

STATE OF NEW YORK
PUBLIC HEALTH AND HEALTH PLANNING COUNCIL
SPECIAL ESTABLISHMENT AND PROJECT REVIEW COMMITTEE

AGENDA

December 10, 2015

*Immediately Following the Committee on Codes, Regulations and Legislation
(which is the scheduled to begin at 10:00 a.m.)*

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

I. COMMITTEE ON ESTABLISHMENT AND PROJECT REVIEW

Peter Robinson, Chair

A. Applications for Construction of Health Care Facilities/Agencies

Ambulatory Surgery Centers – Establish/Construct

Exhibit # 1

	<u>Number</u>	<u>Applicant/Facility</u>
1.	142216 B	NHPE, LLC d/b/a New Hyde Park Endoscopy (Nassau County)
2.	151277 B	Hospital for Special Surgery Ambulatory Surgery Center of Manhattan, LLC d/b/a HSS ASC of Manhattan (New York County)

Dialysis Services – Establish/Construct

Exhibit # 2

	<u>Number</u>	<u>Applicant/Facility</u>
1.	152094 B	Sea Crest Acquisition II, LLC d/b/a Sea Crest Dialysis Center (Kings County)
2.	152164 B	Dialyze Direct NY, LLC (Kings County)

Residential Health Care Facility – Establish/Construct

Exhibit # 3

	<u>Number</u>	<u>Applicant/Facility</u>
1.	151108 B	MLAP Acquisition 1, LLC d/b/a Long Beach Nursing and Rehabilitation Center (Nassau County)



**Project # 142216-B
NHPE, LLC d/b/a New Hyde Park Endoscopy**

Program: Diagnostic and Treatment Center **County:** Nassau
Purpose: Establishment and Construction **Acknowledged:** November 24, 2014

Executive Summary

Description

NHPE, LLC d/b/a New Hyde Park Endoscopy (NHPE), an existing New York State limited liability company, requests approval for the establishment and construction of an Article 28 freestanding ambulatory surgery center (FASC) to be certified as a single-specialty FASC specializing in gastroenterology. The applicant will lease 8,000 square feet on Mezzanine Level 2 (basement) of an existing building located at 1991 Marcus Avenue, Lake Success (Nassau County). The FASC will include three procedure rooms, a pre-operating area and eleven recovery bays, along with the requisite support areas.

The proposed member of NHPE is Shri Bherav & Co., LLC (SBC) with 100% membership interest. SBC has two physician members, Nilesh Mehta, M.D. and Preeti Mehta, M.D., each with 50% membership. The two physician members are board-certified gastroenterologists who will be practicing physicians at the FASC. Drs. Nilesh and Preeti Mehata have indicated that they will transfer procedures currently being performed in their private office-based practices to the proposed FASC, which will account for the first year's utilization of 2,500 procedures.

OPCHSM Recommendation

Contingent Approval with an expiration of the operating certificate five years from the date of its issuance.

Need Summary

Year 1 projections are 2,500 procedures, with Medicaid at 13% and charity care at 2%. All of the projected procedures are currently being performed in the participating physicians' private practices.

Program Summary

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

Financial Summary

Total project costs of \$3,459,543 will be met through members' equity of \$691,909 and the remaining \$2,767,634 balance will be financed over five years through JP Morgan Chase Bank at 5% interest. The operating budget is as follows:

	<u>Year One</u>	<u>Year Three</u>
Revenues	\$2,572,956	\$2,608,212
Expenses	<u>\$2,241,225</u>	<u>\$2,290,980</u>
Gain/(Loss)	\$331,731	\$317,232

Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Primary Care and Health Systems Management

Approval with an expiration of the operating certificate five years from the date of its issuance, contingent upon:

1. Submission of a check for the amount enumerated in the approval letter, payable to the New York State Department of Health. Public Health Law Section 2802.7 states that all construction applications requiring review by the Public Health and Health Planning Council shall pay an additional fee of fifty-five hundredths of one percent of the total capital value of the project, exclusive of CON fees. [PMU]
2. Submission of a signed agreement with an outside independent entity satisfactory to the Department to provide annual reports to the DOH beginning in the second year of operation. Said reports should include:
 - a. Data showing actual utilization including procedures;
 - b. Data showing breakdown of visits by payor source;
 - c. Data showing number of patients who need follow-up care in a hospital within seven days after ambulatory surgery;
 - d. Data showing number of emergency transfers to a hospital;
 - e. Data showing percentage of charity care provided, and
 - f. Number of nosocomial infections recorded during the year in question. [RNR]
3. Submission of a statement, acceptable to the Department, that the applicant will consider creating or entering into an integrated system of care that will reduce the fragmentation of the delivery system, provide coordinated care for patients, and reduce inappropriate utilization of services. The applicant will agree to submit a report to the Department beginning in the second year of operation and each year thereafter detailing these efforts and the results. [RNR]
4. Submission by the governing body of the ambulatory surgery center of an Organizational Mission Statement which identifies, at a minimum, the populations and communities to be served by the center, including underserved populations (such as racial and ethnic minorities, women and handicapped persons) and the center's commitment to meet the health care needs of the community, including the provision of services to those in need regardless of ability to pay. The statement shall also include commitment to the development of policies and procedures to assure that charity care is available to those who cannot afford to pay. [RNR]
5. Submission of an executed loan commitment, acceptable to the Department of Health. [BFA]
6. Submission of an executed working capital loan commitment, acceptable to the Department of Health. [BFA]
7. Submission of an executed building lease, acceptable to the Department of Health. [BFA]
8. The submission of State Hospital Code (SHC) Drawings, acceptable to the Department, as described in BAEFP Drawing Submission Guidelines DSG-03. [AER]
9. Submission of the Articles of Organization for Shri Bherav & Co., LLC, acceptable to the Department. [CSL]
10. Submission of the Operating Agreement of Shri Bherav & Co., LLC, acceptable to the Department. [CSL]
11. Submission of the Certificate of Amendment to the Articles of Organization of NHPE, LLC, acceptable to the Department. [CSL]
12. Submission of the amended Operating Agreement for NHPE, LLC, amending Article 4, Section 5.8 to provide that the Shareholders proxy may vote only as specifically instructed by the Shareholders with regard to each vote, unless the Shareholders proxy is another shareholder approved by the Public Health and Health Planning Council to vote the stock that is covered by proxy, acceptable to the Department. [CSL]

13. Submission of a photocopy of the executed Agreement of Lease between, Lalezarian Properties, LLC and the applicant, 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]
2. The staff of the facility must be separate and distinct from staff of other entities. [HSP]
3. The signage must clearly denote the facility is separate and distinct from other adjacent entities. [HSP]
4. The entrance to the facility must not disrupt any other entity's clinical program space. [HSP]
5. The clinical space must be used exclusively for the approved purpose. [HSP]
6. The submission of Final Construction Documents, signed and sealed by the project architect, as described in BAEFP Drawing Submission Guidelines DSG-05, prior to the applicant's start of construction. [AER]
7. Construction must start on or before February 1, 2015 and construction must be completed by August 1, 2016, presuming approval to start construction is granted prior to commencement. In accordance with 10 NYCRR Section 710.10(a), if construction is not started on or before the start date this shall constitute abandonment of the approval. It is the responsibility of the applicant to request prior approval for any changes to the start and completion dates. [AER]

Council Action Date
December 10, 2015

Need Analysis

Project Description

NHPE, LLC d/b/a New Hyde Park Endoscopy requests approval to establish and construct a single specialty freestanding ambulatory surgery center specializing in gastroenterology services. The proposed location is 1991 Marcus Avenue, Lake Success, 11042, Nassau County.

Analysis

The service area is Nassau County. 2,500 procedures are projected in Year 1 and 2,653 in Year 3. These projections are based on the current practices of participating physicians. The projected payor mix is as follows:

Payor	Years 1 and 3
Commercial FFS	78.0%
Medicare FFS	6.0%
Medicare MC	1.0%
Medicaid FFS	1.0%
Medicaid MC	12.0%
Charity Care	2.0%
Total	100.0%

Nassau County currently has four single specialty and five multi-specialty ambulatory surgery centers. The table below shows the number of patient visits at ambulatory surgery centers in Nassau County for 2013 and 2014.

Type	Name of Facility	2013	2014
Multi	Day Op of North Nassau Inc.	654	149
Multi	Day-Op Center of Long Island	3,952	3,259
Single	Endoscopy Center of LI	7,141	7,981
Single	Island Eye Surgicenter LLC	10,396	10,269
Single	Long Island Digestive Health LLC	5,772	6,020
Single	Meadowbrook Endoscopy Center	6,617	7,702
Multi	Nassau Center for AmSurg.	5,870	6,035
Multi	Prohealth Amb Surg Ctr Inc.	6,595	12,149
Multi	South Shore Amb Surg Ctr LLC	5,537	4,646
	Total	52,534	58,210

Source: SPARCS

For Nassau County, the total number of patient visits was 52,534 in 2013 and 58,210 in 2014. This represents a 10.8% year-to-year increase in the number of patients served by ambulatory surgery centers in Nassau County. For gastroenterology services, the total number of visits was 19,530 in 2013 and 21,703 in 2014. This represents an 11.1% year-to-year increase in the number of patients served by Gastroenterology ambulatory services in Nassau County.

The applicant is committed to serving all persons in need of surgical care without regard to their ability to pay or the source of payment.

Conclusion

The proposed project will bring procedures that are currently being performed in private physicians' offices under a regulated Article 28 entity.

Recommendation

From a need perspective, contingent approval is recommended for a limited life of five years.

Program Analysis

Project Proposal

NHPE, LLC d/b/a New Hyde Park Endoscopy requests approval to establish and construct a single specialty diagnostic and treatment center specializing in gastroenterology that will also be federally certified as an ambulatory surgery center.

Proposed Operator	NHPE, LLC
Doing Business As	New Hyde Park Endoscopy
Site Address	1991 Marcus Avenue, Lake Success (Nassau County)
Surgical Specialties	Single Specialty: Gastroenterology
Operating Rooms	0
Procedure Rooms	3
Hours of Operation	Monday through Friday from 7:30 am to 3:30 pm
Staffing (1st Year / 3rd Year)	8.0 FTEs / 8.0 FTEs
Medical Director(s)	Nilesh Mehta, MD
Emergency, In-Patient and Backup Support Services Agreement and Distance	Will be provided by New York Hospital Queens 9.2 miles/18 minute drive time
On-call service	24/7 on-call service to connect patients to the facility's on-call physician during hours when the facility is closed.

Character and Competence

The members of the LLC are:

Shri Bherav & Co., LLC	100%
Nilesh Mehta, MD (50%)	
Preeti Mehta, MD (50%)	

Drs. Mehta will act as managers of New Hyde Park Endoscopy. They are practicing surgeons and board-certified gastroenterologists.

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, the 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.

Integration with Community Resources

The Center plans to work closely with its patients to educate and provide them with information regarding the availability of primary care services offered by local providers, to include the broad array of outpatient primary care services offered by The New York Hospital Medical Center of Queens (the Center's designated provider of backup and emergency services). Patients will be treated on the basis of need for gastroenterology procedures, without discrimination due to any personal characteristics or ability to pay. To this end, the Center will utilize a sliding fee scale and provide charity care.

The Center plans on utilizing an Electronic Medical Record (EMR) system, as well as integrating and exchanging information with an established Regional Health Information Organization (RHIO).

Recommendation

From a programmatic perspective, approval is recommended.

<h2>Financial Analysis</h2>

Lease Rental Agreement

The applicant has submitted a draft lease for the proposed site, the terms of which are summarized:

Premises:	Approximately 8,000 gross square feet located on Mezzanine Level 2 of an existing building located at 1991 Marcus Avenue, Lake Success, NY 11042
Landlord:	Lalezarian Properties, LLC
Lessee:	NHPE, LLC d/b/a New Hyde Park Endoscopy
Term:	15 years and 11 months with one (1) option to renew for a five (5) year term.
Rental:	Year 1 base rent at \$236,000 (\$29.50 per sq. ft.); annual base rent shall increase each subsequent year of the lease term at a rate of 2.5% per year.
Provisions:	Electric Service (by a sub-meter) and pro rata share of Real Estate Taxes

The applicant has provided an affidavit stating that the lease is an arm's length arrangement. The applicant has submitted letters from two NYS licensed realtors attesting to the rent being of fair market value.

Total Project Cost and Financing

Total project costs, estimated at \$3,459,543, are broken down as follows:

Renovation & Demolition	\$1,152,320
Design Contingency	148,512
Construction Contingency	148,512
Architect/Engineering Fees	223,600
Construction Manager Fees	148,508
Other Fees	352,257
Movable Equipment	1,177,005
Financing Costs	30,000
Interim Interest Expense	57,917
CON Application Fee	2,000
CON Processing Fee	<u>18,912</u>
Total Project Cost	\$3,459,543

Project costs are based on a six-month construction period.

The applicant's financing plan appears as follows:

Cash Equity (Applicant)	\$691,909
Bank Loan (5% for a 5-year term)	<u>2,767,634</u>
Total	\$3,459,543

A letter of interest has been provided from JP Morgan Chase Bank.

Operating Budget

The applicant has submitted their first and third year operating budgets, in 2015/16 dollars, as summarized below:

	<u>Year One</u>	<u>Year Three</u>
Revenues:		
Medicaid Fee-For-Service	\$16,944	\$17,176
Medicaid Managed Care	\$172,829	\$175,198
Medicare Fee-For-Service	\$116,914	\$118,516
Medicare Managed Care	\$19,486	\$19,753
Commercial Fee-For-Service	<u>\$2,246,783</u>	<u>\$2,277,569</u>
Total Revenues	\$2,572,956	\$2,608,212
Expenses:		
Operating	\$1,482,985	\$1,578,444
Capital	<u>758,240</u>	<u>712,536</u>
Total Expenses	\$2,241,225	\$2,290,980
Net Income or (Loss)	\$331,731	\$317,232
Utilization (procedures)	2,500	2,652
Cost Per Procedure	\$896.49	\$863.87

Utilization by payor source for the first and third years is anticipated as follows:

Medicaid Fee-For-Service	1.0%
Medicaid Managed Care	12.0%
Medicare Fee-For-Service	6.0%
Medicare Managed Care	1.0%
Commercial Fee-For-Service	78.0%
Charity	<u>2.0%</u>
Total	100.0%

The following is noted with respect to the submitted budget:

- Revenue assumptions are based on current and projected Federal and State government reimbursement rates, with commercial payor rates reflecting adjustments based on experience in the region.
- Utilization projections are based on the current caseload of Drs. Nilesh and Preeti Mehta, both board-certified gastroenterologists. The applicant indicated that none of the projected procedures will come from any hospital. The procedures are currently being performed in the physicians' office-based practices, which are located in the same community that the FASC will serve. Each physician has submitted letters in support of their utilization projections.
- Expense assumptions are based upon staffing, operating and capital costs as determined based on the experience of the participating physicians, as well as the experience of other FASCs in New York State in providing similar service patient care.
- The breakeven point is approximately 87% of the projected utilization or 2,178 procedures in year one, and 88% or 2329 procedures in year three.

Capability and Feasibility

The total project cost of \$3,459,543 will be satisfied by the proposed members' equity contribution of \$691,909 with the balance of \$2,767,634 to be financed by JP Morgan Chase Bank at the above stated terms.

Working capital requirements are estimated at \$380,830, which appears reasonable based on two months of third year expenses. The applicant has submitted a letter of interest from JP Morgan Chase Bank to finance \$190,415 of the working capital with a one-year payback period at an estimated 4% interest rate. The remaining \$190,415 in working capital will be provided from the members' own financial resources. BFA Attachment A is the net worth statements of the applicant members, which indicates sufficient liquid resources to meet the equity and working capital requirements. BFA Attachment B is NHPE's pro-forma balance sheet that shows operations will start with \$882,324 in equity.

NHPE projects an operating excess of \$331,731 and \$317,232 in the first and third years, respectively. Revenues for Medicare and Medicaid are based on current and projected reimbursement rates for the respective payors. The payment rates for commercial payors were determined by the applicant based on contacts made with various similar service providers to obtain their current rate schedules. The budgets are reasonable.

The applicant has demonstrated the capability to proceed in a financially feasible manner.

Recommendation

From a financial perspective, contingent approval is recommended.

Supplemental Information

Supplemental Information from Surrounding Hospitals

Below are summaries of responses by hospitals to letters from the Department requesting information on the impact of the proposed ambulatory surgery center (ASC) in their service areas. Also included is a summary of the applicant's response to DOH's request for information on the proposed ASC's volume of surgical cases, sources of those cases, staff recruitment and retention.

North Shore University Hospital -- **No Response**
300 Community Drive
Manhasset, NY 11030

Long Island Jewish Medical Center -- **No Response**
270-05 76th Avenue
New Hyde Park, NY 11040

New York Hospital Queens -- **No Response**
56-45 Main Street
Flushing, NY 11355

Winthrop-University Hospital -- **No Response**
259 First Street
Mineola, NY 11501

Supplemental Information from Applicant

Need and Sources of Cases: The applicant states that all of the projected caseload will come from office-based procedures currently performed in the private practice of the applicant physicians. The applicant also cites data showing a continued growth in Nassau County in the number of persons 45 years and older, which is the primary service group for colorectal cancer screening. The applicant also states that there are only three ASCs specializing in gastroenterology in Nassau County, a jurisdiction of over 1.3 million people. This current lack of local capacity to provide gastroenterology services will ensure attainment of the projected volume of cases.

Staff Recruitment and Retention: The applicant states that, initially, recruitment will be of selected staff currently employed by the member physicians in their office-based practice, particularly the nursing and technical staff. Staff will also be recruited through accredited schools, newspaper advertisements, training programs, local recruiters and, if needed, job fairs. Competitive salaries and benefits are expected to aid in the recruitment and retention of skilled employees, as are a positive work environment and flexible working hours. The applicant also expects that nurses and technicians currently employed by hospitals who choose to augment their income will be able to find supplemental employment at the proposed ASC because of the flexible work schedule, without cutting back on or abandoning their hospital employment.

Office-Based Cases: The applicant states that all of the projected gastrointestinal surgical procedures for the proposed ASC are currently performed in the private, office-based practice of the member physicians. None of the projected procedures are performed in any hospital.

DOH Comment

The absence of any comments in opposition to this application from hospitals in the proposed service area provides no basis for reversal or modification of the recommendation for five-year, limited life approval of the proposed ASC based on public need, financial feasibility and operator character and competence.

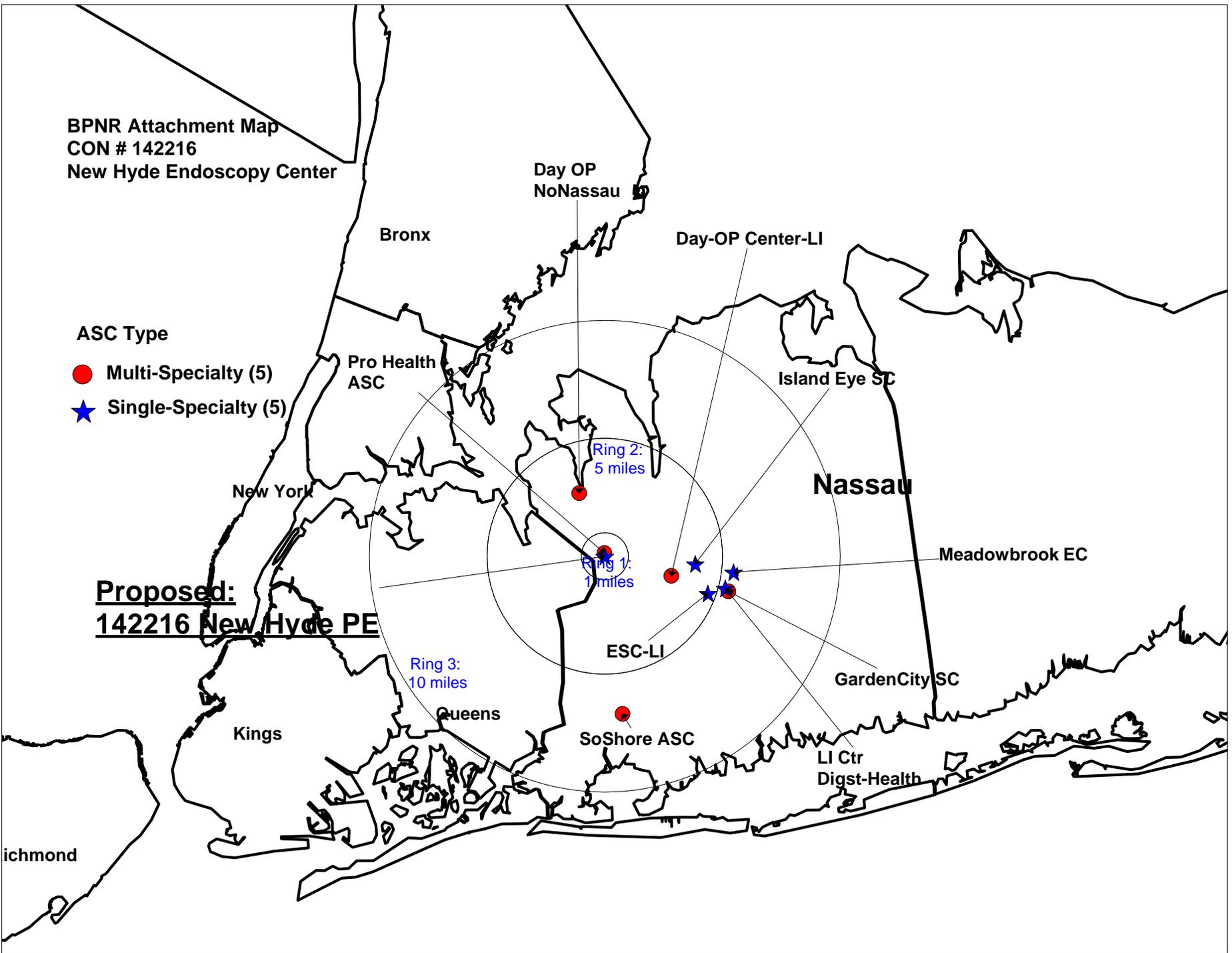
Attachments

BPNR Attachment A	Map
BFA Attachment A	Personal Net Worth Statement of Proposed Members of NHPE, LLC
BFA Attachment B	Pro Forma Balance Sheet of NHPE, LLC

BPNR Attachment Map
CON # 142216
New Hyde Endoscopy Center

- ASC Type
- Multi-Specialty (5)
 - ★ Single-Specialty (5)

Proposed:
142216 New Hyde PE



Richmond

NEW HYDE PARK ENDOSCOPY

ESTABLISH & CONSTRUCT A SINGLE-SPECIALTY FASC

PRO FORMA BALANCE SHEET

ASSETS

Cash	\$381,830
Leasehold Improvements	\$2,282,538
Equipment	<u>\$1,177,005</u>
TOTAL ASSETS	<u><u>\$3,841,373</u></u>

LIABILITIES AND MEMBER EQUITY

LIABILITIES

Capital Loan	\$2,767,634
Working Capital Loan	<u>\$190,915</u>
TOTAL LIABILITIES	\$2,958,549
MEMBER EQUITY	<u>\$882,824</u>

TOTAL LIABILITIES AND EQUITY	<u><u>\$3,841,373</u></u>
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Project # 151277-B
**Hospital for Special Surgery Ambulatory Surgery Center of
Manhattan, LLC d/b/a HSS ASC of Manhattan**

Program: Diagnostic and Treatment Center **County:** New York
Purpose: Establishment and Construction **Acknowledged:** June 12, 2015

Executive Summary

Description

HSS ASC of Manhattan, LLC, a New York limited liability company, requests approval to establish and construct an Article 28 diagnostic and treatment center to be certified as a single-specialty freestanding ambulatory surgery center specializing in orthopedic surgery. Upon approval the LLC will be renamed Hospital for Special Surgery Ambulatory Surgery Center of Manhattan, LLC d/b/a HSS ASC of Manhattan (the Center). The Center will lease 22,425 square feet of space on the second floor of an existing building at 1233 Second Avenue, New York (New York County), New York and have four operating rooms.

The proposed ownership of the Center consists of 20 individual Hospital for Special Surgery orthopedic surgeons who will collectively own 49% Class A membership interest, and New York Society for the Relief of the Ruptured and Crippled, Maintaining the Hospital for Special Surgery with 51% Class B membership interest. New York Society for the Relief of the Ruptured and Crippled operates the Hospital for Special Surgery (HSS), a 215-bed, not-for-profit, Article 28 hospital located at 535 E 70th Street, New York. Individual physician memberships will range from 0.96% to 2.88%.

The proposed members of the Center and their ownership percentages are as follows:

<u>Proposed Operator</u>	
<u>Class A Members:</u> 20 individual Physicians	49%
<u>Class B Member:</u> New York Society for the Relief of the Ruptured and Crippled (HSS)	51%

The surgeons will continue to conduct their research and teaching activities at HSS, as well as perform surgeries at HSS that are more appropriately performed in an acute care hospital setting.

The applicant indicated that efforts by government, insurers, and consumers to reduce the growth in healthcare spending have created cost efficiency imperatives to shift delivery of certain healthcare services away from hospitals to lower cost settings. The FASC will provide a more cost efficient setting in which to perform those ambulatory surgeries that can be shifted from HSS. Efficiencies at the Center will be driven by economic alignment with HSS, and include efficient staffing and standardization of implants, supplies, equipment and instrumentation.

OPCHSM Recommendation

Contingent Approval with an expiration of the operating certificate five years from the date of its issuance.

Need Summary

3,000 procedures are projected in Year 1 with Medicaid at 1.7% and charity care at 1.2%.

Program Summary

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

Financial Summary

Total project cost of \$16,210,340 will be met as follows: \$1,710,340 in members' equity and a bank loan for \$14,500,000 at 4.43% interest with a ten-year term (first two years interest only) with a ten-year amortization. TD Bank has provided a letter of interest. The operating budget is as follows:

	<u>Year One</u>	<u>Year Three</u>
Revenues	\$14,101,000	\$19,554,000
Expenses	<u>12,848,000</u>	<u>14,445,000</u>
Net Income	\$1,253,000	5,109,000

Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Primary Care and Health Systems Management

Approval with an expiration of the operating certificate five years from the date of its issuance, contingent upon:

1. Submission of a check for the amount enumerated in the approval letter, payable to the New York State Department of Health. Public Health Law Section 2802.7 states that all construction applications requiring review by the Public Health and Health Planning Council shall pay an additional fee of fifty-five hundredths of one percent of the total capital value of the project, exclusive of CON fees. A copy of the check must be uploaded into NYSECON when mailed. [PMU]
2. Submission by the governing body of the ambulatory surgery center of an Organizational Mission Statement which identifies, at a minimum, the populations and communities to be served by the center, including underserved populations (such as racial and ethnic minorities, women and handicapped persons) and the center's commitment to meet the health care needs of the community, including the provision of services to those in need regardless of ability to pay. The statement shall also include commitment to the development of policies and procedures to assure that charity care is available to those who cannot afford to pay. [RNR]
3. Submission of a signed agreement with an outside independent entity satisfactory to the Department to provide annual reports to DOH beginning in the second year of operation. These reports should include:
 - a. Data showing actual utilization including procedures;
 - b. Data showing breakdown of visits by payer source;
 - c. Data showing number of patients who needed follow-up care in a hospital within seven days after ambulatory surgery;
 - d. Data showing number of emergency transfers to a hospital;
 - e. Data showing percentage of charity care provided; and
 - f. Number of nosocomial infections recorded during the year in question. [RNR]
4. Submission of a statement, acceptable to the Department, that the applicant will consider creating or entering into an integrated system of care that will reduce the fragmentation of the delivery system, provide coordinated care for patients, and reduce inappropriate utilization of services. The applicant will agree to submit a report to the Department beginning in the second year of operation and each year thereafter detailing these efforts and the results. [RNR]
5. Submission of an executed Administrative Services Agreement, acceptable to the Department. [HSP]
6. Submission of an executed lease agreement, acceptable to the Department of Health. [BFA]
7. Submission of an executed sub-lease agreement, acceptable to the Department of Health. [BFA]
8. Submission of an executed loan commitment, acceptable to the Department of Health. [BFA]
9. Submission of an executed working capital loan commitment, acceptable to the Department of Health. [BFA]
10. Submission of an executed administrative service agreement, acceptable to the Department of Health. [BFA]
11. The submission of State Hospital Code (SHC) Drawings for review and approval, as described in BAER Drawing Submission Guidelines DSG-03. The drawings must include the satisfactory response and resolution of DASNY schematic design review comments. [DAS]
12. Submission of documentation from CMS that the entire building does not require sprinklers. [DAS]
13. Submission of a photocopy of the proposed and executed certificate of amendment of the articles of organization of HSS ASC of Manhattan, LLC, which is acceptable to the Department. [CSL]
14. Submission of a photocopy of the executed proposed operating agreement of Hospital for Special Surgery Ambulatory Surgery Center of Manhattan, LLC, which is acceptable to the Department. [CSL]

15. Submission of a photocopy of a completed administrative agreement between Hospital for Special Surgery Ambulatory Surgery Center of Manhattan, LLC and New York Society for the Relief of the Ruptured and Crippled, maintaining the Hospital for Special Surgery, which is acceptable to the Department. [CSL]
16. Submission of a photocopy of a fully executed copy of the agreement between Second Avenue Realty and HSS Properties Corporation, which is acceptable to the Department. [CSL]
17. Submission of a photocopy of a fully executed copy of the easement agreement between J Second Avenue, LLC and Second Avenue Realty Co., which is acceptable to the Department. [CSL]
18. Submission of a photocopy of a fully executed copy of the escrow agreement between J Second Avenue, LLC and Royal Abstract of New York LLC, which is acceptable to the Department. [CSL]
19. Submission of a photocopy of an executed copy of the sublease of 250 East 65th Street, New York, NY, which is acceptable to the Department. [CSL]
20. Submission of a photocopy of an executed copy of the condo agreement between the Board of Managers of 250 East 65th Street Condominium, J Second Avenue, LLC and HSS Properties Corporation, which is acceptable to the Department. [CSL]
21. Submission of a photocopy of a fully executed memorandum of lease between J Second Avenue, LLC and HSS Properties Corporation, which is acceptable to the Department. [CSL]
22. Submission of a photocopy of a fully executed copy of the SNDA form, which is acceptable to the Department. [CSL]

Approval conditional upon:

1. The project must be completed within three years from the date of the Public Health and Health Planning Council recommendation letter. Failure to complete the project within the prescribed time shall constitute an abandonment of the application by the applicant and an expiration of the approval. [PMU]
2. The submission of Final Construction Documents, as described in BAER Drawing Submission Guidelines DSG-05, is required prior to the applicant's start of construction. [DASNY]
3. Construction must start on or before 04/01/2016 and construction must be completed by 03/30/2017, presuming approval to start construction is granted prior to commencement. In accordance with 10 NYCRR Part 710.10(a), if construction is not started on or before the start date this shall constitute abandonment of the approval. It is the responsibility of the applicant to request prior approval for any changes to the start and completion dates. [AER]

Council Action Date

December 10, 2015

Need Analysis

Project Description

Hospital for Special Surgery Ambulatory Surgery Center of Manhattan, LLC, an existing New York limited liability company, is seeking approval to establish and construct a freestanding ambulatory surgery center to provide single specialty orthopedic surgery services at 1233 Second Avenue, New York, 10065, in New York County.

Analysis

The service area consists of New York County. New York County has a total of seven freestanding multi-specialty ASCs and eight freestanding single-specialty ASCs. The table below shows the number of patient visits at ambulatory surgery centers in New York County for 2013 and 2014.

ASC Type	Name	Visits 2013	Visits 2014
Single	Carnegie Hill Endo, LLC	10,695	11,426
Multi	Center for Specialty Care	4,174	3,885
Single	East Side Endoscopy	9,183	9,284
Multi	Fifth Avenue Surgery Center	1,665	1,544
Multi	Gramercy Park Digestive Disease	8,666	9,343
Multi	Gramercy Surgery Center, Inc.	2,550	2,667
Single	Kips Bay Endoscopy Center LLC	9,241	9,084
Single	Manhattan Endoscopy Ctr., LLC	12,014	12,656
Multi	Manhattan Surgery Center (Opened April 1, 2013)	900	2,502
Single	Mid- Manhattan Surgi-Center	4,312	2,984
Multi	Midtown Surgery Center, LLC	3,114	3,161
Single	Retinal Ambulatory Surgery Ctr.	1,862	1,984
Multi	Surgicare of Manhattan, LLC	3,648	3,666
Single	West Side GI	12,516	12,549
Single	Yorkville Endoscopy Center (Opened Feb 22, 2013)	9,140	10,685
Total		93,680	97,420

(Source: SPARCS-2015).

The number of patient visits in 2013 and in 2014 represents a 4% year-to-year increase in the number of patients served by ambulatory surgery centers in the county. The multi-specialty ASCs provided the following types of procedures: ear, nose and throat (ENT), gastroenterology, podiatry, plastic, ophthalmology and orthopedic. For these multi-specialty ASCs, the number of patient visits was 24,717 in 2013 and 26,768 in 2014. This represents an 8.3% year-to-year increase in the number of patients served by the multi-specialty ASCs in New York County. The proposed center will be the first single specialty ASC to focus on orthopedic surgery services in New York County.

The population of New York County in 2010 was 1,585,873, with 615,731 individuals (38.8%) who are 45 and over - the primary population group utilizing ambulatory surgery services. Per the Cornell Program on Applied Demographics (PAD) projection data, the 45 and over population group is estimated to grow to 660,206 by 2025 and represent 40.9% of the projected population of 1,615,772.

The table below shows the projected payor source utilization for Year 1 and Year 3. Projections for charity care and Medicaid utilization are based upon the experience of Hospital for Special Surgery.

Utilization by Payor	Year 1		Year 3	
Commercial Ins	2,289	76.3%	3,174	76.3%
Medicare	444	14.8%	616	14.8%
Medicaid	51	1.7%	71	1.7%
Private Pay	21	0.7%	29	0.7%
Charity Care	36	1.2%	50	1.2%
Other	159	5.3%	220	5.3%
Total	3,000	100.0%	4,160	100.0%

As a to-be-established ASC, the center is not yet in a position to execute and negotiate contracts or letters of intent with Medicaid Managed Care plans. The center intends to pursue contracts with the same Medicaid Managed Care plans with which Hospital for Special Surgery (HSS) contracts. These include: Emblem Health; HealthFirst; Affinity Health; and United Healthcare Community Plan. The center will adopt HSS's current charity care policies, and will collaborate with HSS on community outreach initiatives. The applicant is committed to serving all persons in need without regard to ability to pay or source of payment.

Conclusion

Approval of this project will provide increased access to orthopedic surgery services in a freestanding ambulatory surgery environment for the communities of New York County.

Recommendation

From a need perspective, contingent approval is recommended for a period of five years.

Program Analysis

Program Description

Hospital for Special Surgery Ambulatory Surgery Center of Manhattan, LLC d/b/a HSS ASC of Manhattan, requests approval to establish and construct an Article 28 diagnostic and treatment center at 1233 Second Avenue, New York (New York County) which will be certified as a single-specialty freestanding ambulatory surgery center specializing in orthopedic surgery.

Proposed Operator	Hospital for Special Surgery Ambulatory Surgery Center of Manhattan, LLC
Doing Business As	HSS ASC of Manhattan
Site Address	1233 Second Avenue New York, NY (New York County)
Surgical Specialties	Single Specialty: Orthopedics
Operating Rooms	4 (Class C)
Procedure Rooms	0
Hours of Operation	Monday through Friday from 7:00 am to 5:00 pm
Staffing (1st / 3rd Year)	29.00 FTEs / 41.00 FTEs
Medical Director	David S. Levine, M. D.
In-Patient & Backup Support Services Agreement and Distance	Will be provided by Hospital for Special Surgery 0.6 miles / 12 minutes
On-call service	Patients will be given their surgeon's office number which will be answered by a 24/7 phone service.

Character and Competence

The proposed ownership of the Center consists of 20 individual Hospital for Special Surgery (HSS) orthopedic surgeons, who will collectively own 49% Class A membership interest, and the New York Society for Relief of the Ruptured and Crippled, the operator of the Hospital for Special Surgery, a 215-bed, not-for-profit, Article 28 hospital located in Manhattan, with a 51% Class B membership interest.

Name	Membership
Individual Physicians (Class A Members)	49.0%
Frank Cordasco, MD (2.88%)	
Aaron Daluiski, MD (2.88%)	
Joshua Dines, MD (1.92%)	
Mark Drakos, MD (2.88%)	
Andrew Elliott, MD (0.96%)	
Scott Ellis, MD (2.88%)	
Stephen Fealy, MD (1.92%)	
Lawrence Gulotta, MD (2.88%)	
Robert Hotchkiss, MD (2.88%)	
Lana Kang, MD (1.92%)	
Steve Lee, MD (2.88%)	
David Levine, MD (2.88%)	
Robert Marx, MD (2.88%)	
Andrew Pearle, MD (2.88%)	
Anil Ranawat, MD (0.96%)	
Matthew Roberts, MD (2.88%)	
Scott Rodeo, MD (1.92%)	
Beth Shubin Stein, MD (2.88%)	
Sabrina Strickland, MD (2.88%)	
Scott Wolfe, MD (1.92%)	
New York Society for Relief of the Ruptured and Crippled* (Class B Member)	51.0%
<i>Kendrick Wilson, Chair</i>	
<i>Mike Esposito, Vice Chair</i>	
<i>Thomas Lister, Vice Chair</i>	
<i>Deirdre Stanley, Vice Chair</i>	

*Character & Competence Reviews were conducted on 56 individuals who comprise the Board of Trustees & Officers of the Hospital for Special Surgery which the New York Society for Relief of the Ruptured and Crippled maintains.

Each HSS orthopedic surgeon Class A member is board-certified in orthopedic surgery and is a full time member of HSS's medical staff. David S. Levine, M.D., a board-certified orthopedic surgeon who is currently an Assistant Attending orthopedic surgeon at HSS and an Assistant Professor of orthopedic surgery at Weill Cornell Medical College, will be the Medical Director of the Center.

The Center will be managed by a seven (7) member Board of Managers, three of whom are Class A members and four of whom are appointed by HSS. The proposed Managers of Hospital for Special Surgery Ambulatory Surgery Center of Manhattan, LLC are:

Class A Managers	Class B Managers
Beth E. Shubin Stein, MD	Louis Shapiro
Robert G. Marx, MD	Stacey Malakoff
David Levine, MD	Lisa Goldstein
	Irene Koch, Esq.

Staff from the Division of Certification & Surveillance reviewed the disclosure information submitted for the 20 Individual Physician members and 56 individuals who comprise the Board of Trustees and Officers of the Hospital for Special Surgery 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.

Drs. Drakos, Lee, Rodeo and Warren each disclosed one open/pending malpractice case. Drs. Ellis and Cornell each disclosed two open/pending malpractice cases. Drs. Albert, Dines and Roberts each disclosed one settled malpractice case. Dr. Sculco disclosed one settled and two open/pending malpractice cases.

Ms. Cornfeld reported that she stopped practicing law in 2001, however, on April 2, 2009, the First Judicial Department issued a discipline under Judiciary Law 468-a which relates to failure to file biennial registration statements with the Office of Court Administration.

Mr. Ivey has an affiliation with Con Edison. He disclosed a Small Claims matter in that capacity.

Mr. Madden disclosed that, in 2011, as Director of a pharmaceutical company, suits alleging breach of fiduciary duty were filed when the company was sold. Those suits were subsequently settled.

Additionally, the 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.

Integration with Community Resources

The proposed ASC plans to work closely with its patients to educate them regarding the availability of primary care services offered by local providers, including the broad array of services offered by Hospital for Special Surgery. Prior to leaving the Center, each patient will be provided information concerning the local availability of primary care services.

The Center will collaborate with Hospital for Special Surgery on community outreach initiatives and will adopt its charity care policies to ensure that care is provided to all who are referred to the Center without regard to their ability to pay.

Additionally, the ASC intends on utilizing an electronic medical record (EMR) and to fully integrating and exchanging information with an established Regional Health Information Organization that has the capability for clinical referral and event notification.

Recommendation

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

Recommendation

From a programmatic perspective, contingent approval is recommended.

Financial Analysis

Total Project Cost and Financing

The total project cost for renovations, movable equipment, and fees is estimated at \$16,210,340, broken down as follows:

Renovation & Demolition	\$7,733,000
Design Contingency	773,300
Construction Contingency	773,300
Architect/Engineering Fees	812,100
Construction Manager Fee	377,642
Other Fees	23,475
Movable Equipment	5,082,452
Financing Costs	145,500
Interim Interest Expense	398,913
Application Fees	2,000
Additional Processing Fees	<u>88,658</u>
Total Project Cost	\$16,210,340

Project costs are based on a construction start date of April 1, 2016, with a 12-month construction period.

The financing for this project will be as follows:

Members' Equity	\$1,710,340
Bank loan	
(4.3% interest, 10-yr. term, 2 yrs. interest only, 10-yr. principal amortization)	<u>\$14,500,000</u>
Total	\$16,210,340

TD Bank has provided a letter of interest.

BFA Attachments B and C are the individual surgeon members' net worth summaries and the 2013-2014 certified financial statements of New York Society for Relief of the Ruptured and Crippled (HSS), respectively, which shows sufficient resources to meet the equity requirement.

Lease Rental Agreements

The applicant has submitted lease rental agreements for the site to be occupied, summarized below:

Lease:

Date:	March 19, 2015
Premises:	The Condominium known as the School Unit comprising a portion of the lower level, a portion of the ground floor, second floor and third floor of the building located at 250 East 65th Street, New York, NY
Landlord:	J Second Avenue LLC
Tenant:	HSS Properties Corporation
Term:	30 Years
Rental:	The Base rent for total leased space is \$3,046,620 per year for the first 5 years. Rent increase every 5 years as per Rent Schedule
Provisions:	Tenant is responsible for real estate taxes, insurance, utilities, maintenance

Sub-Lease:

Date:	May 11, 2015
Premises:	22,425 sq. ft. (54% of total leased space), The Condominium known as the School Unit, 250 East 65th Street, New York, NY
Landlord:	J Second Avenue LLC
Sub-Landlord:	HSS Properties Corporation
Sub-Tenant:	HSS ASC of Manhattan, LLC
Term:	10 Years, 2 additional renewals of 5 years.
Rental:	Sub-Tenant's share at 54% of the base rent, plus Sub-Tenant's share of additional rent. Base rent for total leased space is \$3,046,620 per year for the first 5 years. Rent increases every 5 years as per Rent Schedule
Provisions:	Sub-Tenant is responsible for real estate taxes, insurance, utilities, maintenance

The applicant has submitted an affidavit stating the lease between the property owner (J Second Avenue LLC) and the sub-landlord (HSS Properties Corporation) is an arm's length arrangement, whereas the sub-landlord and sub-tenant (HSS ASC of Manhattan, LLC) are affiliated. The applicant has also submitted letters from two NYS licensed realtors attesting to the reasonableness of the per square foot rental rate.

Developmental Administrative Services Agreement

The applicant has submitted an executed developmental administrative services agreement, summarized as follows:

Date:	June 4, 2015
Owner:	HSS ASC of Manhattan, LLC
Administrator:	New York Society for the Relief of the Ruptured and Crippled, Maintaining the Hospital for Special Surgery
Developer Administrator Independent Contractor:	Compass Surgical Partners of Manhattan, LLC (CSP)
Administrative Terms:	Continue for 6 months after receiving approval to operate the Center.
Developer 's fee:	\$260,000 (\$65,000 at each of 4 developmental phases until CON approved); \$65,000/month during 1st six months of administrative service term.
Services Provided:	Assist in Development, administration and purchasing services and support to the Center. Pre-operational business development services, design and development, construction phase services, equipment selection, delivery and installation, licensure & certification, medical staff credentialing, clinical and administrative staffing, surgery center management systems and coordinating training program, quality management, inventory, public relations, assist owner in obtaining insurance.

The Facility operator will maintain ultimate authority and responsibility for the operations.

Administrative Services Agreement

The applicant has submitted a draft administrative services agreement, summarized as follows:

Administrator:	New York Society for the Relief of the Ruptured and Crippled (HSS)
Operator/Owner:	Hospital for Special Surgery Ambulatory Surgery Center of Manhattan, LLC d/b/a HSS ASC of Manhattan
Term:	10 years - automatically extends for one year unless written notice provided
Administrator's Fee:	\$41,333 per month
Services Provided:	Human Resources services, benefits management and payroll services; overseeing the financial operations of the Center; negotiate payor contracts; support for the clinical operations; IT services and support; materials management; group purchasing organization services; licensure, permitting, certifications, accreditations and approval required; operational oversight;

	oversee all liability insurance obtained by the owner, support services and access to an electronic medical records system.
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While New York Society for the Relief of the Ruptured and Crippled will provide all of the above services, the Licensed Operator retains ultimate authority, responsibility and control for the operations. There is a common ownership between the applicant and the administrative service agreement provider.

Operating Budget

The applicant has submitted an operating budget, in 2015 dollars, for years one and three, as summarized below:

	<u>Year One</u>	<u>Year Three</u>
Revenues:		
Medicaid (FFS & MC)	\$108,120	\$149,926
Medicare (FFS & MC)	983,904	1,364,347
Commercial Managed Care	12,380,536	17,171,773
Private Pay	119,952	166,333
All Other	418,488	576,821
Other/Charity Care *	<u>90,000</u>	<u>124,800</u>
Total Revenue	\$14,101,000	\$19,554,000
Expenses:		
Operating	\$8,205,000	\$9,870,000
Capital	<u>4,643,000</u>	<u>4,575,000</u>
Total	\$12,848,000	\$14,445,000
Net Income	\$1,253,000	\$5,109,000
Total Procedures	3,000	4,160
Cost per Procedure	\$4,282.67	\$3,472.36

* Other/Charity Care reflects the expected dollar amount of certain procedures that will be partially paid by commercial and other payors. The unpaid portion of those procedures will be provided as charity care by the Center.

Utilization by payor source for Year One and Year Three is as follows:

Payor	<u>Year One</u>	<u>Year Three</u>
Medicaid (FFS & MC)	1.7%	1.7%
Medicare (FFS & MC)	14.8%	14.8%
Commercial-MC	76.3%	76.3%
Private Pay	0.7%	0.7%
All Other	5.3%	5.3%
Charity Care	<u>1.2%</u>	<u>1.2%</u>
Total	100%	100%

The following is noted with respect to the submitted budget:

- Revenue assumptions by payor are based on the experience of HSS and the participating surgeons in providing orthopedic ambulatory surgery services. Reimbursement rates reflect current and projected federal and state government rates for FASCs. Private pay rates reflect estimated negotiated rates and adjustments based on industry norms and HSS experience.
- Utilization assumptions are based on the number of ambulatory surgeries currently performed annually at HSS that will be transferred at the Center. Each HSS orthopedic surgeon Class A member has provided a letter supporting the year one utilization. The applicant has provided a conservative year one utilization projection to reflect start-up issues and ramp-up of physician practice and payor contracts.
- Expense assumptions are based on the historical experience of HSS, the participating surgeons in providing orthopedic ambulatory surgery services, as well as the experience of other FASCs in New York State.

- The breakeven utilization is approximately 91% or 2,733 procedures in year one.

The applicant indicated that projected FASC Medicaid and Charity Care utilization reflects the historical experience of HSS. Department review of Institutional Cost Report submissions by HSS for 2010-2014 supports that Medicaid accounted for only 2.2%, on average, of total inpatient days.

The budget appears reasonable.

Capability and Feasibility

The total project cost of \$16,210,340 will be satisfied with \$1,710,340 in members' equity and a bank loan for \$14,500,000 at the above stated terms. TD Bank has provided a letter of interest.

Working capital requirements are estimated at \$2,407,500 based on two months of third year expenses, and as a conservative measure the members will contribute an additional \$1,132,160 for total working capital of \$3,539,660. Funding for working capital will be provided as follows: \$2,339,660 from members equity with the remaining balance of \$1,200,000 being satisfied through a five-year loan, interest only for the first two years, followed by the monthly principal payments based on a three-year amortization with interest at LIBOR plus 1.50% (interest rate would be 2.37% as of October 28, 2015). TD Bank has provided a letter of interest. Review of BFA Attachments B and C, the physician members' personal net worth statements and the 2013-2014 certified financial statements of the Class B member, respectively, shows sufficient liquid resources to meet all of the projects equity requirements.

BFA Attachment E is the pro-forma balance sheet for HSS ASC of Manhattan, LLC, which shows the operation will start with \$5,250,000 in members' equity.

The submitted budget projects a net income of \$1,253,000 and \$5,109,000 during Years One and Three of operations, respectively. Medicare and Medicaid reimbursement rates are based on the current and projected federal and state government rates for FASCs. The Private Pay rates reflect anticipated adjustments to be negotiated based on industry norms and the experience of HSS. Commercial reimbursement rates are based on the historical experience of the surgeons and HSS in providing orthopedic ambulatory surgery services. The budget appears reasonable.

BFA Attachments C is New York Society for the Relief of the Ruptured and Crippled's 2013-2014 certified financial statement, which shows positive working capital position, positive equity position and positive net income position for the period. BFA Attachment D is the internal financial statements of HSS as of September 30, 2015, which shows the entity had positive working capital position of \$428,878,000, positive net asset position of \$754,140,000 and a positive operating income of \$42,108,000.

The applicant has demonstrated the capability to proceed in a financially feasible manner.

Recommendation

From a financial perspective, contingent approval is recommended.

Attachments

BFA Attachment A	Organization Chart
BFA Attachment B	Net Worth Statement of Proposed Members of HSS ASC of Manhattan, LLC.
BFA Attachment C	2013-2014 Certified Financial Statements – New York Society for the Relief of the Ruptured and Crippled, Maintaining the Hospital for Special Surgery
BFA Attachment D	2015 Internal Financial Statements – New York Society for the Relief of the Ruptured and Crippled Maintaining the Hospital for Special Surgery
BFA Attachment E	Pro-Forma balance sheet of HSS ASC of Manhattan, LLC

ORGANIZATIONAL CHART

Hospital for Special Surgery Ambulatory Surgery Center of Manhattan, LLC

<u>Members</u>	
Hospital for Special Surgery	51.00%
Frank Cordasco, M.D.	2.88%
Aaron Daluiski, M.D.	2.88%
Joshua Dines, M.D.	1.92%
Mark Drakos, M.D.	2.88%
Andrew Elliott, M.D.	0.96%
Scott Ellis, M.D.	2.88%
Stephen Fealy, M.D.	1.92%
Lawrence Gulotta, M.D.	2.88%
Robert Hotchkiss, M.D.	2.88%
Lana Kang, M.D.	1.92%
Steve Lee, M.D.	2.88%
David Levine, M.D.	2.88%
Robert Marx, M.D.	2.88%
Andrew Pearle, M.D.	2.88%
Anil Ranawat, M.D.	0.96%
Mathew Roberts, M.D.	2.88%
Scott Rodeo, M.D.	1.92%
Beth Shubin Stein, M.D.	2.88%
Sabrina Strickland, M.D.	2.88%
Scott Wolfe, M.D.	1.92%
Total	100.00%

J Second Avenue LLC
Unrelated Property Owner/Lessor

Sublease

Lease

HSS Properties Corporation
Related Sublessee

Hospital for Special Surgery
Administrative Services Agreement

Administrator
ASC Medical Director
Director of Nursing
Nursing Staff
Technical Support Staff
Clerical Staff

New York Society for the Relief of
the Ruptured and Crippled, Maintaining
the Hospital for Special Surgery

Statements of Financial Position

	December 31	
	2014	2013
	<i>(In Thousands)</i>	
Assets		
Current assets:		
Cash and cash equivalents	\$ 72,926	\$ 36,925
Receivables:		
Patient care, less allowance for doubtful accounts (2014 – \$9,560; 2013 – \$7,927)	86,147	75,758
Insurance claims receivable	21,555	20,962
Other	17,633	14,174
Total receivables	<u>125,335</u>	<u>110,894</u>
Investments	353,699	288,002
Inventories	7,133	6,674
Prepaid expenses and other current assets	5,153	3,390
Pledges receivable	12,129	13,755
Assets limited as to use	10,504	8,991
Due from affiliates – net	11,624	12,227
Total current assets	<u>598,503</u>	<u>480,858</u>
Insurance claims receivable, net of current portion	59,507	53,627
Other noncurrent assets	8,810	7,821
Due from affiliates – net	11,072	11,115
Pledges receivable	21,510	25,349
Deferred financing costs, less accumulated amortization (2014 – \$8,594; 2013 – \$7,967)	6,376	7,003
Assets limited as to use	112,809	55,267
Long-term investments	98,735	85,169
Interest in The Hospital for Special Surgery Fund, Inc.	30,240	27,569
Property, plant and equipment – net	<u>411,349</u>	<u>395,399</u>
Total assets	<u>\$ 1,358,911</u>	<u>\$ 1,149,177</u>

	December 31	
	2014	2013
	<i>(In Thousands)</i>	
Liabilities and net assets		
Current liabilities:		
Accounts payable and accrued expenses	\$ 60,328	\$ 46,819
Accrued salaries and related liabilities	33,130	19,224
Current portion of long-term debt	31,557	24,364
Due to third-party payors net	3,649	2,377
Insurance claims liabilities	21,555	20,962
Other current liabilities	24,692	23,124
Total current liabilities	174,911	136,870
Long-term debt	279,268	223,063
Insurance claims liabilities, net of current portion	59,507	53,627
Other noncurrent liabilities, including accrued retirement benefits and due to third-party payors net	143,547	105,764
Total liabilities	657,233	519,324
Commitments and contingencies		
Net assets:		
Unrestricted:		
Unrestricted	419,720	376,479
Designated for quasi-endowment	3,719	
Total unrestricted	423,439	376,479
Temporarily restricted:		
Specific purpose	53,103	48,378
Plant replacement and expansion	43,974	42,260
Research	66,595	60,390
Total temporarily restricted	163,672	151,028
Permanently restricted	114,567	102,346
Total net assets	701,678	629,853
Total liabilities and net assets	\$ 1,358,911	\$ 1,149,177

**New York Society for the Relief of
 the Ruptured and Crippled, Maintaining
 the Hospital for Special Surgery**

Statements of Operations

	Year Ended December 31	
	2014	2013
	<i>(In Thousands)</i>	
Operating revenue		
Net patient service revenue	\$ 759,497	\$ 695,952
Other operating revenue	129,554	119,816
Net assets released from restrictions for operations	17,374	17,292
Total operating revenue	906,425	833,060
Operating expenses		
Salaries and wages	358,290	339,184
Employee benefits	111,849	116,265
Supplies and other	310,909	278,971
Interest expense	9,697	9,925
Depreciation and amortization	53,696	46,490
Bad debt expense	8,517	5,902
Total operating expenses	852,958	796,737
Operating income before research operations, change in unrestricted interest in The Hospital for Special Surgery Fund, Inc., and bequest	53,467	36,323
Research operations:		
Net assets released from restrictions for research operations	29,348	29,104
Operating expenses, including depreciation (2014 - \$2,028; 2013 - \$2,046)	34,385	33,917
Net research operations	(5,037)	(4,813)
Change in unrestricted interest in The Hospital for Special Surgery Fund, Inc.	2,671	9,201
Bequest	33,445	-
Operating income	84,546	40,711
Other changes in unrestricted net assets		
Net assets released from restrictions for capital expenditures	6,605	9,795
Change in net unrealized gains and losses on investments	1,889	12,811
Change in defined benefit pension and other postretirement plan liability to be recognized in future periods	(46,799)	59,033
Increase in unrestricted net assets	\$ 46,241	\$ 122,350

See accompanying notes.

New York Society for the Relief of
the Ruptured and Crippled, Maintaining
the Hospital for Special Surgery
Statements of Financial Position

	(Unaudited)		(Audited)			(Unaudited)		(Audited)	
	September 30	2015	December 31	2014		September 30	2015	December 31	2014
	<i>(In Thousands)</i>					<i>(In Thousands)</i>			
Assets					Liabilities and net assets				
Current assets:					Current liabilities:				
Cash and cash equivalents	\$	79,780	\$	72,926	Account payable and accrued expenses	\$	68,836	\$	60,328
Receivables:					Accrued salaries and related liabilities		40,778		33,130
Patient care, less allowance for doubtful accounts		90,647		86,147	Current portion of long term debt		42,509		31,557
(2015 \$11,382, 2014 \$9,560)					Due to third-party payors - net		3,649		3,649
Insurance claims receivable		21,555		21,555	Insurance claim liabilities		21,555		21,555
Other		14,802		17,633	Other current liabilities		20,083		24,692
Total receivables		127,004		125,335	Total current liabilities		197,410		174,911
Investments		381,862		353,699	Long term debt		288,266		379,268
Inventories		6,594		7,133	Insurance claims liabilities, net of current portion		59,507		59,507
Prepaid expenses and other current assets		5,518		5,153	Other noncurrent liabilities, including due to third-party payors - net		147,286		143,547
Pledges receivable		11,707		12,129	Total liabilities		693,169		657,233
Assets limited in use		6,524		10,504					
Due from affiliates - net		8,099		11,624	Net assets:				
Total current assets		626,288		598,503	Unrestricted				
					Time restricted		463,366		419,720
Insurance claim receivable, net of current portion		59,507		59,507	Deferred for question settlement		3,719		3,719
Other noncurrent assets		9,087		8,810	Noncontrolling interest in subsidiaries		1,999		-
Due from affiliates - net		11,071		11,072	Total unrestricted		469,084		423,439
Pledges receivable		29,401		21,510	Temporarily restricted:				
Deferred financing costs, less accumulated amortization (2015 \$9,013, 2014 \$8,594)		5,800		6,376	Specific purpose		51,377		53,103
Assets limited as to use		101,955		112,809	Plant replacement and expansion		39,431		43,974
Long term investments		104,153		98,735	Reserves		72,329		66,595
Interest in The Hospital for Special Surgery Fund, Inc.		36,652		30,240	Total temporarily restricted		163,137		163,672
Property, plant, and equipment - net		463,495		411,349	Permanently restricted		121,919		114,567
Total assets		\$ 1,447,309		\$ 1,358,911	Total net assets		754,140		701,678
					Total liabilities and net assets		\$ 1,447,309		\$ 1,358,911

See accompanying notes

**New York Society for the Relief of
 the Ruptured and Crippled, Maintaining
 the Hospital for Special Surgery**

Statements of Operations

	(Unaudited)	
	Nine Months ended September 30	
	2015	2014
	<i>(In Thousands)</i>	
Operating revenue		
Net patient service revenue	\$ 600,419	\$ 558,381
Other operating revenue	104,134	91,744
Net assets released from restrictions for operations	12,804	12,955
Total operating revenue	<u>717,357</u>	<u>663,080</u>
Operating expenses		
Salaries and wages	287,580	266,376
Employee benefits	89,184	82,773
Supplies and other	243,912	229,232
Interest expense	6,154	7,302
Depreciation and amortization	41,381	38,354
Bad debt expense	7,038	6,082
Total operating expenses	<u>675,249</u>	<u>630,119</u>
Operating income before research operations and change in unrestricted interest in The Hospital for Special Surgery Fund, Inc.	<u>42,108</u>	<u>32,961</u>
Research operations:		
Net assets released from restrictions for research operations	23,180	21,206
Operating expenses, including depreciation (2015 - \$2,423; 2014 - \$1,577)	28,688	25,144
Net research operations	<u>(5,508)</u>	<u>(1,138)</u>
Change in unrestricted interest in The Hospital for Special Surgery Fund, Inc.		
Bequest	6,412	4,231
Operating income	<u>49,760</u>	<u>37,857</u>
Other Changes in unrestricted net assets		
Net assets released from restrictions for capital expenditures	2,619	4,852
Change in net unrealized gains and losses on investments	(9,306)	3,249
Consolidated excess of revenue over expenses	<u>43,073</u>	<u>45,958</u>
Less: loss attributable to non-controlling interest	-	-
Increase in unrestricted net assets		

Project# 151277

BFA Attachment-E

Hospital for Special Surgery
Ambulatory Surgery Center of Manhattan, LLC

PRO FORMA BALANCE SHEET

ASSETS

Cash and Other Working Capital Items	\$4,789,660
Leasehold Improvements	\$11,127,888
Equipment	<u>\$5,082,452</u>
TOTAL ASSETS	<u>\$21,000,000</u>

LIABILITIES AND MEMBERS' EQUITY

LIABILITIES

Capital Loan	\$14,550,000
Working Capital Loan	<u>\$1,200,000</u>
TOTAL LIABILITIES	\$15,750,000
MEMBERS' EQUITY	<u>\$5,250,000</u>
TOTAL LIABILITIES AND MEMBERS' EQUITY	<u>\$21,000,000</u>



**Project # 152094-B
Sea Crest Acquisition II, LLC
d/b/a Sea Crest Dialysis Center**

Program: Diagnostic and Treatment Center **County:** Kings
Purpose: Establishment and Construction **Acknowledged:** August 25, 2015

Executive Summary

Description

Sea Crest Acquisition II, LLC d/b/a Sea Crest Dialysis Center, an existing New York limited liability company, requests approval to establish and construct a 9-station Article 28 end stage renal dialysis (ESRD) center. The proposed facility will be located in separate designated space at Sea-Crest Health Care Center, a 320-bed, Article 28 residential health care facility (RHCF) located at 3035 West 24th Street, Brooklyn (Kings County). The RHCF space to be renovated is currently occupied by administrative offices that will be relocated. The entrance to the ESRD center will be located directly off the main RHCF building entrance. The facility will offer on-site dialysis services to the RHCF's patients and to community residents, with its primary service area being Kings County.

The proposed members of Sea Crest Acquisition II, LLC are:

<u>Member</u>	<u>Interest</u>
Pasquale DeBenedictis	32.5%
Alex Solovey	32.5%
Michael Schrieber	30.0%
Solomon Rutenberg	5.0%

On June 18, 2015, the proposed members were given final Public Health and Health Planning Council approval under CON 131349 for ownership in the skilled nursing facility, Sea-Crest Health Care Center.

**OPCHSM Recommendation
Contingent Approval**

Need Summary

There is currently an unmet need in Kings County. The addition of these 9 new stations will help make services available to dialysis patients in the area, specifically the nursing home residents, by reducing travel and inconvenience for the frail elderly.

Program Summary

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

Financial Summary

Construction of the center is being completed as building improvements by the landlord. The applicant will enter into a licensing agreement with the landlord for site control of the center. The landlord's total project cost of \$1,928,241 for the improvements associated with this application will be financed with equity of \$192,824 and a bank loan for \$1,735,417 at 6% interest for a ten-year term. A bank letter of interest has been provided. The budget is as follows:

Revenues:	\$2,973,226
Expenses:	<u>2,516,745</u>
Net Income:	\$456,481

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 check for the amount enumerated in the approval letter, payable to the New York State Department of Health. Public Health Law Section 2802.7 states that all construction applications requiring review by the Public Health and Health Planning Council shall pay an additional fee of fifty-five hundredths of one percent of the total capital value of the project, exclusive of CON fees. A copy of the check must be uploaded into NYSECON. [PMU]
2. Submission of an executed transfer and affiliation agreement, acceptable to the Department, with a local acute care hospital. [HSP]
3. Submission of an executed Consultative/Administrative Services Agreement, acceptable to the Department. [HSP]
4. Submission of an executed working capital loan commitment, acceptable to the Department of Health. [BFA]
5. Submission of an executed license agreement, acceptable to the Department of Health. [BFA]
6. Submission of an executed Consulting Agreement, acceptable to the Department of Health. [BFA]
7. The submission of State Hospital Code (SHC) Drawings, acceptable to the Department, as described in BAEFP Drawing Submission Guidelines DSG-03. [AER]
8. Submission of the executed restated Articles of Organization of Sea Crest Acquisition II, LLC., acceptable to the Department. [CSL]
9. Submission of the executed Lease Agreement. [CSL]
10. Submission of the executed Operating Agreement of Sea Crest Acquisition II, LLC., acceptable to the Department. [CSL]
11. Submission of the executed Consulting Agreement between Geripro Dialysis Consultants, LLC. And the applicant. [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]
2. The staff of the facility must be separate and distinct from staff of other entities. [HSP]
3. The signage must clearly denote the facility is separate and distinct from other adjacent entities. [HSP]
4. The entrance to the facility must not disrupt any other entity's clinical program space. [HSP]
5. The clinical space must be used exclusively for the approved purpose. [HSP]
6. The submission of Final Construction Documents, signed and sealed by the project architect, as described in BAEFP Drawing Submission Guidelines DSG-05, prior to the applicant's start of construction. [AER]
7. Construction must be completed by July 30, 2016, presuming approval to start construction is granted prior to commencement. In accordance with 10 NYCRR Section 710.10(a), if construction is not complete by this date this shall constitute abandonment of the approval. It is the responsibility of the applicant to request prior approval for any changes to the construction dates. [AER]

Council Action Date
December 10, 2015

Need Analysis

Project Description

Sea Crest Acquisition II, LLC d/b/a Sea Crest Dialysis Center is seeking approval to construct a 9 station dialysis center to be located within Sea Crest Nursing Home at 3035 West 24th Street, Brooklyn, (Kings County) New York, 11224.

Analysis

The primary service area for the new facility is Kings County, which had an estimated population of 2,621,793 in 2014. 12% of the population was aged 65 and over and 50.7% was non-white. Statistically, these 2 groups are disproportionately represented among those requiring end stage renal dialysis. Comparisons between Kings County and New York State are listed below.

	<u>County</u>	<u>State</u>
Ages 65 and Over:	11.1%	14.4%
Nonwhite:	50.7%	29.6%

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 x 6) x 52 weeks] equals 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 is calculated at 499 treatments per year per station. This is the result of 2.0 shifts per day x 6 days per week x 52 weeks x 80% utilization rate. One hospital-based station can treat 3 patients per year.
- Per Department policy, hospital-based stations may treat fewer patients per year than do free-standing stations. 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 696 free-standing chronic dialysis stations operating in Kings County and 210 in pipeline for a total of 906.
- Based upon DOH methodology, the 696 existing free standing stations in Kings County could treat a total of 3132 patients annually. Including the additional 210 pipeline stations, the county could treat a total of 4077 patients annually.

Need Projections

	2014	2015	2019	
	Total Patients Treated	Total Residents Treated	Projected Total Patients Treated	Projected Residents Treated
	4,318	4,846	5,006	5,455
Free-standing Stations Needed	960	1,077	1,113	1,213
Existing Stations	696	696	696	696
Pipeline Stations	210	210	210	210
Total stations, including this CON	915	915	915	915
Unmet Need, With this Approval	45	162	197	298

The data in the first row, "Free Standing Stations Needed," comes 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 needed stations from existing stations. "Total Patients Treated" is from IPRO data from 2014 of information.

Conclusion

The 696 stations in Kings County currently serve a population of 2,621,793 and are inadequate to treat the 4,846 residents that need treatment. The approval of these 9 additional stations is recommended to help reduce the existing unmet need.

Recommendation

From a need perspective, approval is recommended.

Program Analysis

Project Proposal

Sea Crest Acquisition II, LLC d/b/a Sea Crest Dialysis Center seeks approval to establish and construct a 9-station end stage renal dialysis center to be located in a designated space on the first floor of Sea-Crest Health Care Center, an existing 320-bed residential health care facility (RHCF) located at 3035 West 24th Street, in Brooklyn (Kings County).

Proposed Operator	Sea Crest Acquisition II, LLC
Doing Business As	Sea Crest Dialysis Center
Site Address	3035 West 24th Street Brooklyn, NY 11224 (Kings County)
Approved Services	Chronic Renal Dialysis (9 Stations)
Shifts/Hours/Schedule	Will operate at least 12 hours per day, 6 days per week, with additional hours as indicated by demand.
Staffing (1 st Year / 3 rd Year)	10.4 FTEs / 19.3 FTEs
Medical Director(s)	Henry Lipner, MD
Emergency, In-Patient and Backup Support Services Agreement and Distance	Expected to be provided by Coney Island Hospital 2.0 miles / 10 minutes

Character and Competence

The members of the LLC are:

<u>Name</u>	<u>Interest</u>	<u>Title</u>
Pasquale DeBenedictis	32.50%	Manager/Member
Alex Solovey	32.50%	Manager/Member
Michael Schrieber	30.00%	Member
Soloman Rutenberg	5.00%	Member

The proposed members have extensive experience operating health related facilities and associated programs. Mr. DeBenedictis is managing member and Chief Financial Officer of Cassena Care, LLC. He has over ten years of experience in the field of accounting and finance. Mr. Solovey, a physical therapist licensed in New York State for over 20 years, has been employed by Theradynamics Rehab since 1999 and currently serves as the Director of Rehabilitation. Mr. Schrieber, a licensed Nursing Home Administrator, has been employed by New Sea Crest Health Care Center since 2004 where he currently serves as Executive Director with responsibility for the oversight of the facility. Additionally, since March 2013, Mr. Schrieber has served as the Vice President of Strategic Planning at Cassena Care providing back office support and consulting services to nursing facilities. Mr. Rutenberg has been employed by Workman's Circle Multicare Center in the Bronx since 2006 and currently serves as the Chief Executive Officer. Prior to that, Mr. Rutenberg had ten years of experience as Assistant Administrator of a residential health care facility.

Disclosure information was similarly submitted and reviewed for the proposed Medical Director, Henry I. Lipner, MD. Dr. Lipner is a physician who has operated a private practice for the last 20 years. He is board-certified in Internal Medicine and Nephrology and has more than 40 years of experience in the care and treatment of dialysis patients.

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, the 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.

Messrs. DeBenedictis and Solovey disclosed membership interest in Cassena Care of Norwalk (Connecticut), a 120-bed RHCF and Barnwell Nursing and Rehabilitation Center (Columbia County), a 236-bed RHCF.

On November 15, 2013, a Stipulation and Order was issued to Cassena Care for regulatory violations noted during an investigation conducted in September 2013. The facility was fined \$1020 and directed to arrange for an Independent Nurse Consultant to be at the facility for 20 hours weekly.

On January 12, 2014, the Department issued a Stipulation and Order and fine of \$2,000 to Barnwell Nursing and Rehabilitation Center for March 13, 2012 surveillance findings related to Quality of Care Accidents/Supervision.

Recommendation

From a programmatic perspective, contingent approval is recommended.

Financial Analysis

License Agreement

The applicant has submitted a draft license agreement for the site to be occupied, the terms of which are summarized below:

Premises:	2,900 square feet located on the first floor of 3035 West 24 th Street, Brooklyn, New York
Licensor:	Sea Crest Acquisition I, LLC
Licensee:	Sea Crest Acquisition II, LLC
Term:	Licensed space will be available 7 days a week between the hours of 12:00AM and 11:59PM and is subject to Sea Crest Acquisition I, LLC's lease agreement which expires March 31, 2061.
License Fee:	\$204,300 annually (\$17,025/month), which includes \$87,000 (rent) and \$117,300 (debt service) annually.
Provisions:	Insurance

The proposed license agreement is a non-arm's length transaction since the parties are related. The applicant has submitted an affidavit stating as such and letters from two area realtors have been submitted attesting to the rent reasonableness.

Consulting Agreement

The applicant has submitted a draft consulting agreement for administrative and management services, the terms of which are summarized below:

Consultant:	Geripro Dialysis Consultants, LLC
Facility:	Sea Crest Acquisition II, LLC d/b/a Sea Crest Dialysis Center
Services:	Development and start-up services, quality management and administrative services
Compensation:	\$10,000/month (\$120,000 annually) for administrative and management services, There is no anticipated start-up service fee.
Terms:	Two (5) year terms which automatically renew every two years.

There is a business contractual relationship between Geripro Dialysis consultants, LLC and Sea Crest Acquisition II, LLC, but no common ownership between the two entities.

Total Project Cost and Financing

Total project cost, which is for renovations and the acquisition of fixed and moveable equipment, is estimated at \$1,928,241 broken down as follows:

Renovation and Demolition	\$984,390
Design Contingency	98,439
Construction Contingency	98,439
Fixed Equipment	193,325
Architect/Engineering Fees	94,217
Other Fees (Consultant)	75,000
Moveable Equipment	286,121
Financing Costs	54,898
Interim Interest Expense	30,876
CON Fee	2,000
Additional Processing Fee	<u>10,536</u>
Total Project Cost	<u>\$1,928,241</u>

Project costs are based on a construction start date of February 1, 2016, and a six-month construction period.

Construction of the center is being completed as building improvements by the landlord. The applicant will enter into a licensing agreement with the landlord, as previously noted, for site control of the center. The landlord's costs for bringing the center online will be borne as follows:

Equity	\$192,824
Bank Loan (6% interest, ten-year term and payout period)	\$1,735,417

Sterling National Bank has provided a letter of interest for the financing at the above stated terms.

Operating Budget

The applicant has submitted an operating budget for the first and third years, in 2015 dollars, which is summarized below:

	<u>Per Diem</u>	<u>Year One</u>	<u>Per Diem</u>	<u>Year Three</u>
Revenues:				
Medicare Fee-For-Service	\$305	\$1,027,728	\$305	\$2,398,032
Medicaid Fee-For-Service	\$297	125,096	\$297	291,892
Commercial Fee-For-Service	\$288	<u>121,416</u>	\$288	<u>283,302</u>
Total Revenues		\$1,274,240		\$2,973,226
Expenses:				
Operating	\$287.28	\$1,210,016	\$230.35	\$2,263,832
Capital	<u>61.72</u>	<u>259,991</u>	<u>25.73</u>	<u>252,913</u>
Total Expenses	\$349.00	\$1,470,007	\$256.08	\$2,516,745
Net Income(Loss)		<u>\$(195,767)</u>		<u>\$456,481</u>
Utilization (treatments)		4,212		9,828
Cost Per Treatment		\$349.00		\$256.08

Utilization by payor source for the first and third years is as follows:

Medicare Fee-For-Service	80.0%
Medicaid Fee-For-Service	10.0%
Commercial Fee-For-Service	10.0%

Revenue assumptions are based upon current reimbursement methodologies by payor for chronic renal dialysis services. Expense and utilization assumptions are based on historical trends of other dialysis centers within Kings County.

Capability and Feasibility

Construction of the dialysis center is being completed as building improvements by the landlord. The total project cost of \$1,928,241 will be met by the landlord via equity of \$192,824 and a bank loan for \$1,735,417 with interest at 6% for a ten-year term. The applicant will enter into a licensing agreement with the landlord for site control of the center.

Working capital requirements have been estimated at \$419,458 based on two months of third year expenses and will be met by \$209,729 in equity and \$209,729 will be provided through a bank loan at 5.5% over a three-year term. A letter of interest has been submitted by the applicant. BFA Attachment A is the net worth statement of the proposed members, which indicates sufficient resources to meet the equity requirements of this application. BFA Attachment B is the pro forma balance sheet of Sea Crest Dialysis Center as of the first day of operation, which indicates positive members' equity of \$402,553.

The submitted budget projects a net loss of \$195,767 in year one and net income of \$456,481 in year three. Revenues are based on the current reimbursement methodologies for dialysis services. The budget appears reasonable.

The applicant has demonstrated the capability to proceed in a financially feasible manner.

Recommendation

From a financial perspective, contingent approval is recommended.

Attachments

BFA Attachment A
BFA Attachment B

Net Worth Statement of proposed members
Pro Forma Balance Sheet of Sea Crest Dialysis

SEA CREST DIALYSIS CENTER

PRO FORMA BALANCE SHEET

ASSETS

Cash	\$419,458
Equipment	\$273,800
Leasehold Improvements	\$1,654,442

TOTAL ASSETS \$2,347,699

LIABILITIES AND MEMBERS EQUITY

Working Capital Loan	\$209,729
Permanent Financing	\$1,735,418

Total Liabilities \$1,945,146

Members Equity \$402,553

TOTAL LIABILITIES AND MEMBERS EQUITY \$2,347,699



**Project # 152164-B
Dialyze Direct NY, LLC**

Program: Diagnostic & Treatment Center **County:** Kings
Purpose: Establishment and Construction **Acknowledged:** September 16, 2015

Executive Summary

Description

Dialyze Direct NY, LLC (Dialyze Direct), an existing New York limited liability company, requests approval to establish and construct a freestanding Article 28 home hemodialysis training center. The training center will be located in leased space at 4714 16th Avenue, Brooklyn (Kings County). The applicant will provide home hemodialysis training and support services only; offering education and training using NxStage System One Home Hemodialysis equipment. The center will function as a support site for End Stage Renal Disease (ESRD) patients who prefer home hemodialysis.

Dialyze Direct NY, LLC is a wholly owned subsidiary of Dialyze Holdings, LLC whose members are as follows:

Dialyze Holdings, LLC	
Members:	%
Dialyze Manager, LLC	77%
Dialan Consulting, LLC	2%
Dialyze Holdings LP1, LLC	10%
Dialyze Holdings LP2, LLC	6%
Dialyze Holdings LP3, LLC	5%

BFA Attachment A presents the organizational Chart of Dialyze Direct. BFA Attachment D presents the names and ownership interests of The Dialyze Holdings, LLC entities listed above.

OPCHSM Recommendation
Contingent Approval

Need Summary

There is no Need Methodology for home training and support. Therefore, there will be no Need review for this project.

Program Summary

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

Financial Summary

Total project costs of \$723,650 will be funded with equity.

Budget:

	<u>Year One</u>	<u>Year Three</u>
Revenues	\$1,766,564	\$5,957,934
Expenses	\$2,755,669	\$4,267,133
Net Income/(Loss)	(\$989,105)	\$1,690,801

The applicant has demonstrated the capability to proceed in a financially feasible manner.

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 check for the amount enumerated in the approval letter, payable to the New York State Department of Health. Public Health Law Section 2802.7 states that all construction applications requiring review by the Public Health and Health Planning Council shall pay an additional fee of fifty-five hundredths of one percent of the total capital value of the project, exclusive of CON fees. [PMU]
2. Submission of an executed transfer and affiliation agreement, acceptable to the Department, with a local acute care hospital. [HSP]
3. The submission of State Hospital Code (SHC) Drawings, acceptable to the Department, as described in BAEFP Drawing Submission Guidelines DSG-03. [AER]
4. Submission of a photocopy of Dialyze Holdings, LLC, Second Amended and Restated Limited Liability Company Agreement, amending Article V (3) and Article V (8), acceptable to the Department. [CSL]
5. Submission of a photocopy of Dialyze Direct, NY LLC's Operating Agreement amending Section 5 (c), acceptable to the Department. [CSL]
6. Submission of a photocopy of Dialyze Manger, LLC's Operating Agreement amending Section 5 (d), acceptable to the Department. [CSL]
7. Submission of a photocopy of the applicant's proof of site control of the facility, 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]
2. The staff of the facility must be separate and distinct from staff of other entities. [HSP]
3. The signage must clearly denote the facility is separate and distinct from other adjacent entities. [HSP]
4. The entrance to the facility must not disrupt any other entity's clinical program space. [HSP]
5. The clinical space must be used exclusively for the approved purpose. [HSP]
6. The submission of Final Construction Documents, signed and sealed by the project architect, as described in BAEFP Drawing Submission Guidelines DSG-05, prior to the applicant's start of construction. [AER]
7. The applicant shall complete construction by May 1, 2016. In accordance with 10 NYCRR Part 710.2(b)(5) and 710.10(a), if construction is not completed on or before that date, this may constitute abandonment of the approval and this approval shall be deemed cancelled, withdrawn and annulled without further action by the Commissioner. [AER]

Council Action Date

December 10, 2015

Program Analysis

Program Proposal

Dialyze Direct NY, LLC proposes to establish and construct a stand-alone home hemodialysis training facility (Article 28 Diagnostic and Treatment Center) at 4714 16th Street in Brooklyn (Kings County).

Dialyze Direct plans to provide education and training to end stage renal patients who prefer home hemodialysis. The center's interdisciplinary team will consist of LPN's and/or certified patient care technicians, a board-certified Medical Director, RN manager, Registered Dietitian and Social Worker. Once training is complete, RNs, LPNs and certified patient care technicians will assist home hemodialysis patients, in their preferred setting, utilizing their own personal dialysis machine, the NxStage Home HemoDialysis machine, which does not require a water source and aims to reduce risk associated with patient-to-patient cross contamination.

Dialyze Direct will have an agreement with a local end-stage renal dialysis center to provide back-up dialysis services for their patients in the event of an emergency that would leave Dialyze Direct unable to render services.

Proposed Operator	Dialyze Direct NY, LLC
Site Address	4714 16th Street Brooklyn, NY (Kings County)
Services	Home Hemodialysis Training and Support
Hours of Operation	Early morning, late afternoon and weekend shifts will be available in order to accommodate patients' preferences.
Staffing (1st Year / 3rd Year)	47.0 FTEs/125.0 FTEs
Medical Director(s)	Allen M. Kaufman, M.D.
Emergency, In-Patient and Backup Support Services Agreement and Distance	Expected to be provided by provided by Lenox Hill Hospital 13.92 miles/29 minutes
On-call service	Access to facility staff 24/7

Character and Competence

The proposed members of Dialyze Direct NY, LLC and their membership interests are:

Name	Percentage
Dialyze Manager, LLC H3 Health Group, LLC (100%) Henry Kauftheil [100%]**	77.0%
Dialan Consulting, LLC Allen Kaufman, M.D. (100%)	2.0%
Dialyze Holdings LP1, LLC H3 Health Group, LLC (70%) Henry Kauftheil [100%]** Ira Moosheage-Hagen (30%)**	10.0%
Dialyze Holdings LP2, LLC Shlomo Gornish (50%) Paul Hellman (33.33%) Solomon Rubinfeld (16.67%)	6.0%
Dialyze Holdings LP3, LLC Ira Moosheage-Hagen (40%) Denise Ledvina & Joseph Ledvina (16%) Binyomin Meisels (8%) Hilda Herzfeld (8%) Gerald Maslin Residuary Trust (8%) Jordan Ledvina (20%)	5.0%

**Members subject to Character & Competence review as ownership interest is 10% or more.

Mr. Kauftheil, has over 25 years of experience managing and operating multiple businesses in industries that include healthcare, retail and real estate. He also has over three decades of experience in advertising and marketing. Mr. Kauftheil's experience in health and wellness related services include involvement with Care To Care, LLC, a multi-specialty medical benefits management company; Segterra, Inc., a personalized health analytics company; and Selfhealth.me, an integrated, consumer-facing health and wellness platform. Mr. Kauftheil expressed a passion for charity and community service, and he has been involved with several non-profit organizations serving the community, to include youth education, mentoring, and various services for the sick and needy.

The Medical Director, Dr. Allen M. Kaufman, has over 30 years of experience in the field of nephrology. Dr. Kaufman completed his nephrology fellowship at the Mount Sinai School of Medicine and is board certified in Internal Medicine and Nephrology. He is currently an attending physician at Lenox Hill Hospital and has served as Principal Investigator on a number of research initiatives focusing on the improvement of care and management of the dialysis population.

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.

Dr. Kaufman disclosed one (1) open malpractice case.

Additionally, the 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.

Recommendation

From a programmatic perspective, contingent approval is recommended.

Financial Analysis

Total Project Costs and Financing

Total project costs estimated at \$723,650 are as broken down as follows:

New Construction	\$484,950
Design Contingency	\$48,495
Construction Contingency	\$24,247
Architect/Engineering Fees	\$56,011
Movable Equipment	\$104,000
CON Fee	\$2,000
Additional Processing Fee	<u>\$3,947</u>
Total Project Cost	\$723,650

Project costs are based on a construction completion date of May 1, 2016.

The project will be fully funded by Mr. Henry Kauftheil, one of the members of Dialyze Direct NY, LLC, who has provided an affidavit attesting to provide this funding. Mr. Kauftheil's net worth is shown as BFA Attachment B.

Lease Rental Agreement

The applicant submitted an executed lease rental agreement for the site they will occupy, summarized below:

Date:	April 28, 2015
Premises:	4,000 sq. ft. on the 4 th floor of the building located at 4714 16 th Avenue, Brooklyn, NY
Lessor:	4714 Associates, LLC
Lessee:	Dialyze Direct NY, LLC
Term:	5 Years with 1 (5) year renewal term
Rental:	\$140,000 annually for year one with an annual increase of 3% per year for years two through ten.
Provisions:	The lessee shall be responsible for maintenance, utilities and real estate taxes.

The applicant indicated that the lease arrangement is an arm's length lease. The applicant has submitted letters from two NYS licensed realtors attesting to the reasonableness of the per square foot rental.

Operating Budget

The applicant submitted an operating budget, in 2015 dollars, for the Years One and Three of operations, summarized below:

	<u>Year One</u>		<u>Year Three</u>	
	<u>Per Treatment</u>	<u>Total</u>	<u>Per Treatment</u>	<u>Total</u>
Revenues:				
Medicare FFS	\$275	\$1,208,900	\$275	\$4,077,150
Commercial FFS	\$325	\$612,300	\$325	\$2,065,050
Charity Care		<u>(\$54,636)</u>		<u>(\$184,266)</u>
Total Revenues		\$1,766,564		\$5,957,934
Expenses:				
Operating	\$425	\$2,665,829	\$204	\$4,311,966
Capital	<u>\$14</u>	<u>\$89,840</u>	<u>(\$2)</u>	<u>(\$44,833)</u>
Total Expenses	\$439	\$2,755,669	\$202	\$4,267,133
Net Income/(Loss):		<u>(\$989,105)</u>		<u>\$1,690,801</u>
Utilization (Treatments):		6,280		21,180

Utilization broken down by payor source for, both Years One and Three, is as follows:

	<u>Utilization</u>
Medicare FFS	70%
Commercial FFS	<u>30%</u>
Total	100%

The following is noted with respect to the submitted budget:

- Revenue assumptions are based on the CMS bundled payment rate adjusted for average comorbidities associated with the target population and based on 20 treatments per patient per month.
- Expense assumptions are based on comparable industry standards for operating a Home Hemodialysis training center, incorporating staffing pattern requirements, supplies and equipment needs.
- Utilization assumptions are based on the current ESRD census in the area and discussions with area skilled nursing facilities that have ESRD patients.

The budget is reasonable.

Capability and Feasibility

Project costs of \$723,650 will be met entirely from equity as stated above. Working capital requirements are estimated at \$711,189 based on two months of year three expenses. Mr. Henry Kauftheil, one of the members of Dialyze Direct NY, LLC, has provided an affidavit attesting that he will provide the required funds for both the total project costs and the working capital requirement.

BFA Attachment B is the personal net worth statements of Mr. Kauftheil and Dr. Allen Kaufman which indicates Mr. Kauftheil has sufficient liquid resources to cover the equity requirements associated with this application. Dr. Kaufman is not contributing any assets at this time to the facility.

BFA Attachment C is the Pro Forma balance sheet for Dialyze Direct NY, LLC which shows the facility will begin operations with members' equity of \$1,500,000.

The submitted budget projects a net loss of \$989,105 in Year One and a net income of \$1,690,801 in Year Three. The budget is reasonable.

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

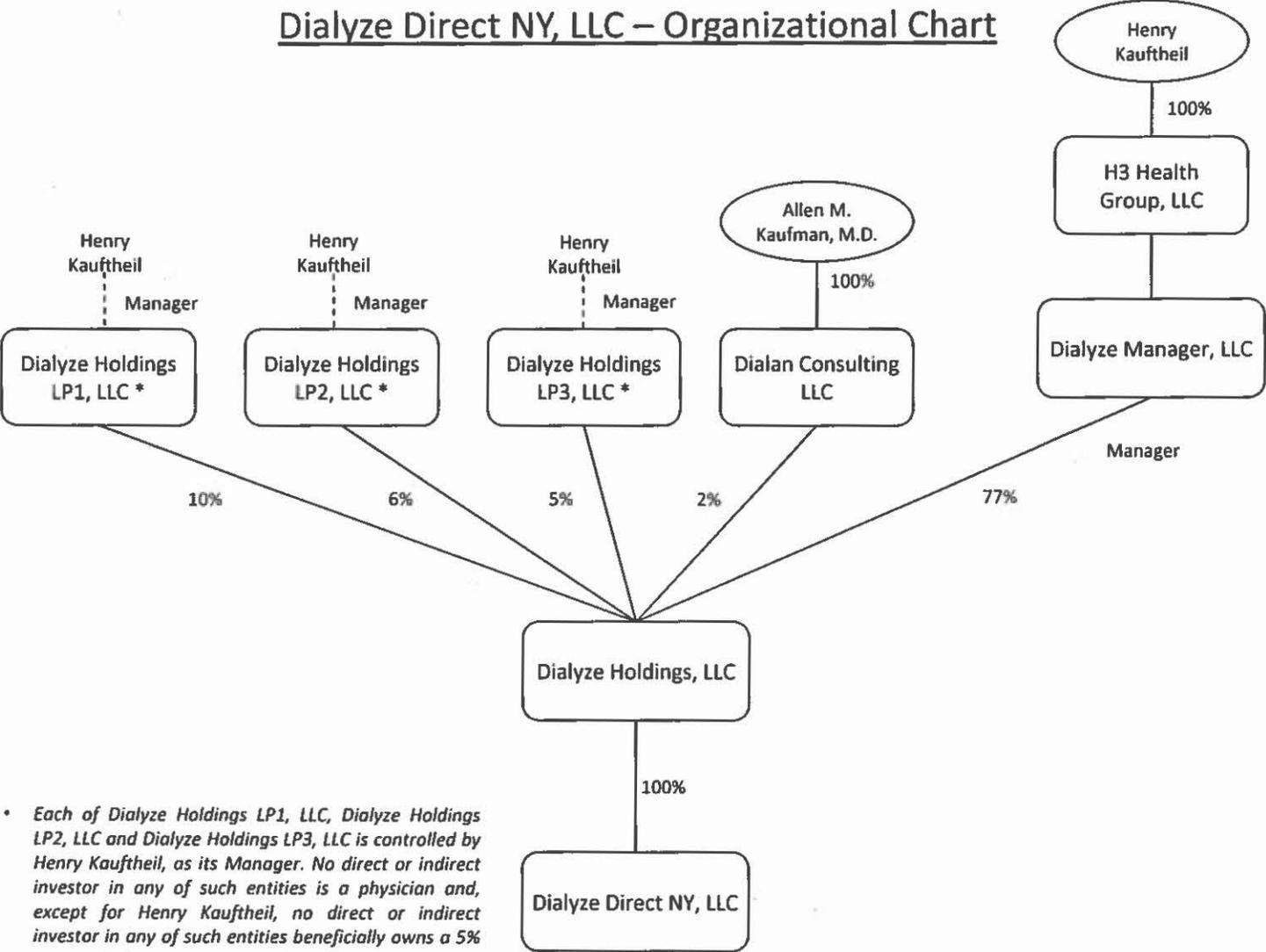
Recommendation

From a financial perspective, approval is recommended.

Attachments

- BFA Attachment A Organizational Chart Dialyze Direct NY, LLC
- BFA Attachment B Net Worth Statement for the proposed owners of Dialyze Direct NY, LLC
- BFA Attachment C Pro Forma Balance Sheet for Dialyze Direct NY, LLC
- BFA Attachment D List of owners associated with Dialyze Direct NY, LLC

Dialyze Direct NY, LLC – Organizational Chart



- Each of Dialyze Holdings LP1, LLC, Dialyze Holdings LP2, LLC and Dialyze Holdings LP3, LLC is controlled by Henry Kauftheil, as its Manager. No direct or indirect investor in any of such entities is a physician and, except for Henry Kauftheil, no direct or indirect investor in any of such entities beneficially owns a 5% or more indirect interest in Dialyze Direct NY, LLC.

**Proforma Balance Sheet
Dialyze NY**

	<u>Day 1</u>
Assets	
Current Assets	
Cash	\$979,000
Inventory	\$8,000
Total Current Assets	<u>\$ 987,000</u>
Net Property, Plant & Equipment	\$50,000
Other Assets- Capitalized Start Up Costs	\$590,137
Total Assets	<u>\$ 1,627,137</u>
Liabilities & Equity	
Liabilities	
Accounts Payable	\$127,137
Total Liabilities	<u>\$ 127,137</u>
Equity	
Members' Equity	\$1,500,000
Total Liabilities & Equity	<u>\$ 1,627,137</u>

Names and Ownership Percentages of Entities in Dialyze Holdings, LLC

Dialyze Manager, LLC

Name of Member	Ownership Percentage	Indirect Percentage in Dialyze Holdings, LLC
H3 Health Group, LLC *	100.00%	77.00%

Dialyze Holdings LP1, LLC

Name of Member	Ownership Percentage	Indirect Percentage in Dialyze Holdings, LLC
H3 Health Group, LLC *	70.00%	7.00%
Ira Moosheage-Hagen	30.00%	3.00%
Total:	100.00%	10.00%

Dialyze Holdings LP2, LLC

Name of Member	Ownership Percentage	Indirect Percentage in Dialyze Holdings, LLC
Shlomo Gornish	50.00%	3.00%
Paul Hellman	33.33%	2.00%
Solomon Rubinfeld	16.67%	1.00%
Total:	100.00%	6.00%

Dialyze Holdings LP3, LLC

Name of Member	Ownership Percentage	Indirect Percentage in Dialyze Holdings, LLC
Ira Moosheage-Hagen	40.00%	2.00%
Denise Ledvina & Joseph Ledvina	16.00%	0.80%
Binyomin Meisels	8.00%	0.40%
Hilda Herzfeld	8.00%	0.40%
Gerald Maslin Residuary Trust	8.00%	0.40%
Jordan Ledvina	20.00%	1.00%
Total:	100.00%	5.00%

Dialan Consulting LLC

Name of Member	Ownership Percentage	Indirect Percentage in Dialyze Holdings, LLC
Allen M. Kaufman, M.D.	100.00%	2.00%

* H3 Health Group, LLC is owned and controlled by Henry Kaufheil.



Project # 151108-B
MLAP Acquisition 1, LLC d/b/a Long Beach Nursing and Rehabilitation Center

Program: Residential Health Care Facility **County:** Nassau
Purpose: Establishment and Construction **Acknowledged:** March 13, 2015

Executive Summary

Description

MLAP Acquisition I, LLC, a New York limited liability company, requests approval to be established as the new operator of The Komanoff Center for Geriatric & Rehabilitative Medicine (The Komanoff Center), a voluntary not-for-profit, Article 28 residential health care facility (RHCF) located at 375 East Bay Drive, Long Beach (Nassau County). The RHCF is currently operated by Long Beach Memorial Nursing Home, Inc. (LBMNH), which is related through common ownership to Long Beach Medical Center (LBMC), a now closed hospital located at 455 East Bay Drive, Long Beach. MLAP Acquisition I, LLC member Michael Melnicke, designated manager, has been operating the facility as the Receiver since November 3, 2014. Due to severe damage by Superstorm Sandy in October 2012, the RHCF's certified capacity was reduced from 200 to 150 beds. The applicant requests approval to operate the facility at the current 150-bed certified capacity. Upon approval of this application, the name of the facility will be changed to Long Beach Nursing and Rehabilitation Center. There will be no change in services provided.

A separate entity, MLAP Acquisition II, LLC, will acquire the real property. The applicant will lease the premises from MLAP Acquisition II, LLC. There is a relationship between MLAP Acquisition I, LLC and MLAP Acquisition II, LLC in that the entities have identical membership.

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

Current Operator	
Long Beach Memorial Nursing Home, Inc.	100%

Proposed Operator	
MLAP Acquisition I, LLC d/b/a Long Beach Nursing & Rehabilitation Center	
Members:	%
Alex Solovey	25%
Michael Melnicke	25%
Leopold Friedman	25%
Pasquale DeBenedictis	25%

On February 19, 2014, LBMC and its affiliate, LBMNH, filed a voluntary petition for relief under Chapter 11 of the Bankruptcy Code. On May 8, 2014, LBMNH and MLAP Acquisition I, LLC entered into an Asset Purchase Agreement (APA) whereby MLAP Acquisition I, LLC agreed to purchase the RHCF operations and certain other assets from LBMNH for \$1,600,000. On May 9, 2014, LBMNH and MLAP Acquisition II, LLC entered into a Purchase and Sale Agreement (PSA) whereby MLAP Acquisition II, LLC agreed to purchase the RHCF real estate from LBMNH for \$14,000,000. The Bankruptcy Court approved the APA and PSA transactions on June 30, 2014, along with essential terms and provisions of a receivership agreement to be entered into between LBMNH and MLAP Acquisition I, LLC. On October 28, 2014, the Bankruptcy Court approved amendments to the APA, PSA, and Form of Receivership, which reduced the total purchase price to \$11,750,000 for the realty, plus the assumption of certain liabilities for the operation. The Receivership

Agreement was approved by the Department of Health on October 22, 2014.

BFA Attachment F presents the ownership of the real property before and after the requested change.

OPCHSM Recommendation
Contingent Approval

Need Summary

Utilization has been steadily increasing since the facility and the community were devastated by Superstorm Sandy. This change in ownership will maintain a vital resource for the residents of Long Beach.

Program Summary

No negative information has been received concerning the character and competence of the proposed applicants identified as new members. The applicant has indicated it will not enter into any consulting and services agreements.

Financial Summary

MLAP Acquisition I, LLC will acquire the RHCF operating assets by assuming certain liabilities valued at \$2,800,000. Concurrently, MLAP Acquisition II, LLC will purchase the real property for \$11,750,000 which will be funded via \$1,175,000 from the members' equity and a \$10,575,000 loan. The loan terms are: 5-years with a 5-year renewal option (Borrower's option), 25-year principal amortization, with an interest rate at 30-day Libor plus 3% float (approximately 3.36% as of 11/11/15) or fixed at 5-Year Libor Swap plus 3% (approximately 4.72% as of 11/13/15). Bank Leumi USA has provided a letter of interest at the stated terms.

There are no project costs associated with this application. The operating budget is as follows:

	<u>Year One</u>
Revenues	\$16,832,500
Expenses	<u>\$15,502,120</u>
Net Income	\$1,330,380

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:
 - Reach out to hospital discharge planners to make them aware of the facility's Medicaid Access Program;
 - Communicate with local hospital discharge planners on a regular basis regarding bed availability at the nursing facility; and
 - Identify community resources that serve the low-income and frail elderly population who may eventually use the nursing facility, and inform them about the facility's Medicaid Access policy. [RNR]
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:
 - Describing how the applicant reached out to hospital discharge planners to make them aware of the facility's Medicaid Access Program;
 - Indicating that the applicant communicated with local hospital discharge planners on a regular basis regarding bed availability at the nursing facility;
 - Identifying the community resources that serve the low-income and frail elderly population that have used, or may eventually use, the nursing facility, and confirming they were informed about the facility's Medicaid Access policy.
 - Documentation pertaining to the number of referrals and the number of Medicaid admissions; and
 - Other factors as determined by the applicant to be pertinent. [RNR]
4. Submission and programmatic approval of floor plans for the 150 beds, including the layouts for all nursing units. Plans should also show details of the residential services which will be provided on the first and second floors of the facility. [LTC]
5. Submission of an executed loan commitment for the realty, acceptable to the Department of Health. [BFA]
6. Submission of a working capital loan commitment, acceptable to the Department of Health. [BFA]
7. Submission of an executed building lease, acceptable to the Department of Health. [BFA]
8. Submission of an executed asset purchase agreement, acceptable to the Department of Health. [BFA]
9. Submission of an executed real estate purchase agreement, acceptable to the Department of Health. [BFA]
10. Submission of a photocopy of the executed copy of the Certificate of Amendment of the Articles of Organization of MLAP Acquisition I, LLC, acceptable to the Department. [CSL]
11. Submission of a photocopy of a dated Amended and Restated Operating Agreement for MLAP Acquisition I, LLC, acceptable to the Department. [CSL]

12. Submission of a photocopy of the fully executed Asset Agreement between Long Beach Memorial Nursing Home Inc. d/b/a The Komanoff Center for Geriatric and Rehabilitative Medicine and MLAP Acquisition II, LLC, acceptable to the Department. [CSL]
13. Submission of a photocopy of the fully executed Purchase and Sale Agreement between Long Beach Memorial Nursing Home Inc. d/b/a The Komanoff Center for Geriatric and Rehabilitative Medicine and MLAP Acquisition II, LLC, acceptable to the Department. [CSL]
14. Submission of a photocopy of the fully executed Operating Lease between MLAP Acquisition II, LLC and MLAP Acquisition I, LLC. [CSL]

Approval conditional upon:

1. 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]
2. Completion of all work detailed in Construction Notice #1178 filed on July 27, 2015. [LTC]
3. The facility meeting all state and federal requirements regarding the site, including the provision of all necessary measures to comply with the 100 year flood plain regulations. [LTC]

Council Action Date

December 10, 2015

Need Analysis

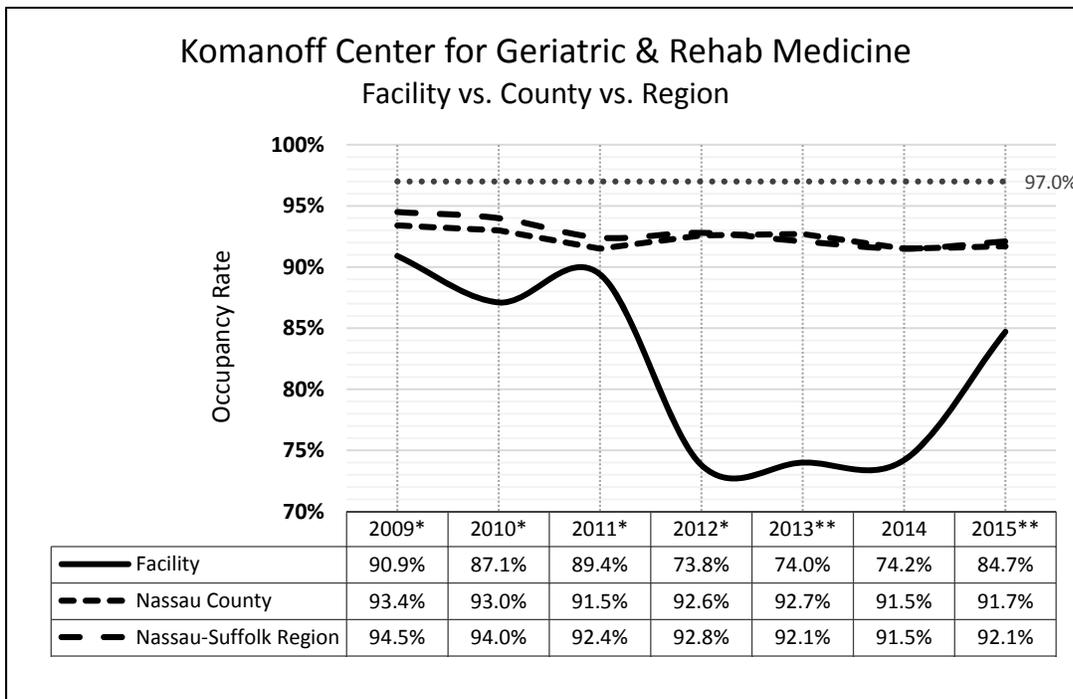
Analysis

According to the need methodology, there is currently a need for 2,065 beds in the Nassau-Suffolk Region as indicated in following table:

RHCF Need – Nassau-Suffolk Region

2016 Projected Need	16,962
Current Beds	15,352
Beds Under Construction	-455
Total Resources	14,897
Unmet Need	2,065

The overall occupancy for the Nassau-Suffolk Region has been between 91.5% and 92.8% since 2012 as indicated in the following chart:



*2009-2012 occupancy based on 200 beds. 2012 occupancy was impacted by Superstorm Sandy.

**unaudited, facility reported data. 2015 is year-to-date.

The applicant noted low utilization due to the following reasons:

- From 2009 through 2012, Komanoff was financially distressed, with losses averaging \$1,000,000 per year. This precluded making necessary capital enhancements to remain competitive in the marketplace.
- In October 2012, the facility was evacuated and shut down due to Superstorm Sandy. The facility experienced extensive damage on the first floor. Prior to that, the facility's occupancy rate for 2012 was 90.4% with approximately 181 of the 200 beds occupied.
- As a result of storm damage, the facility reopened in early 2013 at a reduced capacity of 150 beds.
- In early 2014, Komanoff filed for Chapter 11, which further impacted occupancy rates due to community uncertainty as to the continued operation of the facility.

As a result of receiving a life safety code violation while the CON application was pending, the applicant requested and was granted a limited waiver to complete necessary renovations to the facility that had not

been addressed by the operator after Superstorm Sandy. A construction notice was filed and the scope of the work included:

- Renovation of the west side of the building (left vacant since Superstorm Sandy), administrative offices, and the physical and occupational therapy departments;
- Removal of the existing partitions and ceilings;
- Electrical wiring; and
- Facelift of the existing lobby.

According to the applicant, reopening the first floor of the facility as a contained unit for implementing rehabilitation programs will increase occupancy to the Department's planning optimum. Also, the applicant has been engaged in discussions with South Nassau Communities Hospital (SNCH) regarding a collaboration for the purpose of meeting the needs of the community. The applicant is working to enhance the sub-acute resident program to better serve that population.

Current CMI for the facility is 1.10 and, for the Medicaid-only residents the CMI has increased to 1.07

There are six RHCFS in the county within four miles of the facility, including two others on the Long Beach Barrier Island. Occupancy of these nearby facilities is approximately 96%, with four RHCFS, within the last two months, exceeding the Department's planning optimum, as shown below:

Surrounding Facilities	Distance/Time	Beds	Occupancy	As of
<i>Komanoff Center</i>	0.0	150	89.3%	11/11/2015
South Point Plaza (Bayview)	0.7 mi/3 mins	185	97.8%	11/11/2015
Park Avenue ECF	1.1 mi/6 mins	240	94.2%	11/11/2015
Grandell Rehab & Nursing Ctr	2.1 mi/9 mins	278	98.2%	10/28/2015
Beach Terrace Care Center	2.3 mi/10 mins	182	97.8%	11/11/2015
Oceanside Care Center	3.9 mi/11 mins	100	98.0%	11/18/2015
Area Total		1,135	95.9%	

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.

The Center's Medicaid admissions of 75.0% in 2012 and 94.4% in 2013 far exceeded the Nassau County 75% rates of 14.0% in 2012 and 10.6% in 2013. Komanoff's 2013 Medicaid admissions rate is based on only two months of data as reported by the applicant.

Conclusion

Considering Komanoff's pre-Sandy occupancy of 181 out of 200 beds, the current high occupancy of their immediate neighbors, their steady increase in occupancy post-Sandy, as well as recent and planned improvements to the facility, maintaining 150 beds is reasonable. Approval of this application will preserve a community resource.

Recommendation

From a need perspective, contingent approval is recommended.

Program Analysis

Program Description

This application will establish the current receiver, MLAP Acquisition 1, LLC, as the permanent operator of the facility. No negative information has been received concerning the character and competence of the proposed applicants identified as new members. The applicant has indicated it will not enter into any consulting and services agreements.

Facility Information

	Existing	Proposed
Facility Name	Komanoff Center for Geriatric & Rehab Medicine	Long Beach Nursing and Rehabilitation Center
Address	375 East Bay Drive Long Beach, NY 11561	Same
RHCF Capacity	150	150
ADHC Program Capacity	N/A	Same
Type of Operator	Not for Profit Corporation	Limited Liability Company
Class of Operator	Voluntary	Proprietary
Operator	Long Beach Memorial Nursing Home Inc. Receivership MLAP Acquisition 1, LLC Michael Melnicke 100%	MLAP Acquisition 1, LLC. <u>Members</u> Pasquale DeBenedictis* 25% Alex Solovey* 25% Michael Melnicke 25% Leo Friedman 25% *managing members

Character and Competence - Background

Facilities Reviewed

Barnwell Nursing and Rehabilitation Center	11/2005 to present
Brooklyn Gardens Nursing and Rehabilitation Center	04/2014 to present
Cassena Care at Norwalk (NH - CT)	06/2013 to present
Caton Park Nursing Home	1/2005 to present
DeWitt Rehabilitation and Nursing Center	06/2015 to present
East Neck Nursing and Rehabilitation Center	02/2005 to present
Hempstead Park Nursing Home	11/2005 to present
Komanoff Center for Geriatric & Rehab Medicine (receiver)	11/3/2014 to present
Mills Pond Dialysis Center LLC (D&TC)	08/2015 to present
Mills Pond Nursing and Rehabilitation Center	10/2010 to present
Morningside Nursing and Rehabilitation Center	07/2014 to present
Park Nursing Home	11/2005 to present
Peninsula Center for Extended Care and Rehabilitation	01/2013 to present
Regency Extended Care Center	11/2005 to present
Rockaway Care Center	11/2005 to present
Sayville Nursing and Rehabilitation Center	12/2012 to present
Shore View Nursing and Rehabilitation Center	06/2014 to present
Workmen's Circle Multicare Center	07/2013 to present

Individual Background Review

Pasquale DeBenedictis is currently employed as the Director of Finance at the Carillon Nursing and Rehabilitation Center, since 1997. Mr. DeBenedictis discloses ownership interests in the following health care facilities:

Barnwell Nursing and Rehabilitation Center	11/2003 to present
DeWitt Rehabilitation and Nursing Center	06/2015 to present
East Neck Nursing and Rehabilitation Center	02/2005 to present
Mills Pond Nursing and Rehabilitation Center	10/2010 to present

Morningside Nursing and Rehabilitation Center	07/2014 to present
Peninsula Nursing and Rehabilitation Center	08/2014 to present
Sayville Nursing and Rehabilitation Center	12/2012 to present
Shore View Nursing and Rehabilitation Center	06/2014 to present
Workmen's Circle Multicare Center	07/2013 to present
Cassena Care at Norwalk (NH - CT)	06/2013 to present
Mills Pond Dialysis Center LLC (D&TC)	08/2015 to present

Mr. DeBenedictis has received Public Health and Health Planning Council approval to operate Sea-Crest Nursing and Rehabilitation, Workmen's Circle Dialysis Center (D&TC), and Cassena Care Dialysis at Peninsula (D&TC). These facilities are not included in the character and competence review because the applicant has not closed on the purchases.

Alex Solovey is a New York State licensed physical therapist, since 1994, considered to be in good standing. He is the founder and CEO of Theradynamics Physical Therapy Rehabilitation P.C. since 1999. Mr. Solovey discloses ownership interests in the following residential health care facilities:

Barnwell Nursing and Rehabilitation Center	11/2003 to present
DeWitt Rehabilitation and Nursing Center	06/2015 to present
East Neck Nursing and Rehabilitation Center	02/2005 to present
Mills Pond Nursing and Rehabilitation Center	0/2010 to present
Morningside Nursing and Rehabilitation Center	07/2014 to present
Peninsula Nursing and Rehabilitation Center	08/2014 to present
Sayville Nursing and Rehabilitation Center	12/2012 to present
Shore View Nursing and Rehabilitation Center	06/2014 to present
Workmen's Circle Multicare Center	07/2013 to present
Cassena Care at Norwalk (NH - CT)	06/2013 to present
Mills Pond Dialysis Center LLC (D&TC)	08/2015 to present

Mr. Solovey has received Public Health and Health Planning Council approval to operate Sea-Crest Nursing and Rehabilitation, Workmen's Circle Dialysis Center (D&TC), and Cassena Care Dialysis at Peninsula (D&TC). These facilities are not included in the character and competence review because the applicant has not closed on the purchases.

Michael Melnicke is a licensed nursing home administrator in the states of New York and Connecticut and is considered to be in good standing. Mr. Melnicke previously held nursing home licenses in the states of Florida, California, and New Jersey which are currently expired. Mr. Melnicke discloses the following ownership interests:

Park Nursing Home	01/1987 to present
Rockaway Care Center	01/1992 to present
Regency Extended Care Center	01/1993 to present
Caton Park Nursing Home	01/1994 to present
Hempstead Park Nursing Home	01/1998 to present
Peninsula Center for Extended Care & Rehabilitation (rec/op)	01/2013 to present
Brooklyn Gardens Nursing and Rehabilitation Center	04/2014 to present
Komanoff Center for Geriatric & Rehab Medicine (receiver)	11/3/2014 to present

Mr. Melnicke has received Public Health and Health Planning Council approval to operate Cassena Care Dialysis at Peninsula (D&TC). This facility has not been included in the character and competence review because the applicant has not closed on the purchase.

Leopold Friedman is the Chief Executive Officer, since 2006, of Advanced Care Staffing, Inc., a healthcare staffing agency. Mr. Friedman discloses the following ownership interests:

Peninsula Center for Extended Care & Rehabilitation	01/2013 to present
DeWitt Rehabilitation and Nursing Center	07/2015 to present
Brooklyn Gardens Nursing & Rehabilitation Center	07/2014 to present
Hendon Garden Nursing and Rehabilitation Center	11/2014 to present
Ultimate Care, Inc. (LHCSA)	02/2010 to present
Highland View Care Center (receiver)	02/2015 to present

Mr. Friedman has received Public Health and Health Planning Council approval to operate Brooklyn Gardens Dialysis Center (D&TC), Highland View Care Center (receiver since 02/03/2015), and Cassena Care Dialysis at Peninsula (D&TC). The applicant has not closed on these purchases.

Character and Competence - Analysis

A review of Barnwell Nursing and Rehabilitation Center for the period identified above reveals the following:

- The facility was fined \$2,000 pursuant to Stipulation and Order NH-15-001 issued January 12, 2014 for surveillance findings on March 13, 2012. Deficiencies were found under 10 NYCRR 415.12(h)(1) – Quality of Care : Accidents/Supervision.
- The facility was fined \$10,000 pursuant to Stipulation and Order NH-15-038 for surveillance findings on February 1, 2013. Deficiencies were found under 10NYCRR 415.12(m)(2) Quality of Care Significant Medication Errors; 10NYCRR 415.26 Administration; and 10NYCRR 415.27 Quality Assurance.
- The facility was fined \$8,000 pursuant to Stipulation and Order NH-15-038 for surveillance findings on September 26, 2013. Deficiencies were found under 10NYCRR 415.4(b)(1)(2)(3) Free from Mistreatment Neglect and Misappropriation of Property; and 10NYCRR 415.12 Quality of Care Highest Practicable Potential.
- The nursing home paid a CMP of \$5,000 for Immediate Jeopardy on 2/1/13.
- The nursing home paid a CMP of \$8,000 for Immediate Jeopardy on 9/26/13.

A review of the Regency Extended Care Center for the period identified above reveals the following:

- That the facility was fined \$2,000 pursuant to a Stipulation and Order for surveillance findings on November 17, 2005. Deficiencies were found under 10 NYCRR 415.12 – Quality of Care.

A review of the Hempstead Park Nursing Home for the period identified above reveals the following:

- The facility was fined \$10,000 pursuant to Stipulation and Order NH 12-001 for surveillance findings on January 9, 2009. Deficiencies were found under 10 NYCRR 415.12 — Quality of Care.
- The facility was fined \$8,000 pursuant to Stipulation and Order 11-066 for surveillance findings on September 28, 2011. Deficiencies were found under 10 NYCRR 415.4(b) – Mistreatment/Neglect, Policies and Procedures; 10 NYCRR 415.4(b)(1)(ii) – Investigate/Report, Allegations; 10 NYCRR 415.5(g)(1)(i–xv) – Medically Related Social Services; and 10 NYCRR 415.26 – Administration.
- The nursing home paid a CMP of \$1300 for Immediate Jeopardy on April 11, 2008.
- The facility incurred a \$48,680 CMP related to an Immediate Jeopardy from 10/7/10-11-26-10. The action is currently under appeal.

A review of operations for Park Nursing Home for the period identified above reveals the following:

- The facility was fined \$6,000 pursuant to a Stipulation and Order for surveillance findings on May 14, 2008. Deficiencies were found under 10 NYCRR 415.12 - Quality of Care, 10 NYCRR 415.15(b)(1)(i)&(ii) – Medical Services: Physician Services; and 10 NYCRR 415.18(a) – Pharmacy Services.
- The nursing home paid a Civil Monetary Penalty (CMP) of \$5,550 for an Immediate Jeopardy on April 9, 2013 which did not receive a corresponding state enforcement.

A review of operations for Barnwell Nursing and Rehabilitation Center, Park Nursing Home, Regency Extended Care Center, and Hempstead Park Nursing Home for the period identified above, results in a conclusion of substantially consistent high level of care since there were no repeat enforcements.

A review of operations for Brooklyn Gardens Nursing & Rehabilitation Center, Carillon Nursing & Rehabilitation Center, Caton Park Nursing Home, East Neck Nursing and Rehabilitation Center, Hendon Garden Nursing and Rehabilitation Center, Highland View Care Center, Kamanoff Center for Geriatric and Rehab Medicine, Mills Pond Nursing and Rehabilitation Center, Morningside Nursing and Rehabilitation Center, Rockaway Care Center, Sayville Nursing and Rehabilitation Center, Peninsula Center for Extended Care and Rehabilitation and Workmen's Circle Multicare Center for the periods identified above, results in a conclusion of substantially consistent high level of care since there were no enforcements.

The applicant has submitted an affidavit which attests that there have been no enforcement actions for Cassena Care at Norwalk in the State of Connecticut for the periods identified above which results in a conclusion of substantially consistent high level of care.

A review of operations for Mills Pond Dialysis Center, LLC (D&TC) and Carillon Dialysis Center (D&TC) for the periods identified above, results in a conclusion of substantially consistent high level of care since there were no enforcements.

A review of Ultimate Care LLC (LHCSA) for the periods identified earlier, results in a conclusion of substantially consistent high level of care since there were no enforcements.

Project Review

When Superstorm Sandy struck in 2012 the Komanoff Center for Geriatric & Rehab Medicine (Kamanoff) was rendered uninhabitable with all residents evacuated to other nursing homes. The ground floor was severely damaged and would require a gut renovation before residents could return. Following the repair of the electrical and life safety systems the nursing home reopened in February 2013 at a reduced capacity of 150 beds, with the first floor unoccupied. The Center has been staffed and operated as a 150 bed nursing home while the first floor underwent renovation to house the services which were relocated to the second floor in order to re-occupy the facility.

Following the bankruptcy bidding process Long Beach Memorial Nursing Home, Inc. (LBMNH) and MLAP Acquisition I, LLC (MLAP) entered into an Asset Purchase Agreement. On May 9, 2014, MLAP agreed to purchase the nursing home building. The Bankruptcy Court approved these transactions on June 30, 2014. On October 28, 2014, the Bankruptcy Court approved Amendments to the Asset Purchase Agreement, the Purchase and Sale Agreement and the Form of Receivership Agreement, which enabled the nursing home to be operated as a receivership.

Subsequent to a survey citing the facility for life safety deficiencies, the applicant was granted a limited waiver to complete renovations to the facility. On July 27, 2015 a Construction Notice was filed to undertake nearly \$2 million in renovations. The scope of the project will include the renovation of the West side of the building, which has been vacant since Superstorm Sandy. The work includes removal of the existing partitions and ceilings, electrical wiring and miscellaneous wiring for the reconstruction of the facility. The project also provides for a facelift of the existing lobby, administrative offices, physical therapy and occupational therapy departments.

Conclusion

This application will establish the current receiver, MLAP Acquisition 1, LLC, as the permanent operator of the facility. The receiver has filed Construction Notice #1178 to address physical plant deficiencies cited on a recent survey. The nearly \$2 million in construction will address necessary renovations to the facility. The facility is currently operating in receivership and as a result of this application the facility will be approved to permanently operate at a capacity of 150 beds.

No negative information has been received concerning the character and competence of the proposed applicants identified as new members. The applicant has indicated it will not enter into any consulting and services agreements.

Recommendation

From a programmatic perspective, contingent approval is recommended.

Financial Analysis

Asset Purchase Agreement

The applicant submitted a draft Asset Purchase Agreement to acquire the operating interests of the RHC, summarized as follows:

Date:	May 8, 2014
Seller:	Long Beach Memorial Nursing Home, Inc.
Buyer:	MLAP Acquisition I, LLC
Asset Acquired:	Transfer, assign, convey all title and interest in the purchased assets used exclusively in the business including: real property leases; furniture and equipment, inventory, all other tangible personal property; intellectual property license; assigned contracts; documents relating to services provided; permits; Medicare and Medicaid provider numbers; goodwill and other intangible assets; menus, policy/procedures manuals; telephone/telefax numbers; security deposits and prepayments; accounts receivables generated on and after the Closing Date, relating to periods on and after the Closing Date, and all cash maintained by the Purchaser, subject to terms of the receivership agreement.
Excluded Assets:	Cash, cash equivalents, bank deposits and all pre-closing accounts receivable, any refunds prior to the closing date, personnel files of employees not hired by the purchaser, documents not permitted by law to be transferred, any right to receive or expectancy of seller in any charitable gift, grant bequest or legacy. All other assets and properties of seller that are subject to the real estate contract.
Assumption of Liabilities:	Liabilities related to operation of the facility prior to the Closing.
Purchase Price:	Assumption of Liabilities approximately estimated at \$2,800,000, which will be reconciled at the closing date. These amounts are based on schedules received by the applicant in the bankruptcy proceedings.
Payment of Purchase Price:	Liabilities assumed at Closing.

The applicant submitted an original affidavit, 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. Outstanding Medicaid liabilities due the Department totaled \$255,329 as of September 7, 2015.

Real Estate Purchase Agreement

The applicant submitted a draft Purchase and Sale Agreement for the purchase of the property, summarized as follows:

Date:	May 9, 2014
Seller:	Long Beach Memorial Nursing Home, Inc.
Buyer:	MLAP Acquisition II, LLC
Asset Transferred:	All rights, title and interest in the real property including the land, buildings, structures and improvements, fixtures.
Purchase Price:	\$11,750,000
Payment of Purchase Price:	5% of purchase price deposited, held in Escrow; Balance due at Closing.

The purchase agreements are consistent with the Bankruptcy Court orders. The purchase price for the realty is as follows:

Equity	\$1,175,000
Loan (30-day Libor + 3% floating or fixed 5-Year Libor Swap + 3%, 5-year term with a 5-year renewal at Borrower's option, 25-year amortization)	<u>\$10,575,000</u>
Total	<u>\$11,750,000</u>

Bank Leumi USA, an international global banking system, has provided a letter of interest at the above stated terms. Alex Solovey, Michael Melnicke and Pasquale DeBenedictis have submitted affidavits attesting they will personally contribute resources to fund the balloon payment should acceptable financing not available at the time of refinancing. The applicant anticipates obtaining a HUD loan after the five-year term.

BFA Attachment A is the net worth summary for the proposed members of MLAP Acquisition I & II, LLCs, which reveals sufficient resources to meet the equity requirement for the project. It is noted that liquid resources may not be available in proportion to the proposed ownership interest. Alex Solovey, Michael Melnicke and Pasquale DeBenedictis have provided affidavits stating that they are willing to contribute resources disproportionate to their membership interest.

Lease Agreement

The applicant has submitted a draft Lease Agreement for the site, summarized as follows:

Premises:	375 East Bay Drive, Long Beach, NY, 11561(Nassau County)
Landlord:	MLAP Acquisition II, LLC
Lessee:	MLAP Acquisition I, LLC
Term:	50 years
Rental:	\$1,500,000 per annum (\$125,000 per Month)
Provisions:	Tenant is responsible for maintenance, utilities, insurance and real estate taxes.

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 the tenant in that the entities have the same membership interest.

After the change in the ownership, Medicaid capital reimbursement will be based on return of/return on equity methodology.

Operating Budget

The applicant has provided and operating budget, in 2015 dollars, for the first and third years of operations subsequent to the change in ownership, as summarized below:

	<u>Per Diem</u>	<u>Year One</u>	<u>Per Diem</u>	<u>Year Three</u>
Revenues				
Medicaid-MC	\$246.06	\$10,159,900	\$246.06	\$10,159,900
Medicare-MC	\$634.53	\$4,465,200	\$634.53	\$4,465,200
Commercial-FFS	\$384.99	\$1,329,000	\$384.99	\$1,329,000
Private Pay	\$414.98	\$551,100	\$414.98	\$551,100
All Other-Hospice		<u>\$327,300</u>		<u>\$327,300</u>
Total Revenue		\$16,832,500		\$16,832,500
Expenses				
Operating	\$262.23	\$12,881,220	\$262.23	\$12,926,620
Capital	<u>\$ 31.53</u>	<u>\$2,620,900</u>	<u>\$ 31.53</u>	<u>\$2,570,000</u>
Total	\$293.76	\$15,502,120	\$293.76	\$15,496,620
Net Income		<u>\$1,330,380</u>		<u>\$1,335,880</u>

Total Patient Days	53,108	53,108
Occupancy	97%	97%

The following is noted with respect to the submitted budget:

- Actual calendar year 2014 revenues and expenses are not available. As Receiver beginning operations effective November 3, 2014, MLAP Acquisition I, LLC was required to file only a Part I RCHF-4 cost report with the Department that reflected statistical information for dates subsequent to the effective date of receivership.
- Medicaid revenues are projected based on the facility's current 2015 Medicaid FFS rate. Medicare revenues are based on the federal payment rate, reflective of the facility's case mix, per Medicare's prospective payment system in effect for 2015. Private pay and other rates are projected based on similar facilities in the same geographical area.
- Prior to Superstorm Sandy, the facility had a certified capacity of 200 beds and maintained occupancy at 90.4% for the period January 2012 to October 2012. Subsequent to Sandy, the facility was closed and the residents were temporarily transferred to other facilities. The facility reopened in February 2013 at a reduced capacity of 150 beds and occupancy rates have steadily improved from 76% during 2014 up to 84.7% as of September 30, 2015.
- Utilization by payer source for the first year and third year is projected as follows:

	<u>Year One</u> <u>and Three</u>
Medicaid- MC	77.7%
Medicare-MC	13.3%
Commercial-FFS	6.5%
Private Pay / Other	<u>2.5%</u>
Total	100.0%

- The breakeven utilization is projected at 89.9% (49,222 patient days) for the first year.

Capability and Feasibility

The purchase price of \$2,800,000 for the operations is based on the assumption of certain liabilities (\$1.7 million of accrued payroll plus \$1.1 million contingent liabilities). Simultaneously, MLAP Acquisition II, LLC will purchase the real property for \$11,750,000 which will be funded with \$1,175,000 in members' equity and a \$10,575,000 loan at the above stated terms. Bank Leumi USA has provided a letter of interest for the real property loan. BFA Attachment I provides an amortization table for the balloon payment after five years. The applicant anticipates obtaining a HUD loan after the five-year term. Proposed realty members Alex Solovey, Michael Melnicke and Pasquale DeBenedictis provided affidavits stating that they are willing to contribute resources disproportionate to their membership interest and have attested that they will personally contribute resources to fund the balloon payment should acceptable financing not be available at the time of refinancing.

The working capital requirement is estimated at \$2,583,686 based on two months of the first year expenses. The applicant will provide \$1,283,686 from the members' equity. The remaining \$1,300,000 will be satisfied through a bank loan for a one-year term at prime plus 0.25% interest (approximately 3.253% as of 11/11/15). Bank Leumi USA has provided letter of interest for the working capital loan. BFA Attachment A, the members' net worth summaries, shows sufficient assets overall to meet both the project and working capital equity requirements, but liquid resources may not be available in proportion to the proposed ownership interest. As noted above, three of the proposed members have provided affidavits stating that they are willing to contribute resources disproportionate to their membership interest.

BFA Attachment B, Pro Forma Balance Sheet of MLAP Acquisition I, LLC d/b/a Long Beach Nursing & Rehabilitation Center, shows the facility will start off with net assets of \$1,800,000.

The submitted budget projects a net income of \$1,330,380 in the first year after the change in ownership. 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 a summary of The Komanoff Center’s 2012-2013 certified financial statements and their internal financial statements as of November 30, 2014. As shown, the entity had an average negative working capital position of \$6,151,854, an average negative net asset position of \$11,515,223 and an average net loss of \$1,328,222 as of November 30, 2014.

MLAP Acquisition I, LLC was awarded receivership of the RHCF and began operations November 3, 2014. BFA Attachment G is an audited-draft financial statement of MLAP Acquisition I, LLC as Receiver for the two month period ended December 31, 2014. As shown, the entity has a positive income of \$206,865, a positive working capital position of \$143,457 and a positive net asset position of \$206,865. BFA Attachment H, the internal financial statements of MLAP Acquisition I, LLC as of September 30, 2015, shows the entity had net income from operations of \$1,752,571.

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 a positive income from operations for the year 2012 through 2014, with the exception of the following facilities:

- Regency Extended Care Center had a negative working capital position for the period shown due to a \$1.2 million line of credit currently classified as a current liability, but will be reclassified as a long term liability on the facility’s balance sheet. In addition, there is a reserve of \$1.5 million relating to a potential state audit exposure.
- Hempstead Park Nursing Home had a negative working capital position and a negative net asset position for the period ending December 31, 2014 due to a revenue assessment from 2012 that was due to New York State and \$887,000 payroll related expenses which were not paid out at the end of 2014.

The applicant has demonstrated the capability to proceed in a financially feasible manner.

Recommendation

From a financial perspective, contingent approval is recommended.

<h2 style="margin: 0;">Attachments</h2>

BNHLC Attachment A	Quality Measures and Inspection Report
BFA Attachment A	Net Worth of MLAP Acquisition I, LLC’s Members
BFA Attachment B	Pro Forma Balance Sheet – MLAP Acquisition I, LLC & MLAP Acquisition II, LLC
BFA Attachment C	Financial Summary- Long Beach Memorial Nursing Home, Inc. d/b/a Komanoff Center for Geriatric & Rehab Center, 2012-2014
BFA Attachment D	MLAP Acquisition I LLC-Proposed Members’ Ownership Interest in Affiliated Nursing Home
BFA Attachment E	Financial Summary of Proposed Members’ Affiliated Nursing Home
BFA Attachment F	Pre and post Ownership of the Real Property
BFA Attachment G	Audited-Draft Financial Statement from November 2, 2014 to December 31, 2014, MLAP Acquisition I, LLC, As a Receiver
BFA Attachment H	Internal financial Statement as of September 30, 2015 - MLAP Acquisition I, LLC, as a Receiver
BFA Attachment I	Amortization Table

Komanoff Center for Geriatric & Rehab Medicine

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 19.0% This Facility 13.7% State average 18.3% National average	 2 out of 5 stars
 Have pressure sores that are new or worsened Reporting period: April 2014 to March 2015 1.9% This Facility 1.0% State average 0.9% National average	 1 out of 5 stars
 Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: April 2014 to March 2015 91.2% 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 93.4% 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 1.4% This Facility 2.3% State average 2.4% National average	 3 out of 5 stars
 Needed increased help with daily activities (long stay) Reporting period: July 2014 to March 2015 9.7% This Facility 14.4% State average 15.6% National average	 4 out of 5 stars
 Self-report moderate to severe pain (long stay) Reporting period: July 2014 to March 2015 2.9% This Facility 4.9% State average 7.4% National average	 3 out of 5 stars
 Have pressure sores (long stay) Reporting period: July 2014 to March 2015 9.2% This Facility 7.5% State average 5.9% National average	 2 out of 5 stars
 Lose too much weight (long stay) Reporting period: July 2014 to March 2015	 3 out of 5 stars

151108 BNHLC Attachment A – Quality Measures and Inspection Report

<p>5.4% 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 38.2% 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 2.8% 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 0.9% 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 13.7% 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 0.3% 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 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 99.4% 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 9.3% This Facility 17.6% State average 19.2% National average</p>	<p> 5 out of 5 stars</p>

Komanoff Center for Geriatric & Rehab Medicine

Inspection Report

Report Period: September 2011 to August 2015

PFI: 0498

Regional Office: [MARO--Long Island sub-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	20	23
Life Safety Code Deficiencies	10	12
Total Deficiencies	30	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

Barnwell Nursing & Rehabilitation 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>18.4% This Facility</p> <p>13.7% State average</p> <p>18.3% National average</p>	<p> </p> <p>2 out of 5 stars</p>

151108 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 86.8% 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 88.0% 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 3.9% 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 12.8% 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 2.6% This Facility 6.1% State average 7.0% National average</p>	<p> 5 out of 5 stars</p>
<p> Lose control of their bowels or bladder (long stay, low risk) Reporting period: July 2014 to March 2015 46.6% 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 6.0% This Facility 2.6% State average 3.1% National average</p>	<p> 1 out of 5 stars</p>

151108 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Had a urinary tract infection (long stay) Reporting period: July 2014 to March 2015 5.1% 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 3.0% 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 11.8% 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 4.5% 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 99.7% 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 27.8% This Facility 17.6% State average 19.2% National average</p>	<p> 1 out of 5 stars</p>

Barnwell Nursing & Rehabilitation Center

Inspection Report

Report Period: September 2011 to August 2015

PFI: 0154

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

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

Summary

151108 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	31	23
Life Safety Code Deficiencies	7	12
Total Deficiencies	38	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	6	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	16%	3%

Brooklyn Gardens Nursing & Rehabilitation 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>9.2% 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>0.2% This Facility</p> <p>1.0% State average</p> <p>0.9% National average</p>	<p> 4 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>49.3% This Facility</p> <p>84.6% State average</p> <p>82.8% National average</p>	<p> 1 out of 5 stars</p>

151108 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Were given, appropriately, the pneumococcal vaccine Reporting period: April 2014 to March 2015 48.0% 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 4.5% 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 17.1% 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 1.7% 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 11.5% 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 4.2% 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 34.5% 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 1.3% 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 3.3% 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 35.6% This Facility 11.4% State average 6.0% National average</p>	<p> 1 out of 5 stars</p>

151108 BNHLC Attachment A – Quality Measures and Inspection Report

<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 0.5% 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 81.4% 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 83.0% 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 15.1% This Facility 17.6% State average 19.2% National average</p>	<p> 3 out of 5 stars</p>

Brooklyn Gardens Nursing & Rehabilitation Center

Inspection Report

Report Period: September 2011 to August 2015

PFI: 7069

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

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

Summary

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

Measure	This Facility	Statewide Average
Standard Health Deficiencies	23	23

151108 BNHLC Attachment A – Quality Measures and Inspection Report

Measure	This Facility	Statewide Average
Life Safety Code Deficiencies	10	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%

Caton Park Rehabilitation and Nursing Center, LLC

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 11.3% 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 1.2% 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 89.9% 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 91.8% This Facility 83.3% State average 81.9% National average</p>	<p> 3 out of 5 stars</p>

151108 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Newly received an antipsychotic medication Reporting period: April 2014 to March 2015 8.5% 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 10.9% This Facility 14.4% State average 15.6% National average</p>	<p> 4 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 8.5% 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 4.6% 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 28.2% 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 0.3% 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 6.4% 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 13.7% 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 0.0% 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 2.7% 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 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 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 31.9% This Facility 17.6% State average 19.2% National average</p>	<p> 1 out of 5 stars</p>

Caton Park Rehabilitation and Nursing Center, LLC

Inspection Report

Report Period: September 2011 to August 2015

PFI: 1380

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

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	13	23
Life Safety Code Deficiencies	8	12

Measure	This Facility	Statewide Average
Total Deficiencies	21	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

Dewitt Rehabilitation and Nursing Center Inc.

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 6.5% 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 1.0% 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 90.3% 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 92.7% 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 2.9% 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 10.5% This Facility 14.4% State average 15.6% National average</p>	<p> 4 out of 5 stars</p>

151108 BNHLC Attachment A – Quality Measures and Inspection Report

<p>Self-report moderate to severe pain (long stay) Reporting period: July 2014 to March 2015 0.5% This Facility 4.9% State average 7.4% National average</p>	<p> 5 out of 5 stars</p>
<p>Have pressure sores (long stay) Reporting period: July 2014 to March 2015 12.4% 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 7.3% 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 44.6% 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 1.4% 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 3.3% 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 2.4% 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 0.0% 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 2.4% 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 95.7% 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)</p> <p>Reporting period: July 2014 to March 2015</p> <p>99.8% This Facility</p> <p>96.7% State average</p> <p>93.8% National average</p>	<p></p> <p>4 out of 5 stars</p>
<p> Received an antipsychotic medication (long stay)</p> <p>Reporting period: July 2014 to March 2015</p> <p>11.4% This Facility</p> <p>17.6% State average</p> <p>19.2% National average</p>	<p></p> <p>4 out of 5 stars</p>

Dewitt Rehabilitation and Nursing Center Inc.

Inspection Report

Report Period: September 2011 to August 2015

PFI: 1582

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

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

Summary

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

Measure	This Facility	Statewide Average
Standard Health Deficiencies	20	23
Life Safety Code Deficiencies	8	12
Total Deficiencies	28	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	1	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	4%	3%

East Neck Nursing & Rehabilitation 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 15.4% This Facility 13.7% State average 18.3% National average	 2 out of 5 stars
 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	 3 out of 5 stars
 Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: April 2014 to March 2015 92.9% This Facility 84.6% State average 82.8% National average	 4 out of 5 stars
 Were given, appropriately, the pneumococcal vaccine Reporting period: April 2014 to March 2015 87.1% This Facility 83.3% State average 81.9% National average	 3 out of 5 stars
 Newly received an antipsychotic medication Reporting period: April 2014 to March 2015 3.2% This Facility 2.3% State average 2.4% National average	 2 out of 5 stars
 Needed increased help with daily activities (long stay) Reporting period: July 2014 to March 2015 9.4% This Facility 14.4% State average 15.6% National average	 4 out of 5 stars
 Self-report moderate to severe pain (long stay) Reporting period: July 2014 to March 2015 2.5% This Facility 4.9% State average 7.4% National average	 4 out of 5 stars
 Have pressure sores (long stay) Reporting period: July 2014 to March 2015 6.3% This Facility 7.5% State average 5.9% National average	 3 out of 5 stars

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<p> Lose too much weight (long stay) Reporting period: July 2014 to March 2015 7.3% 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 57.4% 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 2.7% 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 2.8% 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 0.8% 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 0.3% 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 2.7% 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 99.4% 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 99.5% 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 12.9% This Facility 17.6% State average 19.2% National average</p>	<p> 4 out of 5 stars</p>

East Neck Nursing & Rehabilitation Center

Inspection Report

Report Period: September 2011 to August 2015

PFI: 3307

Regional Office: [MARO--Long Island sub-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	20	23
Life Safety Code Deficiencies	27	12
Total Deficiencies	47	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	3	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	6%	3%

Hempstead Park Nursing Home

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>3.6% This Facility</p> <p>13.7% State average</p> <p>18.3% National average</p>	<p> </p> <p>5 out of 5 stars</p>

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<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 60.4% 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 47.6% 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 3.2% 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 11.7% This Facility 14.4% State average 15.6% National average</p>	<p> 4 out of 5 stars</p>
<p> Self-report moderate to severe pain (long stay) Reporting period: July 2014 to March 2015 0.1% This Facility 4.9% State average 7.4% National average</p>	<p> 5 out of 5 stars</p>
<p> Have pressure sores (long stay) Reporting period: July 2014 to March 2015 6.8% 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 15.5% 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 1.7% This Facility 2.6% State average 3.1% National average</p>	<p> 4 out of 5 stars</p>

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<p> Had a urinary tract infection (long stay) Reporting period: July 2014 to March 2015 4.0% 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 25.3% 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 0.0% 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 94.1% 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 93.0% 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 26.3% This Facility 17.6% State average 19.2% National average</p>	<p> 1 out of 5 stars</p>

Hempstead Park Nursing Home

Inspection Report

Report Period: September 2011 to August 2015

PFI: 0508

Regional Office: [MARO--Long Island sub-office](#)

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

Summary

151108 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	35	23
Life Safety Code Deficiencies	9	12
Total Deficiencies	44	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

Mills Pond Nursing and Rehabilitation 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>10.1% This Facility</p> <p>13.7% State average</p> <p>18.3% National average</p>	<p></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>1.3% This Facility</p> <p>1.0% State average</p> <p>0.9% National average</p>	<p></p> <p>2 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>78.9% This Facility</p> <p>84.6% State average</p> <p>82.8% National average</p>	<p></p> <p>2 out of 5 stars</p>

151108 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Were given, appropriately, the pneumococcal vaccine Reporting period: April 2014 to March 2015 91.8% 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 3.2% 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 9.9% This Facility 14.4% State average 15.6% National average</p>	<p> 4 out of 5 stars</p>
<p> Self-report moderate to severe pain (long stay) Reporting period: July 2014 to March 2015 3.1% 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 7.7% 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 10.2% 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 68.5% 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 0.9% 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 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 7.8% This Facility 11.4% State average 6.0% National average</p>	<p> 2 out of 5 stars</p>

151108 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Were physically restrained (long stay) Reporting period: July 2014 to March 2015 2.3% 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 4.0% 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 98.5% 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 99.0% 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 14.5% This Facility 17.6% State average 19.2% National average</p>	<p> 3 out of 5 stars</p>

Mills Pond Nursing and Rehabilitation Center

Inspection Report

Report Period: September 2011 to August 2015

PFI: 0953

Regional Office: [MARO--Long Island sub-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

Measure	This Facility	Statewide Average
Life Safety Code Deficiencies	2	12
Total Deficiencies	14	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

Morningside Nursing and Rehabilitation 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 6.6% 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 0.4% This Facility 1.0% State average 0.9% National average</p>	<p> 4 out of 5 stars</p>
<p>Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: April 2014 to March 2015 82.7% 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 83.4% 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 3.4% This Facility 2.3% State average 2.4% National average</p>	<p> 2 out of 5 stars</p>

151108 BNHLC Attachment A – Quality Measures and Inspection Report

<p>🔍 Needed increased help with daily activities (long stay) Reporting period: July 2014 to March 2015 12.2% This Facility 14.4% State average 15.6% National average</p>	<p> 4 out of 5 stars</p>
<p>🔍 Self-report moderate to severe pain (long stay) Reporting period: July 2014 to March 2015 3.3% 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 9.5% 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 8.3% 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 33.5% 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 2.0% 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 6.7% 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 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 0.0% 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 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 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 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 13.8% This Facility 17.6% State average 19.2% National average</p>	<p> 4 out of 5 stars</p>

Morningside Nursing and Rehabilitation Center

Inspection Report

Report Period: September 2011 to August 2015

PFI: 1252

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

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	8	23
Life Safety Code Deficiencies	7	12
Total Deficiencies	15	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	1	1

Measure	This Facility	Statewide Average
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	7%	3%

Park Nursing Home

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 14.6% 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 2.3% This Facility 1.0% State average 0.9% National average	 1 out of 5 stars
 Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: April 2014 to March 2015 35.5% This Facility 84.6% State average 82.8% National average	 1 out of 5 stars
 Were given, appropriately, the pneumococcal vaccine Reporting period: April 2014 to March 2015 26.5% This Facility 83.3% State average 81.9% National average	 1 out of 5 stars
 Needed increased help with daily activities (long stay) Reporting period: July 2014 to March 2015 5.5% This Facility 14.4% State average 15.6% National average	 5 out of 5 stars
 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	 2 out of 5 stars
 Have pressure sores (long stay) Reporting period: July 2014 to March 2015 10.0% This Facility 7.5% State average 5.9% National average	 2 out of 5 stars

151108 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Lose too much weight (long stay) Reporting period: July 2014 to March 2015 6.2% 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 36.5% 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 2.2% 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 2.0% 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 2.3% 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 3.9% 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 4.2% 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 82.8% 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 82.5% 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 43.7% This Facility 17.6% State average 19.2% National average</p>	<p> 1 out of 5 stars</p>

Park Nursing Home

Inspection Report

Report Period: September 2011 to August 2015

PFI: 1689

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

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	38	23
Life Safety Code Deficiencies	22	12
Total Deficiencies	60	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

Peninsula Nursing and Rehabilitation 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>11.8% This Facility</p> <p>13.7% State average</p> <p>18.3% National average</p>	<p> </p> <p>3 out of 5 stars</p>

151108 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Have pressure sores that are new or worsened Reporting period: April 2014 to March 2015 0.0% 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 73.0% 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 50.6% 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 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 19.4% 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 3.3% 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 7.1% 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 2.7% This Facility 6.1% State average 7.0% National average</p>	<p> 5 out of 5 stars</p>
<p> Lose control of their bowels or bladder (long stay, low risk) Reporting period: July 2014 to March 2015 21.6% 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 3.4% This Facility 2.6% State average 3.1% National average</p>	<p> 2 out of 5 stars</p>

151108 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Had a urinary tract infection (long stay) Reporting period: July 2014 to March 2015 0.6% 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 9.6% 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 0.0% 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 3.1% 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 95.2% 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 89.1% 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 18.5% This Facility 17.6% State average 19.2% National average</p>	<p> 2 out of 5 stars</p>

Peninsula Nursing and Rehabilitation Center

Inspection Report

Report Period: September 2011 to August 2015

PFI: 1672

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

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

Summary

151108 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	48	23
Life Safety Code Deficiencies	25	12
Total Deficiencies	73	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

Regency Extended Care Center

 [Printable version](#)

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 24.6% This Facility 13.7% State average 18.3% National average	 1 out of 5 stars
 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	 2 out of 5 stars
 Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: April 2014 to March 2015	 2 out of 5 stars

151108 BNHLC Attachment A – Quality Measures and Inspection Report

<p>77.7% This Facility 84.6% State average 82.8% National average</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 5.2% 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 6.3% 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 7.7% 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 7.6% 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 5.9% 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 29.1% 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 2.2% 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 2.3% 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 27.1% This Facility 11.4% State average 6.0% National average</p>	<p> 1 out of 5 stars</p>

151108 BNHLC Attachment A – Quality Measures and Inspection Report

<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 1.3% 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 81.4% 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 97.5% 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 21.4% This Facility 17.6% State average 19.2% National average</p>	<p> 2 out of 5 stars</p>

Regency Extended Care Center

Inspection Report

Report Period: September 2011 to August 2015

PFI: 1103

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

151108 BNHLC Attachment A – Quality Measures and Inspection Report

Measure	This Facility	Statewide Average
Life Safety Code Deficiencies	24	12
Total Deficiencies	46	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

Rockaway Care 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 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 0.6% 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 98.2% 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 90.9% 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 13.6% This Facility 2.3% State average 2.4% National average</p>	<p> 1 out of 5 stars</p>

151108 BNHLC Attachment A – Quality Measures and Inspection Report

<p>🔍 Needed increased help with daily activities (long stay) Reporting period: July 2014 to March 2015 6.6% 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 1.2% 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 14.8% 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 5.4% 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 34.1% 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 3.6% 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 2.6% 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 9.3% 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 2.1% 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 0.7% 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)</p> <p>Reporting period: July 2014 to March 2015</p> <p>99.6% This Facility</p> <p>94.8% State average</p> <p>92.6% National average</p>	<p></p> <p>5 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine (long stay)</p> <p>Reporting period: July 2014 to March 2015</p> <p>99.7% This Facility</p> <p>96.7% State average</p> <p>93.8% National average</p>	<p></p> <p>4 out of 5 stars</p>
<p> Received an antipsychotic medication (long stay)</p> <p>Reporting period: July 2014 to March 2015</p> <p>36.4% This Facility</p> <p>17.6% State average</p> <p>19.2% National average</p>	<p></p> <p>1 out of 5 stars</p>

Rockaway Care Center

Inspection Report

Report Period: September 2011 to August 2015

PFI: 1666

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

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

Summary

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

Measure	This Facility	Statewide Average
Standard Health Deficiencies	21	23
Life Safety Code Deficiencies	14	12
Total Deficiencies	35	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1

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

Sayville Nursing and Rehabilitation 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 1.9% This Facility 13.7% State average 18.3% National average	 5 out of 5 stars
 Have pressure sores that are new or worsened Reporting period: April 2014 to March 2015 0.5% 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 39.2% This Facility 84.6% State average 82.8% National average	 1 out of 5 stars
 Were given, appropriately, the pneumococcal vaccine Reporting period: April 2014 to March 2015 38.9% This Facility 83.3% State average 81.9% National average	 1 out of 5 stars
 Newly received an antipsychotic medication Reporting period: April 2014 to March 2015 4.8% 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 12.8% This Facility 14.4% State average 15.6% National average	 3 out of 5 stars
 Self-report moderate to severe pain (long stay) Reporting period: July 2014 to March 2015 0.4% This Facility 4.9% State average 7.4% National average	 5 out of 5 stars

151108 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Have pressure sores (long stay) Reporting period: July 2014 to March 2015 7.6% 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 8.3% 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 68.4% 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 1.5% 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 3.9% 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 7.3% 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 1.9% 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 88.6% 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 91.8% 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 17.2% This Facility 17.6% State average 19.2% National average</p>	<p> 3 out of 5 stars</p>
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Sayville Nursing and Rehabilitation Center

Inspection Report

Report Period: September 2011 to August 2015

PFI: 4552

Regional Office: [MARO--Long Island sub-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	5	12
Total Deficiencies	30	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

Shore View Nursing & Rehabilitation Center

 [Printable version](#)

151108 BNHLC Attachment A – Quality Measures and Inspection Report

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 
<p> Self-report moderate to severe pain (short stay) Reporting period: April 2014 to March 2015 3.8% This Facility 13.7% State average 18.3% National average</p>	<p> 5 out of 5 stars</p>
<p> Have pressure sores that are new or worsened Reporting period: April 2014 to March 2015 0.3% This Facility 1.0% State average 0.9% National average</p>	<p> 4 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: April 2014 to March 2015 89.3% 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 93.1% 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 4.7% 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 14.2% 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 1.3% 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 7.4% 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 9.0% This Facility 6.1% State average 7.0% National average</p>	<p> 1 out of 5 stars</p>

151108 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 59.6% 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 2.4% 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 3.7% 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 3.6% 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 1.0% 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 1.3% 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 95.9% 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 99.2% 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 22.0% This Facility 17.6% State average 19.2% National average</p>	<p> 2 out of 5 stars</p>

Shore View Nursing & Rehabilitation Center

Inspection Report

Report Period: September 2011 to August 2015

PFI: 1399

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

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	1	23
Life Safety Code Deficiencies	5	12
Total Deficiencies	6	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

Workmen's Circle Multicare 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>8.0% This Facility</p> <p>13.7% State average</p> <p>18.3% National average</p>	<p> </p> <p>4 out of 5 stars</p>

151108 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Have pressure sores that are new or worsened Reporting period: April 2014 to March 2015 0.3% This Facility 1.0% State average 0.9% National average</p>	<p> 4 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: 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 84.1% 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 1.2% 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 8.6% 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 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 8.9% 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 8.2% 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 55.3% 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>

151108 BNHLC Attachment A – Quality Measures and Inspection Report

<p> Had a urinary tract infection (long stay) Reporting period: July 2014 to March 2015 2.8% 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 0.8% 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 0.2% 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 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 98.6% 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 98.6% 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 3.9% This Facility 17.6% State average 19.2% National average</p>	<p> 5 out of 5 stars</p>

Workmen's Circle Multicare Center

Inspection Report

Report Period: September 2011 to August 2015

PFI: 1219

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

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

Summary

151108 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	4	23
Life Safety Code Deficiencies	7	12
Total Deficiencies	11	35
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

LONG BEACH NURSING AND REHABILITATION CENTER

BALANCE SHEET
January 1, 2016

ASSETS

	<u>Nursing Home</u>	<u>Realty</u>	<u>Elimination</u>	<u>Combined</u>
Current Assets				
Cash & Cash Equivalents	\$ 3,100,000	\$ 2,800,000	\$ -	\$ 5,900,000
Total Current Assets	<u>3,100,000</u>	<u>2,800,000</u>	<u>-</u>	<u>5,900,000</u>
Non Current Assets				
Goodwill	2,800,000	-	-	2,800,000
Due from Tenant	-	100,000	(100,000)	-
Fixed Assets, Net	100,000	12,750,000	-	12,850,000
Resident Funds	82,900	-	-	82,900
Total Non Current Assets	<u>2,982,900</u>	<u>12,850,000</u>	<u>(100,000)</u>	<u>15,732,900</u>
Total Assets	<u>\$ 6,082,900</u>	<u>\$ 15,650,000</u>	<u>\$ (100,000)</u>	<u>\$ 21,632,900</u>

LIABILITIES AND NET ASSETS

Liabilities				
Accrued payroll liabilities (Note 4)	\$ 1,700,000	\$ -	\$ -	\$ 1,700,000
Current Portion- Long Term Debt (Note 2)	-	188,847	-	188,847
Line of Credit- Working Capital	1,300,000	-	-	1,300,000
Total current liabilities	<u>3,000,000</u>	<u>188,847</u>	<u>-</u>	<u>3,188,847</u>
Long term Liabilities				
Resident Funds	82,900	-	-	82,900
Due to Landlord	100,000	-	(100,000)	-
Long Term Debt, Net of Current Portion (Note 2)	-	12,611,153	-	12,611,153
Contingent Liabilities (Note 4)	1,100,000	-	-	1,100,000
Total Long-term Liabilities	<u>1,282,900</u>	<u>12,611,153</u>	<u>(100,000)</u>	<u>13,794,053</u>
Total Liabilities	<u>4,282,900</u>	<u>12,800,000</u>	<u>(100,000)</u>	<u>16,982,900</u>
NET ASSETS	<u>1,800,000</u>	<u>2,850,000</u>	<u>-</u>	<u>4,650,000</u>
Total Liabilities and Net Assets	<u>\$ 6,082,900</u>	<u>\$ 15,650,000</u>	<u>\$ (100,000)</u>	<u>\$ 21,632,900</u>

Financial Summary
Long Beach Memorial Nursing Home, Inc. d/b/a
Komanoff Center for Geriatric & rehab Center

FISCAL PERIOD ENDED	<u>11/30/2014</u>	<u>12/31/2013</u>	<u>12/31/2012</u>
ASSETS - CURRENT	\$1,937,393	\$2,875,777	\$2,915,547
ASSETS - FIXED AND OTHER	1,770,682	2,024,247	2,186,096
LIABILITIES - CURRENT	8,840,324	9,007,238	8,336,716
LIABILITIES - LONG-TERM	<u>7,278,952</u>	<u>7,278,952</u>	<u>7,513,229</u>
EQUITY	(\$12,411,201)	(\$11,386,166)	(\$10,748,302)
INCOME	\$9,909,116	\$13,035,354	\$15,608,913
EXPENSE	<u>11,524,316</u>	<u>13,773,155</u>	<u>17,240,579</u>
NET INCOME	(\$1,615,200)	(\$737,801)	(\$1,631,666)
OPERATOR/ DEPRECIATION	\$0	\$0	\$0
OPERATOR/RELATIVE SALARIES	\$0	\$0	\$0
NUMBER OF BEDS	150	150	200
PERCENT OF OCCUPANCY (DAYS)	65.00%	80.45%	74.04%
Average Working Capital	(\$6,151,854)		
Average Net Assets	(\$11,515,223)		
Average Net Income (Loss)	(\$1,328,222)		
Average Occupancy	73.16%		

Facility	Michael Meinicke	Alex Solovey	Leopold Friedman	Pasquale Debenedicts	Grand Total
Barnwell Nursing & Rehabilitation Center		33.33%		33.00%	66.33%
Park Nursing Home	99.00%				99.00%
Rockway Care Center	99.00%				99.00%
Regency Extended Care Center	100.00%				100.00%
Calon Park Nursing Home	100.00%				100.00%
Cardiff Bay Center for Rehabilitation & Nursing	Pending		Pending		0.00%
Brooklyn Garden Nursing & Rehabilitation Center	BOD		BOD		0.00%
Hempstead Park Nursing Home	90.00%				90.00%
Ultimate Care, Inc	33.00%		33.00%		66.00%
Shoreview Nursing Home		35.00%		35.00%	70.00%
Workman's Circle Multicare Center		35.00%		35.00%	70.00%
Morningside Nursing & Rehabilitation Center		35.00%		35.00%	70.00%
East Neck Nursing & Rehabilitation Center		15.00%		15.00%	30.00%
Mills Pond Nursing & Rehabilitation Center		33.33%		33.33%	66.66%
Sayville Nursing & Rehabilitation Center		33.33%		33.00%	66.33%
Kingsbridge Heights Rehabilitation & Care Center			Pending		0.00%

MLAP Acquisition 1, LLC
Financial Summary of Proposed Members' Affiliated Nursing Home

CON # 151108
 BFA Attachment E

- * 2012-2013 totals based on HCFSystems Cost Report data
- * 2014 totals based on Internal & audited financial statements

Cardiff Bay Center, LLC

EFF-- 07-2014

Current Assets	\$6,323,409
Fixed Assets	<u>\$3,637,738</u>
Total Assets	\$9,961,147
Current Liabilities	\$6,077,908
Long Term Liabilities	<u>\$3,312,157</u>
Total Liabilities	\$9,390,065
Net Assets	\$571,082
Working Capital Position	\$245,501
Operating Revenues	\$18,037,829
Operating Expenses	<u>\$16,921,436</u>
Operating Net Income	\$1,116,393

Park House Care Center, LLC, NY

2014

2013

2012

Current Assets	\$3,671,444	\$3,513,000	\$2,396,000
Fixed Assets	<u>\$3,314,985</u>	<u>\$2,927,000</u>	<u>\$1,378,000</u>
Total Assets	\$6,986,429	\$6,440,000	\$3,774,000
Current Liabilities	\$3,076,694	\$5,191,000	\$4,202,000
Long Term Liabilities	<u>\$605,216</u>	<u>\$282,000</u>	<u>\$324,000</u>
Total Liabilities	\$3,681,910	\$5,473,000	\$4,526,000
Net Assets	\$3,304,519	\$967,000	-\$752,000
Working Capital Position	\$594,750	-\$1,678,000	-\$1,806,000
Operating Revenues	\$14,263,062	\$13,424,000	\$12,197,000
Operating Expenses	<u>\$12,591,214</u>	<u>\$12,121,000</u>	<u>\$11,761,000</u>
Operating Net Income	\$1,671,848	\$1,303,000	\$436,000

Regency Extended Care Center, NY

2014

2013

2012

Current Assets	\$5,280,488	\$6,555,000	\$5,818,000
Fixed Assets	<u>\$8,322,894</u>	<u>\$6,269,000</u>	<u>\$3,460,000</u>
Total Assets	\$13,603,382	\$12,824,000	\$9,278,000
Current Liabilities	\$7,134,287	\$10,117,000	\$8,854,000
Long Term Liabilities	<u>\$4,072,373</u>	<u>\$1,889,000</u>	<u>\$1,297,000</u>
Total Liabilities	\$11,206,660	\$12,006,000	\$10,151,000
Net Assets	\$2,396,722	\$818,000	-\$873,000
Working Capital Position	-\$1,853,799	-\$3,562,000	-\$3,036,000
Operating Revenues	\$28,388,855	\$29,114,000	\$29,132,000
Operating Expenses	<u>\$23,024,299</u>	<u>\$24,579,000</u>	<u>\$23,985,000</u>
Operating Net Income	\$5,362,681	\$4,535,000	\$5,147,000

Caton Park Nursing Home, NY

10/30/2014

Current Assets	\$3,131,868	\$2,469,000	\$2,047,000
Fixed Assets	<u>\$864,621</u>	<u>\$775,000</u>	<u>\$693,000</u>
Total Assets	\$3,996,489	\$3,244,000	\$2,740,000
Current Liabilities	\$2,113,918	\$2,008,000	\$1,742,000
Long Term Liabilities	<u>\$114,917</u>	<u>\$116,000</u>	<u>\$96,000</u>
Total Liabilities	\$2,228,833	\$2,124,000	\$1,838,000
Net Assets	\$1,767,656	\$1,120,000	\$902,000
Working Capital Position	\$1,017,952	\$461,000	\$305,000
Operating Revenue	\$10,599,243	\$12,038,000	\$10,320,000
Operating Expenses	<u>\$9,767,078</u>	<u>\$11,427,000</u>	<u>\$9,987,000</u>
Operating Net Income	\$832,165	\$611,000	\$333,000

MLAP Acquisition 1, LLC
 Financial Summary of Proposed Members' Affiliated Nursing Home

CON # 151108
 BFA Attachment E Cont

* 2012-2013 totals based on HCFSystems Cost Report data
 * 2014 totals based on Internal & audited financial statements

Hempstead park Nursing Home, NY

	<u>2014</u>	<u>2013</u>	<u>2012</u>
Current Assets	\$3,467,024	\$4,339,000	\$4,170,000
Fixed Assets & Other Assets	<u>\$2,893,657</u>	<u>\$2,703,000</u>	<u>\$2,466,000</u>
Total Assets	\$6,360,681	\$7,042,000	\$6,636,000
Current Liabilities	\$4,299,855	\$6,143,000	\$14,435,000
Long Term Liabilities	<u>\$7,253,162</u>	<u>\$6,525,000</u>	<u>\$557,000</u>
Total Liabilities	\$11,553,017	\$12,668,000	\$14,992,000
Net Assets	-\$5,192,336	-\$5,626,000	-\$8,356,000
Working Capital Position	-\$832,831	-\$1,804,000	-\$10,265,000
Operating Revenues	\$16,167,372	\$21,744,000	\$19,573,000
Operating Expenses	<u>\$14,831,819</u>	<u>\$19,135,000</u>	<u>\$18,746,000</u>
Operating Net Income	\$1,335,553	\$2,609,000	\$827,000

Jopal at Bronx, NY

	<u>2014</u>
Current Assets	\$18,911,612
Fixed Assets	<u>\$1,164,618</u>
Total Assets	\$20,076,230
Current Liabilities	\$5,530,939
Long Term Liabilities	<u>\$14,326,188</u>
Total Liabilities	\$19,857,127
Net Assets	\$219,103
Working Capital Position	\$13,380,673
Operating Revenues	\$69,536,269
Operating Expenses	<u>\$62,470,514</u>
Operating Net Income	\$7,065,755

Paljr LLC, NY

	<u>2014</u>	<u>2013</u>	<u>2012</u>
Current Assets	\$6,621,416	\$7,016,000	\$10,309,000
Fixed Assets	<u>\$11,526,851</u>	<u>\$10,565,000</u>	<u>\$10,375,000</u>
Total Assets	\$18,148,267	\$17,581,000	\$20,684,000
Current Liabilities	\$2,448,153	\$2,677,000	\$2,814,000
Long Term Liabilities	<u>\$7,080,767</u>	<u>\$7,905,000</u>	<u>\$11,595,000</u>
Total Liabilities	\$9,528,920	\$10,582,000	\$14,409,000
Net Assets	\$8,619,347	\$6,999,000	\$6,275,000
Working Capital Position	\$4,173,263	\$4,339,000	\$7,495,000
Operating Revenues	\$35,813,801	\$38,558,000	\$37,583,000
Operating Expenses	<u>\$32,215,092</u>	<u>\$37,875,000</u>	<u>\$36,859,000</u>
Operating Net Income	\$1,619,996	\$683,000	\$724,000

Jopal at St James, NY

	<u>2014</u>	<u>2013</u>
Current Assets	\$8,187,363	\$5,489,000
Fixed Assets	<u>\$12,259,154</u>	<u>\$2,752,000</u>
Total Assets	\$20,446,517	\$8,241,000
Current Liabilities	\$2,125,684	\$3,051,000
Long Term Liabilities	<u>\$13,387,083</u>	<u>\$610,000</u>
Total Liabilities	\$15,512,767	\$3,661,000
Net Assets	\$4,933,750	\$4,580,000
Working Capital Position	\$6,061,679	\$2,438,000
Operating Revenues	\$29,979,568	\$29,434,000
Operating Expenses	<u>\$21,994,569</u>	<u>\$24,256,000</u>
Operating Net Income	\$2,278,113	\$5,178,000

MLAP Acquisition 1, LLC
Financial Summary of Proposed Members' Affiliated Nursing Home

CON # 151108
 BFA Attachment E Cont

* 2012-2013 totals based on HCFSystems Cost Report data
 * 2014 totals based on Internal & audited financial statements

Jopal at Sayville, LLC, NY

	<u>2014</u>	<u>2013</u>
Current Assets	\$4,798,305	\$4,232,000
Fixed Assets	<u>\$1,041,099</u>	<u>\$154,000</u>
Total Assets	\$5,839,404	\$4,386,000
Current Liabilities	\$2,319,545	\$3,501,000
Long Term Liabilities	<u>\$1,434,201</u>	<u>\$964,000</u>
Total Liabilities	\$3,753,746	\$4,465,000
Net Assets	\$2,085,658	-\$79,000
Working Capital Position	\$2,478,760	\$731,000
Operating Revenues	\$21,767,943	\$21,012,000
Operating Expenses	<u>\$17,188,297</u>	<u>\$21,243,000</u>
Operating Net Income	\$2,184,513	-\$231,000

Jopal LLC, NY

	<u>2014</u>	<u>2013</u>	<u>2012</u>
Current Assets	\$4,384,935	\$4,658,000	\$4,361,000
Fixed Assets	<u>\$3,014,183</u>	<u>\$3,146,000</u>	<u>\$3,022,000</u>
Total Assets	\$7,399,118	\$7,804,000	\$7,383,000
Current Liabilities	\$2,034,702	\$2,124,000	\$2,683,000
Long Term Liabilities	<u>\$995,439</u>	<u>\$3,894,000</u>	<u>\$2,993,000</u>
Total Liabilities	\$3,030,141	\$6,018,000	\$5,676,000
Net Assets	\$4,368,977	\$1,786,000	\$1,707,000
Working Capital Position	\$2,350,233	\$2,534,000	\$1,678,000
Operating Revenues	\$21,006,933	\$22,515,000	\$19,715,000
Operating Expenses	<u>\$18,918,723</u>	<u>\$22,125,000</u>	<u>\$19,296,000</u>
Operating Net Income	\$2,895,530	\$390,000	\$419,000

Project # 151108
BFA Attachment-F

MLAP Acquisition II, LLC

Pre and Post Ownership of
Realty

Current Owners	Proposed Owners
Long Beach Memorial Nursing Home, Inc DBA Komanoff Center for Geriatric and Rehab Medicine (Nonprofit)	MLAP Acquisition II, LLC-100%
Board of Directors Martin Kaminsky James Portnof Bernanrd Kennedy Michael Tribush Douglas Metzer Ronald Conklin Theodore Hommel	Pasqusle DeBenedictis 25% Alex Solovey 25% Michael Melnicke 25% Leo Friedman 25%

Project#151108
BFA Attachment-G

**MLAF ACQUISITION I, LLC AS RECEIVER
FOR LONG BEACH MEMORIAL NURSING HOME, INC. D/B/A
THE KOMANOFF CENTER FOR GERIATRIC
AND REHABILITATIVE MEDICINE**

**BALANCE SHEET
DECEMBER 31, 2014**

ASSETS	
Current assets	
Cash and cash equivalents	\$ 61,777
Accounts receivable	923,944
Patient funds	82,388
Prepaid expenses and other assets	656,967
Total current assets	1,725,276
Noncurrent assets	
Fixed assets - net	138,408
Total assets	\$ 1,863,684
LIABILITIES AND MEMBERS' EQUITY	
Liabilities	
Current liabilities	
Accounts payable	\$ 442,210
Accrued payroll and related liabilities	296,858
Accrued expenses	230,051
Patient funds	82,388
Due to third party	20,112
Line of credit	100,000
Total current liabilities	1,381,819
Noncurrent liabilities	
Due to related party	75,000
Total liabilities	1,456,819
Members' equity	206,865
Total liabilities and members' equity	\$ 1,863,684

Project# 151108
BFA Attachment-G-Cont

**MLAF ACQUISITION I, LLC AS RECEIVER
FOR LONG BEACH MEMORIAL NURSING HOME, INC. D/B/A
THE KOMANOFF CENTER FOR GERIATRIC
AND REHABILITATIVE MEDICINE**

STATEMENT OF INCOME AND CHANGES IN MEMBERS' EQUITY

TWO MONTHS ENDED DECEMBER 31, 2014

		<u>Per Day</u>
Operating income		
Net patient service income (net of contractual allowances and discounts)	<u>1,983,914</u>	<u>\$ 289.79</u>
Operating expenses		
Administrative services	169,889	24.82
Fiscal services	63,247	9.33
Plant, operations and maintenance	107,897	15.76
Patient food services	189,308	27.65
Housekeeping services	67,644	9.88
Laundry services	18,286	2.68
Nursing administration	143,852	21.02
Medical care services	20,239	2.96
Leisure time activities	39,672	5.80
Social services and admitting	49,507	7.23
Auxiliary service centers	205,463	30.01
Program service centers	657,324	96.03
Medical assessment	42,521	6.22
Total operating expenses	<u>1,777,049</u>	<u>259.61</u>
Net income	<u>206,865</u>	<u>30.18</u>
Members' equity		
Balance, beginning of period		
Balance, end of period	<u>\$ 206,865</u>	

MLAP ACQUISITION I, LLC
BALANCE SHEET

ASSETS

September 30, 2015

CURRENT ASSETS

Cash and Cash Equivalents	\$	376,676
Patient Accounts Receivable (net of allowance for doubtful accounts)		1,471,382
Purchased Accounts Receivable		647,294
Prepaid Expenses		161,392
Due From Prior Operator		470,170

TOTAL CURRENT ASSETS

\$ 3,126,914

Security Deposits		47,385
Fixed Assets (net of accumulated depreciation)		2,000,081
Patient Funds		82,588
Start-up Costs (net of accumulated amortization)		73,344

TOTAL ASSETS

\$ 5,330,292

LIABILITIES AND MEMBERS EQUITY

CURRENT LIABILITIES

Accounts Payable	\$	1,526,172
Line of Credit		800,000
Accrued Payroll, Sick and Vacation		408,012
Accrued Payroll Taxes		40,499
Accrued Expenses		88,915

TOTAL CURRENT LIABILITIES

\$ 2,863,598

Due to Med.aid		382,142
Due to Landlord		75,000
Patient Funds		82,588

TOTAL LIABILITIES

\$ 3,403,328

Members Equity		1,926,964
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TOTAL LIABILITIES AND MEMBERS EQUITY

\$ 5,330,292

MLAP ACQUISITION I, LLC
STATEMENT OF INCOME AND MEMBERS EQUITY

	One Month Ended September 30, 2015		Nine Months Ended September 30, 2015	
	Amount	Per Day	Amount	Per Day
OPERATING INCOME				
Patient Service Income	\$ 1,177,068	\$ 310.66	\$ 9,348,062	\$ 284.13
Other Income	715	0.19	4,031	0.12
TOTAL OPERATING INCOME	<u>\$ 1,177,783</u>	<u>\$ 310.85</u>	<u>\$ 9,352,093</u>	<u>\$ 284.25</u>
OPERATING EXPENSES				
Administrative Services	\$ 59,599	\$ 15.73	\$ 567,680	\$ 17.25
Fiscal Services	33,766	8.90	261,338	7.95
Plant Operations and Maintenance Services	95,885	25.31	623,831	18.95
Patient Food Services	94,246	24.87	808,410	24.58
Housekeeping Services	28,607	7.55	281,328	8.56
Laundry Services	13,273	3.50	112,671	3.43
Nursing Administration Services	76,907	20.29	722,202	21.96
Medical Care Services	22,953	6.06	170,757	5.20
Leisure Time Services	18,446	4.87	164,058	4.98
Social Services & Admissions	17,459	4.61	165,296	5.02
Security Services	12,588	3.32	99,593	3.03
Ancillary Services	139,097	36.72	1,023,204	31.11
Program Services	313,968	82.87	2,599,074	79.00
TOTAL OPERATING EXPENSES	<u>\$ 926,793</u>	<u>\$ 244.60</u>	<u>\$ 7,599,522</u>	<u>\$ 231.02</u>
NET INCOME FROM OPERATIONS	\$ 250,990	66.25	\$ 1,752,571	53.23
NET OTHER OPERATING ACTIVITIES				
Medicaid Assessment Revenue	\$ 39,094	\$ 10.32	\$ 385,942	\$ 11.73
Medicaid Assessment Expense	(56,608)	(14.94)	(418,415)	(12.72)
NET INCOME BEFORE MGMT FEES AND RENT	<u>\$ 233,476</u>	<u>\$ 61.63</u>	<u>\$ 1,720,098</u>	<u>\$ 52.24</u>
NET INCOME	<u>\$ 233,476</u>	<u>\$ 61.63</u>	<u>\$ 1,720,098</u>	<u>\$ 52.24</u>
MEMBERS EQUITY				
Opening Equity			206,866	
BALANCE, END OF PERIOD			<u>\$ 1,926,964</u>	

MLAP Acquisitions 1, LLCProject# 151108
BFA Attachment-I**Mortgage Table**

Principal	\$10,575,000
Rate	3.83%
Years	30
Payment	\$49,456
Annual Pmt.	\$593,469

Years	Interest	Amortization	Ending Balance	Total Payment
			\$10,575,000	
1	\$401,679	\$191,790	\$10,383,210	\$593,469
2	394,203	199,266	10,183,944	593,469
3	386,436	207,033	9,976,911	593,469
4	378,366	215,103	9,761,807	593,469
5	369,981	223,488	9,538,319	593,469
6	361,270	232,199	9,306,120	593,469
7	352,219	241,250	9,064,869	593,469
8	342,815	250,654	8,814,215	593,469
9	333,044	260,425	8,553,790	593,469
10	322,893	270,576	8,283,214	593,469
11	312,346	281,123	8,002,091	593,469
12	301,388	292,081	7,710,011	593,469
13	290,003	303,466	7,406,545	593,469
14	278,174	315,295	7,091,249	593,469
15	265,884	327,585	6,763,664	593,469
16	253,115	340,354	6,423,310	593,469
17	239,848	353,621	6,069,689	593,469
18	226,064	367,405	5,702,284	593,469
19	211,743	381,726	5,320,558	593,469
20	196,863	396,606	4,923,952	593,469
21	181,404	412,065	4,511,887	593,469
22	165,342	428,127	4,083,759	593,469
23	148,654	444,816	3,638,944	593,469
24	131,315	462,154	3,176,789	593,469
25	113,300	480,169	2,696,620	593,469
26	94,584	498,886	2,197,735	593,469
27	75,137	518,332	1,679,403	593,469
28	54,933	538,536	1,140,867	593,469
29	33,941	559,528	581,338	593,469
30	12,131	581,338	0	593,469

