

ADDENDUM

STATE OF NEW YORK
PUBLIC HEALTH AND HEALTH PLANNING COUNCIL

COMMITTEE DAY

AGENDA

September 24, 2015
10:00 a.m.

- *90 Church Street 4th Floor, Room 4A & 4B, New York City*
- *New York State Department of Health Offices at Rochester, Conference Room 1*
 - *Sturman Conference Room, Wadsworth Center, NYS Department of Health, Empire State Plaza, Albany*

II. COMMITTEE ON ESTABLISHMENT AND PROJECT REVIEW

Gary Kalkut, M.D., Vice-Chair

B. Dialysis Services – Establish/Construct

Exhibit # 7

<u>Number</u>	<u>Applicant/Facility</u>
151298 E	Pelham Parkway Dialysis Center (Bronx County)

B. Residential Health Care Facilities - Establish/Construct

Exhibit # 8

<u>Number</u>	<u>Applicant/Facility</u>
151060 E	Warren Operations Associates, LLC d/b/a Warren Center for Rehabilitation and Healthcare (Warren County)
151180 E	ECRNC, LLC d/b/a Evergreen Commons Rehabilitation and Nursing Center (Rensselaer County)



**Project # 151298-E
Pelham Parkway Dialysis Center**

Program: Diagnostic and Treatment Center **County:** Bronx
Purpose: Establishment **Acknowledged:** July 8, 2015

Executive Summary

Description

IHS of New York, Inc., an existing New York corporation whose sole member is Nelson R. Shaller, operates an Article 28 freestanding dialysis center with one extension clinic: Pelham Parkway Dialysis (25 stations) located at 1400 Pelham Parkway South, Bronx, NY (main clinic site); and Queens Dialysis at South Flushing (25 stations) located at 71-12 Park Avenue, Flushing, NY (extension clinic site). IHS of New York, Inc. requests approval for the transfer of 100% ownership (200 issued and outstanding shares) to the corporate parent company, IHS Dialysis, Inc., a Florida corporation whose sole member is Nelson R. Shaller, via a Contribution Agreement. There will be no change in services provided and all policies and procedures, staffing, and referral relationships will continue uninterrupted.

Mr. Shaller was the owner of 100% of the issued and outstanding shares of IHS of New York Inc. until, in an effort to obtain certain tax savings and assist in tax compliance, he transferred all of his shares via a Contribution Agreement to the corporate parent company, IHS Dialysis, Inc., a Florida corporation of which Mr. Shaller is also the sole member.

In order to comply with Section 2801-a(4)(c) of the New York State Public Health Law, the applicant now seeks the Public Health and Health Planning Council's approval for the Contribution Agreement between Mr. Shaller and IHS Dialysis, Inc.

IHS Dialysis, Inc. has a 100% ownership interests in the following entities: IHS of Massachusetts, LLC; IHS of Georgia, LLC; IHS of Tennessee, LLC; IHS of New Jersey, LLC; IHS of South Florida, LLC; and IHS of New Hampshire, LLC. Presently, only IHS of Massachusetts, LLC is an operating entity, operating two end stage renal dialysis facilities in Massachusetts.

Related requests have been submitted for the transfer of ownership of the main site to USRC Pelham, LLC d/b/a U.S. Renal Care Pelham Parkway Dialysis (CON #151070), and the transfer of ownership of the extension clinic to USRC South Flushing, LLC d/b/a U.S. Renal Care South Flushing Dialysis (CON #151072). These two applications are currently under Department review for subsequent presentation to the Public Health and Health Planning Council.

**OPCHSM Recommendation
Contingent Approval**

Need Summary
The proposed transfer of ownership will not result in any changes in services being provided.

Program Summary
Based on the results of this review, a favorable recommendation can be made regarding the operator's current compliance pursuant to 2802-(3)(e) of the New York State Public Health Law.

Financial Summary

There are no project costs associated with this application.

Nelson R. Shaller is the owner of all issued and outstanding shares of stock of IHS of New York, Inc. and of IHS Dialysis, Inc. Per this CON application, Mr. Shaller proposes to contribute 100% of his shares in IHS of New York, Inc. to IHS Dialysis, Inc., without any payment for this contribution.

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 of IHS Dialysis Inc., acceptable to the Department. [CSL]

Approval conditional upon:

1. Submission of documentation of the applicant's contribution of shares of stock in IHS of New York, Inc. to IHS Dialysis, Inc, acceptable to the Department. [CSL]
2. The project must be completed within one year 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

October 8, 2015

Need Analysis

Background

The primary service area for the facility is Bronx County, which had a population estimate of 1,438,159 in 2014. The percentage of the population aged 65 and over was 11.1%. The nonwhite population percentage was 54.2%, which is well above the statewide average of 29.1%. These are the two population groups that are most in need of end stage renal dialysis service. Comparisons between Bronx County and New York State are listed below.

Ages 65 and Over:	11.1%	State Average:	14.4%
Nonwhite:	54.2%	State Average:	29.1%

Source: U.S. Census 2015

Capacity

The Department's methodology to estimate capacity for chronic dialysis stations is specified in Part 709.4 of Title 10 and is as follows:

- One free standing station represents 702 projected treatments per year. This is based on the expectation that the center will operate 2.5 patient shifts per day at 6 days per week, which is 15 patients per week, per station $[(2.5 \times 6) \times 52 \text{ weeks}] = 780$ treatments per year. Assuming a 90% utilization rate based on the expected number of annual treatments (780), the projected number of annual treatments per free standing station is 702. The estimated average number of dialysis procedures each patient receives from a free standing station per year is 156.
- One hospital based station represents 499 projected treatments per year. This is based on the expectation that the hospital will operate 2.0 patient shifts per day at 6 days per week, which is 12 patients per week, per station $[(2 \times 6) \times 52 \text{ weeks}] = 624$ treatments per year. Assuming an 80% utilization rate based on the expected number of annual treatments (624), the projected number of annual treatments per hospital station is 499. One hospital based station can treat 3 patients per year.
- Per Department policy, hospital-based stations can treat fewer patients per year. Statewide, the majority of stations are free standing, as are the majority of applications for new stations. As such, when calculating the need for additional stations, the Department bases the projected need on establishing additional free standing stations.
- There are currently 480 free standing chronic dialysis stations operating in Bronx County and 104 in pipeline.
- Based upon DOH methodology, the 480 existing free standing stations in Bronx County could treat a total of 2,160 patients annually. Including the 104 additional pipeline stations, the county could treat a total of 2,628 patients annually.

Projected Need

	2014		2019	
	Total Patients Treated	Total Residents Treated	*Projected Total Patients Treated	*Projected Residents Treated
	2,984	3,141	3,460	3,642
Free Standing Stations Needed	664	698	769	810
Existing Stations	480	480	480	480
Total Stations (Including Pipeline)	584	584	584	584
Total stations w/Approval of this CON	584	584	584	584
Unmet Need With Approval	80	114	185	226

**Based upon an estimate of a three percent annual increase.*

The data in the first row, "Free Standing Stations Needed," is from the DOH methodology of each station being able to treat 4.5 patients, and each hospital station being able to treat 3 patients annually. The data in the next row, "Existing Stations," comes from the Department's Health Facilities Information System (HFIS). "Unmet Need" comes from subtracting total stations w/approval of this CON & pipeline from free standing stations needed. "Total Patients Treated" is from IPRO data from 2014.

Conclusion

The 480 stations in Bronx County serve a population of 1,438,159 residents. There remains an unmet need of 114 stations for the 3,141 residents that need treatment. The retention of this facility will help maintain access to dialysis services in the area.

Recommendation

From a need perspective, approval is recommended.

Program Analysis

Project Proposal

IHS of New York, Inc., an existing New York corporation whose sole member was Nelson Shaller, operates an Article 28 end stage renal dialysis centers with one extension clinic: Pelham Parkway Dialysis Center (main site, 25 stations), located at 1400 Pelham Parkway in the Bronx (Bronx County) and Queens Dialysis at South Flushing (extension site, 25 stations), located at 71-12 Park Avenue in Flushing (Queens County).

Mr. Shaller was the owner of 100% of the issued and outstanding shares of IHS of New York Inc. until, in an effort to obtain certain tax savings and assist in tax compliance, he transferred all of his shares via a Contribution Agreement to the corporate parent company, IHS Dialysis, Inc., a Florida corporation of which Mr. Shaller is also the sole member.

In order to comply with Section 2801-a(4)(c) of the New York State Public Health Law, the applicant now seeks the Public Health and Health Planning Council's approval for the Contribution Agreement between Mr. Shaller and IHS Dialysis, Inc.

IHS Dialysis, Inc. is also the 100% owner of the interests in the following entities: IHS of Massachusetts, LLC, IHS of Georgia, LLC, IHS of Tennessee, LLC, IHS of New Jersey, LLC, IHS of South Florida, LLC, and IHS of New Hampshire, LLC. (Currently, only IHS of Massachusetts, LLC is an operating entity).

Character and Competence

As stated above, the sole member of IHS Dialysis, Inc. is Nelson R. Shaller.

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

Additionally, staff from the Division of Certification & Surveillance reviewed the ten-year surveillance history of all associated facilities. Sources of information included the files, records and reports found in the Department of Health. Included in the review were the results of any incident and/or complaint investigations, independent professional reviews, and/or comprehensive/focused inspections. The review found that any citations were properly corrected with appropriate remedial action.

On September 16, 2015, the Department issued a Stipulation and Order and a \$2,000 fine to IHS of New York, Inc. as operator of Pelham Parkway Dialysis Center for violations of Article 28 of the Public Health

Law and Title 10 of the Official Compilation of Codes, Rules and Regulations of the State of New York (10 NYCRR). As detailed in a Statement of Deficiencies issued in July 2015, the Department discovered that, on or about May 27, 2015, Nelson Shaller, the owner of 100% of shares of stock in IHS of New York, Inc., had transferred all of the shares he owned to another corporation (in which he is also 100% owner) without prior approval from the Public Health and Health Planning Council. The Department directed that an appropriate Certificate of Need Application be filed and that documentation be submitted (within Department specified time frames) to complete the application process. In addition to the monetary penalty, the Department has directed IHS/Mr. Shaller to submit quarterly reports for a one year period which detail the steps taken to implement the corrective action plan and to access their effectiveness.

Star Ratings - Dialysis Facility Compare (DFC)

The Centers for Medicare and Medicaid Services (CMS) and the University of Michigan Kidney Epidemiology and Cost Center have developed a methodology for rating each dialysis facility which may be found on the Dialysis Facility Compare website as a "Star Rating." The method produces a final score that is based on quality measures currently reported on the DFC website and ranges from 1 to 5 stars. A facility with a 5-star rating has quality of care that is considered 'much above average' compared to other dialysis facilities. A 1- or 2- star rating does not mean that a facility provides poor care. It only indicates that measured outcomes were below average compared to other facilities. Star ratings on DFC are updated annually to align with the annual updates of the standardized measures.

The DFC website currently reports on 9 measures of quality of care for facilities. The measures used in the star rating are grouped into three domains by using a statistical method known as Factor Analysis. Each domain contains measures that are most correlated. This allows CMS to weight the domains rather than individual measures in the final score, limiting the possibility of overweighting quality measures that assess similar qualities of facility care.

To calculate the star rating for a facility, each domain score between 0 and 100 by averaging the normalized scores for measures within that domain. A final score between 0 and 100 is obtained by averaging the three domain scores (or two domain scores for peritoneal dialysis-only facilities). Finally, to recognize high and low performances, facilities receive stars in the following way:

- Facilities with the top 10% final scores were given a star rating of 5.
- Facilities with the next 20% highest final scores were given 4 stars.
- Facilities within the middle 40% of final scores were given 3 stars.
- Facilities with the next 20% lowest final scores were given 2 stars.
- Facilities with the bottom 10% final scores were given 1 star.

The applicant disclosed that IHS Dialysis, Inc. operates the following dialysis centers:

Facility Name	Address	Star Rating
Pelham Parkway Dialysis Center	1400 Pelham Parkway South Bldg. 5 Dialysis Center Bronx, NY 10461	★★★★★●
IHS Queens Dialysis d/b/a Queens Dialysis at South Flushing	71-12 Park Avenue Flushing, NY 11365	★★★★★●
Advanced Directions Renal Care Center	1250 Hancock St., Ste. 204-N-B Quincy, MA 02169	No Star Data Available
Quincy Center Dialysis	1250 Hancock St., Ste. 110N Quincy, MA 02169	★★●●●
Advanced Kidney Therapies	3200 Cobb Galleria Pkwy Atlanta, GA 30339	★●●●●

Recommendation

From a programmatic perspective, approval is recommended.

Financial Analysis

Contribution Agreement

The applicant has submitted an executed contribution agreement, which is summarized as follows:

Date:	December 31, 2013
From (Contributor):	Nelson R. Shaller, IHS of New York, Inc.
To (Corporate Parent Company):	IHS Dialysis, Inc.
Contribution:	All of the issued and outstanding shares of stock of IHS of New York, Inc.
Purchase Price:	None

There is no consideration paid to Nelson R Shaller for this contribution.

Operating Budget

There are no operational expenses associated with the proposed transaction.

Capability and Feasibility

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

As previously mentioned, this is a stock transfer in which IHS Dialysis, Inc. will continue providing services at present operational levels with no change in operational revenues or expenses due to the transaction. BFA Attachment B is the internal financial statements of IHS Dialysis, Inc. as of December 31, 2014. As shown, the entity had a positive working capital position, positive net asset position and positive operating surpluses.

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

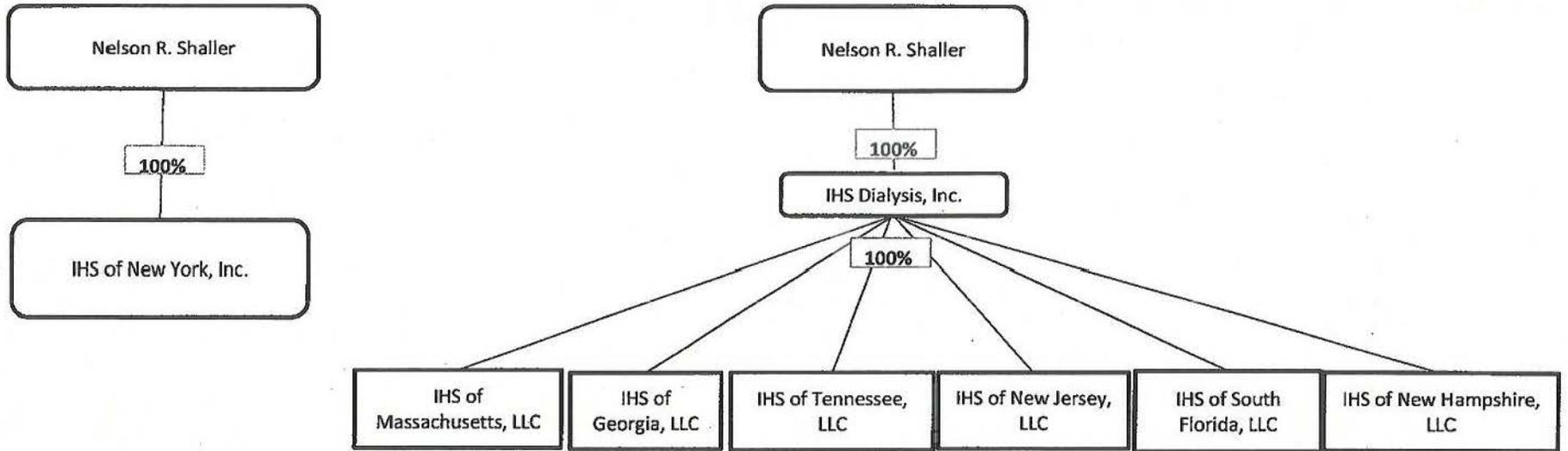
Recommendation

From a financial perspective, contingent approval is recommended.

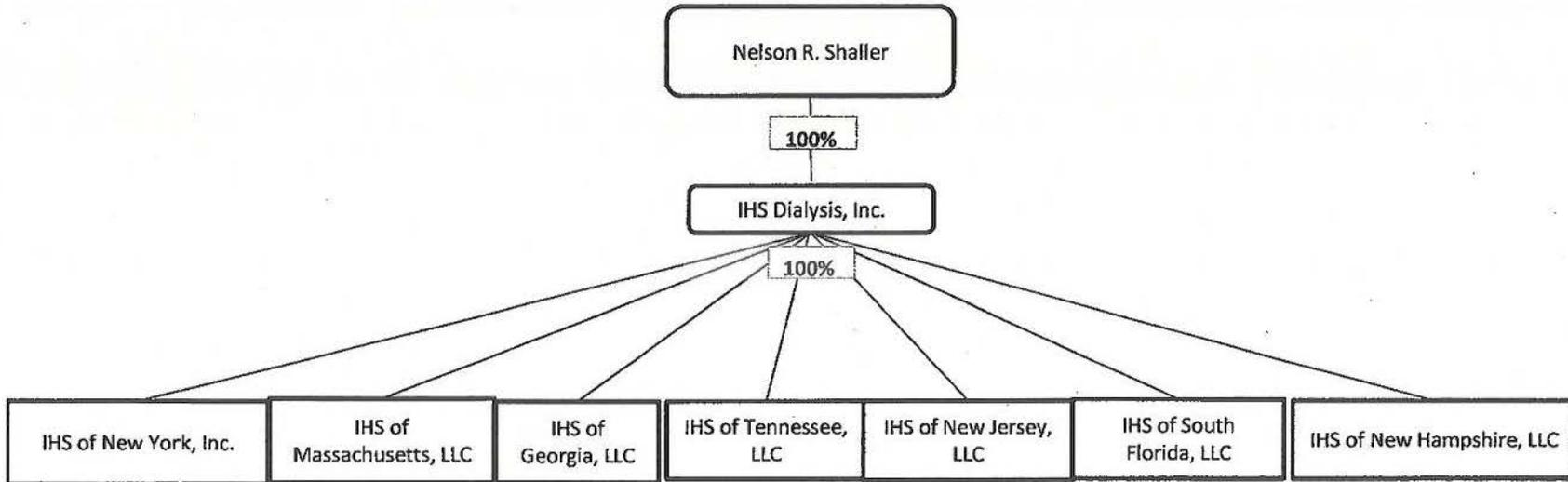
Attachments

- BFA Attachment A Ownership before and after the proposed transaction.
- BFA Attachment B 2014 - IHS Dialysis Inc. Consolidated Internal Financial Statements.

BEFORE Restructuring



AFTER Restructuring



IHS Dialysis, Inc - Consolidated
Balance Sheet
December 31, 2014

	<u>December 2014</u>
Cash	\$ 590,190
Net Accounts Receivable	3,339,814
Other Current Assets	4,011,830
Property, plant & equipment	7,305,337
Less: Accumulated depreciation	<u>(4,649,230)</u>
Net PP&E	2,656,107
TOTAL ASSETS	<u>\$ 10,597,941</u>
Accounts Payable	1,365,426
Accrued Payroll Liabilities	504,857
Other Accrued Liabilities	<u>5,131,139</u>
TOTAL LIABILITIES	7,001,422
Owners' Equity	3,596,519
Total Liabilities & Equity	<u>\$ 10,597,941</u>

IHS Dialysis, Inc - Consolidated
Income Statement
For the Twelve Months Ended December 31, 2014

	<u>YTD</u> <u>12/31/14</u>
Revenue:	
Chronic	17,506,079
Home	2,598,841
Total treatment revenue	<u>20,104,920</u>
Pharmaceutical & other ancillary	<u>3,331,939</u>
Total gross revenue	<u>23,436,859</u>
Revenue adjustments:	
Write offs & bad debts	(1,042,596)
Contractual allowances	(245,545)
Total revenue adjustments	<u>(1,288,141)</u>
Net revenue	22,148,718
Expenses:	
Salaries, wages & benefits:	
Variable salaries & wages	4,032,820
Fixed salaries & wages	3,528,176
Biomed salaries & wages	288,587
Contract	179,741
Total salaries & wages	<u>8,029,324</u>
Benefits & taxes	<u>1,601,225</u>
Total salaries, wages & benefits	9,630,550
Pharmaceutical expenses	3,578,874
Other medical supplies	2,535,838

IHS Dialysis, Inc - Consolidated
Income Statement
For the Twelve Months Ended December 31, 2014

	YTD <u>12/31/14</u>
Other clinic operating expenses:	
Building rent	1,190,127
Depreciation	589,075
Machine maint & repair	8,952
Facility maint & repair	123,512
Utilities	391,342
Office supplies/minor equip	74,218
Travel & entertainment	116,273
Medical director fees	758,302
Professional fees	1,310,234
Taxes & licenses	48,408
Insurance	173,623
Other	<u>1,474,933</u>
Total other clinic operating expenses	<u>6,259,000</u>
 Total operating expenses	 22,004,262
 Operating income (loss)	 <u>144,457</u>
 Income taxes	 <u>20,500</u>
 Net Income (Loss)	 <u><u>\$123,957</u></u>



Project # 151060-E
**Warren Operations Associates, LLC d/b/a Warren Center for
Rehabilitation and Healthcare**

Program: Residential Health Care Facility
Purpose: Establishment

County: Warren
Acknowledged: February 18, 2015

Executive Summary

Description

Warren Operations Associates LLC, d/b/a Warren Center for Rehabilitation and Healthcare, an existing New York limited liability company, requests approval to be established as the operator of Westmount Health Facility, an 80-bed, public county, Article 28 residential health care facility (RHCF) located at 42 Gurney Lane, Queensbury (Warren County). The facility is currently operated by Warren County. Warren Operations Associates LLC's sole member is David Greenberg. A separate entity, Warren Land Associates, LLC, will acquire the real property. There will be no change in services provided.

On December 31, 2014, Warren County entered into an Asset Purchase Agreement (APA) with Warren Operations Associates LLC for the sale and acquisition of the operating interests of Westmount Health Facility for a purchase price of \$800,000. The APA was executed by Kenneth Rozenberg as managing member of Warren Operations Associates LLC. Mr. Rozenberg will no longer be a member of Warren Operations Associates LLC and has provided an Assignment of Membership Interests Agreement, executed September 15, 2015, assigning his membership and ownership interest in Warren Operations Associates LLC solely to David Greenberg.

On December 31, 2014, in conjunction with the APA, Warren Land Associates, LLC, a New York limited liability company whose members are Daryl Hagler and Jonathan Hagler, entered into a Land Sale Contract (LSC) with Warren County

for the sale and acquisition of the real property interest of the RHCF for a purchase price of \$1,500,000. The closing of the LSC will be concurrent with the closing of the transactions contemplated by the APA. The applicant will lease the premises from Warren Land Associates, LLC. The applicant has submitted an affidavit attesting that there is a relationship between landlord and tenant in that the members of each company have previous business relationships involving real estate transactions of other nursing homes.

**OPCHSM Recommendation
Contingent Approval**

Need Summary

This application will not result in a change to beds or services. Westmount Health Facility's occupancy was 96.9% in 2011, 90.4% in 2012 and 89.1% in 2013. Occupancy as of May 6, 2015 was 96.3%, with 3 vacant beds.

Program Summary

No changes in the program or physical environment are proposed in this application. No negative information has been received concerning the character and competence of the proposed applicant. The individual background review indicates the applicant has 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 operations is \$800,000 to be funded as follows: \$40,000 deposit paid and held in escrow, \$190,000 member's equity due at closing, and the balance of \$570,000 to be funded via a bank loan at 5% interest for a ten-year term with a twenty-five year amortization.

There are no project costs associated with this application.

Budget:

	<u>Year One</u>	<u>Year Three</u>
Revenues	\$6,768,515	\$6,911,009
Expenses	<u>6,740,132</u>	<u>6,728,251</u>
Net Income	\$28,383	\$182,758

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 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)
2. 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:
 - a. Reach out to hospital discharge planners to make them aware of the facility's Medicaid Access Program;
 - b. Communicate with local hospital discharge planners on a regular basis regarding bed availability at the nursing facility; and
 - c. 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)
3. 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:
 - a. Describing how the applicant reached out to hospital discharge planners to make them aware of the facility's Medicaid Access Program;
 - b. Indicating that the applicant communicated with local hospital discharge planners on a regular basis regarding bed availability at the nursing facility;
 - c. 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.
 - d. Documentation pertaining to the number of referrals and the number of Medicaid admissions; and
 - e. 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)
4. Submission of a programmatically acceptable name for the facility. [LTC]
5. Submission and review of an acceptable consulting and services agreement. [LTC]
6. Submission of and programmatic approval of a transition plan that will outline proactive measures to be undertaken to ensure that the quality of care at the facility is maintained immediately following the transfer of ownership. [LTC]
7. Submission of an executed loan commitment for the purchase of the operations of the RHCF, acceptable to the Department of Health. (BFA)
8. Submission of an executed working capital loan commitment, acceptable to the Department of Health. (BFA)
9. Submission of the executed restated Articles of Organization of Warren Operations Associates, LLC., 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
October 8, 2015

Need Analysis

Background

Warren Operations Associates, LLC, doing business as Warren Center for Rehabilitation and Healthcare, seeks approval to become the established operator of Westmount Health Facility, an 80-bed Article 28 residential health care facility (RHCF), located at 42 Gurney Lane, Queensbury, 12804 in Warren County. The current operator is Warren County.

Analysis

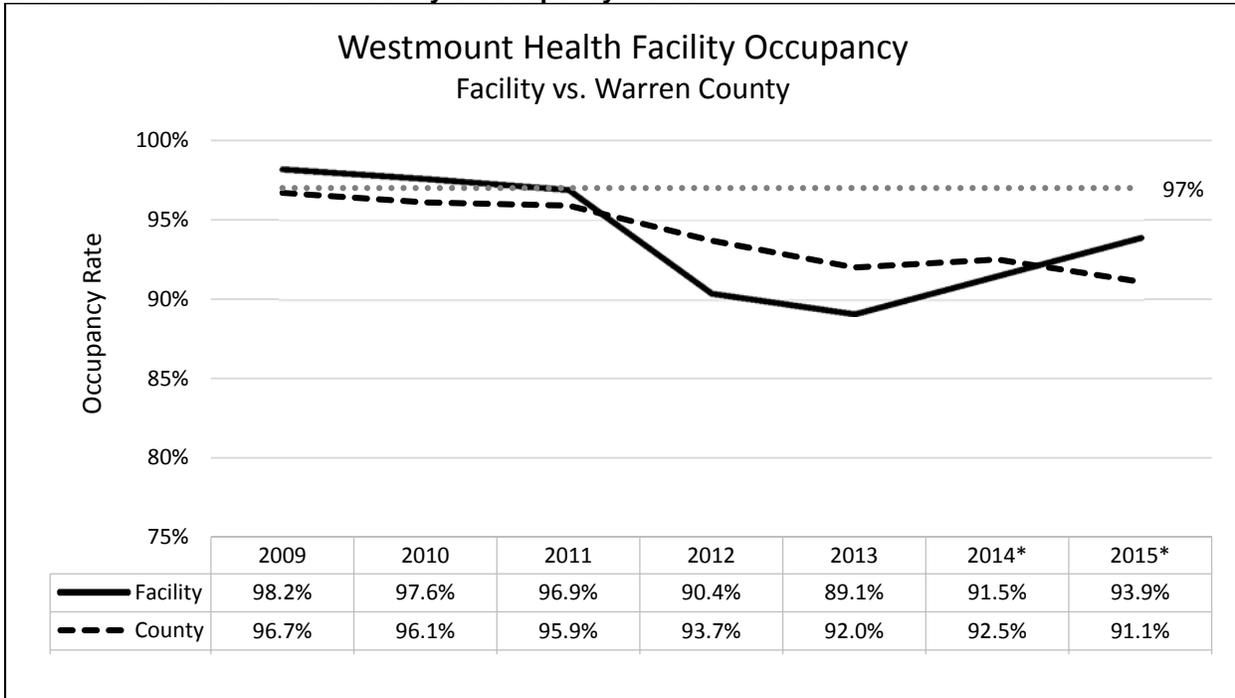
There is currently a need for 15 beds in Warren County as indicated in the table below:

Table 1: RHCF Need – Warren County

2016 Projected Need	417
Current Beds	402
Beds Under Construction	0
Total Resources	402
Unmet Need	15

The overall occupancy for Warren County was 92.0% in 2013 as indicated in the chart below:

Chart 1: Westmount Health Facility's Occupancy Rates



*unaudited; based on weekly census

Westmount Health Facility's occupancy was 96.9% in 2011, 90.4% in 2012 and 89.1% in 2013. Occupancy as of May 6, 2015 was 96.3%, with 3 vacant beds. The decline in occupancy from 2011 to 2013 is attributed to below average Centers for Medicare and Medicaid Services facility ratings. To increase occupancy, the proposed operators plan to remedy existing deficiencies, strengthen relationships with hospital discharge planners and implement the following additional services: tracheostomy care, cardiac rehabilitation, enhanced wound care, IV therapy and complex clinical services.

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.

Westmount Health Facility's Medicaid admissions for 2012 and 2013 are 85.4% and 78.9% respectively. This facility exceeded Warren County's 75% Medicaid admission threshold rates in 2012 and 2013 of 16.0% and 17.2%, respectively.

Conclusion

It is reasonable to expect that the applicant's plan to remedy existing deficiencies at the nursing home, to strengthen its relationships with local discharge planners and to provide new specialized services will restore the facility's occupancy rates to sustainable optimum levels. Approval of this application will help preserve a needed source of RHCF care for the Warren County community, including for its Medicaid-eligible population.

Recommendation

From a need perspective, contingent approval is recommended.

Program Analysis

Facility Information

	Existing	Proposed
Facility Name	Westmount Health Facility	Warren Center for Rehabilitation and Healthcare
Address	42 Gurney Lane Queensbury, NY. 12804	Same
RHCF Capacity	80	Same
ADHC Program Capacity	N/A	Same
Type of Operator	County	Limited Liability Company
Class of Operator	Public	Proprietary
Operator	Warren County	Warren Operations Associates LLC Member: David Greenberg 100%

Character and Competence - Background

Facilities Reviewed

Nursing Homes

Corning Center for Rehabilitation
Steuben Center for Rehab

07/2013 to present
07/2014 to present

Individual Background Review

David Greenberg is employed as the administrator of record at Boro Park Center for Rehabilitation and Health Care in Brooklyn. Mr. Greenberg holds nursing home administrator licenses in the states of New York and New Jersey, in good standing. Mr. Greenberg discloses the following nursing home ownership interests:

Corning Center for Rehabilitation and Health Care
Steuben Center for Rehabilitation and Health Care

06/2013 to present
07/2014 to present

Character and Competence - Analysis

No negative information has been received concerning the character and competence of the above applicants identified as new members.

The review of operations of Corning Center for Rehabilitation and Steuben Center for Rehabilitation for the time periods indicated above reveals that a substantially consistent high level of care has been provided since there were no enforcements.

Project Review

This application proposes to establish Warren Operations Associates, LLC as the new operator of Westmount Health Facility. Warren Operations Associates, LLC consists of David Greenburg as the sole member. Mr. Greenburg has been employed as the administrator of record in New Jersey and New York, and has had an ownership interest in two nursing homes since 2013.

No changes in the program or physical environment are proposed in this application. The new operator of the facility intends to enter into an administrative and consulting services agreement with Centers Healthcare (Centers). The agreement will cover administrative services such as billing and other office support as well as provide clinical consulting services. Centers provides similar services to numerous residential health care facilities across the state. A contingency regarding the submission and review of an acceptable consulting and service agreement will be necessary to ensure the applicant will have available sufficient clinical and administrative services during the transition period of the facility from public to private ownership.

Conclusion

No negative information has been received concerning the character and competence of the proposed applicant. All health care facilities are in substantial compliance with all rules and regulations. The individual background review indicates the applicant has 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 Purchase Agreement

The applicant has submitted an executed Asset Purchase Agreement for the purchase of the operating interests, as summarized below:

Date:	December 31, 2014
Seller:	County of Warren
Buyer:	Warren Operations Associates, LLC
Asset Acquired:	All assets, properties, and rights used or usable solely in the operation of the Facility except those listed in excluded assets.
Excluded Assets:	Cash, cash equivalents, investments, pension funds, pre-closing receivables, retroactive rate adjustments from third parties for services performed prior to closing date, funded depreciation, refunds or credits prior to closing, deposits to utility companies, inter-governmental receivables, grant monies, and Medicaid reimbursements.
Excluded Liabilities:	All liabilities or obligations arising from or relating to the assets, ownership or operation of the Facility prior to closing.
Purchase Price:	\$800,000
Payment of Purchase Price:	\$40,000 deposit paid/held in escrow, with the balance due at closing as follows: \$190,000 member's equity; and \$570,000 financed at 5% for ten years with a twenty-five year amortization.

The applicant will finance the balance due at closing as follows:

Equity – Warren Operations Associates LLC	\$190,000
Bank Loan (5% interest, ten-year term, twenty-five year principal payout)	\$570,000

A bank letter of interest for the loan has been provided by Greystone. The applicant indicated the loan will be refinanced when the balloon payment becomes due. David Greenberg has submitted an affidavit stating he will fund the balloon payment from his personal resources should acceptable financing be unavailable at the time of refinancing.

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 the liability and responsibility. Currently, there are no outstanding Medicaid liabilities or assessments.

Assignment of Membership Interests Agreement

At the time the APA was executed, Kenneth Rozenberg, as managing member of Warren Operations Associates LLC, had the authority to enter the agreement. As Mr. Rozenberg will no longer be a member of Warren Operations Associates LLC, the applicant has submitted an executed Assignment of Membership Interests Agreement, the terms of which are as follows:

Date:	September 15, 2015
Company:	Warren Operations Associates LLC
Assignor:	Kenneth Rozenberg
Assignee:	David Greenberg
Assignment:	55% of all the issued and outstanding membership and ownership interests in Warren Operations Associates LLC, free and clear of all liens and encumbrances (other than those relating to any financing arrangements made by the Company existing as of the date hereof) and Assignor fully withdraws from all positions within the Company.
Assignment Price:	\$10

Lease Rental Agreement

The applicant has submitted an executed lease rental agreement for the RHCF, as summarized below:

Date:	January 6, 2015
Premises:	An 80-bed RHCF located at 42 Gurney Lane, Queensbury, NY 12804
Lessor:	Warren Land Associates, LLC
Lessee:	Warren Operations Associates, LLC
Terms:	10 years
Rental:	\$550,000 net annual basic rent (payable in equal monthly installments)
Provisions:	Property taxes/assessments, public utilities, water and sewer fees

The lease arrangement is an arm's lease agreement. Letters from two NYS licensed realtors have been provided attesting to the per square foot rental rate being of fair market value.

Operating Budget

The applicant has submitted an operating budget, in 2015 dollars, during the first and third year subsequent to the change in operator, as summarized below:

	<u>Per Diem</u>	<u>Year One</u>	<u>Per Diem</u>	<u>Year Three</u>
Revenues:				
Medicaid Managed Care	\$160.57	\$3,153,126	\$160.57	\$3,219,507
Medicare Managed Care	\$480.00	1,498,011	\$480.00	1,529,548
Private Pay/Other	\$425.00	<u>2,117,378</u>	\$425.00	<u>2,161,954</u>
Total Revenue		\$6,768,515		\$6,911,009
Expenses:				
Operating		\$6,078,585		\$6,078,585
Capital		<u>661,547</u>		<u>649,666</u>
Total		\$6,740,132		\$6,728,251
Net Income		<u>\$28,383</u>		<u>\$182,758</u>
Utilization (Patient Days)		27,740		28,324
Occupancy		95.0%		97.0%

The following is noted with respect to the submitted budget:

- Medicaid Managed Care revenues are projected based on the current operator's actual January 2014 Medicaid Fee-For-Service (FFS) rate as benchmark. The Department notes that subsequent revisions to reflect updated case mix (July 2014 rate also reflected in the current 2015 rate) suggest that projected Medicaid revenues are conservative, given that the July 2014 and January 2015 rates increased by approximately \$15 and \$20, respectively, over the January 2014 payment level.
- Medicare revenues are based on the applicant's historical experience operating skilled nursing facilities, with consideration for Medicare rate increases related to services provided to higher acuity patients.
- The Private Pay rates are based on the facility's actual 2014 rates trended to 2015.
- Expense assumptions are based on the historical experience of the facility, taking into consideration reductions to be implemented based on the applicant's analysis of the current operator's staffing and operational expenses that can be brought into line. Reductions are anticipated in the following areas:
 - Salary and Wages decrease by \$750,173 related to FTE reductions (21.4 total) in the following areas: Management, LPNs; Aides, Physical Therapy, Food Service and Clerical. It is noted that the applicant will be increasing FTEs in these areas: Technicians, RNs, Social Worker and Psychology, Occupational Therapy, Speech Therapy, Activities and Transportation.
 - Employee Health Benefits decrease by \$1,646,694 related to the reduction of FTE's and reduced pension costs.

- Purchased services decrease by \$138,778.
- Non-Medical Supplies decrease by \$61,427.
- Other Direct Expenses decrease by \$125,060.
- Utilization was at 89% in 2013, but previously averaged 93.5% for 2010-2012 based on the RHCF cost report data. With a focus on staff education, training, and improved services, the applicant anticipates maintaining 95% occupancy in year one and 97% by year three.
- Utilization by payor source for the first and third years is anticipated as follows:

Medicare Managed Care	11.3%
Medicaid Managed Care	70.8%
Private Pay / Other	18.0%
- Breakeven utilization in the first year is projected at 94.6% or 27,624 patient days.

Capability and Feasibility

The purchase price for the operating interests is \$800,000 and will be met via a \$40,000 deposit paid at APA signing and held in escrow, \$190,000 member's equity due at closing, and a bank loan of \$570,000 at an interest rate of 5% for a ten-year term with payout period of twenty-five years. The applicant intends to refinance the loan when the balloon payment becomes due and has submitted an affidavit indicating he will fund the balloon payment from his personal resources if acceptable refinancing is not available at that time.

Working capital requirements are estimated at \$1,123,356, which is equivalent to two months of the first year expenses. The applicant will finance \$561,678 at an interest rate of 5% for a term of five years. The remaining \$561,678 will be provided from member's equity. A bank letter of interest from Greystone at the stated terms has been provided.

BFA Attachment A is the personal net worth statement of the proposed operator, which indicates the availability of sufficient resources to fund both the equity contribution for the purchase price and the working capital requirement.

BFA Attachment C shows the pro forma balance sheet as of the first day of operation, which indicates a positive net asset position of \$791,678. Assets includes \$800,000 in goodwill which is not a liquid resource nor is it recognized for Medicaid reimbursement. If goodwill is eliminated from the equation, the total net assets would become a negative \$8,322.

The submitted budget indicates a net income of \$28,383 and \$182,758 for the first and third year, respectively, subsequent to the change in operator. The budget appears reasonable.

The following is a comparison of 2014 historical and projected revenues and expenses for Year One and Year Three:

<u>Operating:</u>	<u>Annual 2014</u>	<u>Year One</u>	<u>Year Three</u>
Revenues	\$ 6,210,585	\$6,768,514	\$6,911,009
Expenses	<u>9,184,427</u>	<u>6,740,547</u>	<u>6,728,251</u>
Net Operating Income	(\$2,973,842)	\$28,383	\$182,751
 Incremental Net Income:		 <u>\$3,002,225</u>	 <u>\$ 3,156,593</u>

The increase in projected income comes from a decrease in total expenses based on administrative efficiencies under new management. The most significant decrease will be from Salaries and Employee Benefits tied to the change in staffing pattern, for a total reduction of \$2,396,867. Employee Benefits accounts for \$1,646,694 of the total decrease. The applicant indicated that the current operator has an Employee Benefits expense of approximately 72% of Salaries and Wages (inclusive of pension costs). The applicant will renegotiate union contracts and anticipates Employee Benefits expenses to be brought down to 35% of the facility's projected Salaries and Wages.

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 a financial summary of Westmount Health Facility for the period 2012 through 2014. As shown, the entity had an average positive working capital position and an average negative net asset position from 2012 through 2014. Also, the facility had an average operating loss of \$2,826,638 for the period shown. The facility received Intergovernmental Transfer payments of \$1,400,000 in 2013 and \$2,874,531 in 2014 to support operations.

BFA Attachment D is the 2013-2014 financial summary of the Corning Center for Rehabilitation and Healthcare, in which the proposed member has 5% ownership interest. The facility maintained an average positive net asset position and had positive income from operations for the periods shown. Financial statements for Steuben Center for Rehabilitation are not available as the facility was newly acquired in 2014.

Subject to the noted contingencies, 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 of Proposed Member
BFA Attachment B	2012-2014 Financial Summary - Westmount Health Facility
BFA Attachment C	Pro Forma Balance Sheet
BFA Attachment D	Financial Summary - Applicant's Affiliated RHCF

Westmount Health Facility

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: April 2014 to March 2015 5.2% This Facility 13.7% State average 18.3% National average</p>	<p> 4 out of 5 stars</p>
<p> Have pressure sores that are new or worsened Reporting period: April 2014 to March 2015 0.0% This Facility 1.0% State average 0.9% National average</p>	<p> 5 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: April 2014 to March 2015 96.6% This Facility 84.6% State average 82.8% National average</p>	<p> 5 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine Reporting period: April 2014 to March 2015 92.9% This Facility 83.3% State average 81.9% National average</p>	<p> 4 out of 5 stars</p>
<p> Newly received an antipsychotic medication Reporting period: April 2014 to March 2015 2.7% This Facility 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: July 2014 to March 2015 29.2% This Facility 14.4% State average 15.6% National average</p>	<p> 1 out of 5 stars</p>
<p> Self-report moderate to severe pain (long stay) Reporting period: July 2014 to March 2015 0.9% This Facility 4.9% State average 7.4% National average</p>	<p> 4 out of 5 stars</p>
<p> Have pressure sores (long stay) Reporting period: July 2014 to March 2015 3.5% This Facility 7.5% State average 5.9% National average</p>	<p> 5 out of 5 stars</p>
<p> Lose too much weight (long stay) Reporting period: July 2014 to March 2015</p>	<p> 1 out of 5 stars</p>

151060 BNHLC Attachment A – Quality Measures and Inspection Report

<p>10.2% This Facility 6.1% State average 7.0% National average</p>	
<p>? Lose control of their bowels or bladder (long stay, low risk) Reporting period: July 2014 to March 2015 34.7% This Facility 45.7% State average 45.0% National average</p>	<p> 4 out of 5 stars</p>
<p>? Had a catheter inserted and left in their bladder (long stay) Reporting period: July 2014 to March 2015 2.5% This Facility 2.6% State average 3.1% National average</p>	<p> 3 out of 5 stars</p>
<p>? Had a urinary tract infection (long stay) Reporting period: July 2014 to March 2015 4.9% This Facility 5.6% State average 5.7% National average</p>	<p> 3 out of 5 stars</p>
<p>? Have depressive symptoms (long stay) Reporting period: July 2014 to March 2015 2.0% This Facility 11.4% State average 6.0% National average</p>	<p> 4 out of 5 stars</p>
<p>? Were physically restrained (long stay) Reporting period: July 2014 to March 2015 3.4% This Facility 1.5% State average 1.1% National average</p>	<p> 1 out of 5 stars</p>
<p>? Experienced one or more falls with major injury (long stay) Reporting period: July 2014 to March 2015 3.9% This Facility 2.7% State average 3.2% National average</p>	<p> 2 out of 5 stars</p>
<p>? Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: July 2014 to March 2015 99.5% This Facility 94.8% State average 92.6% National average</p>	<p> 5 out of 5 stars</p>
<p>? Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: July 2014 to March 2015 100.0% This Facility 96.7% State average 93.8% National average</p>	<p> 5 out of 5 stars</p>
<p>? Received an antipsychotic medication (long stay) Reporting period: July 2014 to March 2015 19.3% This Facility 17.6% State average 19.2% National average</p>	<p> 2 out of 5 stars</p>

Westmount Health Facility

Inspection Report

Report Period: August 2011 to July 2015

PFI: 1008

Regional Office: [Capital District Regional Office](#)

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	30	23
Life Safety Code Deficiencies	7	12
Total Deficiencies	37	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	1	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	3%	3%

Corning Center for Rehabilitation and 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)</p> <p>Reporting period: April 2014 to March 2015</p> <p>9.5% This Facility</p> <p>13.7% State average</p> <p>18.3% National average</p>	<p></p> <p> 3 out of 5 stars</p>

151060 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Have pressure sores that are new or worsened Reporting period: April 2014 to March 2015 0.6% This Facility 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: April 2014 to March 2015 65.3% This Facility 84.6% State average 82.8% National average</p>	<p> 1 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine Reporting period: April 2014 to March 2015 69.9% This Facility 83.3% State average 81.9% National average</p>	<p> 1 out of 5 stars</p>
<p> Newly received an antipsychotic medication Reporting period: April 2014 to March 2015 8.1% This Facility 2.3% State average 2.4% National average</p>	<p> 1 out of 5 stars</p>
<p> Needed increased help with daily activities (long stay) Reporting period: July 2014 to March 2015 16.0% This Facility 14.4% State average 15.6% National average</p>	<p> 2 out of 5 stars</p>
<p> Self-report moderate to severe pain (long stay) Reporting period: July 2014 to March 2015 5.0% This Facility 4.9% State average 7.4% National average</p>	<p> 2 out of 5 stars</p>
<p> Have pressure sores (long stay) Reporting period: July 2014 to March 2015 13.7% This Facility 7.5% State average 5.9% National average</p>	<p> 1 out of 5 stars</p>
<p> Lose too much weight (long stay) Reporting period: July 2014 to March 2015 11.2% This Facility 6.1% State average 7.0% National average</p>	<p> 1 out of 5 stars</p>
<p> Lose control of their bowels or bladder (long stay, low risk) Reporting period: July 2014 to March 2015 74.0% This Facility 45.7% State average 45.0% National average</p>	<p> 1 out of 5 stars</p>
<p> Had a catheter inserted and left in their bladder (long stay) Reporting period: July 2014 to March 2015 3.4% This Facility 2.6% State average 3.1% National average</p>	<p> 2 out of 5 stars</p>

151060 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Had a urinary tract infection (long stay) Reporting period: July 2014 to March 2015 2.4% This Facility 5.6% State average 5.7% National average</p>	<p> 5 out of 5 stars</p>
<p> Have depressive symptoms (long stay) Reporting period: July 2014 to March 2015 37.4% This Facility 11.4% State average 6.0% National average</p>	<p> 1 out of 5 stars</p>
<p> Were physically restrained (long stay) Reporting period: July 2014 to March 2015 5.2% This Facility 1.5% State average 1.1% National average</p>	<p> 1 out of 5 stars</p>
<p> Experienced one or more falls with major injury (long stay) Reporting period: July 2014 to March 2015 2.1% This Facility 2.7% State average 3.2% National average</p>	<p> 3 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: July 2014 to March 2015 90.2% This Facility 94.8% State average 92.6% National average</p>	<p> 1 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: July 2014 to March 2015 97.6% This Facility 96.7% State average 93.8% National average</p>	<p> 2 out of 5 stars</p>
<p> Received an antipsychotic medication (long stay) Reporting period: July 2014 to March 2015 26.6% This Facility 17.6% State average 19.2% National average</p>	<p> 1 out of 5 stars</p>

Corning Center for Rehabilitation and Healthcare

Inspection Report

Report Period: August 2011 to July 2015

PFI: 0867

Regional Office: [WRO--Rochester Area Office](#)

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

Summary

151060 BNHLC Attachment A – Quality Measures and Inspection Report

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

Measure	This Facility	Statewide Average
Standard Health Deficiencies	80	23
Life Safety Code Deficiencies	10	12
Total Deficiencies	90	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	1	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	1%	3%

Steuben Center for Rehabilitation and 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)</p> <p>Reporting period: April 2014 to March 2015</p> <p>27.2% This Facility</p> <p>13.7% State average</p> <p>18.3% National average</p>	<p>1 out of 5 stars</p>
<p>Have pressure sores that are new or worsened</p> <p>Reporting period: April 2014 to March 2015</p> <p>3.0% This Facility</p> <p>1.0% State average</p> <p>0.9% National average</p>	<p>1 out of 5 stars</p>
<p>Were given, appropriately, the seasonal influenza vaccine (short stay)</p> <p>Reporting period: April 2014 to March 2015</p> <p>97.7% This Facility</p> <p>84.6% State average</p> <p>82.8% National average</p>	<p>5 out of 5 stars</p>
<p>Were given, appropriately, the pneumococcal vaccine</p> <p>Reporting period: April 2014 to March 2015</p> <p>94.1% This Facility</p> <p>83.3% State average</p> <p>81.9% National average</p>	<p>4 out of 5 stars</p>

151060 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Newly received an antipsychotic medication Reporting period: April 2014 to March 2015 0.9% This Facility 2.3% State average 2.4% National average</p>	<p> 4 out of 5 stars</p>
<p> Needed increased help with daily activities (long stay) Reporting period: July 2014 to March 2015 6.0% This Facility 14.4% State average 15.6% National average</p>	<p> 5 out of 5 stars</p>
<p> Self-report moderate to severe pain (long stay) Reporting period: July 2014 to March 2015 4.3% This Facility 4.9% State average 7.4% National average</p>	<p> 3 out of 5 stars</p>
<p> Have pressure sores (long stay) Reporting period: July 2014 to March 2015 11.6% This Facility 7.5% State average 5.9% National average</p>	<p> 1 out of 5 stars</p>
<p> Lose too much weight (long stay) Reporting period: July 2014 to March 2015 3.8% This Facility 6.1% State average 7.0% National average</p>	<p> 4 out of 5 stars</p>
<p> Lose control of their bowels or bladder (long stay, low risk) Reporting period: July 2014 to March 2015 61.5% This Facility 45.7% State average 45.0% National average</p>	<p> 1 out of 5 stars</p>
<p> Had a catheter inserted and left in their bladder (long stay) Reporting period: July 2014 to March 2015 2.1% This Facility 2.6% State average 3.1% National average</p>	<p> 3 out of 5 stars</p>
<p> Had a urinary tract infection (long stay) Reporting period: July 2014 to March 2015 8.8% This Facility 5.6% State average 5.7% National average</p>	<p> 1 out of 5 stars</p>
<p> Have depressive symptoms (long stay) Reporting period: July 2014 to March 2015 48.2% This Facility 11.4% State average 6.0% National average</p>	<p> 1 out of 5 stars</p>
<p> Were physically restrained (long stay) Reporting period: July 2014 to March 2015 0.4% This Facility 1.5% State average 1.1% National average</p>	<p> 3 out of 5 stars</p>

<p> Experienced one or more falls with major injury (long stay) Reporting period: July 2014 to March 2015 5.3% This Facility 2.7% State average 3.2% National average</p>	<p> 1 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: July 2014 to March 2015 99.2% This Facility 94.8% State average 92.6% National average</p>	<p> 4 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: July 2014 to March 2015 98.5% This Facility 96.7% State average 93.8% National average</p>	<p> 3 out of 5 stars</p>
<p> Received an antipsychotic medication (long stay) Reporting period: July 2014 to March 2015 22.1% This Facility 17.6% State average 19.2% National average</p>	<p> 2 out of 5 stars</p>

Steuben Center for Rehabilitation and Healthcare

Inspection Report

Report Period: August 2011 to July 2015

PFI: 0875

Regional Office: [WRO--Rochester Area Office](#)

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	33	23
Life Safety Code Deficiencies	10	12
Total Deficiencies	43	35

151060 BNHLC Attachment A – Quality Measures and Inspection Report

Measure	This Facility	Statewide Average
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

<u>Westmount Health Facility</u>	<u>2014</u>	<u>2013</u>	<u>2012</u>
Current Assets	\$2,067,380	\$4,096,636	\$3,033,849
Non-Current Assets	<u>3,751,471</u>	<u>2,985,240</u>	<u>3,335,244</u>
Total Assets	\$5,818,851	\$7,081,876	\$6,369,093
Current Liabilities	1,926,139	2,901,611	1,689,646
Long Term Liabilities	<u>6,406,709</u>	<u>6,795,941</u>	<u>6,066,661</u>
Total Liabilities	8,332,848	9,697,552	7,756,307
Net Assets	(\$2,513,997)	(\$2,615,676)	(\$1,387,214)
Working Capital Position	\$141,241	\$1,195,025	\$1,344,203
Operating Revenues	\$6,210,585	\$6,415,380	\$6,224,594
Operating Expenses	<u>9,184,427</u>	<u>9,234,331</u>	<u>8,911,716</u>
Operating Net Deficit	(\$2,973,842)	(\$2,818,951)	(\$2,687,122)

Westmount Health Facility
(An Enterprise Fund of the County of Warren, New York)

Balance Sheets
December 31, 2014 and 2013

	2014	2013
Assets		
Current assets:		
Cash	\$ 920,916	\$ 487,503
Restricted cash - patient funds	18,790	15,167
Assets limited as to use	1,006	13,168
Patient accounts receivable, net	723,914	990,593
Due from third party payors, current	125,258	2,342,453
Supplies	60,685	59,242
Due from County, current	55,660	11,790
Prepaid expenses	161,151	176,720
Total current assets	2,067,380	4,096,636
Due from third party payors, long-term	1,066,463	-
Due from County, long-term	61,255	73,568
Property, plant, and equipment, net	2,623,753	2,911,672
Total assets	\$ 5,818,851	\$ 7,081,876
Liabilities and Fund Equity		
Current liabilities:		
Current portion of capital lease payable	\$ 384,403	\$ 335,653
Accounts payable	132,540	96,951
Due to County, current	1,112,912	2,037,887
Accrued payroll and related benefits	90,169	189,666
Vacation leave and related benefits	180,732	179,472
Due to third party payors	6,425	46,205
Patient funds	18,790	15,167
Deferred revenue	168	610
Total current liabilities	1,926,139	2,901,611
Long-term liabilities:		
Due to County, net of current portion	-	500,000
Sick leave and related benefits	170,762	189,140
Capital lease payable, net of current portion	553,269	937,672
Postemployment health benefits	5,682,678	5,169,129
Total long-term liabilities	6,406,709	6,795,941
Fund equity (deficit):		
Invested in property and equipment, net of related debt	1,686,081	1,638,347
Restricted	1,006	13,168
Unrestricted	(4,201,084)	(4,267,191)
Total fund equity (deficit)	(2,513,997)	(2,615,676)
Total liabilities and fund equity	\$ 5,818,851	\$ 7,081,876

Westmount Health Facility
(An Enterprise Fund of the County of Warren, New York)

Statements of Revenues and Expenses and Fund Equity
Years Ended December 31, 2014 and 2013

	2014	2013
Operating revenues:		
Net patient service revenue	\$ 6,206,285	\$ 6,408,642
Other operating revenue	4,300	6,738
Total operating revenues	<u>6,210,585</u>	<u>6,415,380</u>
Operating expenses:		
Nursing services	2,947,253	3,279,773
Ancillary services	444,147	471,531
Dietary services	716,360	678,207
Housekeeping	183,155	217,169
Laundry service	89,612	81,605
Maintenance	409,161	412,116
Administrative and fiscal services	709,574	619,802
Employee benefits	2,667,947	2,697,118
New York State tax assessment	324,607	266,065
Depreciation	369,683	361,016
Provision for bad debts	322,928	149,929
Total operating expenses	<u>9,184,427</u>	<u>9,234,331</u>
Loss from operations	<u>(2,973,842)</u>	<u>(2,818,951)</u>
Non-operating revenue (expense):		
Indirect costs from County	249,877	246,557
Intergovernmental transfers	2,974,531	1,400,000
Investment income	2,779	1,585
Interest expense	(51,666)	(59,371)
Other revenue	-	1,718
Total non-operating revenue, net	<u>3,075,521</u>	<u>1,590,489</u>
Increase (decrease) in fund equity	101,679	(1,228,462)
Fund equity (deficit), beginning	(2,615,676)	(1,387,214)
Fund equity (deficit), ending	<u>\$ (2,513,997)</u>	<u>\$ (2,615,676)</u>

PRO FORMA

<u>Assets</u>	
Current Assets	
Working Capital	\$ 1,123,356
Tangible/Intangible Assets	\$ 800,000
TOTAL:	\$1,923,356
<u>Liabilities</u>	
Current Liabilities	
Acquisition Loan	\$ 570,000
Working Capital Loan	\$ 561,678
TOTAL:	\$1,131,678
<u>Members' Equity</u>	
David Greenberg	\$ 791,678
TOTAL:	\$791,678

<u>Corning Center for Rehab</u>	<u>2014</u>	<u>2013</u>
Current Assets	\$3,018,606	\$2,618,462
Non-Current Assets	<u>4,465,775</u>	<u>3,399,601</u>
Total Assets	\$7,484,381	\$6,018,063
Current Liabilities	1,624,114	2,538,488
Long Term Liabilities	<u>2,213,968</u>	<u>197,824</u>
Total Liabilities	3,838,082	\$2,736,312
Net Assets	\$3,646,299	\$3,281,751
Working Capital Position	\$1,394,492	\$79,974
Operating Revenues	\$11,837,524	\$5,004,234
Operating Expenses	<u>11,003,841</u>	<u>4,723,686</u>
Operating Net Income	\$833,683	\$280,548

Ownership Interest	Date Acquired	# of Beds
5.00%	June 2013	120

<u>Steuben Center for Rehab</u>	<u>2014</u>
Current Assets	\$2,586,350
Non-Current Assets	<u>7,297,840</u>
Total Assets	\$9,884,190
Current Liabilities	2,117,735
Long Term Liabilities	<u>6,011,004</u>
Total Liabilities	8,128,739
Net Assets	\$1,755,451
Working Capital Position	\$468,615
Operating Revenues	\$5,682,378
Operating Expenses	<u>5,545,548</u>
Operating Net Income	\$136,830

Ownership Interest	Date Acquired	# of Beds
5.00%	July 2014	105



Project # 151180-E
**ECRNC, LLC d/b/a Evergreen Commons Rehabilitation and
 Nursing Center**

Program: Residential Health Care Facility
Purpose: Establishment

County: Rensselaer
Acknowledged: April 20, 2015

Executive Summary

Description

ECRNC, LLC, d/b/a Evergreen Commons Rehabilitation and Nursing Center (ECRNC), a New York limited liability company, requests approval to be established as the operator of NYMED Rensselaer, LLC, d/b/a Evergreen Commons (Evergreen Commons). Evergreen Commons is a 240-bed, proprietary, Article 28 residential health care facility (RHCF) located at 1070 Luther Road, East Greenbush (Rensselaer County). The RHCF is also certified for outpatient therapy services. The facility is currently operated by NYMED Rensselaer, LLC. There will be no change in services provided.

On February 1, 2015, Titterton Properties, LLC (real estate seller), NYMED Rensselaer, LLC (operations seller), 1070 Luther Road, LLC (real estate buyer) and ECRNC, LLC (operations buyer) entered into a Master Asset Purchase Agreement for the sale of the property and operations associated with Evergreen Commons. The purchase price for the operations and real estate is \$30,640,000 apportioned as follows: \$14,140,000 for operations and \$16,500,000 for real estate. ECRNC and 1070 Luther Road, LLC are separate, but related entities through common ownership as shown below. The applicant will lease the premises from 1070 Luther Road, LLC.

Ownership of the operation before and after the requested change is as follows:

<u>Current Owner</u>	
NYMED Rensselaer, LLC	
<u>Members:</u>	<u>%</u>
Lewis H. Titterton	50.0%
Anthony Scalera	32.0%
Kathryn Romaguera	5.0%
Lois Bouren	13.0%
<u>Proposed Owner</u>	
ECRNC, LLC, d/b/a Evergreen Commons Rehabilitation and Nursing Center	
<u>Members:</u>	<u>%</u>
Efraim Steif	39.9%
Uri Koenig	60.0%
David Camerota	0.1%

Ownership of the real estate before and after the requested change is as follows:

<u>Current Owner</u>	
Titterton Properties, LLC	
<u>Member:</u>	<u>%</u>
Lewis H. Titterton	100%
<u>Proposed Owner</u>	
1070 Luther Road, LLC	
<u>Members:</u>	<u>%</u>
Efraim Steif	40.00%
Uri Koenig	60.00%

OPCHSM Recommendation
Contingent Approval

Need Summary

This application will not result in a change to beds or services. Evergreen Commons' occupancy was 96.6% in 2011, 95.5% in 2012 and 95.9% in 2013. For 2014 and thus far in 2015 occupancy averages to approximately 95.2% and 98.4%, respectively.

Program Summary

No negative information has been received concerning the character and competence of the proposed applicants identified as new members.

No changes in the program or physical environment are proposed in this application. The applicant will enter into an administrative services and consulting agreement.

Financial Summary

There are no project costs associated with this proposal. ECRNC will acquire the operating interest in the RHCF for \$14,140,000, and 1070 Luther Road, LLC will acquire the real property for \$16,500,000, for an overall total purchase price of \$30,640,000. The purchase price will be paid as follows: \$2,298,000 equity contribution from the members of 1070 Luther Road, LLC; a \$24,512,000 mortgage for 30 years at 5% interest rate; and a loan from NYMED Rensselaer, LLC for \$3,830,000 for 10 years at 8% interest rate.

The proposed Year One operating budget for the total facility operations (Inpatient and Outpatient) is as follows:

Budget:	
	<u>Year One</u>
Revenues	\$23,629,950
Expenses	<u>\$23,423,620</u>
Gain/(Loss)	\$206,330

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 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)
2. 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:
 - a. Reach out to hospital discharge planners to make them aware of the facility's Medicaid Access Program;
 - b. Communicate with local hospital discharge planners on a regular basis regarding bed availability at the nursing facility; and
 - c. 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)
3. 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:
 - a. Describing how the applicant reached out to hospital discharge planners to make them aware of the facility's Medicaid Access Program;
 - b. Indicating that the applicant communicated with local hospital discharge planners on a regular basis regarding bed availability at the nursing facility;
 - c. 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.
 - d. Documentation pertaining to the number of referrals and the number of Medicaid admissions; and
 - e. 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)
4. Submission and review of an acceptable consulting and services agreement. [LTC]
5. Submission of a commitment for a permanent mortgage for the project to be provided from a recognized lending institution at a prevailing rate of interest that is determined to be acceptable by the Department of Health. This is to be provided within 120 days of approval of state hospital code drawings and before the start of construction. Included with the submitted permanent mortgage commitment must be a sources and uses statement and a debt amortization schedule, for both new and refinanced debt. (BFA)
6. Submission of an executed loan commitment from NYMED Rensselaer, LLC, acceptable to the Department of Health. (BFA)
7. Submission of an executed building lease, acceptable to the Department of Health. (BFA)
8. Submission of the executed Operating Agreement of ECRNC, LLC., acceptable to the Department. [CSL]
9. Submission of the Lease Agreement between 1070 Luther Road LLC, the lessor, and ECRNC LLC, the lessee, acceptable to the Department. [CSL]
10. Submission of statement clarifying if the applicant intends to be managed by managers or members accompanied by the appropriate revisions to ECRNC, LLC's Operating Agreement or Articles of Organization as they conflict. [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
October 8, 2015

Need Analysis

Analysis

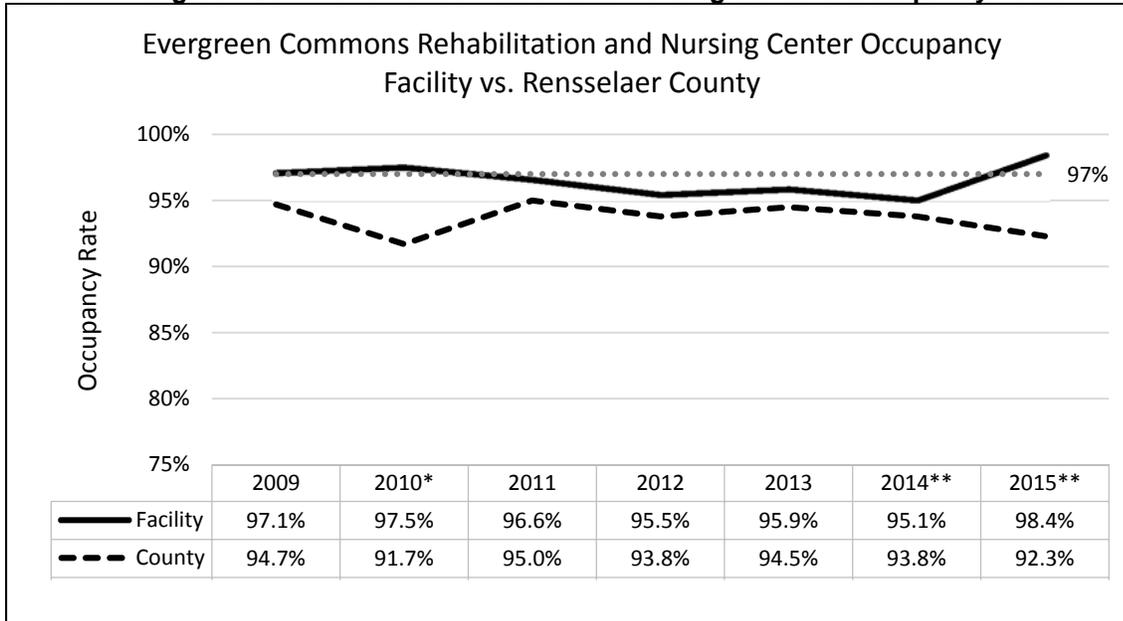
There is currently a surplus of 219 beds in Rensselaer County as indicated in Table 1 below:

Table 1: RHCN Need – Rensselaer County

2016 Projected Need	1,025
Current Beds	1,244
Beds Under Construction	0
Total Resources	1,244
Unmet Need	-219

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

Chart 1: Evergreen Commons Rehabilitation and Nursing Center's Occupancy Rates



*2010 County rate is an artifact of incomplete reporting

**unaudited; based on weekly census

Evergreen Commons' occupancy was 96.6% in 2011, 95.5% in 2012 and 95.9% in 2013. The facility's historic occupancy has been near or has surpassed the Department's planning optimum. For 2014 and thus far in 2015, occupancy averaged to approximately 95.2% and 98.4%, respectively.

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.

Evergreen Commons' Medicaid admissions for 2012 and 2013 are 23.2% and 21.0%, respectively. This facility exceeded Rensselaer County's 75% Medicaid admission threshold rates in 2012 and 2013 of 12.2% and 12.8%, respectively.

Conclusion

Approval of this application will help preserve a needed source of RHCf care for the Rensselaer County community.

Recommendation

From a need perspective, contingent approval is recommended.

Program Analysis

Facility Information

	Existing	Proposed
Facility Name	Evergreen Commons	Evergreen Commons Rehabilitation and Nursing Center
Address	1070 Luther Road East Greenbush, NY 12061	Same
RHCF Capacity	240	Same
ADHC Program Capacity	N/A	Same
Type of Operator	Limited Liability Company	Limited Liability Company
Class of Operator	Proprietary	Proprietary
Operator	NYMED Rensselaer LLC	ECRNC, LLC d/b/a Evergreen Commons Members: *Uri Koenig 60.00% *Efraim Steif 39.90% David Camerota <u>0.10%</u> 100.00% *Managing Members

Character and Competence - Background

Facilities Reviewed

Nursing Homes

Bridgewater Center for Rehabilitation & Nursing	02/2005 to present
Pine Valley Center for Rehabilitation and Nursing	12/2004 to present
Central Park Rehabilitation and Nursing Center	11/2008 to present
Van Duyn Center for Rehabilitation and Nursing	12/2013 to present
Westchester Center for Rehabilitation and Nursing	01/2003 to 12/2006
Chestnut Park Rehabilitation and Nursing	06/2011 to present
Cortland Park Rehabilitation and Nursing	06/2011 to present
Colonial Park Rehabilitation and Nursing	06/2011 to present
Highland Park Rehabilitation and Nursing &	06/2011 to present
Hudson Park Rehabilitation and Nursing	06/2011 to present
Vestal Park Rehabilitation and Nursing	06/2011 to present
Riverside Center for Rehabilitation and Nursing	03/2012 to present
Capstone Center for Rehabilitation and Nursing	03/2012 to present
Beechtree Center for Rehabilitation and Nursing	09/2013 to present
Folts Center for Rehabilitation and Nursing	10/2013 to present
Northeast Center for Rehabilitation and Brain Injury	11/2013 to present

Diagnostic and Treatment Center:
Bridgewater Center for Dialysis 03/2012 to present

Adult Day Health Care:
Riverside Manor Adult Care (closed) 09/2009 to 07/2010

Adult Home:
The Pavillion at Claxton Manor (on Folts Campus) 10/2013 to present

Individual Background Review

Uri Koenig is a CPA in good standing and owner of JK Koenig & Co., an accounting firm located in Spring Valley, NY. He is a member of Upstate Services Group, LLC. Upstate Services Group is an administrative services organization providing administrative services to affiliated long term care facilities. Mr. Koenig discloses the following health facility interests:

Bridgewater Center for Rehabilitation & Nursing	08/2006 to present
Pine Valley Center for Rehabilitation and Nursing	01/2008 to present
Central Park Rehabilitation and Nursing Center	03/2012 to present
Van Duyn Center for Rehabilitation and Nursing	12/2013 to present
Chestnut Park Rehabilitation and Nursing Center (Rec/Op)	06/2011 to present
Cortland Park Rehabilitation and Nursing Center (Rec/Op)	06/2011 to present
Colonial Park Rehabilitation and Nursing Center (Rec/Op)	06/2011 to present
Highland Park Rehabilitation and Nursing (Rec/Op)	06/2011 to present
Hudson Park Rehabilitation and Nursing Center (Rec/Op)	06/2011 to present
Vestal Park Rehabilitation and Nursing Center (Rec/Op)	06/2011 to present
Riverside Center for Rehabilitation and Nursing (Rec/Op)	03/2012 to present
Capstone Center for Rehabilitation and Nursing (Rec/Op)	03/2012 to present
Northeast Center for Rehabilitation and Brain Injury	11/2013 to present
Northeast Center for Rehabilitation and Brain Injury	11/2013 to present
Beechtree Center for Rehabilitation and Nursing (Rec/Op)	09/2013 to present
Bridgewater Center for Dialysis	03/2012 to present

Receiverships:
Folts Center for Rehabilitation and Nursing 10/2013 to 02/13/2015
The Pavillion at Claxton Manor 10/2013 to 02/13/2015

Efraim Steif is a licensed Nursing Home Administrator in New York State. Mr. Steif is the President of FRS Healthcare Consultants, Inc., and formerly served as Administrator of Record at Forest View Center for Rehab and Nursing in Forest Hills from 2000 to 2005. He is a member of Upstate Services Group, LLC. Upstate Services Group is an administrative services organization providing administrative services to affiliated long term care facilities. Mr. Steif discloses the following health care facility interests:

Bridgewater Center for Rehabilitation & Nursing (Rec/Op)	02/2005 to present
Pine Valley Center for Rehabilitation and Nursing (Rec/Op)	12/2004 to present
Central Park Rehabilitation and Nursing Center (Rec/Op)	11/2008 to present
Van Duyn Center for Rehabilitation and Nursing (Rec/Op)	12/2013 to present
Chestnut Park Rehabilitation and Nursing Center (Rec/Op)	06/2011 to present
Cortland Park Rehabilitation and Nursing Center (Rec/Op)	06/2011 to present
Colonial Park Rehabilitation and Nursing Center (Rec/Op)	06/2011 to present
Highland Park Rehabilitation and Nursing (Rec/Op)	06/2011 to present
Hudson Park Rehabilitation and Nursing Center (Rec/Op)	06/2011 to present
Vestal Park Rehabilitation and Nursing Center (Rec/Op)	06/2011 to present
Riverside Center for Rehabilitation and Nursing (Rec/Op)	03/2012 to present
Capstone Center for Rehabilitation and Nursing (Rec/Op)	03/2012 to present
Beechtree Center for Rehabilitation and Nursing (Rec/Op)	09/2013 to present
Northeast Center for Rehabilitation and Brain Injury	11/2013 to present
Bridgewater Center for Dialysis	03/2012 to present
Riverside Manor Adult Care (closed)	09/2009 to 07/2010

Receiverships:

Westchester Center for Rehabilitation and Nursing	01/2003 to 12/2006
Folts Center for Rehabilitation and Nursing	10/2013 to 02/13/2015
The Pavillion at Claxton Manor	10/2013 to 02/13/2015

David Camerota is a licensed NY nursing home administrator in good standing. He is currently employed as chief operating officer with Upstate Services Group, LLC, which provides administrative and operational support to its affiliated skilled nursing facilities throughout New York. Mr. Camerota has served nearly continuously as administrator for the past eleven years at several upstate New York skilled nursing facilities. Mr. Camerota discloses the following health care facility interests:

Pine Valley Center for Rehabilitation and Nursing	06/2011 to present
Central Park Rehabilitation and Nursing Center	02/2012 to present
Van Duyn Center for Rehabilitation and Nursing	12/2013 to present
Bridgewater Center for Rehabilitation and Nursing	03/2011 to present
Chestnut Park Rehabilitation and Nursing Center (Rec/Op)	06/2011 to present
Cortland Park Rehabilitation and Nursing Center (Rec/Op)	06/2011 to present
Colonial Park Rehabilitation and Nursing Center (Rec/Op)	06/2011 to present
Highland Park Rehabilitation and Nursing (Rec/Op)	06/2011 to present
Hudson Park Rehabilitation and Nursing Center (Rec/Op)	06/2011 to present
Vestal Park Rehabilitation and Nursing Center (Rec/Op)	06/2011 to present
Riverside Center for Rehabilitation and Nursing (Rec/Op)	03/2012 to present
Capstone Center for Rehabilitation and Nursing (Rec/Op)	03/2012 to present
Beechtree Center for Rehabilitation and Nursing (Rec/Op)	09/2013 to present
Northeast Center for Rehabilitation and Brain Injury	11/2013 to present
Bridgewater Center for Dialysis	03/2012 to present

Receiverships:

Folts Center for Rehabilitation and Nursing	10/2013 to 02/13/2015
The Pavillion at Claxton Manor	10/2013 to 02/13/2015

Character and Competence - Analysis

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

A review of Bridgewater Center for Rehabilitation & Nursing, LLC for the period identified above reveals the following:

- The facility was fined \$4,000 pursuant to a Stipulation and Order NH-13-016 issued May 29, 2013 for surveillance findings on July 6, 2011. Deficiencies were found under 10 NYCRR 415.26(f)(1) Written Plans for Emergency/Disasters and 415.26(f)(3) Emergency Procedure/Drills.
- The facility incurred a Civil Monetary Penalty of \$7,387.50 for the period of July 26, 2005 to August 11, 2005; and a Civil Monetary Penalty of \$3,575.00 for the period of July 6, 2011 to July 6, 2011.

A review of Central Park Rehabilitation and Nursing Center for the period identified above reveals the following.

- The facility was fined \$2,000 pursuant to a Stipulation and Order NH-10-064 issued December 6, 2010 for surveillance findings on May 26, 2009. Deficiencies were found under 10 NYCRR 415.19(a) Quality of Care: Infection Control.

A review of Highland Park Rehabilitation and Nursing Center for the period identified above reveals the following.

- The facility was fined \$10,000 pursuant to a Stipulation and Order for surveillance findings on October 25, 2013. Deficiencies were found under 10 NYCRR 415.3e(2)(ii)(b) Notification of Significant Changes in Condition.

A review of Hudson Park Rehabilitation and Nursing Center for the period identified above reveals the following.

- The facility was fined \$28,000 pursuant to a Stipulation and Order NH-15-020 for surveillance findings for surveys on March 20, 2012, February 1, 2013 and May 7, 2013. Deficiencies were cited on: March 30, 2012 for 10 NYCRR 415.15(b)(2)(iii) Physician Services: Physician Visits; March 1, 2013 for 10 NYCRR 415.12 Quality of Care: Highest Practicable Potential, 10 NYCRR 415.12(m)(2) Quality of Care: Medication Errors, 10 NYCRR 415.26 Administration and 10 NYCRR 415.27(a-c) Administration: Quality Assessment and Assurance; May 7, 2013 for 10 NYCRR 415.12(h)(1)(2) Quality of Care: Accidents.
- The facility incurred a Civil Monetary Penalty of \$4,387.50 for the period of December 17, 2012 to February 1, 2013; and a Civil Monetary Penalty of \$48,600 for the period of September 19, 2013 to October 28, 2013.

A review of operations for Bridgewater Center for Rehabilitation & Nursing, LLC, and Central Park Rehabilitation and Nursing Center, Highland Park Rehabilitation and Nursing Center and Hudson Park Rehabilitation and Nursing Center for the period identified above, results in a conclusion of consistent high level of care since there were no repeat enforced survey deficiencies.

A review of operations for the Beechtree Center for Rehabilitation and Nursing, Capstone Center for Rehabilitation and Nursing, Chestnut Park Rehabilitation and Nursing Center, Colonial Park Rehabilitation and Nursing Center, Cortland Park Rehabilitation and Nursing Center, Folts Center for Rehabilitation and Nursing, Northeast Center for Rehabilitation and Brain Injury, Pine Valley Center for Rehabilitation and Nursing, Riverside Center for Rehabilitation and Nursing, Vestal Park Rehabilitation and Nursing Center, Westchester Center for Rehabilitation and Nursing, Riverside Manor Adult Care, Van Duyn Center for Rehabilitation and Nursing, The Pavillion at Claxton Manor, and Bridgewater Center for Dialysis for the periods identified above results in a conclusion of substantially consistent high level of care since there were no enforcements.

Project Review

This application proposes to establish ECRNC, LLC d/b/a Evergreen Commons as the new operator of Evergreen Commons. No changes in the program or physical environment are proposed in this application. The new operator of the facility intends to enter into an administrative services agreement with Upstate Services Group. The agreement will cover administrative services such as billing and other office support services. Upstate Services Group provides similar services to numerous affiliated long term care facilities across the state.

Conclusion

No negative information has been received concerning the character and competence of the proposed applicants identified as new members.

No changes in the program or physical environment are proposed in this application. A contingency for the submission of an acceptable consulting services agreement will be required.

Recommendation

From a programmatic perspective, contingent approval is recommended.

Financial Analysis

Asset Purchase Agreement

ECRNC and 1070 Luther Road, LLC have submitted an executed Master Asset Purchase Agreement for the change in ownership of the operations and real estate related to Evergreen Commons. The agreement will become effectuated upon Public Health and Health Planning Council approval of this application. The terms of the agreement are summarized below:

Date:	February 1, 2015
Seller (operations):	NYMED Rensselaer, LLC d/b/a Evergreen Commons
Seller (real estate):	Titterton Properties, LLC
Purchaser (operations):	ECRNC, LLC
Purchaser (real estate):	1070 Luther Road, LLC
Purchased Assets (operations):	All of Sellers' rights, title and interest in the following assets: All assets owned by NYMED used in nursing home operations, including furniture, fixtures, equipment, material and supplies, contracts, leases and agreements, permits, licenses and other governmental approvals, inventory, drugs, food and other disposables or consumables, guarantees and warranties, telephone and fax numbers, e-mail addresses and internet domain names, sellers' goodwill and business associated with the nursing home, personnel and employee records for current staff transferring to ECRNC, resident lists, files and medical records, all trade secrets, names, processes, procedures, advertising matter, sales material and correspondence, market research and surveys and marketing information, Medicaid and Medicare billing numbers and provider agreements, custody of all nursing home resident accounts including funds held in trust and any and all deposits for prepaid room and service charges.
Excluded Assets (operations):	Any litigation by sellers and proceeds relating to business prior to the effective date, accounts receivable generated for services provided prior to the effective date, sellers' and nursing home's cash on hand at effective date (other than trust funds and residents' deposits), bank account, NYMED's interest in moneys due from Titterton for moneys paid to Titterton for HUD reserves and escrows, HUD reserves and escrows of seller, sellers' and nursing home's 401(k) plan, seller's minute books and records, tax records and tax returns, accounting records and general ledger or other books of account. All retroactive rate increases and/or lump sum payments resulting from services rendered before the effective date, all proceeds of any appeals (for rate revisions and PRI adjustments addressed to Medicare or Medicaid programs) relating to periods prior to the effective date.
Liabilities Assumed (operations):	N/A
Purchased Assets (real estate):	All seller's right, title and interest in and to the real property, buildings and improvements located at and commonly known as 1070 Luther Road, East Greenbush, NY
Liabilities Assumed (real estate):	None
Purchase Price (operations):	\$14,140,000
Purchase Price (real estate):	\$16,500,000
Payment of Purchase Price (operations and real estate):	\$1,000,000 Escrow deposit at execution of this agreement at closing, \$25,810,000 due at closing, the remaining \$3,830,000 will be paid in 120 equal monthly installments of \$31,916.67 following the closing.

The purchase price inclusive of both the operations and real estate is proposed to be satisfied as follows:

Members' Equity (Cash)	\$2,298,000
Mortgage Loan for 30 years at 5.0% interest	\$24,512,000
Loan from NYMED Rensselaer, LLC for 10 years at 8.0% interest	<u>\$3,830,000</u>
Total	\$30,640,000

A letter of interest from Century Health Capital, Inc. for the mortgage loan at the above stated terms has been provided. A letter of interest from NYMED Rensselaer, LLC for financing at the above stated rates has been provided.

BFA Attachment A is the net worth summary for the proposed members' of ECRNC and 1070 Luther Road, LLC, which reveals sufficient resources to meet the equity requirements associated with the project.

The applicant has submitted an original affidavit, which is acceptable to the Department, in which the applicant agrees, notwithstanding any agreement, arrangement or understanding between the applicant and the transferor to the contrary, to be liable and responsible for any Medicaid overpayments made to the facility and/or surcharges, assessments or fees due from the transferor pursuant to Article 28 of the 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 or assessments.

Lease Agreement

The applicant has submitted a draft lease agreement, the terms of which are summarized as follows:

Premises:	A 240-bed RHC located at 1070 Luther Road, East Greenbush, NY
Lessor:	1070 Luther Road, LLC
Lessee:	ECRNC, LLC
Term:	40 years
Rental:	\$3,239,123 annually or (\$269,296.92 per month)
Provisions:	Lessee pays for all taxes, utilities, insurance and maintenance fees (Triple Net)

The lease arrangement is a non-arm's length agreement. The applicant has submitted an affidavit attesting that there is a relationship between the landlord and tenant through common ownership.

Operating Budget

The applicant has provided an operating budget, in 2015 dollars, for year one subsequent to acquisition, summarized as follows:

	<u>Per Diem</u>	<u>Year One</u>
<u>Revenues:</u>		
Medicaid FFS(Inpatient)	\$234.82	\$14,926,777
Medicare FFS(Inpatient)	\$378.99	\$2,981,537
Private Pay/Other (Inpatient)	\$344.22	\$4,957,123
Medicare FFS(Outpatient)	\$71.14	\$242,648
Other (Outpatient)*		<u>\$521,865</u>
Total		\$23,629,950
<u>Expenses:</u>		
Operating	\$208.73	\$17,916,465
Capital	<u>\$64.16</u>	<u>5,507,155</u>
Total	\$272.89	\$23,423,620
Net income/(loss)		<u>\$206,330</u>
Utilization (patient days)		85,834

Occupancy 97.98%

Utilization:(PT visits) 3,411

*Other revenue consists of: cafeteria \$7,681; phone/television \$22,384; medical records \$1,723; other misc. \$56,789; physician revenue \$404,775; and purchase discounts \$28,513

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

- Revenue assumptions are based on the facility's current payment rates. The applicant indicated that they embrace the concept of managed long term care and Value Based Payments and plan to enter into contracts with MLTCPs and other managed care insurers in the future. As the transition to Value Based reimbursement is projected to occur no sooner than 2020, they have based this project's budget on the current operator's 2015 Medicaid Regional Pricing rate and facility's average 2014 per diem payment rates for the other payors.
- Expense assumptions are based on the historical experience of the current operator. The applicant expects to improve the facility's bottom line going forward by reducing administrative expenses including eliminating management fees of \$1,336,706 in year one and \$1,329,583 in year three. The operating budget reflects a leaner, more efficient approach, due to this reduction.
- Utilization assumptions are based on historical experience plus a 3% annual increase.
- Utilization by payor source for Year One is expected as follows:

	<u>Patient Days</u>	<u>Occupancy %</u>
Medicaid FFS	63,566	74.06%
Medicare FFS	7,867	9.17%
Private Pay/Other	14,401	16.78%

- Breakeven utilization is projected at 97.12% or 85,077 patient days. The facility provides outpatient physical therapy service which help to make the overall operations of the facility profitable.

Capability and Feasibility

There are no project costs associated with this application. The total purchase price of \$30,640,000 will be funded as follows: \$2,298,000 equity contribution from the members of 1070 Luther Road, LLC; a \$24,512,000 mortgage at the above stated terms and a loan from NYMED Rensselaer, LLC for \$3,830,000 at the above stated terms. A letter of interest for the mortgage financing has been provided and a letter of interest for the seller loan financing has also been provided.

Working capital requirements for total operations are estimated at \$3,903,937, based on two months of year one expenses, which appears reasonable. Working capital will be satisfied from the applicant members' equity. BFA Attachment A is the net worth statement for the proposed operators of both ECRNC and 1070 Luther Road, LLC, which shows adequate resources to cover the working capital requirements and the equity requirements associated with this project.

BFA Attachment B is the pro-forma balance sheet of ECRNC, LLC and 1070 Luther Road, LLC, which indicates positive members' equity of \$3,903,937 for ECRNC, LLC and \$2,298,000 for 1070 Luther Road, LLC.

The submitted budget projects a net income of \$260,330 for year one. The 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 C is the 2012-2014 certified financial statements for NYMED Rensselaer, LLC, d/b/a Evergreen Commons, which shows that the facility generated an average net loss of \$749,473, had an average positive net asset position, and average positive working capital position for the period. The

2012 and 2013 losses and the 2013 and 2014 negative working capital positions were due to management fees of \$2,533,185 (2012), \$4,046,122 (2013) and \$1,852,742 (2014), respectively. Without the fees, the facility would have been profitable and would not have had a negative working capital position in 2013 and 2014. Going forward the management fee will be eliminated.

BFA Attachment E, Financial Summary of the proposed members' affiliated nursing homes, shows that the facilities have maintained a positive net asset position and had net income from operations for the periods shown. Financial statements for the following facilities are not available as the facilities were newly acquired in 2014:

- CRNC, LLC d/b/a Cortland Park Rehabilitation and Nursing Center;
- RRNC, LLC d/b/a Colonial Park Rehabilitation and Nursing Center;
- ORNC, LLC d/b/a Chestnut Park Rehabilitation and Nursing Center;
- JBRNC, LLC d/b/a Hudson Park Rehabilitation and Nursing Center;
- RSRNC, LLC d/b/a Riverside Center for Rehabilitation and Nursing;
- CSRNC, LLC d/b/a Capstone Center for Rehabilitation and Nursing;
- NCRNC, LLC d/b/a Northeast Center for Rehabilitation and Brain Injury;
- HRNC, LLC d/b/a Highland Park Rehabilitation and Nursing Center;
- BTRNC, LLC, d/b/a Beechtree Center for Rehabilitation and Nursing.

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

Recommendation

From a financial perspective, contingent approval is recommended.

Attachments

BNHLC Attachment A	Quality Measures and Inspection Report
BFA Attachment A	Net Worth of ECRNC, LLC d/b/a Evergreen Commons Rehabilitation and Nursing Center and 1070 Luther Road, LLC Proposed Members
BFA Attachment B	Pro-forma Balance Sheet of ECRNC, LLC d/b/a Evergreen Commons Rehabilitation and Nursing Center and 1070 Luther Road, LLC
BFA Attachment C	2012–2014 Certified Financial Summary for NYMED Rensselaer, LLC , d/b/a Evergreen Commons
BFA Attachment D	Ownership interest proposed members' affiliated Nursing Homes
BFA Attachment E	Financial Summary proposed members' affiliated Nursing Homes

Evergreen Commons

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: April 2014 to March 2015 8.9% This Facility 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: April 2014 to March 2015 2.3% This Facility 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: April 2014 to March 2015 97.0% This Facility 84.6% State average 82.8% National average</p>	<p> 5 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine Reporting period: April 2014 to March 2015 94.3% This Facility 83.3% State average 81.9% National average</p>	<p> 4 out of 5 stars</p>
<p> Newly received an antipsychotic medication Reporting period: April 2014 to March 2015 1.1% This Facility 2.3% State average 2.4% National average</p>	<p> 4 out of 5 stars</p>
<p> Needed increased help with daily activities (long stay) Reporting period: July 2014 to March 2015 17.8% This Facility 14.4% State average 15.6% National average</p>	<p> 2 out of 5 stars</p>
<p> Self-report moderate to severe pain (long stay) Reporting period: July 2014 to March 2015 4.5% This Facility 4.9% State average 7.4% National average</p>	<p> 3 out of 5 stars</p>
<p> Have pressure sores (long stay) Reporting period: July 2014 to March 2015 4.8% This Facility 7.5% State average 5.9% National average</p>	<p> 4 out of 5 stars</p>

151180 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Lose too much weight (long stay) Reporting period: July 2014 to March 2015 7.0% This Facility 6.1% State average 7.0% National average</p>	<p> 2 out of 5 stars</p>
<p> Lose control of their bowels or bladder (long stay, low risk) Reporting period: July 2014 to March 2015 56.7% This Facility 45.7% State average 45.0% National average</p>	<p> 2 out of 5 stars</p>
<p> Had a catheter inserted and left in their bladder (long stay) Reporting period: July 2014 to March 2015 2.5% This Facility 2.6% State average 3.1% National average</p>	<p> 3 out of 5 stars</p>
<p> Had a urinary tract infection (long stay) Reporting period: July 2014 to March 2015 5.5% This Facility 5.6% State average 5.7% National average</p>	<p> 3 out of 5 stars</p>
<p> Have depressive symptoms (long stay) Reporting period: July 2014 to March 2015 1.3% This Facility 11.4% State average 6.0% National average</p>	<p> 4 out of 5 stars</p>
<p> Were physically restrained (long stay) Reporting period: July 2014 to March 2015 3.2% This Facility 1.5% State average 1.1% National average</p>	<p> 1 out of 5 stars</p>
<p> Experienced one or more falls with major injury (long stay) Reporting period: July 2014 to March 2015 3.0% This Facility 2.7% State average 3.2% National average</p>	<p> 2 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: July 2014 to March 2015 99.3% This Facility 94.8% State average 92.6% National average</p>	<p> 4 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: July 2014 to March 2015 98.8% This Facility 96.7% State average 93.8% National average</p>	<p> 3 out of 5 stars</p>
<p> Received an antipsychotic medication (long stay) Reporting period: July 2014 to March 2015 13.0% This Facility 17.6% State average 19.2% National average</p>	<p> 4 out of 5 stars</p>

Evergreen Commons

Inspection Report

Report Period: August 2011 to July 2015

PFI: 7268

Regional Office: [Capital District Regional Office](#)

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	57	23
Life Safety Code Deficiencies	6	12
Total Deficiencies	63	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	2	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	3%	3%

Bridgewater Center for Rehabilitation & Nursing, LLC

The following table shows how this nursing home performs in key quality measure areas. For important information on the meaning of quality measures or how rankings are determined, click the associated  symbol.

Percentage of residents who...	Performance Ranking 
 Self-report moderate to severe pain (short stay) Reporting period: April 2014 to March 2015 26.7% This Facility 13.7% State average 18.3% National average	 1 out of 5 stars

151180 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Have pressure sores that are new or worsened Reporting period: April 2014 to March 2015 0.8% This Facility 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: April 2014 to March 2015 81.2% This Facility 84.6% State average 82.8% National average</p>	<p> 2 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine Reporting period: April 2014 to March 2015 82.1% This Facility 83.3% State average 81.9% National average</p>	<p> 2 out of 5 stars</p>
<p> Newly received an antipsychotic medication Reporting period: April 2014 to March 2015 3.0% This Facility 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: July 2014 to March 2015 14.2% This Facility 14.4% State average 15.6% National average</p>	<p> 3 out of 5 stars</p>
<p> Self-report moderate to severe pain (long stay) Reporting period: July 2014 to March 2015 9.3% This Facility 4.9% State average 7.4% National average</p>	<p> 1 out of 5 stars</p>
<p> Have pressure sores (long stay) Reporting period: July 2014 to March 2015 6.2% This Facility 7.5% State average 5.9% National average</p>	<p> 3 out of 5 stars</p>
<p> Lose too much weight (long stay) Reporting period: July 2014 to March 2015 10.1% This Facility 6.1% State average 7.0% National average</p>	<p> 1 out of 5 stars</p>
<p> Lose control of their bowels or bladder (long stay, low risk) Reporting period: July 2014 to March 2015 40.5% This Facility 45.7% State average 45.0% National average</p>	<p> 4 out of 5 stars</p>
<p> Had a catheter inserted and left in their bladder (long stay) Reporting period: July 2014 to March 2015 5.0% This Facility 2.6% State average 3.1% National average</p>	<p> 1 out of 5 stars</p>

151180 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Had a urinary tract infection (long stay) Reporting period: July 2014 to March 2015 6.9% This Facility 5.6% State average 5.7% National average</p>	<p> 2 out of 5 stars</p>
<p> Have depressive symptoms (long stay) Reporting period: July 2014 to March 2015 0.2% This Facility 11.4% State average 6.0% National average</p>	<p> 5 out of 5 stars</p>
<p> Were physically restrained (long stay) Reporting period: July 2014 to March 2015 2.4% This Facility 1.5% State average 1.1% National average</p>	<p> 1 out of 5 stars</p>
<p> Experienced one or more falls with major injury (long stay) Reporting period: July 2014 to March 2015 5.9% This Facility 2.7% State average 3.2% National average</p>	<p> 1 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: July 2014 to March 2015 97.9% This Facility 94.8% State average 92.6% National average</p>	<p> 3 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: July 2014 to March 2015 97.6% This Facility 96.7% State average 93.8% National average</p>	<p> 2 out of 5 stars</p>
<p> Received an antipsychotic medication (long stay) Reporting period: July 2014 to March 2015 28.0% This Facility 17.6% State average 19.2% National average</p>	<p> 1 out of 5 stars</p>

Bridgewater Center for Rehabilitation & Nursing, LLC

Inspection Report

Report Period: August 2011 to July 2015

PFI: 0050

Regional Office: [Central New York Regional Office](#)

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

Summary

151180 BNHLC Attachment A – Quality Measures and Inspection Report

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	37	23
Life Safety Code Deficiencies	11	12
Total Deficiencies	48	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

Pine Valley Center for Rehabilitation and Nursing

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

Percentage of residents who...	Performance Ranking 
 Self-report moderate to severe pain (short stay) Reporting period: April 2014 to March 2015 12.9% This Facility 13.7% State average 18.3% National average	 3 out of 5 stars
 Have pressure sores that are new or worsened Reporting period: April 2014 to March 2015 0.1% This Facility 1.0% State average 0.9% National average	 5 out of 5 stars
 Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: April 2014 to March 2015 87.6% This Facility 84.6% State average 82.8% National average	 3 out of 5 stars
 Were given, appropriately, the pneumococcal vaccine Reporting period: April 2014 to March 2015 62.8% This Facility 83.3% State average 81.9% National average	 1 out of 5 stars

151180 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Newly received an antipsychotic medication Reporting period: April 2014 to March 2015 1.5% This Facility 2.3% State average 2.4% National average</p>	<p> 3 out of 5 stars</p>
<p> Needed increased help with daily activities (long stay) Reporting period: July 2014 to March 2015 13.7% This Facility 14.4% State average 15.6% National average</p>	<p> 3 out of 5 stars</p>
<p> Self-report moderate to severe pain (long stay) Reporting period: July 2014 to March 2015 3.8% This Facility 4.9% State average 7.4% National average</p>	<p> 3 out of 5 stars</p>
<p> Have pressure sores (long stay) Reporting period: July 2014 to March 2015 5.3% This Facility 7.5% State average 5.9% National average</p>	<p> 4 out of 5 stars</p>
<p> Lose too much weight (long stay) Reporting period: July 2014 to March 2015 3.9% This Facility 6.1% State average 7.0% National average</p>	<p> 4 out of 5 stars</p>
<p> Lose control of their bowels or bladder (long stay, low risk) Reporting period: July 2014 to March 2015 60.1% This Facility 45.7% State average 45.0% National average</p>	<p> 2 out of 5 stars</p>
<p> Had a catheter inserted and left in their bladder (long stay) Reporting period: July 2014 to March 2015 4.8% This Facility 2.6% State average 3.1% National average</p>	<p> 1 out of 5 stars</p>
<p> Had a urinary tract infection (long stay) Reporting period: July 2014 to March 2015 8.2% This Facility 5.6% State average 5.7% National average</p>	<p> 2 out of 5 stars</p>
<p> Have depressive symptoms (long stay) Reporting period: July 2014 to March 2015 4.8% This Facility 11.4% State average 6.0% National average</p>	<p> 3 out of 5 stars</p>
<p> Were physically restrained (long stay) Reporting period: July 2014 to March 2015 0.2% This Facility 1.5% State average 1.1% National average</p>	<p> 3 out of 5 stars</p>
<p> Experienced one or more falls with major injury (long stay) Reporting period: July 2014 to March 2015</p>	<p> 3 out of 5 stars</p>

151180 BNHLC Attachment A – Quality Measures and Inspection Report

2.4% This Facility 2.7% State average 3.2% National average	3 out of 5 stars
? Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: July 2014 to March 2015 94.8% This Facility 94.8% State average 92.6% National average	★★ 2 out of 5 stars
? Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: July 2014 to March 2015 95.3% This Facility 96.7% State average 93.8% National average	★★ 2 out of 5 stars
? Received an antipsychotic medication (long stay) Reporting period: July 2014 to March 2015 20.4% This Facility 17.6% State average 19.2% National average	★★ 2 out of 5 stars

Pine Valley Center for Rehabilitation and Nursing

Inspection Report

Report Period: August 2011 to July 2015

PFI: 0778

Regional Office: [MARO--New Rochelle Area Office](#)

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	21	12
Total Deficiencies	43	35

151180 BNHLC Attachment A – Quality Measures and Inspection Report

Measure	This Facility	Statewide Average
Deficiencies Related to Actual Harm or Immediate Jeopardy	1	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	2%	3%

Central Park 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: April 2014 to March 2015 7.3% This Facility 13.7% State average 18.3% National average</p>	<p> 4 out of 5 stars</p>
<p>Have pressure sores that are new or worsened Reporting period: April 2014 to March 2015 0.0% This Facility 1.0% State average 0.9% National average</p>	<p> 5 out of 5 stars</p>
<p>Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: April 2014 to March 2015 90.1% This Facility 84.6% State average 82.8% National average</p>	<p> 3 out of 5 stars</p>
<p>Were given, appropriately, the pneumococcal vaccine Reporting period: April 2014 to March 2015 87.2% This Facility 83.3% State average 81.9% National average</p>	<p> 3 out of 5 stars</p>
<p>Newly received an antipsychotic medication Reporting period: April 2014 to March 2015 6.2% This Facility 2.3% State average 2.4% National average</p>	<p> 1 out of 5 stars</p>
<p>Needed increased help with daily activities (long stay) Reporting period: July 2014 to March 2015 16.0% This Facility 14.4% State average 15.6% National average</p>	<p> 2 out of 5 stars</p>
<p>Self-report moderate to severe pain (long stay) Reporting period: July 2014 to March 2015</p>	<p> 4 out of 5 stars</p>

151180 BNHLC Attachment A – Quality Measures and Inspection Report

<p>1.2% This Facility 4.9% State average 7.4% National average</p>	
<p>Have pressure sores (long stay) Reporting period: July 2014 to March 2015 2.0% This Facility 7.5% State average 5.9% National average</p>	<p> 5 out of 5 stars</p>
<p>Lose too much weight (long stay) Reporting period: July 2014 to March 2015 7.5% This Facility 6.1% State average 7.0% National average</p>	<p> 2 out of 5 stars</p>
<p>Lose control of their bowels or bladder (long stay, low risk) Reporting period: July 2014 to March 2015 43.4% This Facility 45.7% State average 45.0% National average</p>	<p> 3 out of 5 stars</p>
<p>Had a catheter inserted and left in their bladder (long stay) Reporting period: July 2014 to March 2015 2.7% This Facility 2.6% State average 3.1% National average</p>	<p> 3 out of 5 stars</p>
<p>Had a urinary tract infection (long stay) Reporting period: July 2014 to March 2015 1.6% This Facility 5.6% State average 5.7% National average</p>	<p> 5 out of 5 stars</p>
<p>Have depressive symptoms (long stay) Reporting period: July 2014 to March 2015 11.6% This Facility 11.4% State average 6.0% National average</p>	<p> 2 out of 5 stars</p>
<p>Were physically restrained (long stay) Reporting period: July 2014 to March 2015 0.5% This Facility 1.5% State average 1.1% National average</p>	<p> 3 out of 5 stars</p>
<p>Experienced one or more falls with major injury (long stay) Reporting period: July 2014 to March 2015 1.4% This Facility 2.7% State average 3.2% National average</p>	<p> 4 out of 5 stars</p>
<p>Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: July 2014 to March 2015 99.1% This Facility 94.8% State average 92.6% National average</p>	<p> 4 out of 5 stars</p>
<p>Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: July 2014 to March 2015</p>	<p> 3 out of 5 stars</p>

<p>99.3% This Facility 96.7% State average 93.8% National average</p>	
<p>Received an antipsychotic medication (long stay) Reporting period: July 2014 to March 2015 15.1% This Facility 17.6% State average 19.2% National average</p>	<p> 3 out of 5 stars</p>

Central Park Rehabilitation and Nursing Center

Inspection Report Report Period: August 2011 to July 2015

PFI: 0654
 Regional Office: [Central New York Regional Office](#)

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	40	23
Life Safety Code Deficiencies	10	12
Total Deficiencies	50	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	2	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	4%	3%

Van Duyn Center for Rehabilitation and Nursing

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

151180 BNHLC Attachment A – Quality Measures and Inspection Report

Percentage of residents who...	Performance Ranking 
<p> Self-report moderate to severe pain (short stay) Reporting period: April 2014 to March 2015 24.4% This Facility 13.7% State average 18.3% National average</p>	<p> 1 out of 5 stars</p>
<p> Have pressure sores that are new or worsened Reporting period: April 2014 to March 2015 2.1% This Facility 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: April 2014 to March 2015 87.4% This Facility 84.6% State average 82.8% National average</p>	<p> 3 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine Reporting period: April 2014 to March 2015 80.8% This Facility 83.3% State average 81.9% National average</p>	<p> 2 out of 5 stars</p>
<p> Newly received an antipsychotic medication Reporting period: April 2014 to March 2015 0.6% This Facility 2.3% State average 2.4% National average</p>	<p> 4 out of 5 stars</p>
<p> Needed increased help with daily activities (long stay) Reporting period: July 2014 to March 2015 15.7% This Facility 14.4% State average 15.6% National average</p>	<p> 2 out of 5 stars</p>
<p> Self-report moderate to severe pain (long stay) Reporting period: July 2014 to March 2015 11.1% This Facility 4.9% State average 7.4% National average</p>	<p> 1 out of 5 stars</p>
<p> Have pressure sores (long stay) Reporting period: July 2014 to March 2015 5.7% This Facility 7.5% State average 5.9% National average</p>	<p> 4 out of 5 stars</p>
<p> Lose too much weight (long stay) Reporting period: July 2014 to March 2015 10.0% This Facility 6.1% State average 7.0% National average</p>	<p> 1 out of 5 stars</p>
<p> Lose control of their bowels or bladder (long stay, low risk) Reporting period: July 2014 to March 2015</p>	<p> 1 out of 5 stars</p>

151180 BNHLC Attachment A – Quality Measures and Inspection Report

<p>66.4% This Facility 45.7% State average 45.0% National average</p>	
<p>Had a catheter inserted and left in their bladder (long stay) Reporting period: July 2014 to March 2015 3.9% This Facility 2.6% State average 3.1% National average</p>	<p> 1 out of 5 stars</p>
<p>Had a urinary tract infection (long stay) Reporting period: July 2014 to March 2015 4.3% This Facility 5.6% State average 5.7% National average</p>	<p> 3 out of 5 stars</p>
<p>Have depressive symptoms (long stay) Reporting period: July 2014 to March 2015 5.6% This Facility 11.4% State average 6.0% National average</p>	<p> 3 out of 5 stars</p>
<p>Were physically restrained (long stay) Reporting period: July 2014 to March 2015 4.5% This Facility 1.5% State average 1.1% National average</p>	<p> 1 out of 5 stars</p>
<p>Experienced one or more falls with major injury (long stay) Reporting period: July 2014 to March 2015 2.2% This Facility 2.7% State average 3.2% National average</p>	<p> 3 out of 5 stars</p>
<p>Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: July 2014 to March 2015 97.6% This Facility 94.8% State average 92.6% National average</p>	<p> 3 out of 5 stars</p>
<p>Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: July 2014 to March 2015 98.6% This Facility 96.7% State average 93.8% National average</p>	<p> 3 out of 5 stars</p>
<p>Received an antipsychotic medication (long stay) Reporting period: July 2014 to March 2015 15.0% This Facility 17.6% State average 19.2% National average</p>	<p> 3 out of 5 stars</p>

Van Duyn Center for Rehabilitation and Nursing

Inspection Report

Report Period: August 2011 to July 2015

151180 BNHLC Attachment A – Quality Measures and Inspection Report

PFI: 0650

Regional Office: [Central New York Regional Office](#)

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	89	23
Life Safety Code Deficiencies	13	12
Total Deficiencies	102	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	4	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	4%	3%

Chestnut Park 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: April 2014 to March 2015 14.4% This Facility 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: April 2014 to March 2015 2.3% This Facility 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: April 2014 to March 2015 86.3% This Facility 84.6% State average 82.8% National average</p>	<p> 3 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine Reporting period: April 2014 to March 2015 86.8% This Facility 83.3% State average 81.9% National average</p>	<p> 3 out of 5 stars</p>
<p> Newly received an antipsychotic medication Reporting period: April 2014 to March 2015 0.9% This Facility 2.3% State average 2.4% National average</p>	<p> 4 out of 5 stars</p>
<p> Needed increased help with daily activities (long stay) Reporting period: July 2014 to March 2015 15.3% This Facility 14.4% State average 15.6% National average</p>	<p> 3 out of 5 stars</p>
<p> Self-report moderate to severe pain (long stay) Reporting period: July 2014 to March 2015 4.3% This Facility 4.9% State average 7.4% National average</p>	<p> 3 out of 5 stars</p>
<p> Have pressure sores (long stay) Reporting period: July 2014 to March 2015 8.3% This Facility 7.5% State average 5.9% National average</p>	<p> 2 out of 5 stars</p>

151180 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Lose too much weight (long stay) Reporting period: July 2014 to March 2015 11.1% This Facility 6.1% State average 7.0% National average</p>	<p> 1 out of 5 stars</p>
<p> Lose control of their bowels or bladder (long stay, low risk) Reporting period: July 2014 to March 2015 63.8% This Facility 45.7% State average 45.0% National average</p>	<p> 1 out of 5 stars</p>
<p> Had a catheter inserted and left in their bladder (long stay) Reporting period: July 2014 to March 2015 4.3% This Facility 2.6% State average 3.1% National average</p>	<p> 1 out of 5 stars</p>
<p> Had a urinary tract infection (long stay) Reporting period: July 2014 to March 2015 3.2% This Facility 5.6% State average 5.7% National average</p>	<p> 4 out of 5 stars</p>
<p> Have depressive symptoms (long stay) Reporting period: July 2014 to March 2015 0.0% This Facility 11.4% State average 6.0% National average</p>	<p> 5 out of 5 stars</p>
<p> Were physically restrained (long stay) Reporting period: July 2014 to March 2015 1.6% This Facility 1.5% State average 1.1% National average</p>	<p> 2 out of 5 stars</p>
<p> Experienced one or more falls with major injury (long stay) Reporting period: July 2014 to March 2015 1.0% This Facility 2.7% State average 3.2% National average</p>	<p> 5 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: July 2014 to March 2015 89.5% This Facility 94.8% State average 92.6% National average</p>	<p> 1 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: July 2014 to March 2015 100.0% This Facility 96.7% State average 93.8% National average</p>	<p> 5 out of 5 stars</p>
<p> Received an antipsychotic medication (long stay) Reporting period: July 2014 to March 2015 21.9% This Facility 17.6% State average 19.2% National average</p>	<p> 2 out of 5 stars</p>

Chestnut Park Rehabilitation and Nursing Center

Inspection Report

Report Period: August 2011 to July 2015

PFI: 0743

Regional Office: [Capital District Regional Office](#)

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

Summary

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

Measure	This Facility	Statewide Average
Standard Health Deficiencies	29	23
Life Safety Code Deficiencies	9	12
Total Deficiencies	38	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

Cortland Park 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)</p> <p>Reporting period: April 2014 to March 2015</p> <p>7.0% This Facility</p> <p>13.7% State average</p> <p>18.3% National average</p>	<p></p> <p> 4 out of 5 stars</p>

151180 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Have pressure sores that are new or worsened Reporting period: April 2014 to March 2015 0.9% This Facility 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: April 2014 to March 2015 87.0% This Facility 84.6% State average 82.8% National average</p>	<p> 3 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine Reporting period: April 2014 to March 2015 80.4% This Facility 83.3% State average 81.9% National average</p>	<p> 2 out of 5 stars</p>
<p> Newly received an antipsychotic medication Reporting period: April 2014 to March 2015 1.3% This Facility 2.3% State average 2.4% National average</p>	<p> 4 out of 5 stars</p>
<p> Needed increased help with daily activities (long stay) Reporting period: July 2014 to March 2015 20.0% This Facility 14.4% State average 15.6% National average</p>	<p> 1 out of 5 stars</p>
<p> Self-report moderate to severe pain (long stay) Reporting period: July 2014 to March 2015 2.1% This Facility 4.9% State average 7.4% National average</p>	<p> 4 out of 5 stars</p>
<p> Have pressure sores (long stay) Reporting period: July 2014 to March 2015 1.8% This Facility 7.5% State average 5.9% National average</p>	<p> 5 out of 5 stars</p>
<p> Lose too much weight (long stay) Reporting period: July 2014 to March 2015 11.0% This Facility 6.1% State average 7.0% National average</p>	<p> 1 out of 5 stars</p>
<p> Lose control of their bowels or bladder (long stay, low risk) Reporting period: July 2014 to March 2015 60.8% This Facility 45.7% State average 45.0% National average</p>	<p> 2 out of 5 stars</p>
<p> Had a catheter inserted and left in their bladder (long stay) Reporting period: July 2014 to March 2015 0.5% This Facility 2.6% State average 3.1% National average</p>	<p> 5 out of 5 stars</p>

151180 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Had a urinary tract infection (long stay) Reporting period: July 2014 to March 2015 6.2% This Facility 5.6% State average 5.7% National average</p>	<p> 2 out of 5 stars</p>
<p> Have depressive symptoms (long stay) Reporting period: July 2014 to March 2015 2.9% This Facility 11.4% State average 6.0% National average</p>	<p> 3 out of 5 stars</p>
<p> Were physically restrained (long stay) Reporting period: July 2014 to March 2015 0.0% This Facility 1.5% State average 1.1% National average</p>	<p> 5 out of 5 stars</p>
<p> Experienced one or more falls with major injury (long stay) Reporting period: July 2014 to March 2015 3.3% This Facility 2.7% State average 3.2% National average</p>	<p> 2 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: July 2014 to March 2015 99.3% This Facility 94.8% State average 92.6% National average</p>	<p> 5 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: July 2014 to March 2015 88.9% This Facility 96.7% State average 93.8% National average</p>	<p> 1 out of 5 stars</p>
<p> Received an antipsychotic medication (long stay) Reporting period: July 2014 to March 2015 14.7% This Facility 17.6% State average 19.2% National average</p>	<p> 3 out of 5 stars</p>

Cortland Park Rehabilitation and Nursing Center

Inspection Report

Report Period: August 2011 to July 2015

PFI: 0160

Regional Office: [Central New York Regional Office](#)

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

Summary

151180 BNHLC Attachment A – Quality Measures and Inspection Report

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	32	23
Life Safety Code Deficiencies	10	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%

Colonial Park 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)</p> <p>Reporting period: April 2014 to March 2015</p> <p>12.5% This Facility</p> <p>13.7% State average</p> <p>18.3% National average</p>	<p>3 out of 5 stars</p>
<p>Have pressure sores that are new or worsened</p> <p>Reporting period: April 2014 to March 2015</p> <p>3.0% This Facility</p> <p>1.0% State average</p> <p>0.9% National average</p>	<p>1 out of 5 stars</p>
<p>Were given, appropriately, the seasonal influenza vaccine (short stay)</p> <p>Reporting period: April 2014 to March 2015</p> <p>98.7% This Facility</p> <p>84.6% State average</p> <p>82.8% National average</p>	<p>5 out of 5 stars</p>
<p>Were given, appropriately, the pneumococcal vaccine</p> <p>Reporting period: April 2014 to March 2015</p> <p>98.9% This Facility</p> <p>83.3% State average</p> <p>81.9% National average</p>	<p>5 out of 5 stars</p>

151180 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Newly received an antipsychotic medication Reporting period: April 2014 to March 2015 5.9% This Facility 2.3% State average 2.4% National average</p>	<p> 1 out of 5 stars</p>
<p> Needed increased help with daily activities (long stay) Reporting period: July 2014 to March 2015 14.1% This Facility 14.4% State average 15.6% National average</p>	<p> 3 out of 5 stars</p>
<p> Self-report moderate to severe pain (long stay) Reporting period: July 2014 to March 2015 2.6% This Facility 4.9% State average 7.4% National average</p>	<p> 3 out of 5 stars</p>
<p> Have pressure sores (long stay) Reporting period: July 2014 to March 2015 0.6% This Facility 7.5% State average 5.9% National average</p>	<p> 5 out of 5 stars</p>
<p> Lose too much weight (long stay) Reporting period: July 2014 to March 2015 6.5% This Facility 6.1% State average 7.0% National average</p>	<p> 2 out of 5 stars</p>
<p> Lose control of their bowels or bladder (long stay, low risk) Reporting period: July 2014 to March 2015 49.4% This Facility 45.7% State average 45.0% National average</p>	<p> 3 out of 5 stars</p>
<p> Had a catheter inserted and left in their bladder (long stay) Reporting period: July 2014 to March 2015 3.9% This Facility 2.6% State average 3.1% National average</p>	<p> 1 out of 5 stars</p>
<p> Had a urinary tract infection (long stay) Reporting period: July 2014 to March 2015 3.3% This Facility 5.6% State average 5.7% National average</p>	<p> 4 out of 5 stars</p>
<p> Have depressive symptoms (long stay) Reporting period: July 2014 to March 2015 2.9% This Facility 11.4% State average 6.0% National average</p>	<p> 4 out of 5 stars</p>
<p> Were physically restrained (long stay) Reporting period: July 2014 to March 2015 4.1% This Facility 1.5% State average 1.1% National average</p>	<p> 1 out of 5 stars</p>

<p> Experienced one or more falls with major injury (long stay) Reporting period: July 2014 to March 2015 0.9% This Facility 2.7% State average 3.2% National average</p>	<p> 5 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: July 2014 to March 2015 100.0% This Facility 94.8% State average 92.6% National average</p>	<p> 5 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: July 2014 to March 2015 100.0% This Facility 96.7% State average 93.8% National average</p>	<p> 5 out of 5 stars</p>
<p> Received an antipsychotic medication (long stay) Reporting period: July 2014 to March 2015 16.1% This Facility 17.6% State average 19.2% National average</p>	<p> 3 out of 5 stars</p>

Colonial Park Rehabilitation and Nursing Center

Inspection Report

Report Period: August 2011 to July 2015

PFI: 0592

Regional Office: [Central New York Regional Office](#)

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	41	23
Life Safety Code Deficiencies	10	12
Total Deficiencies	51	35

151180 BNHLC Attachment A – Quality Measures and Inspection Report

Measure	This Facility	Statewide Average
Deficiencies Related to Actual Harm or Immediate Jeopardy	1	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	2%	3%

Highland Park Rehabilitation and Nursing Center

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

Percentage of residents who...	Performance Ranking 
 Self-report moderate to severe pain (short stay) Reporting period: April 2014 to March 2015 13.0% This Facility 13.7% State average 18.3% National average	 3 out of 5 stars
 Have pressure sores that are new or worsened Reporting period: April 2014 to March 2015 0.4% This Facility 1.0% State average 0.9% National average	 4 out of 5 stars
 Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: April 2014 to March 2015 89.2% This Facility 84.6% State average 82.8% National average	 3 out of 5 stars
 Were given, appropriately, the pneumococcal vaccine Reporting period: April 2014 to March 2015 95.3% This Facility 83.3% State average 81.9% National average	 4 out of 5 stars
 Newly received an antipsychotic medication Reporting period: April 2014 to March 2015 6.2% This Facility 2.3% State average 2.4% National average	 1 out of 5 stars
 Needed increased help with daily activities (long stay) Reporting period: July 2014 to March 2015 12.6% This Facility 14.4% State average 15.6% National average	 3 out of 5 stars

151180 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Self-report moderate to severe pain (long stay) Reporting period: July 2014 to March 2015 12.3% This Facility 4.9% State average 7.4% National average</p>	<p> 1 out of 5 stars</p>
<p> Have pressure sores (long stay) Reporting period: July 2014 to March 2015 7.2% This Facility 7.5% State average 5.9% National average</p>	<p> 3 out of 5 stars</p>
<p> Lose too much weight (long stay) Reporting period: July 2014 to March 2015 5.7% This Facility 6.1% State average 7.0% National average</p>	<p> 3 out of 5 stars</p>
<p> Lose control of their bowels or bladder (long stay, low risk) Reporting period: July 2014 to March 2015 52.9% This Facility 45.7% State average 45.0% National average</p>	<p> 2 out of 5 stars</p>
<p> Had a catheter inserted and left in their bladder (long stay) Reporting period: July 2014 to March 2015 1.6% This Facility 2.6% State average 3.1% National average</p>	<p> 4 out of 5 stars</p>
<p> Had a urinary tract infection (long stay) Reporting period: July 2014 to March 2015 2.9% This Facility 5.6% State average 5.7% National average</p>	<p> 4 out of 5 stars</p>
<p> Have depressive symptoms (long stay) Reporting period: July 2014 to March 2015 3.4% This Facility 11.4% State average 6.0% National average</p>	<p> 3 out of 5 stars</p>
<p> Were physically restrained (long stay) Reporting period: July 2014 to March 2015 0.0% This Facility 1.5% State average 1.1% National average</p>	<p> 5 out of 5 stars</p>
<p> Experienced one or more falls with major injury (long stay) Reporting period: July 2014 to March 2015 1.4% This Facility 2.7% State average 3.2% National average</p>	<p> 4 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: July 2014 to March 2015 87.3% This Facility 94.8% State average 92.6% National average</p>	<p> 1 out of 5 stars</p>

<p> Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: July 2014 to March 2015 100.0% This Facility 96.7% State average 93.8% National average</p>	<p> 5 out of 5 stars</p>
<p> Received an antipsychotic medication (long stay) Reporting period: July 2014 to March 2015 27.8% This Facility 17.6% State average 19.2% National average</p>	<p> 1 out of 5 stars</p>

Highland Park Rehabilitation and Nursing Center

Inspection Report

Report Period: August 2011 to July 2015

PFI: 0041

Regional Office: [WRO--Buffalo Area Office](#)

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	12	12
Total Deficiencies	31	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	1	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	3%	3%

Hudson Park 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: April 2014 to March 2015 13.4% This Facility 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: April 2014 to March 2015 1.4% This Facility 1.0% State average 0.9% National average</p>	<p> 2 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: April 2014 to March 2015 87.2% This Facility 84.6% State average 82.8% National average</p>	<p> 3 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine Reporting period: April 2014 to March 2015 86.7% This Facility 83.3% State average 81.9% National average</p>	<p> 3 out of 5 stars</p>
<p> Newly received an antipsychotic medication Reporting period: April 2014 to March 2015 1.6% This Facility 2.3% State average 2.4% National average</p>	<p> 3 out of 5 stars</p>
<p> Needed increased help with daily activities (long stay) Reporting period: July 2014 to March 2015 16.9% This Facility 14.4% State average 15.6% National average</p>	<p> 2 out of 5 stars</p>
<p> Self-report moderate to severe pain (long stay) Reporting period: July 2014 to March 2015 5.7% This Facility 4.9% State average 7.4% National average</p>	<p> 2 out of 5 stars</p>
<p> Have pressure sores (long stay) Reporting period: July 2014 to March 2015 6.7% This Facility 7.5% State average 5.9% National average</p>	<p> 3 out of 5 stars</p>

151180 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Lose too much weight (long stay) Reporting period: July 2014 to March 2015 7.4% This Facility 6.1% State average 7.0% National average</p>	<p> 2 out of 5 stars</p>
<p> Lose control of their bowels or bladder (long stay, low risk) Reporting period: July 2014 to March 2015 39.4% This Facility 45.7% State average 45.0% National average</p>	<p> 4 out of 5 stars</p>
<p> Had a catheter inserted and left in their bladder (long stay) Reporting period: July 2014 to March 2015 1.5% This Facility 2.6% State average 3.1% National average</p>	<p> 4 out of 5 stars</p>
<p> Had a urinary tract infection (long stay) Reporting period: July 2014 to March 2015 9.2% This Facility 5.6% State average 5.7% National average</p>	<p> 1 out of 5 stars</p>
<p> Have depressive symptoms (long stay) Reporting period: July 2014 to March 2015 0.6% This Facility 11.4% State average 6.0% National average</p>	<p> 5 out of 5 stars</p>
<p> Were physically restrained (long stay) Reporting period: July 2014 to March 2015 0.6% This Facility 1.5% State average 1.1% National average</p>	<p> 3 out of 5 stars</p>
<p> Experienced one or more falls with major injury (long stay) Reporting period: July 2014 to March 2015 1.8% This Facility 2.7% State average 3.2% National average</p>	<p> 4 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: July 2014 to March 2015 94.4% This Facility 94.8% State average 92.6% National average</p>	<p> 2 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: July 2014 to March 2015 91.5% This Facility 96.7% State average 93.8% National average</p>	<p> 1 out of 5 stars</p>
<p> Received an antipsychotic medication (long stay) Reporting period: July 2014 to March 2015 28.3% This Facility 17.6% State average 19.2% National average</p>	<p> 1 out of 5 stars</p>

Hudson Park Rehabilitation and Nursing Center

Inspection Report

Report Period: August 2011 to July 2015

PFI: 0021

Regional Office: [Capital District Regional Office](#)

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	87	23
Life Safety Code Deficiencies	18	12
Total Deficiencies	105	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	7	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	7%	3%

Vestal Park 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)</p> <p>Reporting period: April 2014 to March 2015</p> <p>33.3% This Facility</p> <p>13.7% State average</p> <p>18.3% National average</p>	<p></p> <p></p> <p>1 out of 5 stars</p>

151180 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Have pressure sores that are new or worsened Reporting period: April 2014 to March 2015 0.7% This Facility 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: April 2014 to March 2015 73.5% This Facility 84.6% State average 82.8% National average</p>	<p> 1 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine Reporting period: April 2014 to March 2015 76.2% This Facility 83.3% State average 81.9% National average</p>	<p> 2 out of 5 stars</p>
<p> Newly received an antipsychotic medication Reporting period: April 2014 to March 2015 5.1% This Facility 2.3% State average 2.4% National average</p>	<p> 1 out of 5 stars</p>
<p> Needed increased help with daily activities (long stay) Reporting period: July 2014 to March 2015 14.3% This Facility 14.4% State average 15.6% National average</p>	<p> 3 out of 5 stars</p>
<p> Self-report moderate to severe pain (long stay) Reporting period: July 2014 to March 2015 5.6% This Facility 4.9% State average 7.4% National average</p>	<p> 2 out of 5 stars</p>
<p> Have pressure sores (long stay) Reporting period: July 2014 to March 2015 8.1% This Facility 7.5% State average 5.9% National average</p>	<p> 2 out of 5 stars</p>
<p> Lose too much weight (long stay) Reporting period: July 2014 to March 2015 9.9% This Facility 6.1% State average 7.0% National average</p>	<p> 1 out of 5 stars</p>
<p> Lose control of their bowels or bladder (long stay, low risk) Reporting period: July 2014 to March 2015 53.7% This Facility 45.7% State average 45.0% National average</p>	<p> 2 out of 5 stars</p>
<p> Had a catheter inserted and left in their bladder (long stay) Reporting period: July 2014 to March 2015 4.0% This Facility 2.6% State average 3.1% National average</p>	<p> 1 out of 5 stars</p>

151180 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Had a urinary tract infection (long stay) Reporting period: July 2014 to March 2015 10.6% This Facility 5.6% State average 5.7% National average</p>	<p> 1 out of 5 stars</p>
<p> Have depressive symptoms (long stay) Reporting period: July 2014 to March 2015 13.2% This Facility 11.4% State average 6.0% National average</p>	<p> 2 out of 5 stars</p>
<p> Were physically restrained (long stay) Reporting period: July 2014 to March 2015 6.3% This Facility 1.5% State average 1.1% National average</p>	<p> 1 out of 5 stars</p>
<p> Experienced one or more falls with major injury (long stay) Reporting period: July 2014 to March 2015 4.6% This Facility 2.7% State average 3.2% National average</p>	<p> 1 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: July 2014 to March 2015 90.5% This Facility 94.8% State average 92.6% National average</p>	<p> 1 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: July 2014 to March 2015 91.6% This Facility 96.7% State average 93.8% National average</p>	<p> 1 out of 5 stars</p>
<p> Received an antipsychotic medication (long stay) Reporting period: July 2014 to March 2015 16.9% This Facility 17.6% State average 19.2% National average</p>	<p> 3 out of 5 stars</p>

Vestal Park Rehabilitation and Nursing Center

Inspection Report

Report Period: August 2011 to July 2015

PFI: 9514

Regional Office: [Central New York Regional Office](#)

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

Summary

151180 BNHLC Attachment A – Quality Measures and Inspection Report

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	46	23
Life Safety Code Deficiencies	7	12
Total Deficiencies	53	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

Riverside Center for Rehabilitation and 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)</p> <p>Reporting period: April 2014 to March 2015</p> <p>11.9% This Facility</p> <p>13.7% State average</p> <p>18.3% National average</p>	<p>3 out of 5 stars</p>
<p>Have pressure sores that are new or worsened</p> <p>Reporting period: April 2014 to March 2015</p> <p>0.0% This Facility</p> <p>1.0% State average</p> <p>0.9% National average</p>	<p>5 out of 5 stars</p>
<p>Were given, appropriately, the seasonal influenza vaccine (short stay)</p> <p>Reporting period: April 2014 to March 2015</p> <p>90.6% This Facility</p> <p>84.6% State average</p> <p>82.8% National average</p>	<p>3 out of 5 stars</p>
<p>Were given, appropriately, the pneumococcal vaccine</p> <p>Reporting period: April 2014 to March 2015</p> <p>100.0% This Facility</p> <p>83.3% State average</p> <p>81.9% National average</p>	<p>5 out of 5 stars</p>

151180 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Newly received an antipsychotic medication Reporting period: April 2014 to March 2015 5.0% This Facility 2.3% State average 2.4% National average</p>	<p> 1 out of 5 stars</p>
<p> Needed increased help with daily activities (long stay) Reporting period: July 2014 to March 2015 18.9% This Facility 14.4% State average 15.6% National average</p>	<p> 2 out of 5 stars</p>
<p> Self-report moderate to severe pain (long stay) Reporting period: July 2014 to March 2015 3.4% This Facility 4.9% State average 7.4% National average</p>	<p> 3 out of 5 stars</p>
<p> Have pressure sores (long stay) Reporting period: July 2014 to March 2015 8.3% This Facility 7.5% State average 5.9% National average</p>	<p> 2 out of 5 stars</p>
<p> Lose too much weight (long stay) Reporting period: July 2014 to March 2015 9.1% This Facility 6.1% State average 7.0% National average</p>	<p> 1 out of 5 stars</p>
<p> Lose control of their bowels or bladder (long stay, low risk) Reporting period: July 2014 to March 2015 24.2% This Facility 45.7% State average 45.0% National average</p>	<p> 5 out of 5 stars</p>
<p> Had a catheter inserted and left in their bladder (long stay) Reporting period: July 2014 to March 2015 0.7% This Facility 2.6% State average 3.1% National average</p>	<p> 5 out of 5 stars</p>
<p> Had a urinary tract infection (long stay) Reporting period: July 2014 to March 2015 9.0% This Facility 5.6% State average 5.7% National average</p>	<p> 1 out of 5 stars</p>
<p> Have depressive symptoms (long stay) Reporting period: July 2014 to March 2015 0.5% This Facility 11.4% State average 6.0% National average</p>	<p> 5 out of 5 stars</p>
<p> Were physically restrained (long stay) Reporting period: July 2014 to March 2015 3.8% This Facility 1.5% State average 1.1% National average</p>	<p> 1 out of 5 stars</p>

<p> Experienced one or more falls with major injury (long stay) Reporting period: July 2014 to March 2015 0.9% This Facility 2.7% State average 3.2% National average</p>	<p> 5 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: July 2014 to March 2015 86.9% This Facility 94.8% State average 92.6% National average</p>	<p> 1 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: July 2014 to March 2015 100.0% This Facility 96.7% State average 93.8% National average</p>	<p> 5 out of 5 stars</p>
<p> Received an antipsychotic medication (long stay) Reporting period: July 2014 to March 2015 13.2% This Facility 17.6% State average 19.2% National average</p>	<p> 4 out of 5 stars</p>

Riverside Center for Rehabilitation and Nursing

Inspection Report Report Period: August 2011 to July 2015

PFI: 0767
 Regional Office: [Capital District Regional Office](#)

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	12	23
Life Safety Code Deficiencies	4	12
Total Deficiencies	16	35

151180 BNHLC Attachment A – Quality Measures and Inspection Report

Measure	This Facility	Statewide Average
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

Capstone Center for Rehabilitation and 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: April 2014 to March 2015 18.0% This Facility 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: April 2014 to March 2015 1.1% This Facility 1.0% State average 0.9% National average</p>	<p> 2 out of 5 stars</p>
<p>Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: April 2014 to March 2015 78.9% This Facility 84.6% State average 82.8% National average</p>	<p> 2 out of 5 stars</p>
<p>Were given, appropriately, the pneumococcal vaccine Reporting period: April 2014 to March 2015 83.2% This Facility 83.3% State average 81.9% National average</p>	<p> 2 out of 5 stars</p>
<p>Newly received an antipsychotic medication Reporting period: April 2014 to March 2015 5.8% This Facility 2.3% State average 2.4% National average</p>	<p> 1 out of 5 stars</p>
<p>Needed increased help with daily activities (long stay) Reporting period: July 2014 to March 2015 25.4% This Facility 14.4% State average 15.6% National average</p>	<p> 1 out of 5 stars</p>

151180 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Self-report moderate to severe pain (long stay) Reporting period: July 2014 to March 2015 4.9% This Facility 4.9% State average 7.4% National average</p>	<p> 2 out of 5 stars</p>
<p> Have pressure sores (long stay) Reporting period: July 2014 to March 2015 7.2% This Facility 7.5% State average 5.9% National average</p>	<p> 3 out of 5 stars</p>
<p> Lose too much weight (long stay) Reporting period: July 2014 to March 2015 8.9% This Facility 6.1% State average 7.0% National average</p>	<p> 1 out of 5 stars</p>
<p> Lose control of their bowels or bladder (long stay, low risk) Reporting period: July 2014 to March 2015 37.4% This Facility 45.7% State average 45.0% National average</p>	<p> 4 out of 5 stars</p>
<p> Had a catheter inserted and left in their bladder (long stay) Reporting period: July 2014 to March 2015 3.4% This Facility 2.6% State average 3.1% National average</p>	<p> 2 out of 5 stars</p>
<p> Had a urinary tract infection (long stay) Reporting period: July 2014 to March 2015 12.9% This Facility 5.6% State average 5.7% National average</p>	<p> 1 out of 5 stars</p>
<p> Have depressive symptoms (long stay) Reporting period: July 2014 to March 2015 3.9% This Facility 11.4% State average 6.0% National average</p>	<p> 3 out of 5 stars</p>
<p> Were physically restrained (long stay) Reporting period: July 2014 to March 2015 1.2% This Facility 1.5% State average 1.1% National average</p>	<p> 2 out of 5 stars</p>
<p> Experienced one or more falls with major injury (long stay) Reporting period: July 2014 to March 2015 3.1% This Facility 2.7% State average 3.2% National average</p>	<p> 2 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: July 2014 to March 2015 87.9% This Facility 94.8% State average 92.6% National average</p>	<p> 1 out of 5 stars</p>

<p> Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: July 2014 to March 2015 99.4% This Facility 96.7% State average 93.8% National average</p>	<p> 4 out of 5 stars</p>
<p> Received an antipsychotic medication (long stay) Reporting period: July 2014 to March 2015 43.7% This Facility 17.6% State average 19.2% National average</p>	<p> 1 out of 5 stars</p>

Capstone Center for Rehabilitation and Nursing

Inspection Report

Report Period: August 2011 to July 2015

PFI: 0488

Regional Office: [Capital District Regional Office](#)

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	25	23
Life Safety Code Deficiencies	8	12
Total Deficiencies	33	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

Beechtree Center for Rehabilitation and Nursing

151180 BNHLC Attachment A – Quality Measures and Inspection Report

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: April 2014 to March 2015 18.3% This Facility 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: April 2014 to March 2015 2.2% This Facility 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: April 2014 to March 2015 73.8% This Facility 84.6% State average 82.8% National average</p>	<p> 1 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine Reporting period: April 2014 to March 2015 66.7% This Facility 83.3% State average 81.9% National average</p>	<p> 1 out of 5 stars</p>
<p> Newly received an antipsychotic medication Reporting period: April 2014 to March 2015 1.8% This Facility 2.3% State average 2.4% National average</p>	<p> 3 out of 5 stars</p>
<p> Needed increased help with daily activities (long stay) Reporting period: July 2014 to March 2015 32.4% This Facility 14.4% State average 15.6% National average</p>	<p> 1 out of 5 stars</p>
<p> Self-report moderate to severe pain (long stay) Reporting period: July 2014 to March 2015 8.4% This Facility 4.9% State average 7.4% National average</p>	<p> 2 out of 5 stars</p>
<p> Have pressure sores (long stay) Reporting period: July 2014 to March 2015 13.2% This Facility 7.5% State average 5.9% National average</p>	<p> 1 out of 5 stars</p>
<p> Lose too much weight (long stay) Reporting period: July 2014 to March 2015 11.1% This Facility 6.1% State average 7.0% National average</p>	<p> 1 out of 5 stars</p>

151180 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Lose control of their bowels or bladder (long stay, low risk) Reporting period: July 2014 to March 2015 65.7% This Facility 45.7% State average 45.0% National average</p>	<p> 1 out of 5 stars</p>
<p> Had a catheter inserted and left in their bladder (long stay) Reporting period: July 2014 to March 2015 1.8% This Facility 2.6% State average 3.1% National average</p>	<p> 4 out of 5 stars</p>
<p> Had a urinary tract infection (long stay) Reporting period: July 2014 to March 2015 3.0% This Facility 5.6% State average 5.7% National average</p>	<p> 4 out of 5 stars</p>
<p> Have depressive symptoms (long stay) Reporting period: July 2014 to March 2015 1.8% This Facility 11.4% State average 6.0% National average</p>	<p> 4 out of 5 stars</p>
<p> Were physically restrained (long stay) Reporting period: July 2014 to March 2015 0.7% This Facility 1.5% State average 1.1% National average</p>	<p> 3 out of 5 stars</p>
<p> Experienced one or more falls with major injury (long stay) Reporting period: July 2014 to March 2015 2.3% This Facility 2.7% State average 3.2% National average</p>	<p> 3 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: July 2014 to March 2015 96.7% This Facility 94.8% State average 92.6% National average</p>	<p> 3 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: July 2014 to March 2015 93.1% This Facility 96.7% State average 93.8% National average</p>	<p> 1 out of 5 stars</p>
<p> Received an antipsychotic medication (long stay) Reporting period: July 2014 to March 2015 16.9% This Facility 17.6% State average 19.2% National average</p>	<p> 3 out of 5 stars</p>

Beechtree Center for Rehabilitation and Nursing

Inspection Report

Report Period: August 2011 to July 2015

151180 BNHLC Attachment A – Quality Measures and Inspection Report

PFI: 0983

Regional Office: [Central New York Regional Office](#)

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	49	23
Life Safety Code Deficiencies	6	12
Total Deficiencies	55	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	5	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	9%	3%

Northeast Center for Rehabilitation and Brain Injury

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)</p> <p>Reporting period: April 2014 to March 2015</p> <p>28.6% This Facility</p> <p>13.7% State average</p> <p>18.3% National average</p>	<p></p> <p></p> <p>1 out of 5 stars</p>
<p> Have pressure sores that are new or worsened</p> <p>Reporting period: April 2014 to March 2015</p> <p>1.2% This Facility</p> <p>1.0% State average</p> <p>0.9% National average</p>	<p></p> <p></p> <p>2 out of 5 stars</p>

151180 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: April 2014 to March 2015 79.1% This Facility 84.6% State average 82.8% National average</p>	<p> 2 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine Reporting period: April 2014 to March 2015 75.3% This Facility 83.3% State average 81.9% National average</p>	<p> 2 out of 5 stars</p>
<p> Newly received an antipsychotic medication Reporting period: April 2014 to March 2015 6.1% This Facility 2.3% State average 2.4% National average</p>	<p> 1 out of 5 stars</p>
<p> Needed increased help with daily activities (long stay) Reporting period: July 2014 to March 2015 15.8% This Facility 14.4% State average 15.6% National average</p>	<p> 2 out of 5 stars</p>
<p> Self-report moderate to severe pain (long stay) Reporting period: July 2014 to March 2015 8.0% This Facility 4.9% State average 7.4% National average</p>	<p> 2 out of 5 stars</p>
<p> Have pressure sores (long stay) Reporting period: July 2014 to March 2015 14.9% This Facility 7.5% State average 5.9% National average</p>	<p> 1 out of 5 stars</p>
<p> Lose too much weight (long stay) Reporting period: July 2014 to March 2015 4.8% This Facility 6.1% State average 7.0% National average</p>	<p> 4 out of 5 stars</p>
<p> Lose control of their bowels or bladder (long stay, low risk) Reporting period: July 2014 to March 2015 18.4% This Facility 45.7% State average 45.0% National average</p>	<p> 5 out of 5 stars</p>
<p> Had a catheter inserted and left in their bladder (long stay) Reporting period: July 2014 to March 2015 5.5% This Facility 2.6% State average 3.1% National average</p>	<p> 1 out of 5 stars</p>
<p> Had a urinary tract infection (long stay) Reporting period: July 2014 to March 2015 2.9% This Facility 5.6% State average 5.7% National average</p>	<p> 4 out of 5 stars</p>

151180 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Have depressive symptoms (long stay) Reporting period: July 2014 to March 2015 6.8% This Facility 11.4% State average 6.0% National average</p>	<p> 3 out of 5 stars</p>
<p> Were physically restrained (long stay) Reporting period: July 2014 to March 2015 0.8% This Facility 1.5% State average 1.1% National average</p>	<p> 3 out of 5 stars</p>
<p> Experienced one or more falls with major injury (long stay) Reporting period: July 2014 to March 2015 2.0% This Facility 2.7% State average 3.2% National average</p>	<p> 3 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: July 2014 to March 2015 93.1% This Facility 94.8% State average 92.6% National average</p>	<p> 2 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: July 2014 to March 2015 98.4% This Facility 96.7% State average 93.8% National average</p>	<p> 3 out of 5 stars</p>
<p> Received an antipsychotic medication (long stay) Reporting period: July 2014 to March 2015 43.1% This Facility 17.6% State average 19.2% National average</p>	<p> 1 out of 5 stars</p>

Northeast Center for Rehabilitation and Brain Injury

Inspection Report

Report Period: August 2011 to July 2015

PFI: 7758

Regional Office: [MARO--New Rochelle Area Office](#)

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.

151180 BNHLC Attachment A – Quality Measures and Inspection Report

Measure	This Facility	Statewide Average
Standard Health Deficiencies	20	23
Life Safety Code Deficiencies	6	12
Total Deficiencies	26	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

Evergreen Commons
Pro Forma Balance Sheet

ECRNC, LLC 1070 Luther Road, LLC

Assets

Cash	\$3,903,937	\$0
Patient Accounts	\$68,922	\$0
Real Estate	\$0	\$16,500,000
Operational Assets	\$14,140,000	\$0
Due from Operating Co.	<u>\$0</u>	<u>\$14,140,000</u>
Total Assets	<u>\$18,112,859</u>	<u>\$30,640,000</u>

Liabilities

Patient Accounts	\$68,922	\$0
Mortgages		\$28,342,000
Due to Realty Co.	\$14,140,000	\$0
Total Liabilities	<u>\$14,208,922</u>	<u>\$28,342,000</u>
Members' Equity	<u>\$3,903,937</u>	<u>\$2,298,000</u>

NYMED Rensselaer, LLC d/b/a Evergreen Commons Residential Healthcare Facility			
	2014	2013	2012
ASSETS - CURRENT	\$5,349,650	\$5,044,952	\$5,430,866
ASSETS - FIXED AND OTHER	\$2,528,139	\$2,583,694	\$2,791,289
TOTAL ASSETS	\$7,877,789	\$7,628,646	\$8,222,155
LIABILITIES - CURRENT	\$5,784,106	\$5,480,862	\$4,238,020
LIABILITIES - LONG-TERM	\$493,486	\$646,561	\$401,198
TOTAL LIABILITIES	\$6,277,592	\$6,127,423	\$4,639,218
WORKING CAPITAL	(\$434,456)	(\$435,910)	\$1,192,846
INCOME	\$23,140,786	\$22,919,657	\$21,967,509
EXPENSE	\$23,041,812	\$25,001,371	\$22,233,188
NET INCOME	\$98,974	(\$2,081,714)	(\$265,679)
NET ASSET POSITION	\$1,600,197	\$1,501,223	\$3,582,937

Related Company Ownership

	Efraim Steif	Uri Koenig	David Camerota
Bridgewater	44.90%	55.00%	0.10%
CPRNC	44.90%	27.50%	0.10%
Pine Valley	49.90%	17.71%	N/A
CRNC	39.90%	60.00%	0.10%
RRNC	39.90%	60.00%	0.10%
ORNC	39.90%	60.00%	0.10%
JBRNC	39.90%	60.00%	0.10%
RSRNC	39.90%	60.00%	0.10%
CSRNC	39.90%	60.00%	0.10%
NCRNC	39.90%	60.00%	0.10%
HRNC	39.90%	60.00%	0.10%
BTRNC	39.90%	60.00%	0.10%
VDRNC	39.90%	60.00%	0.10%

Bridgewater Center for Rehabilitation & Nursing, LLC			
	1/1/2014-		
	12/31/2014		
	Internal	2013	2012
ASSETS - CURRENT	\$8,034,119	\$8,568,912	\$6,448,875
ASSETS - FIXED AND OTHER	\$3,615,141	\$2,946,021	\$1,243,881
TOTAL ASSETS	\$11,649,260	\$11,514,933	\$7,692,756
LIABILITIES - CURRENT	\$7,746,956	\$10,786,079	\$6,872,498
LIABILITIES - LONG-TERM	\$362,731	\$394,367	\$819,057
TOTAL LIABILITIES	\$8,109,687	\$11,180,446	\$7,691,555
WORKING CAPITAL	\$287,163	(\$2,217,167)	(\$423,623)
INCOME	\$29,605,508	\$29,477,711	\$28,137,280
EXPENSE	\$24,311,044	\$28,966,417	\$27,582,261
NET INCOME	\$5,294,464	\$511,294	\$555,019
NET ASSET POSITION	\$3,539,573	\$334,487	\$1,201
CPRNC, LLC d/b/a Central Park Rehabilitation and Nursing Center			
	1/1/2014-		
	12/31/2014		
	Internal	2013	2012
ASSETS - CURRENT	\$3,767,770	\$3,706,237	\$4,082,016
ASSETS - FIXED AND OTHER	\$893,361	\$630,135	\$646,949
TOTAL ASSETS	\$4,661,131	\$4,336,372	\$4,728,965
LIABILITIES - CURRENT	\$3,891,066	\$1,734,043	\$1,943,757
LIABILITIES - LONG-TERM	\$101,544	\$2,800,310	\$2,770,008
TOTAL LIABILITIES	\$3,992,610	\$4,534,353	\$4,713,765
WORKING CAPITAL	-\$123,296	\$1,972,194	\$2,138,259
INCOME	\$14,831,700	\$13,575,585	\$14,204,493
EXPENSE	\$13,004,681	\$13,496,578	\$13,912,344
NET INCOME	\$1,827,019	\$79,007	\$292,149
NET ASSET POSITION	\$668,521	-\$197,981	\$15,200
Pine Valley Center, LLC d/b/a Pine Valley Center for Rehabilitation and Nursing			
	1/1/2014-		
	12/31/2014		
	Internal	2013	2012
ASSETS - CURRENT	\$7,097,527	\$8,002,776	\$7,162,177
ASSETS - FIXED AND OTHER	\$10,319,658	\$9,604,319	\$9,685,382
TOTAL ASSETS	\$17,417,185	\$17,607,095	\$16,847,559
LIABILITIES - CURRENT	\$3,978,944	\$3,814,938	\$4,636,948
LIABILITIES - LONG-TERM	\$9,432,910	\$9,727,141	\$9,700,983
TOTAL LIABILITIES	\$13,411,854	\$13,542,079	\$14,337,931
WORKING CAPITAL	\$3,118,583	\$4,187,838	\$2,525,229
INCOME	\$22,630,958	\$20,624,682	\$18,196,097
EXPENSE	\$20,917,816	\$19,065,882	\$17,970,716
NET INCOME	\$1,713,142	\$1,558,800	\$225,381
NET ASSET POSITION	\$4,005,331	\$4,065,016	\$2,509,628

VDRNC, LLC d/b/a Van Duyn Center for Rehabilitation and Nursing

	2014
ASSETS - CURRENT	\$12,453,731
ASSETS - FIXED AND OTHER	\$2,133,724
TOTAL ASSETS	\$14,587,455
LIABILITIES - CURRENT	\$12,798,958
LIABILITIES - LONG-TERM	\$279,817
TOTAL LIABILITIES	\$13,078,775
WORKING CAPITAL	(\$345,227)
INCOME	\$41,134,151
EXPENSE	\$40,076,040
NET INCOME	\$1,058,111
NET ASSET POSITION	\$1,508,680