yl]-1-naphthalenylmethanone. (Other names in this structural class include but are not limited to: WIN 55,212-2.)

(9) (6aR,10aR)-9-(hydroxymethyl)-6, 6-dimethyl-3-(2-methyloctan-2-yl)-6a,7,10, 10a-tetrahydrobenzo[c]chromen-1-ol. (Other names in this structural class include but are not limited to: HU-210.)

(10) (6aS, 10aS)-9-(hydroxymethyl)-6,6-dimethyl-3-(2-methyloctan-2-yl)-6a,7,10,10a-tetrahydrobenzo{c}chromen-1-ol (Dezanabinol or HU-211)

(11) Adamantoylindoles. Any compound containing a 3-(1-adamantoyl)indole structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl, or 2-(4-morpholinyl)ethyl group, whether or not further substituted in the adamantyl ring system to any extent. (Other names in this structural class include but are not limited to: AM-1248.)

(12) Adamantoylindazoles including but not limited to Adamantyl Carboxamide Indazoles. Any compound containing a 3-(1-adamantoyl)indazole structure with substitution at the nitrogen atom of the indazole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl)methyl, or 2-(4-morpholinyl)ethyl group, whether or not further substituted in the adamantyl ring system to any extent. (Other names in this structural class include but are not limited to: AKB-48, MAB-CHMINACA, 5F-AKB-48.)

(13) Tetramethylcyclopropylcarbonylindoles or any compound structurally derived from 3-(2,2,3,3-tetramethylcyclopropylcarbonyl) indole by substitution at the nitrogen atom of the indole ring with alkyl, haloalkyl, alkenyl, cyanoalkyl, hydroxyalkyl, cycloalkylmethyl, cycloalkylethyl, (N-methylpiperidin-2-yl)methyl or 2-(4-morpholinyl)ethyl, whether or not further substituted in the indole ring to any extent, including without limitation the following: UR-11, XLR-11, A-796,260.

(14) Any other synthetic chemical compound that is a cannabinoid receptor agonist that is not listed in Schedules I through V of § 3306 of the Public Health Law, or is not an FDA approved drug.

## **Regulatory Impact Statement**

### **Statutory Authority:**

The Public Health and Health Planning Council (PHHPC) is authorized by Section 225 of the Public Health Law (PHL) to establish, amend and repeal sanitary regulations to be known as the State Sanitary Code (SSC) subject to the approval of the Commissioner of Health. PHL Section 225(5)(a) provides that the SSC may deal with any matter affecting the security of life and health of the people of the State of New York.

### **Legislative Objectives:**

PHL Section 225(4) authorizes PHHPC, in conjunction with the Commissioner of Health, to protect public health and safety by amending the SSC to address issues that jeopardize health and safety. Accordingly, PHHPC has issued 10 NYCRR Part 9, which prohibits the possession, manufacture, distribution, sale or offer of synthetic phenethylamines and cannabinoids. This amendment would add additional chemicals to the list of explicitly prohibited synthetic cannabinoids.

### **Needs and Benefits:**

“Synthetic cannabinoids” encompass a wide variety of chemicals that are designed to stimulate the same receptor in the body as cannabinoid 9-tetrahydrocannabinol (THC). However, they cause additional side effects that mimic other controlled substances and have been linked to severe adverse reactions, including death and acute renal failure. Reported side effects include: tachycardia (increased heart rate); paranoid behavior, agitation and irritability; nausea and vomiting; confusion; drowsiness; headache; hypertension; electrolyte abnormalities;

seizures; and syncope (loss of consciousness). Additional signs and symptoms of synthetic cannabinoids include: anxiety; tremor; hallucinations; and violent behavior. These effects can be similar to those of phencyclidine (PCP). It has been reported that some recent patients have presented with both somnolence (drowsiness) and bradycardia (decreased heart rate), some requiring endotracheal intubation.

Synthetic cannabinoids are frequently applied to plant materials and then packaged as incense, herbal mixtures or potpourri. They often carry a “not for human consumption” label, and are not approved for medical use in the United States. Products containing synthetic cannabinoids are, in actuality, consumed by individuals, most often by smoking, either through a pipe, a water pipe, or rolled in cigarette papers.

Products containing synthetic cannabinoids have become prevalent drugs of abuse. In 2012, before 10 NYCRR Part 9 was promulgated, calls to New York State Poison Control Centers relating to the consumption of synthetic cannabinoids had increased dramatically. Over half of the calls to the Upstate Poison Control Center in 2011 involved children under the age of 19, which was consistent with the results of a 2011 “Monitoring the Future” national survey of youth drug-use trends that showed that 11.4% of 12th graders used a synthetic cannabinoid during the twelve months prior to the survey, making it the second most commonly used illicit drug among high school seniors at the time.

In 2012, the Department issued 10 NYCRR Part 9, which addressed this emergent threat to public health by prohibiting the possession, manufacture, distribution, sale or offer of synthetic cannabinoids and other substances. Thereafter, New York State experienced a substantial decrease in reported cases of adverse health effects related to synthetic cannabinoid use, an achievement that was sustained until the early part of this year.

Recently, however, New York State experienced a dramatic increase in synthetic cannabinoid-related adverse events and emergency department visits. During April 1 to June 30, New York State has seen more than 1,900 emergency department visits and 680 poison control center calls due to reports of adverse health effects associated with synthetic cannabinoid use. This represents more than a tenfold increase over the same time period in 2014, when there was more than 150 emergency department visits and 50 poison control center calls reported. Nationally, there have been 15 synthetic cannabinoid-related deaths reported to poison control centers during from January to May of 2015. In New York, no fatalities have been reported to date, although there has been a 44% increase in the proportion of patients being admitted to critical care units from April 6 to June 30, 2015 when compared to the proportion of patients admitted to the critical care unit from Jan 1, 2011 to April 5, 2015. Calls received by poison control centers generally reflect only a small percentage of actual instances of poisoning.

Testing has identified synthetic cannabinoids that were not known to the Department in 2012, when 10 NYCRR Part 9 was first issued, and that are associated with the recent increase in cannabinoid-related adverse events and emergency department visits. Identifying these new synthetic cannabinoids in the regulation will simplify and enhance the efforts of local governments to control these dangerous chemicals.

**Costs:**

**Costs to Private Regulated Parties:**

The regulation imposes no new costs for private regulated parties.

**Costs to State Government and Local Government:**

There will be no additional cost to State Government. Local governments are already enforcing 10 NYCRR Part 9, which prohibits the possession, manufacture, distribution, sale or offer of synthetic phenethylamines and cannabinoids. The addition of these chemicals is expected to have negligible cost on local enforcement programs.

**Local Government Mandates:**

The SSC establishes a minimum standard for regulation of health and sanitation. Local governments can, and often do, establish more restrictive requirements that are consistent with the SSC through a local sanitary code. PHL § 228. Local governments have the power and duty to enforce the provisions of the State Sanitary Code, including 10 NYCRR Part 9, utilizing both civil and criminal options available. PHL §§ 228, 229, 309(1)(f) and 324(1)(e).

**Paperwork:**

The regulation imposes no new reporting or filing requirements.

**Duplication:**

The federal Synthetic Drug Abuse Prevention Act of 2012 banned the sale and distribution of products containing the synthetic cannabinoids identified in this regulation, by placing them on the federal schedule I list of substances under the federal Controlled Substances Act (21 U.S.C. § 812[c]). This regulation does not conflict with or duplicate that federal law, because it provides local enforcement authority, which the federal law does not provide.

**Alternatives:**

The Department considered relying on the existing regulation to address these recently identified synthetic cannabinoids. However, the Department determined that amending the regulation to explicitly identify these substances would enhance state and local enforcement authority and more effectively address this public health threat.

**Federal Standards:**

As noted above, the Synthetic Drug Abuse Prevention Act of 2012 places synthetic cannabinoids on the federal schedule I list of substances under the federal Controlled Substances Act (21 U.S.C. § 812[c]). This regulation does not conflict with or duplicate that federal law, because it provides local enforcement authority, which the federal law does not provide.

**Compliance Schedule:**

Regulated parties should be able to comply with these regulations effective upon filing with the Secretary of State.

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## **Regulatory Flexibility Analysis for Small Business and Local Governments**

### **Effect of Rule:**

The amendment will affect only the small businesses that are engaged in selling products containing synthetic cannabinoids. The Department does not have information concerning the number of small businesses that currently sell these products. However, in 2011 and 2012, Commissioner's Orders were issued banning certain synthetic phenethylamines and synthetic cannabinoids, resulting in approximately 8,000 establishments being served with one or both Orders by public health authorities. Banned product was found in 286 of these locations. Subsequent to these efforts, the number of related complaints dropped significantly.

This regulation affects local governments by establishing a minimum standard regarding the possession, manufacture, distribution, sale or offer of sale of additional synthetic cannabinoids. Local governments have the power and duty to enforce the provisions of the State Sanitary Code, including Part 9, utilizing any civil and criminal remedies that may be available. PHL §§ 228, 229, 309(1)(f) and 324(e). Local governments are also empowered to establish a local sanitary code that is more restrictive than the State Sanitary Code.

### **Compliance Requirements:**

Small businesses must comply by not engaging in any possession, manufacturing, distribution, sale, or offer of sale of the additional synthetic cannabinoids.

Local governments must comply by enforcing the State Sanitary Code. Local boards of health may impose civil penalties for a violation of this regulation of up to \$2,000 per violation, pursuant to PHL § 309(1)(f). Pursuant to PHL § 229, local law enforcement may seek criminal penalties for a first offense of up to \$250 and 15 days in prison, and for each subsequent offense

up to \$500 and 15 days in prison.

**Professional Services:**

Small businesses will need no additional professional services to comply. Local governments, in certain instances where local governments enforce, will need to secure laboratory services for testing of substances.

**Compliance Costs:**

**Costs to Private Regulated Parties:**

The regulation imposes no new costs for private regulated parties.

**Costs to State Government and Local Government:**

There will be no additional cost to State Government. Local governments are already enforcing 10 NYCRR Part 9, which prohibits the possession, manufacture, distribution, sale or offer of synthetic phenethylamines and cannabinoids. The addition of these chemicals is expected to have negligible cost on local enforcement programs.

**Economic and Technological Feasibility:**

Although there will be an impact on small businesses that sell these products, the prohibition is justified by the extremely dangerous nature of these products.

**Minimizing Adverse Impact:**

The New York State Department of Health will assist local governments by providing

consultation, coordination and information and updates on its website.

**Small Business and Local Government Participation:**

The Department will work with local governments to provide technical information concerning the newly-listed synthetic cannabinoids.

**Cure Period:**

Violation of this regulation can result in civil and criminal penalties. In light of the magnitude of the public health threat posed by these substances, the risk that some small businesses will not comply with regulations and continue to make or sell or distribute the substance justifies the absence of a cure period.

### **Rural Area Flexibility Analysis**

Pursuant to Section 202-bb of the State Administrative Procedure Act (SAPA), a rural area flexibility analysis is not required. These provisions apply uniformly throughout New York State, including all rural areas.

The proposed rule will not impose an adverse economic impact on rural areas, nor will it impose any additional reporting, record keeping or other compliance requirements on public or private entities in rural areas.

## **Job Impact Statement**

### **Nature of the Impact:**

The Department of Health does not expect there to be a positive or negative impact on jobs or employment opportunities.

### **Categories and Numbers Affected:**

The Department anticipates no negative impact on jobs or employment opportunities as a result of the amended rule.

### **Regions of Adverse Impact:**

The Department anticipates no negative impact on jobs or employment opportunities in any particular region of the state.

### **Minimizing Adverse Impact:**

Not applicable.

## **Emergency Justification**

“Synthetic cannabinoids” encompass a wide variety of chemicals that are designed to stimulate the same receptor in the body as cannabinoid 9-tetrahydrocannabinol (THC). However, they cause additional side effects that mimic other controlled substances and have been linked to severe adverse reactions, including death and acute renal failure. Reported side effects include: tachycardia (increased heart rate); paranoid behavior, agitation and irritability; nausea and vomiting; confusion; drowsiness; headache; hypertension; electrolyte abnormalities; seizures; and syncope (loss of consciousness). Additional signs and symptoms of synthetic cannabinoids include: anxiety; tremor; hallucinations; and violent behavior. These effects can be similar to those of phencyclidine (PCP). It has been reported that some recent patients are also presenting with both somnolence (drowsiness) and bradycardia (decreased heart rate), some requiring endotracheal intubation.

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Products containing synthetic cannabinoids have become prevalent drugs of abuse. When 10 NYCRR Part 9 was first promulgated, calls to New York State Poison Control Centers relating to the consumption of synthetic cannabinoids had increased dramatically. Over half of the calls to the Upstate Poison Control Center in 2011 involved children under the age of 19 years of age which is consistent with the results of a 2011 Monitoring the Future national survey of youth drug-use trends that showed that 11.4% of 12th graders used a synthetic cannabinoid

during the twelve months prior to the survey, making it the second most commonly used illicit drug among high school seniors at that time.

In 2012, the Department issued 10 NYCRR Part 9, which addressed this emergent threat to public health by prohibiting the possession, manufacture, distribution, sale or offer of specified synthetic cannabinoids and other substances. Thereafter, New York State experienced a substantial decrease in reported cases of adverse health effects related to synthetic cannabinoid use, an achievement that was sustained until the early part of this year.

Recently, however, New York State experienced a dramatic increase in synthetic cannabinoid-related adverse events and emergency department visits. During April 1 to June 30, New York State has seen more than 1,900 emergency department visits and 680 poison control center calls due to reports of adverse health effects associated with synthetic cannabinoid use. This represents more than a tenfold increase over the same time period in 2014, when there was more than 150 emergency department visits and 50 poison control center calls reported. Nationally, there have been 15 synthetic cannabinoid-related deaths reported to poison control centers during from January to May of 2015. In New York, no fatalities have been reported to date, although there has been a 44% increase in the proportion of patients being admitted to critical care units from April 6 to June 30, 2015 when compared to the proportion of patients admitted to the critical care unit from Jan 1, 2011 to April 5, 2015. Calls received by poison control centers generally reflect only a small percentage of actual instances of poisoning.

Testing has identified synthetic cannabinoids that were not known to the Department in 2012, when 10 NYCRR Part 9 was first issued, and that are associated with the recent increase in cannabinoid-related adverse events and emergency department visits. Identifying these new synthetic cannabinoids in the regulation will simplify and enhance the efforts of local

governments to control these dangerous chemicals.

Because synthetic cannabinoids continue to be an urgent public health issue, and because the Department has learned of additional specific synthetic cannabinoids since the regulation was first promulgated, the Commissioner of Health and the Public Health and Health Planning Council have determined it necessary to file these regulations on an emergency basis. Public Health Law § 225, in conjunction with State Administrative Procedure Act § 202(6), empowers the Council and the Commissioner to adopt emergency regulations when necessary for the preservation of the public health, safety or general welfare and that compliance with routine administrative procedures would be contrary to the public interest.