

Executive Summary

Dr. Susan Smith McKinney Nursing and Rehabilitation Center, which is operated by New York City Health + Hospitals (H+H), is an existing 320-bed Residential Health Care Facility (RHCF) located at 594 Albany Avenue, Brooklyn (Kings County), New York 11203. McKinney operates a 50-slot off-site Adult Day Health Care Program (ADHCP) program at 230 Beach 102nd Street, Rockaway Park (Queens County), New York 11694, known as Dr. Susan Smith McKinney - Neponsit ADHCP (Neponsit), and is submitting this Limited Review Application (LRA) seeking approval from the New York State Department of Health to decertify and close Neponsit because McKinney is unable to sustain the program any longer.

Neponsit has been operating below capacity since reopening after the mandated COVID-19 pandemic closures. Over the last several years, the average number of participants at Neponsit is 15 per day; however, not all participants consistently utilize the ADHCP. McKinney and Neponsit have engaged in extensive marketing and community outreach efforts to increase community participation in the ADHCP. Furthermore, McKinney and Neponsit have attempted to gain efficiencies and optimize operating expenses and have explored options for additional funding, to no avail. Despite their best efforts, McKinney and Neponsit have not been able to increase ADHCP registration. The Neponsit ADHCP is fiscally unsustainable. Therefore, in order to mitigate any further financial burden on McKinney, McKinney has made the decision to close the Neponsit ADHCP. McKinney has worked with the Department, specifically the Office of Aging and Long-Term Care, on the closure plan for Neponsit and has received approval of the closure plan (a copy of the closure plan is included in this Application as well as a copy of the Health Equity Impact Assessment for this project).

The Neponsit ADHCP decertification and closure plan provide for continuity of care as McKinney and Neponsit have developed a comprehensive mitigation plan to address potential impacts through collaboration with local organizations and post-decertification and closure monitoring. To support registrants during their transition, Neponsit staff will utilize a 30, 60, and 90-day post-discharge audit monitoring tool. This tool is designed to systematically track the progress and adjustment of registrants following their transition to alternative care settings. It captures both outcomes and caregiver feedback to assess how well registrants' needs—medical, social, cultural, and language support—are being addressed and met over time.

Once Neponsit closes, the participants, who live in the service area and greater service area, will be assisted in transferring to other ADHCPs or being served by other community programs. McKinney and Neponsit have identified other suitable ADHCPs in Kings, Queens and Nassau Counties, to which access will be provided for the Neponsit ADHCP participants. Finally, the Neponsit ADHCP is in a leased, non-H+H building, which will be vacated upon the closure.

Limited Review Application

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

LRA Cover Sheet

Project to be Proposed/Applicant Information

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

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

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

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

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

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

Necessary LRA Schedules: *Cover Sheet, 2, 6, 7, 8, 10, and 12.* **If proposing to decertify beds within a nursing home, provide a description of the proposed alternative use of the space including a detailed sketch (unless the decertification is being accomplished by eliminating beds in multiple-bedded rooms). If proposing to convert beds within approved categories, an LRA Schedule 6 and all supporting documentation are required to confirm appropriate space for the new use.*

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

Necessary LRA Schedules: *Cover Sheet, 2, 7, 8, 10, and 12.*

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

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

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

Necessary LRA Schedules: *Cover Sheet, 2, 8, 10, 11, and 12.*

OPERATING CERTIFICATE NO. 7001380N		CERTIFIED OPERATOR New York City Health + Hospitals Dr. Susan Smith Mckinney Nursing and Rehabilitation Center			TYPE OF FACILITY RHCF	
OPERATOR ADDRESS – STREET & NUMBER 594 Albany Avenue		PFI 7279	NAME AND TITLE OF CONTACT PERSON Frank M. Cicero, Cicero Consulting Associates			
CITY Brooklyn	COUNTY Kings	ZIP 11203	STREET AND NUMBER 925 Westchester Avenue, Suite 201			
PROJECT SITE ADDRESS – STREET & NUMBER 230 Beach 102nd Street (Dr. Susan Smith McKinney - Neponsit ADHCP)		PFI 6614	CITY White Plains	STATE NY	ZIP 10604	
CITY Rockaway Park	COUNTY Queens	ZIP 11694	TELEPHONE NUMBER (914) 682-8657	FAX NUMBER (914) 682-8895		
TOTAL PROJECT COST: \$500 (Application fee)			CONTACT E-MAIL: conadmin@ciceroassociates.com			

**New York State Department of Health
Certificate of Need Application**

**Schedule LRA Cover Sheet
Attachments**

Dr. Susan Smith McKinney - Neponsit ADHCP

1. Operating Certificate
2. Closure Plan Approval Letter
3. Closure Plan

Facility Id. 6614
Certificate No. 7001380N

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



OPERATING CERTIFICATE

Adult Day Health Care Program - Offsite

Dr. Susan Smith McKinney - Neponsit ADHCP
230 Beach 102nd Street
Rockaway Park, New York 11694

Effective Date: 01/05/2009
Expiration Date: NONE

Operator: New York City Health and Hospital Corporation
Operator Class: Public Municipality

Has been granted this Operating Certificate pursuant to Article 28
of the Public Health Law for the service(s) specified:

Adult Day Health Care (50)

Deputy Commissioner
Office of Health Systems Management

20090106

This certificate must be conspicuously displayed on the premises.

Commissioner

Facility Id. 7279
Certificate No. 7001380N

Certified Beds - Total 320
RHC 320

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



Effective Date: 10/18/2021
Expiration Date: NONE

OPERATING CERTIFICATE

Residential Health Care Facility - SNF

Dr Susan Smith McKinney Nursing and Rehabilitation Center

594 Albany Avenue

Brooklyn, New York 11203

Operator: New York City Health and Hospital Corporation

Operator Class: Public Municipality

Has been granted this Operating Certificate pursuant to Article 28 of the Public Health Law for the service(s) specified.

Baseline

Other Authorized Locations

Adult Day Health Care Program - Offsite

Dr. Susan Smith McKinney - Neponsit ADHCP
Facility ID 6614
230 Beach 102nd Street
Rockaway Park, New York 11694

John Morley

20220407

Deputy Commissioner, Office of Primary
Care and Health Systems Management

This certificate must be conspicuously displayed on the premises.

Wang J. Bonasera

Commissioner



Department of Health

KATHY HOCHUL
Governor

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

JOHANNE E. MORNE, M.S.
Executive Deputy Commissioner

October 16, 2024

Sent Via Email

David Weinstein, Chief Executive Officer, LNHA
Dr. Susan Smith McKinney – Neponsit ADHCP
594 Albany Avenue
Brooklyn, New York 11203
David.Weinstein@nychhc.org

Re: Adult Day Health Care Program
Closure Plan Approval

Dear David Weinstein,

The New York State Department of Health (Department) has reviewed the closure plan for Dr. Susan Smith McKinney – Neponsit Adult Day Health Care Program located at 230 Beach 102 Street, Rockaway Park, New York (Queens County). The plan meets the criteria set forth by the Department to ensure that appropriate care will be provided to registrants throughout the closure process and the registrants transfer to appropriate programs.

The Department approves of the implementation of the closure plan. When no registrants remain in the program and all elements of the closure plan have been met, you must inform the Regional Office of the cessation of services. Please be advised that, once the Regional Office determines that all closure criteria are met, a Limited Review Application must be submitted via NYSE-CON.

Staff from the Metropolitan Area Regional Office will work with you to monitor activities as the closure plan progresses. Please contact Shawn Dudley, Area Office Director, at (212) 417-6197 if you have any questions or require assistance during this time.

Thank you for your cooperation in ensuring the health and safety of your Adult Day Health Care Program registrants throughout the transition period.

Sincerely,

Valerie A. Deetz, Deputy Director
Office of Aging and Long-Term Care

cc: C. Rodat
H. Hayes
S. Paton
A. Cokgoren

S. Dudley
M. Copperwheat
A. Tinaphong
L. Baniak



NYC H+H / McKinney - Neponsit
Adult Day Health Care Program
NYS OP CERT: 7001380N
NYS PFI: 7279
594 Albany Avenue
Brooklyn, NY 11203

Closure Plan for ADHC Program (Neponsit)

1. Evidence of Verbal and written notification:
 - a. Notification (Attachment A) of the closure and service discontinuance of the Adult Day Health Care Program (offsite), Neponsit, at 230 Beach 102 Street, Rockaway Park, NY 11694, was issued by David Weinstein CEO, on 06/18/2024, to Paul Nadel, Program Manager at the New York State Department of Health. The tentative closure date has been set for March 31st, 2025. This plan will serve as formal notification of the intent to close the ADHC program.
2. Form 855A: This is not applicable. Form 855A is not required due to the fact that this program is a Medicaid reimbursed program and does not bill Medicare for our services.
3. Target closure date/Facility capacity/Current census: The Adult Day Health Care program has capacity for 50 registrants per day. The current enrollment as of June 26, 2024 is 45 registrants with an average daily census of 15. The target closure date is March 31st, 2025.
4. Provider's Contact Person/email:
 - a. David Weinstein, Chief Executive Officer, LNHA 718-245-7171
David.Weinstein@nychhc.org is designated as the operator's contact person.
 - b. Omayra Gonzalez, Director of Adult Day Health Care, 718- 634-1400
gonzaleo5@nychhc.org is the designated contact person throughout the closure process as well as the individual responsible for coordinating the closure.
5. Individuals responsible for separate closure duties:
 - a. Omayra Gonzalez, Director of Adult Day Health Care, 718-634-1400
gonzaleo5@nychhc.org – Administrative and regulatory oversight, and safe discharge and relocation of registrants to other community programs or services.
 - b. Chris Miller, Press Secretary & Assistant Vice President of Communications and Marketing, 212-788-3660 or miller15@nychhc.org - Media Contact - Managing communications to the Public and Media Releases.

- c. Chris Sinclair, Director of Human Resources, (718) 245-7242, sinclair3@nychhc.org – Employee relations. Will provide support to staff.
 - d. Debra Davis, RN 718 634-1400 david57@nychhc.org - in conjunction with pharmacist will assist with the disposal of drugs and biologicals.
 - e. Jeffrey Lutz, Assistant Vice President of Information Systems, 646-458-7834 Jeffrey.Lutz@nychhc.org - Retrieval of computers, telephones, printers and fax machines.
 - f. Kessiah Gardner-Butler, Director of Medical Records, 718-245-3232 - gardnerk4@nychhc.org-Assists with the maintenance, storage and safekeeping of registrant records.
 - g. Vincent Forgione, Senior Director of Facility Administration, 646-694-4882 forgionv@nychhc.org- Relocation of all office furniture and medical equipment, disposal of rubbish.
6. Notification to registrants/significant others/sponsors/staff and Physicians: Once the Department of Health approves the closure plan, a letter will be sent to registrants, next of kin, significant others, sponsors (Attachment B), staff (Attachment C) and Physicians (Attachment D), providing them with notification of closure. A calendar of dates and times of meetings, coordinated with NYS Department of Health, will be provided to registrants and/or caregivers (Attachment E) upon DOH approval of closure plan. Omayra Gonzalez, Director of Adult Day Health Care, 718-634-1400 gonzaleo5@nychhc.org will also hold a staff meeting to discuss the closure of the center. This meeting will be scheduled once the closure plan is approved in coordination with and inclusion of the NYS Department of Health. (Attachment F)
- a. Omayra Gonzalez, Director of Adult Day Health Care, 718-634-1400 gonzaleo5@nychhc.org, or designee will notify and communicate to Paul Nadel, Program Manager when the specific dates and times of meetings are scheduled with registrants and/or caregivers and staff.
 - b. A meeting will be set up with them and their social worker to meet and discuss their specific discharge plan and possible admission to other Adult Day Health Care Programs by the target date of March 31st, 2025.
7. Provision of services: The Adult Day Health Care Program does not provide Meals-on-Wheels and does not run onsite clinics.
8. Media Contacts: Rafael Dominguez, Director of Public Affairs & Communications, 646-694-4910, Rafael.Dominguez@nychhc.org will be responsible for community notifications and media contact throughout the process. He may be reached at 646-694-4910 or via e-mail at: Rafael.Dominguez@nychhc.org. Media releases will be coordinated with the DOH prior to release.
9. Ombudsman: Upon written approval of closure of the Center, we will notify and alert Micah Damskj from the Ombudsman Office, 1010 Avenue of the Americas, Suite 301, New York NY 10018. of the Facility Adult Day Health Care Program closing. He can be reached at 646-849-8203. Elements of the closure plan such as dates and times of meetings informing staff and registrants of the closure will be provided to the Ombudsman. The Ombudsman will be apprised when physicians and referral sources

have been notified that the Center is closing. Communication will be provided to the Ombudsman throughout the implementation of the closure plan.

10. Discontinuation of Admissions: Staff will be instructed not to proceed with any new admissions as of the date it announced to DOH of intent to close the program. A letter will be sent to providers and referral sources providing them with notification of permanent closure (Attachment G)
11. Assessment and Relocation of registrants: It is our intent to refer the existing registrants to other ADHC centers (Attachment I). Each registrant's individual needs will be assessed to identify the most appropriate program for them. The wishes of the registrant/caregiver will become part of the referral process. For registrants who are enrolled in Managed Long-Term Care Programs (MLTCP) and Medicaid Managed Care (MMC) programs, ADHC Social Worker will notify the registrant's Case Managers and will assist in providing alternative ADHC options within their insurance plan. The Medicaid Service Coordinators (MSC) and/or House Managers for People with Developmental Disabilities (OPWDD) will be notified and ADHC Social Worker will assist the staffs who are responsible for these registrants to relocate them to an alternative ADHC or appropriate community agencies.
12. Transfer of Registrant record information: A referral package will be prepared for each registrant consisting of current assessments, care plans, latest physician orders, medication records, treatment records and demographic information. Patient information/documentation will be sent to the program that will be servicing the registrant or fax. If a participant does not select another program, records will be retained for six years.
13. Security/Transfer of Registrant Belongings: Upon discharge of the registrant, belongings that may be kept at our ADHC will be returned to them or their caregiver.
14. Registrants' funds: The Adult Day Health Care Program is not holding any registrant funds.
15. Method of Transportation: Mode of transportation currently provided to registrants to and from our Adult Day Health Care programs will be utilized upon discharge.
16. Registrant relocation: Adult Day Health Care registrants live in the community. Once the Adult Day Health Care program closes they will be relocated to other Adult Day Health Care programs or serviced by other community programs. They will be followed and managed by these programs. Omayra Gonzalez or designee will contact registrants for a minimum of 30 days after discharge. Every week Omayra Gonzalez or designee will provide a progress report to Paul Nadel, Program Manager at the DOH, to discuss each milestone of the closure process. Communication will include an ongoing list of registrants, (1) By name, (2) By Managed Long-term Care (MLTC) Plan (if any), and (3) Update on new program placement and/or communication with the MLTC Plan.
17. Disposition of building and its contents: Our Adult Day Health Care Program has a rent/lease agreement with 2 Beach 102 LLC at 95 Delancey St, NY, New York 10002.

The contact number is 917-282-7997. Upon closure, if the Adult Day Health Care program is aware what the landlord will use the building for it will be communicated to Paul Nadel, Program Manager at the DOH. Vincent Forgione, Senior Director of Facility Administration, and facilities staff, will remove contents such as desks, file cabinets, furniture, etc. from the building and relocate these items to other programs within our Healthcare system. Jeffrey Lutz, AVP of Information Systems and IS staff will retrieve and relocate computers, telephones, printers and fax machines to the IS department of our Healthcare system.

18. Disposal of drugs, biological, chemical or radioactive materials: Stock medications will be returned to Central Stores. The emergency box will be returned to Pharmscript, the vendor pharmacy. Registrants' medications that were being administered at the Center will be returned to the registrant or significant other upon discharge. No other biologicals, chemicals or radioactive materials need to be disposed of or transferred.
19. Record Retention: Registrants' medical records and the center's records shall be retained for six years. Kessiah Butler-Gardner, Director of Medical Records, will be responsible and accountable to ensure that the medical records are stored securely. The Facility shall remain open, and therefore will continue to keep all fiscal, statistical reports, underlying books and documentation. The records will be stored, in an off-site location, owned by NYC Health + Hospitals McKinney, at 594 Albany Avenue, Brooklyn, N.Y. 11203, and retrieved as necessary. There are no registrants enrolled who are minors, or under the age of 21. Registrants/next of kin/significant others will be notified, in writing, how they may request a copy of their records, in accordance with our policy (Attachment J).
20. Human Resources information available to staff: Chris Sinclair, Director of Human Resources will be available to provide information related to payroll, health insurance and recertification of CNAs, etc. Mr. Sinclair can be reached at (718) 245-7242 and his email address is sinclair3@nychhc.org.
21. Ongoing Communication during closure with DOH: Every week Omayra Gonzalez or designee will provide a progress report to Paul Nadel, Program Manager at the DOH, to discuss each milestone of the closure process. Communication will include an ongoing list of registrants, (1) By name, (2) By Managed Long-term Care (MLTC) Plan (if any), and (3) Update on new program placement and/or communication with the MLTC Plan.
22. Staffing/employment opportunities: It is the responsibility of Omayra Gonzalez to ensure that we have adequate staffing throughout all phases of the closure plan. It is our intent to continue to provide the highest quality of care throughout all phases of this detailed and carefully thought out plan. All staff will work as a team to ensure that there is a smooth and appropriate transition for the registrants in our program. If needed, temporary staff will be hired to meet the needs of the registrants. Every week Omayra Gonzalez or designee will provide a progress report to Paul Nadel, Program Manager at the DOH, to discuss each milestone of the closure process. Communication will include an ongoing list of employees terminated, resigned, and temporary employees hired. Chris Sinclair, Director of Human Resources will provide information regarding any employment opportunities within our Health system. All available

positions are posted on the company website. Many full-time and part-time employees are covered by a collective bargaining agreement. Union representatives, and human resources, will communicate with staff regarding their rights, including potential severance and internal and external placement rights. When possible, the broader plan is to retain employees within the system. Chris Sinclair, Director of Human Resources will be available to staff through the closure process, his contact information is sinclair3@nychhc.org, (718) 245-7242.

23. Transfer or sale of beds: This is not applicable to Adult Day Health Care programs.
24. Outstanding Liabilities to Medicaid Program: Our Adult Day Health Care program has no known outstanding liabilities to the Medicaid program. We will satisfy any Medicaid liabilities arising from the operation of the Adult Day Health Care program that may be later identified or asserted, subject to all our rights and defenses, as well as any rights and defenses the program would have had if still operating, to contest the validity or amount of any such liabilities or any associated recoupments.
25. Communication with DOH when last Registrant is discharged: Omayra Gonzalez or designee will communicate to Paul Nadel, Program Manager at the DOH Regional Office when the last registrant has been discharged from the Center. A conference call will be set up to discuss closure and verify that all aspects of the closure plan have been successfully implemented and completed.
 - a. On the day after the last registrant is discharged:
 - i. Form CMS855A is not applicable and will not be required to be completed by our Adult Day Health Care Program. This is a Medicaid reimbursed program and does not bill Medicare for services.
 - ii. The original copy of the Adult Day Health Care Program's Operating certificate will be returned to the DOH regional office via certified/registered mail within 48 hours following the last registrant's discharge.



McKinney

ATTACHMENT A

Paul Nadel
New York State Department of Health
Division of Nursing Homes and ICF/IID Surveillance
Center for Health Care Provider Services and Oversight
Metropolitan Area Regional Office
90 Church Street 15th floor
New York N.Y. 10007

July 12, 2024

RE: NYC H+H / McKinney - Neponsit
Adult Day Health Care Program
NVS OP CERT: 7001380N
NVS PFI: 72795
94 Albany Avenue
Brooklyn, NY
11203

Dear Mr. Nadel,

As per our telephone conversation and our subsequent email dated June 18th, 2024, enclosed please find our closure plan for the Adult Day Health Care Program (offsite), Neponsit, at 230 Beach 102 Street, Rockaway Park, NY 11694. The tentative closure date has been set for March 31st, 2025.

Upon your approval of the closure plan, we look forward to working with your office to set up requisite meetings to include representatives from the New York State Department of Health with family members and registrants as outlined in the plan. Should you have any questions please feel free to contact me at (718) 245-7171.

Sincerely,

David Weinstein, LNHA
Chief Executive Officer
CC: Dr. Khoi Luong, Senior Vice President Post-Acute Care

Date

Dear Registrant, Family Member and/or Significant Other,

We wish to take this opportunity to thank you for your continued support over the years. It has been our privilege to care for your loved ones at the **McKinney / Neponsit– Adult Day Health Care Program (“ADHC”)**. It is with great regret that we must inform you that the ADHC, currently located at **230 Beach 102 Street, Rockaway Park, NY 11694, will be closing**. This has not been an easy decision, and one that we do not take lightly. A number of factors have contributed to our decision including changes in reimbursement and underutilization.

We want to assure you that we will work with you in order to plan for appropriate discharge arrangements.

- For those registrants who are on a Managed Long-Term Care Plan and want to attend another ADHC, we will contact the respective plan and request that they refer you to another ADHC that is in their network.
- For those registrants who have Medicaid Service Coordinators (MSC), the Social Workers will coordinate with your MSC or House Managers to make a referral to another ADHC program or community agency that will provide you with appropriate care.

We will be having group meetings as well as individual discussions to assist you with this process. You will receive a schedule which includes dates and times that we will be meeting to answer any questions or concerns that you may have. You can also speak to your Social Worker at any time.

If you have any questions or concerns, please contact me at (718) 634-1400.

Sincerely yours,

Omayra Gonzalez
Director of Adult Day Health Care



ATTACHMENT C

Dear Staff Member:

This letter is to inform you that the Facility Adult Day Health Care Program will be closing. Our Human Resources Department will work with you on potential employment opportunities within our Health System.

We will provide you with a schedule which includes dates and times that we will be meeting to answer any questions or concerns that you may have. There will also be opportunities for individual discussions with Mr. Chris Sinclair, Director of Human Resources.

Please feel free to speak to your Supervisor at any time regarding questions or to help with any issues.

Sincerely yours,

Omayra Gonzalez
Director of Adult Day Health Care



McKinney

ATTACHMENT D

Dear Physician:

After many years of service to the Nassau/Queens/Brooklyn community, this letter is to inform you the Facility Adult Day Health Care Program will be closing.

We will be working with the registrants, families and/or their significant others to assist them with appropriate discharge plans including relocation to another Adult Day Health Care Program or if necessary home care services. Please feel free to contact me at (718) 634-1400 if you have any questions.

Sincerely yours,

Omayra Gonzalez
Director of Adult Day Health Care

**Registrant/Caregiver - ADHC CLOSURE
Dates and Meetings**

Dear Registrant, Next of Kin, Significant Other and/or Sponsor:

The following is a list of dates and times that we will meet to discuss closure of our Adult Day Health Care Center. It is our intent to provide a safe discharge plan that will suit your individual needs.

Monday (TBD) at 3:00 PM

Tuesday (TBD) at 6:00 PM

Staff Meeting - ADHC CLOSURE

Date: _____

Time: _____

Date: _____

Time: _____



McKinney

ATTACHMENT G

Dear Provider of Referrals to ADHC:

After many years of service to the Nassau/Queens/Brooklyn community, this letter is to inform you the Facility - Adult Day Health Care Program will be closing on March 31st, 2025.

Thank you so much for the opportunity to work with you. It was our pleasure to service you. Please feel free to contact me at (718) 634-1400 if you have any questions.

Sincerely yours,

Omayra Gonzalez
Director of Adult Day Health Care

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Adult Day Health Care Programs in Nearby Counties

County	Facility
Kings	
Medical Adult Day	Bainbridge Bushwick Haym Salomon Lakeside Palm Gardens Sunrise
Social Adult Day	Family Heart to Heart
Nassau	
Medical Adult Day	Cold Spring Hills
Social Adult Day	Star Second Home
Queens	
Medical Adult Day	Franklin Queens Blvd Extended Care
Social Adult Day	Queens Rockaway Trimed Heritage Jamaica



McKinney

ATTACHMENT J

Dear Registrant, Family Member and/or Significant Other,

You have a right to request your health information related to care you received under Federal and New York State law. In addition, NYC Health + Hospitals will generally honor a request to furnish information to another party, such as another provider with a written authorization from you or your authorized representative.

An authorization form will be provided if you would like to request a copy of your medical records. You may also submit a request online. For additional information on obtaining your medical records or to submit a request online, please utilize the link provided (<https://www.nychealthandhospitals.org/medical-records/>) .

If you have any questions or concerns, please contact me at (718) 634-1400.

Sincerely yours,

Omayra Gonzalez
Director of Adult Day Health Care

Limited Review Application

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

Schedule LRA 2

Total Project Cost

ITEM	ESTIMATED PROJECT COST	
1.1 Land Acquisition (<i>attach documentation</i>)	\$	-
1.2 Building Acquisition	\$	-
1.1-1.2 Subtotal:	\$	-
2.1 New Construction		-
2.2 Renovation and Demolition		-
2.3 Site Development		-
2.4 Temporary Power		-
2.1-2.4 Subtotal:	\$	-
3.1 Design Contingency		-
3.2 Construction Contingency		-
3.1-3.2 Subtotal:	\$	-
4.1 Fixed Equipment (NIC)		-
4.2 Planning Consultant Fees		-
4.3 Architect/Engineering Fees (incl. computer installation, design, etc.)		-
4.4 Construction Manager Fees		-
4.5 Capitalized Licensing Fees		-
4.6 Health Information Technology Costs		-
4.6.1 Computer Installation, Design, etc.		-
4.6.2 Consultant, Construction Manager Fees, etc.		-
4.6.3 Software Licensing, Support Fees		-
4.6.4 Computer Hardware/Software Fees		-
4.7 Other Project Fees (Consultant, etc.)		-
4.1-4.7 Subtotal:	\$	-
5.1 Movable Equipment		-
6.1 Total Basic Cost of Construction	\$	-
7.1 Financing Cost (points, fees, etc.)	\$	-
7.2 Interim Interest Expense - Total Interest on Construction Loan: Amount \$ @ % for months		
7.3 Application Fee	\$	500
8.1 Estimated Total Project Cost (Total 6.1 – 7.3)	\$	500

If this project involves construction enter the following anticipated construction dates on which your cost estimates are based.

Construction Start Date _____ n/a - no construction

Construction Completion Date _____ n/a - no construction

Schedule 6 Architectural/Engineering Submission

Contents:

- Schedule 6 – Architectural/Engineering Submission

**NOT APPLICABLE – NO
CONSTRUCTION/RENOVATION INVOLVED**

Architectural Submission Requirements for Contingent Approval and Contingency Satisfaction

NOT APPLICABLE – NO CONSTRUCTION/RENOVATION INVOLVED

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

Instructions

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

Architecture/Engineering Narrative

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

Project Description	
Schedule 6 submission date: Click to enter a date.	Revised Schedule 6 submission date: Click to enter a date.
Does this project amend or supersede prior CON approvals or a pending application? Choose an item. If so, what is the original CON number? Click here to enter text.	
Intent/Purpose: Click here to enter text.	
Site Location: Click here to enter text.	
Brief description of current facility, including facility type:	

New York State Department of Health Certificate of Need Application

Schedule 6

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

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Schedule 6

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

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

NOT APPLICABLE – NO CONSTRUCTION/RENOVATION INVOLVED

Limited Review Application

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

Schedule LRA 10

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

NOT APPLICABLE

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

Instructions:

“Current” Column: Mark "x" in the box only if the service currently appears on the operating certificate (OpCert) not including requested changes

“Add” Column: Mark "x" in the box this CON application seeks to add.

“Remove” Column: Mark "x" in the box this CON application seeks to decertify.

“Proposed” Column: Mark "x" in the box corresponding to all the services that will ultimately appear on the OpCert.

<u>Category/Authorized Service</u>	<u>Code</u>	<u>Current</u>	<u>Add</u>	<u>Remove</u>	<u>Proposed</u>
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Limited Review Application

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

Schedule LRA 12

Assurances

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

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

5/1/2025

Date



Signature

Daveth Forbes-Thomas

Name (Please Type)

CEO

Title (Please Type)