

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. 7003000H	CERTIFIED OPERATOR Elmhurst Hospital Center	TYPE OF FACILITY Hospital
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OPERATOR ADDRESS – STREET & NUMBER NYC Health + Hospitals		PFI	NAME AND TITLE OF CONTACT PERSON Roger Zhu		
CITY New York	COUNTY NY	ZIP 10013	STREET AND NUMBER 79-01 Broadway, Main Building, 8 th Floor, Room D8-11d		
PROJECT SITE ADDRESS – STREET & NUMBER 79-01 Broadway		PFI 1626	CITY Elmhurst	STATE NY	ZIP 11373
CITY Elmhurst	COUNTY NY	ZIP 11373	TELEPHONE NUMBER 718-334-1693	FAX NUMBER	
TOTAL PROJECT COST: \$ 0.00			CONTACT E-MAIL: roger.zhu@nychhc.org		

(Rev 09/2019)

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:	0.00
2.1 New Construction	\$	
2.2 Renovation and Demolition	\$	
2.3 Site Development	\$	
2.4 Temporary Power	\$	
	2.1-2.4 Subtotal:	0.00
3.1 Design Contingency	\$	
3.2 Construction Contingency	\$	
	3.1-3.2 Subtotal:	0.00
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:	0.00
5.1 Movable Equipment	\$	
6.1 Total Basic Cost of Construction	\$	0.00
7.1 Financing Cost (points, fees, etc.)	\$	
7.2 Interim Interest Expense - Total Interest on Construction Loan: Amount \$ @ % for months		
7.3 Application Fee	\$	500.00
8.1 Estimated Total Project Cost (Total 6.1 – 7.3)	\$	500.00

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

Construction Start Date _____

Construction Completion Date _____

(Rev. 1/31/2013)

Schedule 6

Architectural/Engineering Submission

Contents:

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

New York State Department of Health Certificate of Need Application

Schedule 6

Architectural Submission Requirements for Contingent Approval and Contingency Satisfaction

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

Instructions

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

Architecture/Engineering Narrative

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

Project Description	
Schedule 6 submission date: 6/27/2025	Revised Schedule 6 submission date: Click to enter a date.
Does this project amend or supersede prior CON approvals or a pending application? No If so, what is the original CON number? Not applicable	
Intent/Purpose: Limited Review Application for reallocation of patient beds throughout facility	
Site Location: New York City Health + Hospitals - Elmhurst Hospital Center, Elmhurst, NY	
Brief description of current facility, including facility type:	

New York State Department of Health Certificate of Need Application

Schedule 6

Existing hospital providing adult and pediatric, inpatient and outpatient services	
Brief description of proposed facility: No change to existing facility. Reallocation of inpatient beds in some of the nursing units.	
Location of proposed project space(s) within the building. Note occupancy type for each occupied space. Existing inpatient med/surg, ICU, psychiatric, and post partum units.	
Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies: Not applicable	
If this is an existing facility, is it currently a licensed Article 28 facility?	Yes
Is the project space being converted from a non-Article 28 space to an Article 28 space?	No
Relationship of spaces conforming with Article 28 space and non-Article 28 space: Not applicable	
List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3. No exceptions	
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. No	No
Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc. Not applicable	
Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc. Not applicable	
Describe existing and or new work for fire detection, alarm, and communication systems: Not applicable	
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. No	
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. No	
Does the project comply with ADA? If no, list all areas of noncompliance. Not applicable	
Other pertinent information: Click here to enter text.	
Project Work Area	Response
Type of Work	Alteration
Square footages of existing areas, existing floor and or existing building.	1,502,532 sf
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	Not applicable
Does the work area exceed more than 50% of the smoke compartment, floor or building?	Less than 50% of the building
Sprinkler protection per NFPA 101 Life Safety Code	Partially Sprinklered
Construction Type per NFPA 101 Life Safety Code and NFPA 220	Type 1 (332)
Building Height	183 ft
Building Number of Stories	11
Which edition of FGI is being used for this project?	2014 Edition of FGI

New York State Department of Health Certificate of Need Application

Schedule 6

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

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

Schedule 6

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



KATHY HOCHUL
Governor

Department of Health

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

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

SELF-CERTIFICATION FORM FOR ARCHITECTS AND ENGINEERS

Date:
CON Number:
Facility Name:
Facility ID Number:
Facility Address:

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

I hereby certify that:

1. I have been retained by the above-named facility, to provide services related to the design and preparation of construction documents and specifications for the aforementioned construction project, and, as applicable, to make periodic visits to the site during construction, and perform such other required services to familiarize myself with the general progress, quality and conformance of the work.
2. I have ascertained that, to the best of my knowledge, information and belief, the completed structure will be designed and constructed, in accordance with the programmatic requirements for the aforementioned and in accordance with any project definitions, modifications and or revisions approved or required by the New York State Department of Health.
3. The above-referenced construction project will be designed and constructed in compliance with all applicable local codes, statutes, and regulations, and the applicable provisions of the State Hospital Code -- 10 NYCRR Part 711 (General Standards for Construction) and Parts (check all that apply):
 - a. ☒ 712 (Standards of Construction for General Hospital Facilities)
 - b. ☐ 713 (Standards of Construction for Nursing Home Facilities)
 - c. ☐ 714 (Standards of Construction for Adult Day Health Care Program Facilities)
 - d. ☐ 715 (Standards of Construction for Freestanding Ambulatory Care Facilities)
 - e. ☐ 716 (Standards of Construction for Rehabilitation Facilities)
 - f. ☐ 717 (Standards of Construction for New Hospice Facilities and Units)
4. I understand that as the design of this project progresses, if a component of this project is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), I shall bring this to the attention of Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health prior to or upon submitting final drawings for compliance resolution.
5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to address the pre-opening survey findings of deficiencies by the NYSDOH Regional Office, to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

SELF-CERTIFICATION FORM FOR ARCHITECTS AND ENGINEERS

6. I have reviewed and acknowledged the Supplemental Self-Certification Eligibility Checklist Page 4 of this document and evaluated and determined this project does meet the prerequisite requirements for Self-Certification. I understand and agree, if the project is deemed by NYSDOH not meeting the criteria allowable for self-certification, I will be required to be resubmit the project documents for an AER review.

This self-certification is being submitted to facilitate the Architectural CON process and is in lieu of a plan review. It is understood that an electronic copy of final Construction Documents on CD, meeting the requirements of DSG-05 must be submitted to PMU for all projects, including limited, administrative, full review, self-certification and reviews performed and completed by DASNY, prior to construction.

Project Name: Elmhurst Hospital Center: LRA - Service Delivery

Location: 79-01 Broadway, Queens, NY 11373

Description: Limited Review Application for reallocation of patient beds throughout the facility

Signature of NYS Licensed Architect/Engineer

Sandra Joslyn

Name of Architect/Engineer (Print)

NY License No: 029216

Professional New York State License Number

1700 Broadway, Suite 400, New York, NY

Business Street Address, City, State, Zip Code

Architectural or Engineering Professional Stamp



The undersigned applicant understands and agrees that, notwithstanding this architectural/engineering certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Division to comply with the above-mentioned codes and regulations, whether or not physical plant construction or alterations have been completed.

Diana Eusse

Digitally signed by Diana Eusse
Date: 2025.06.27 15:38:34
+04'00'

Authorized Signature for Applicant

6/27/2025

Date

Diana Eusse

Name (Print)

Deputy Director

Title

Notary signing required for the applicant

STATE OF NEW YORK

County of Queens

)

) SS:

)

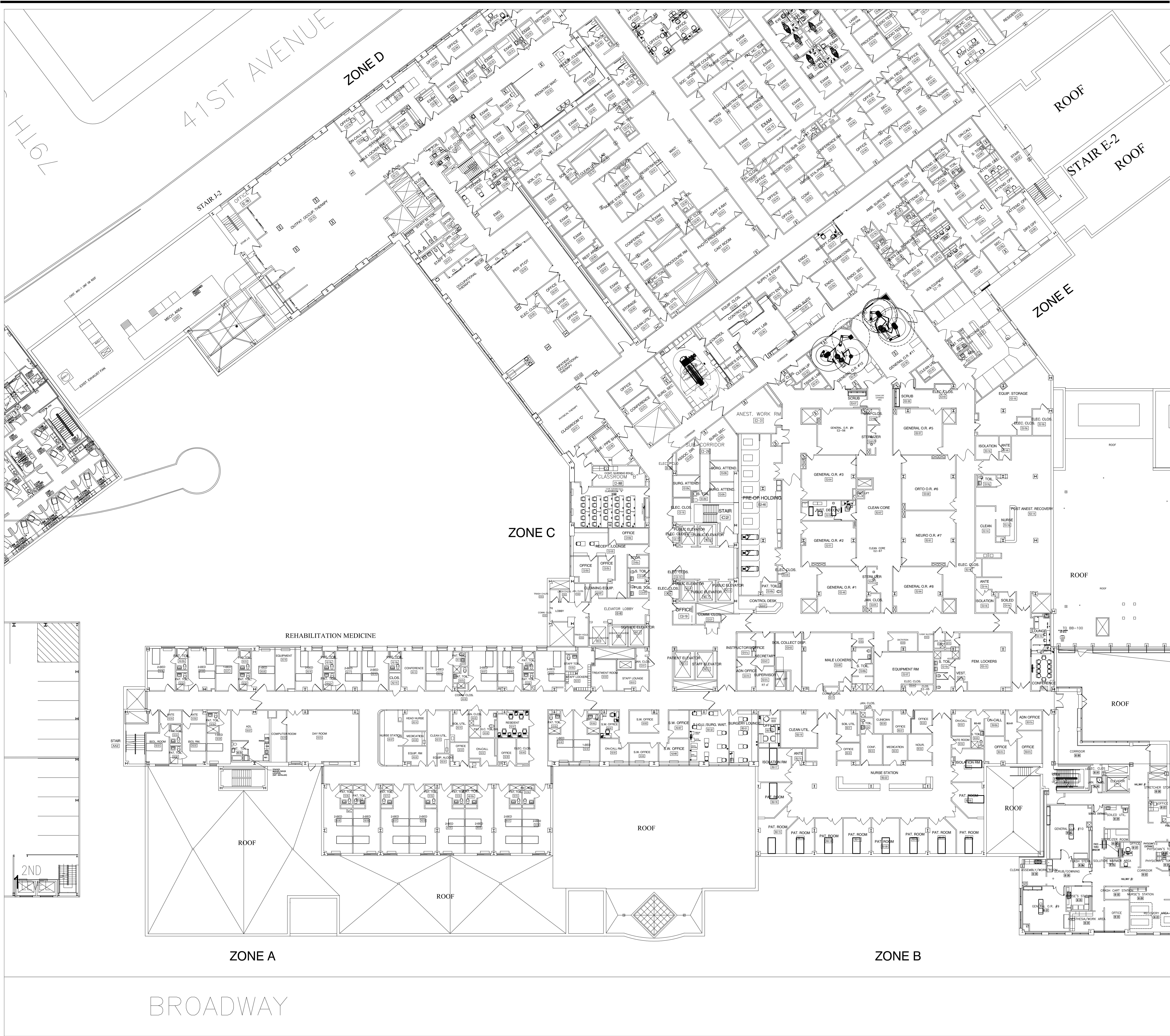
On the 27th day of June 2025 before me personally appeared Diana Eusse, to me known, who being by me duly sworn, did depose and say that he/she is the Deputy Director of the Elmhurst Hospital, the facility described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the governing authority of said facility.

DEBORAH SATALOFF
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01SA6395423
Qualified in Queens County
Commission Expires July 29, 2027

(Notary)

Deborah Sataloff 6/27/25

Project Eligibility Checklist for Architectural/Engineering Self-Certification			
		YES If Yes, project is not eligible for Self-Certification and is required to be submitted for an AER review.	NO
	Does the project include any of the following?		
1.	Is a waiver or exceptions required?		
2.	Will the project costs exceed \$15,000,000.00 (fifteen million dollars.)?		
3.	Is Bulk Oxygen /Medical Gas Storage associated with this project? Examples of Bulk Oxygen /Medical Gas Storage projects include but not limited to the following:		
	a. Hyperbaric Chambers		
	b. Bulk Systems include Nitrous Oxide System and Oxygen System: Definitions as defined below:		
	Bulk Nitrous Oxide System. An assembly of equipment as described in the definition of bulk oxygen system that has a storage capacity of more than 3200 lb (1452 kg) [approximately 28,000 ft ³ (793 m ³) (NTP)] of nitrous oxide. (PIP)ground		
	Bulk Oxygen System* An assembly of equipment such as oxygen storage containers, pressure regulators, pressure relief devices, vaporizers, manifolds, and interconnecting piping that has a storage capacity of more than 20,000 ft ³ (566 m ³) of oxygen (NTP) including unconnected reserves on hand at the site. The bulk oxygen system terminates at the point where oxygen at service pressure first enters the supply line. (PIP)		
4.	Will this project have Locked or Secured Units? Examples of Locked or Secured Units include but not limited to the following;		
	a. Observation Units for behavioral health in ED's.		
	b. Behavioral health located within inpatient settings.		
	c. Nursing Homes or other facilities with Dementia Units that are locked.		
	d. Corrections and Detention Facilities located in Hospitals, Ambulatory Health Care Occupancies and Business Occupancies where healthcare is provided.		
5.	Will this project involve construction of new procedure rooms, new operating rooms, renovations and or alterations to existing procedure rooms and or operating rooms, including modifications made to existing support systems, including, but not limited to heating, cooling, plumbing, electrical systems, medical gas systems, fire detection and fire protection systems, located in hospitals and existing ambulatory surgery centers? Examples, include but not limited to the following.		
	a. Endoscopy Procedure Rooms		
	b. Procedure Rooms		
	c. Operating Rooms		
	d. Interventional Imaging		
	i. Located in procedure rooms		
	ii. Located in operating rooms		
6.	Is this a project requiring construction that is required to comply with New Ambulatory Health Care Occupancies as indicated in Chapter 20 of NFPA 101, 2012 edition requirements? Examples, include but not limited to the following:		
	a. New Ambulatory Surgery Center		
	b. Endoscopy Centers and or Other Procedure Rooms		
	c. Free Standing Emergency Departments providing Definitive Care.		
7.	Is this project intended to provide Ventilator units for patients located in nursing homes?		
8.	Does this project involve Airborne infection isolation (AII) room?		
9.	Does this project involve Protective environment (PE) room?		



GENERAL NOTES

SHEET NOTES

KEY PLAN

**NYC Health + Hospitals,
Elmhurst NICU**
79-01 Broadway, Elmhurst, NY 11373

Gensler

1700 Broadway
Suite 400
New York, NY 10019
United States
Tel 212.492.1400
Fax 212.492.1472

Date	Description
1 06.30.2025	ELMHURST HOSPITAL CENTER_LRA-SERVICE DELIVERY

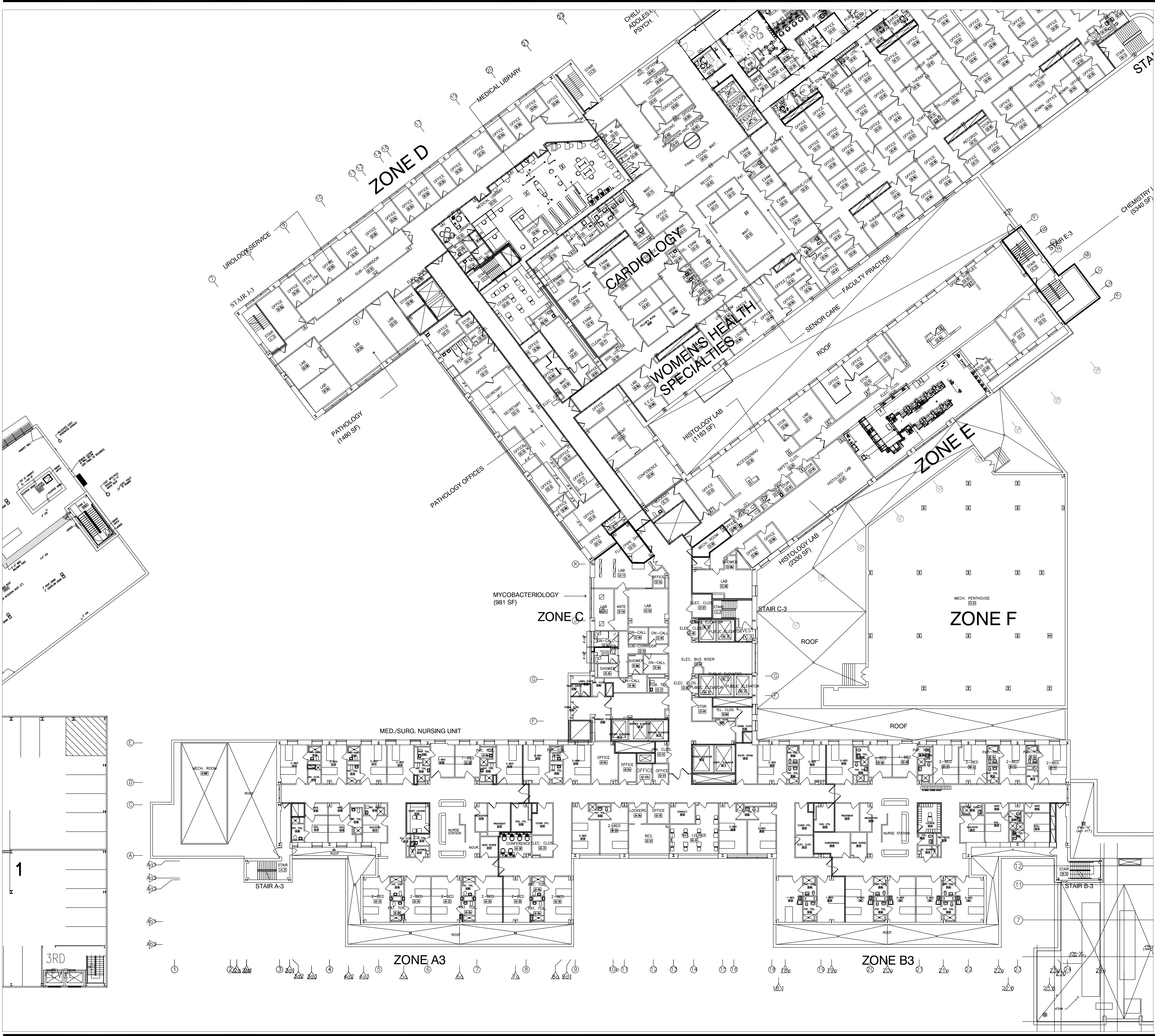
Seal / Signature

Project Name
Project ID 33202111

Project Number
006.4493.000
Description
CONSTRUCTION PLAN - LEVEL 2

Scale
As indicated

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DOH APP #232061



GENERAL NOTES

NYC Health + Hospitals,
Elmhurst NICU
79-01 Broadway, Elmhurst, NY 11373

Gensler

1700 Broadway
Suite 400
New York, NY 10019
United States

Tel 212.492.1400
Fax 212.492.1472

SHEET NOTES

Date	Description
1 06.30.2025	ELMHURST HOSPITAL CENTER, LRA-SERVICE DELIVERY

ELMHURST HOSPITAL CENTER,
LRA-SERVICE DELIVERY

Seal / Signature

Project Name
Project ID 33202111

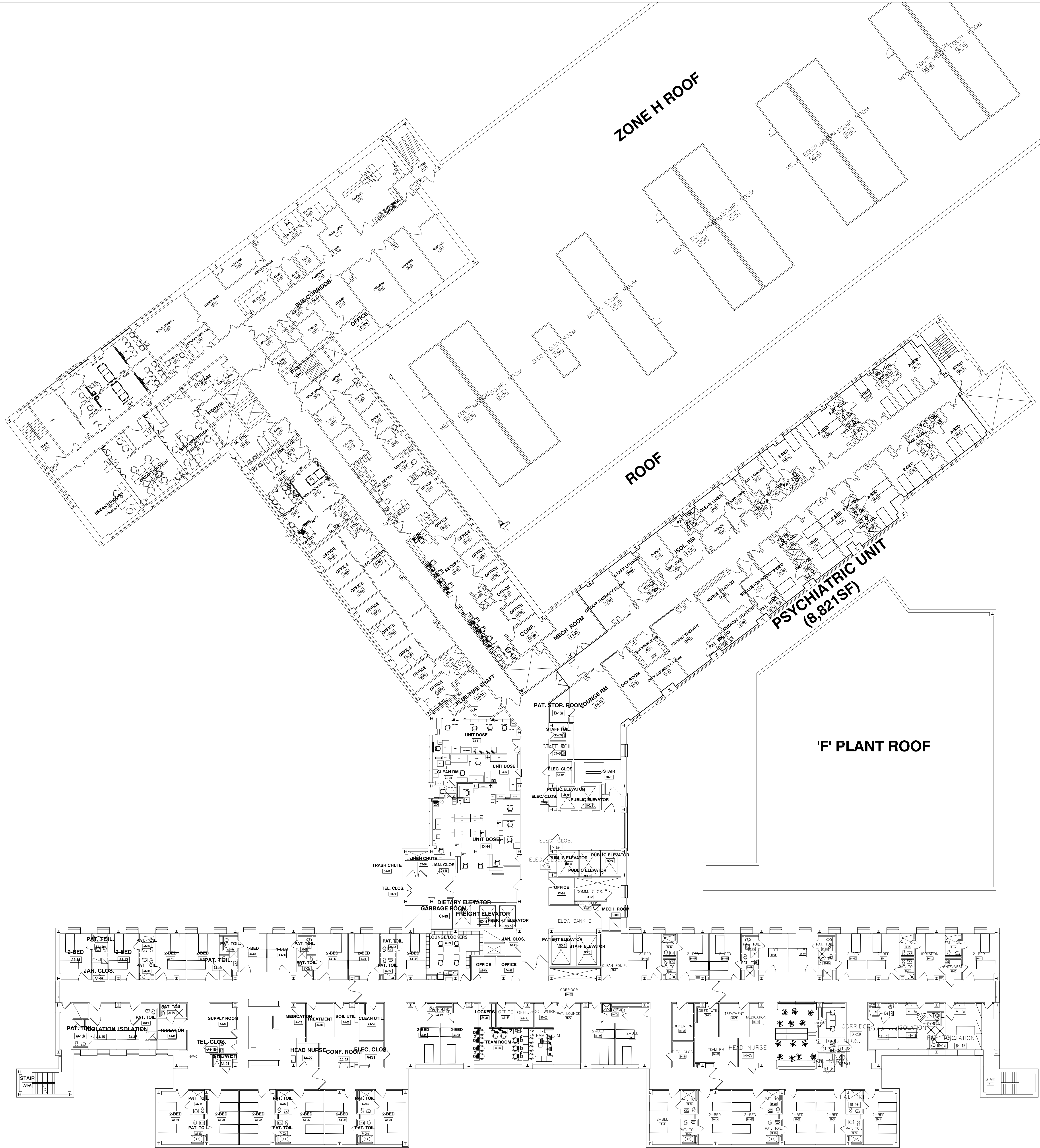
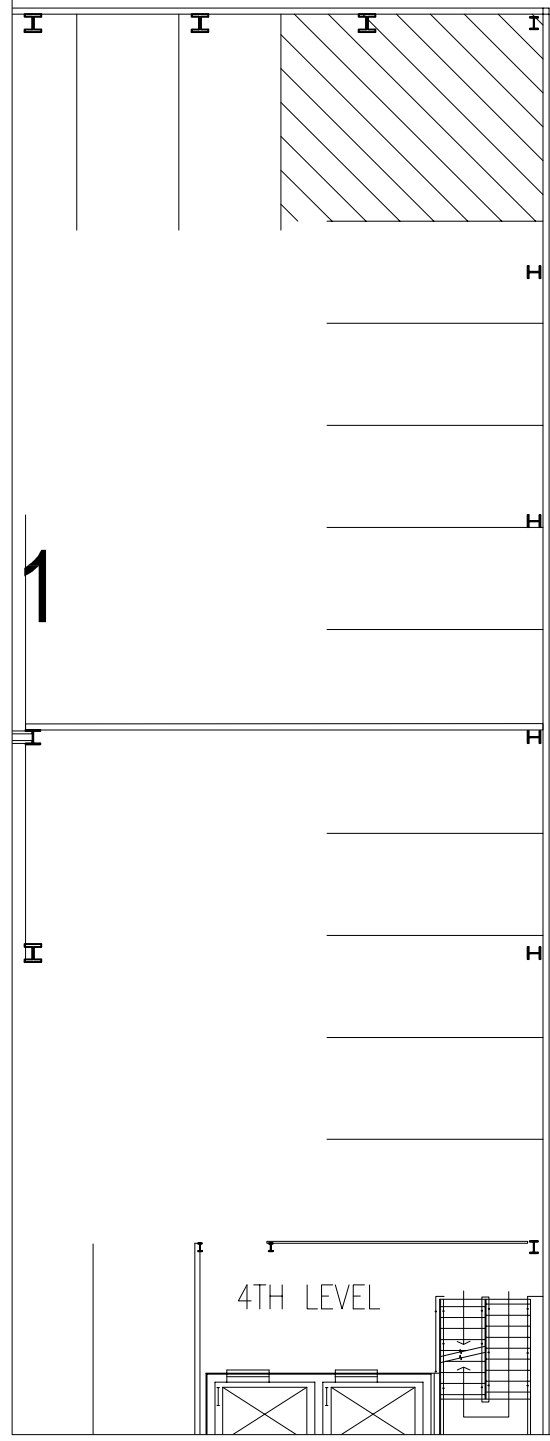
Project Number
006.4493.000

Description
CONSTRUCTION PLAN - LEVEL 3

KEY PLAN

Scale
As indicated

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DOH APP #232061



GENERAL NOTES

SHEET NOTES

KEY PLAN

NYC Health + Hospitals, Elmhurst NICU

79-01 Broadway, Elmhurst, NY 11373

Gensler

1700 Broadway Suite 400 New York, NY 10019 United States Tel 212.492.1400 Fax 212.492.1472

Date	Description
1 06.30.2025	ELMHURST HOSPITAL CENTER_LRA-SERVICE DELIVERY

Seal / Signature

Project Name
Project ID 33202111

Project Number
006.4493.000
Description
CONSTRUCTION PLAN - LEVEL 4

Scale
As indicated

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DOH APP #232061



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GENERAL NOTES

SHEET NOTES

KEY PLAN

NYC Health + Hospitals, Elmhurst NICU
79-01 Broadway, Elmhurst, NY 11373

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Suite 400
New York, NY 10019
United States

Tel 212.492.1400
Fax 212.492.1472

△ Date	Description
1 06.30.2025	ELMHURST HOSPITAL CENTER_LRA-SERVICE DELIVERY

Seal / Signature

Project Name
Project ID 33202111

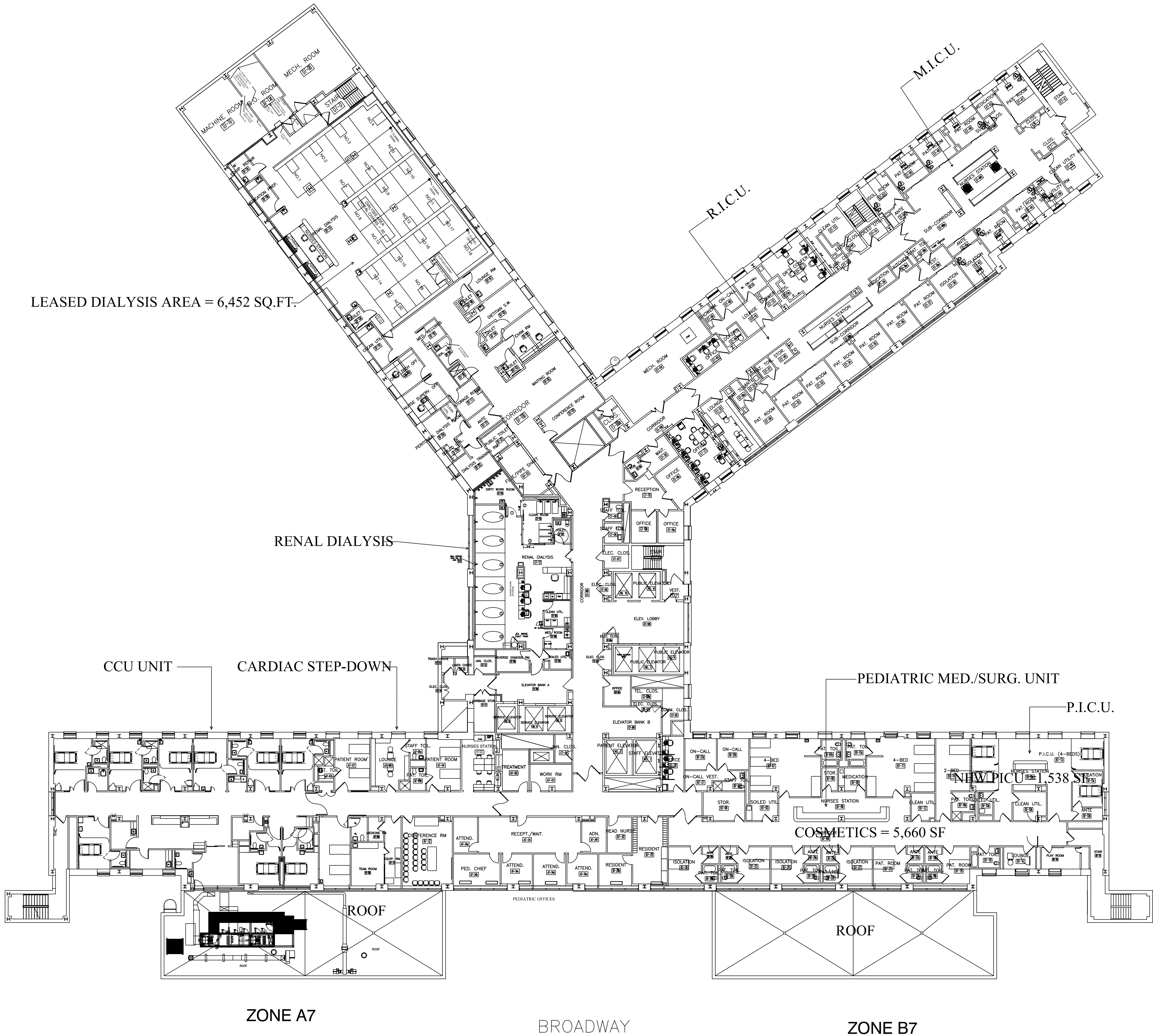
Project Number
006.4493.000

Description
CONSTRUCTION PLAN - LEVEL 6

Scale
As indicated

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DOH APP #232061

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GENERAL NOTES

SHEET NOTES

NYC Health + Hospitals, Elmhurst NICU
79-01 Broadway, Elmhurst, NY 11373

Gensler

1700 Broadway
Suite 400
New York, NY 10019
United States
Tel 212.492.1400
Fax 212.492.1472

Date	Description
1 06.30.2025	ELMHURST HOSPITAL CENTER_LRA-SERVICE DELIVERY

Seal / Signature

Project Name
Project ID 33202111

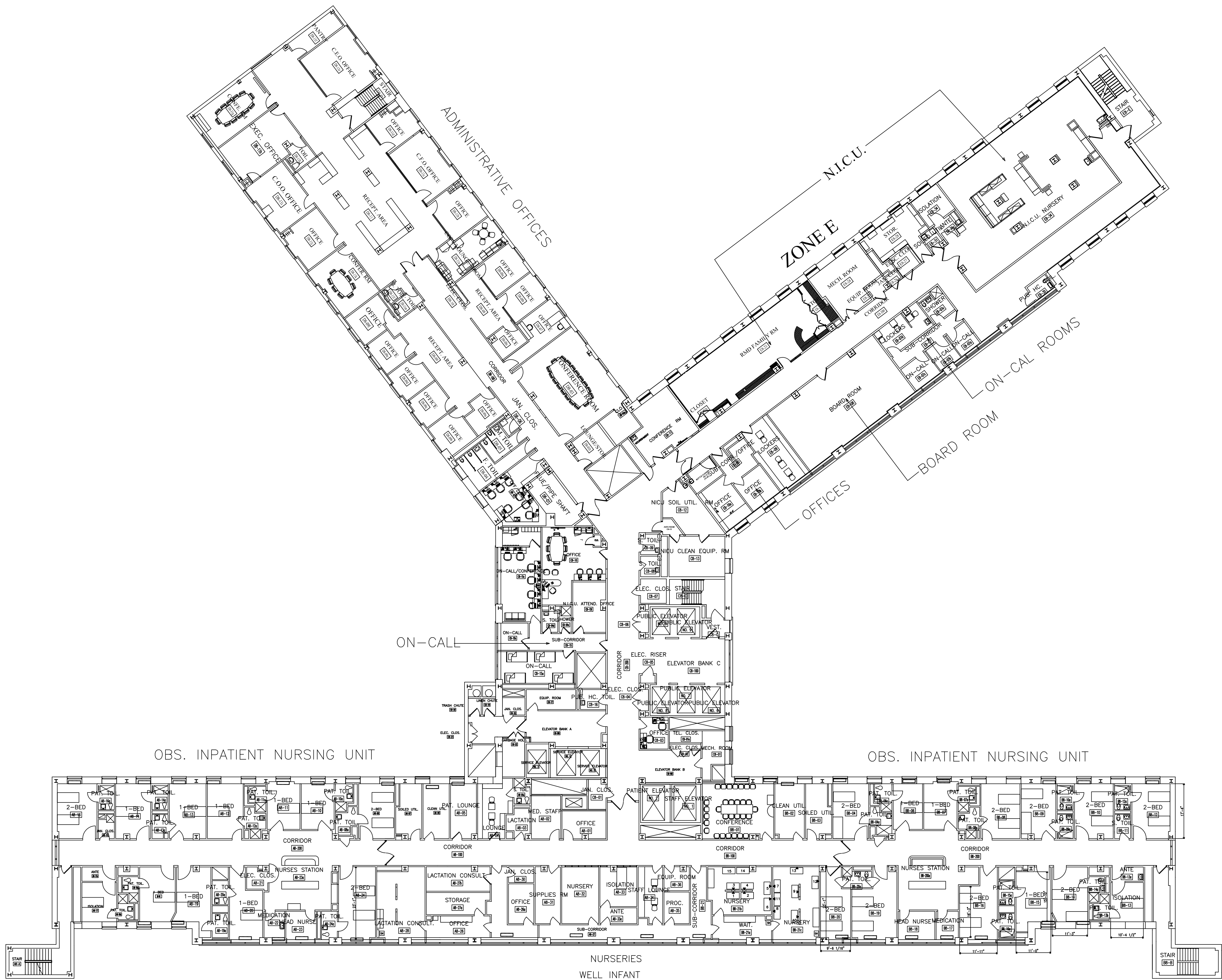
Project Number
006.4493.000

Description
CONSTRUCTION PLAN - LEVEL 7

Scale
As indicated

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DOH APP #232061

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GENERAL NOTES

SHEET NOTES

KEY PLAN

NYC Health + Hospitals, Elmhurst NICU

79-01 Broadway, Elmhurst, NY 11373

Gensler

1700 Broadway
Suite 400
New York, NY 10019
United States

Tel 212.492.1400
Fax 212.492.1472

Date	Description
1 06.30.2025	ELMHURST HOSPITAL CENTER, LRA-SERVICE DELIVERY

Seal / Signature

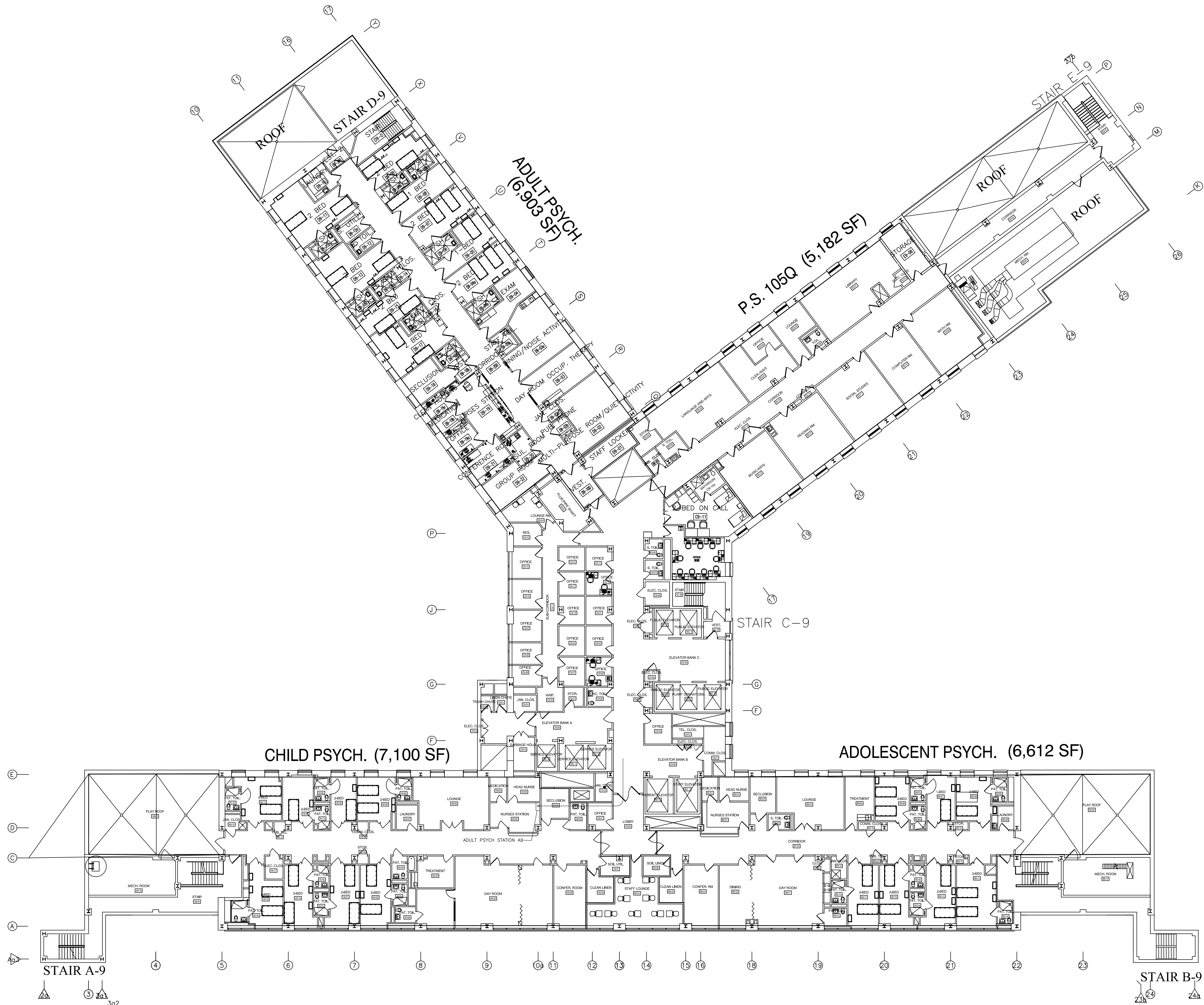
Project Name
Project ID 33202111

Project Number
006.4493.000

Description
CONSTRUCTION PLAN - LEVEL 8

Scale
As indicated

A-108
DOH APP #23061



GENERAL NOTES

SHEET NOTES

KEY PLAN

NYC Health + Hospitals, Elmhurst NICU

79-01 Broadway, Elmhurst, NY 11373

Gensler

1700 Broadway
Suite 400
New York, NY 10019
United States

Tel 212.492.1400
Fax 212.492.1472

Date	Description
1 06.30.2025	ELMHURST HOSPITAL CENTER, LRA-SERVICE DELIVERY

Seal / Signature

Project Name
Project ID 33202111

Project Number
006.4493.000

Description
CONSTRUCTION PLAN - LEVEL 9

Scale
As indicated

A-109
DOH APP #232061

Gensler

△	Date	Description
1	06.30.2025	ELMHURST HOSPITAL CENTER_ LRA-SERVICE DELIVERY

Seal / Signature

Project ID 33202111

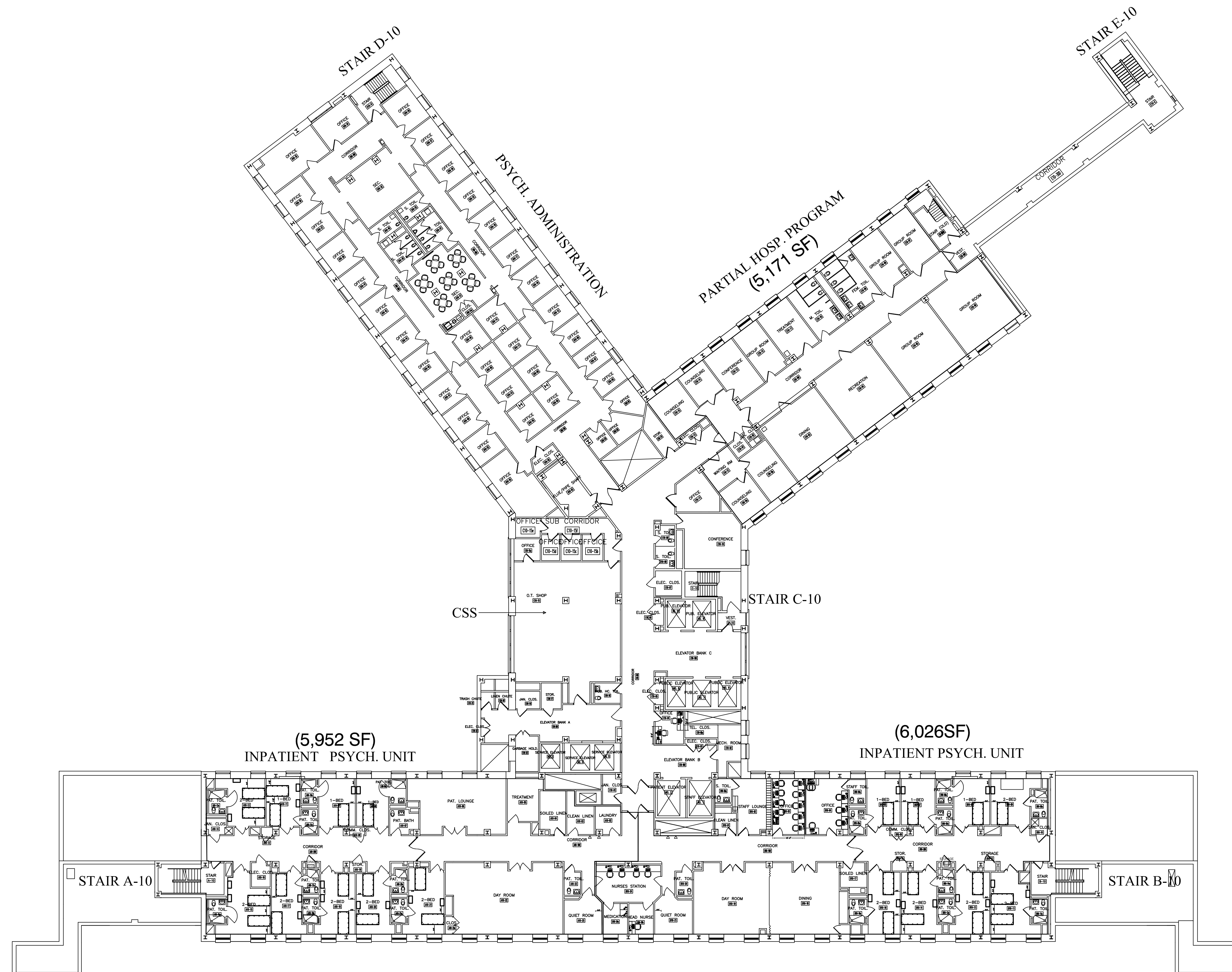
Project Number	006.4493.000
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Description
CONSTRUCTION PLAN - LEVEL 10

Scale
As indicated

A-110
DOH APP #232061

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GENERAL NOTES

SHEET NOTES

KEY PLAN

NYC Health + Hospitals, Elmhurst NICU
79-01 Broadway, Elmhurst, NY 11373

Gensler

1700 Broadway
Suite 400
New York, NY 10019
United States
Tel 212.492.1400
Fax 212.492.1472

△ Date	Description
1 06.30.2025	ELMHURST HOSPITAL CENTER_LRA-SERVICE DELIVERY

Seal / Signature

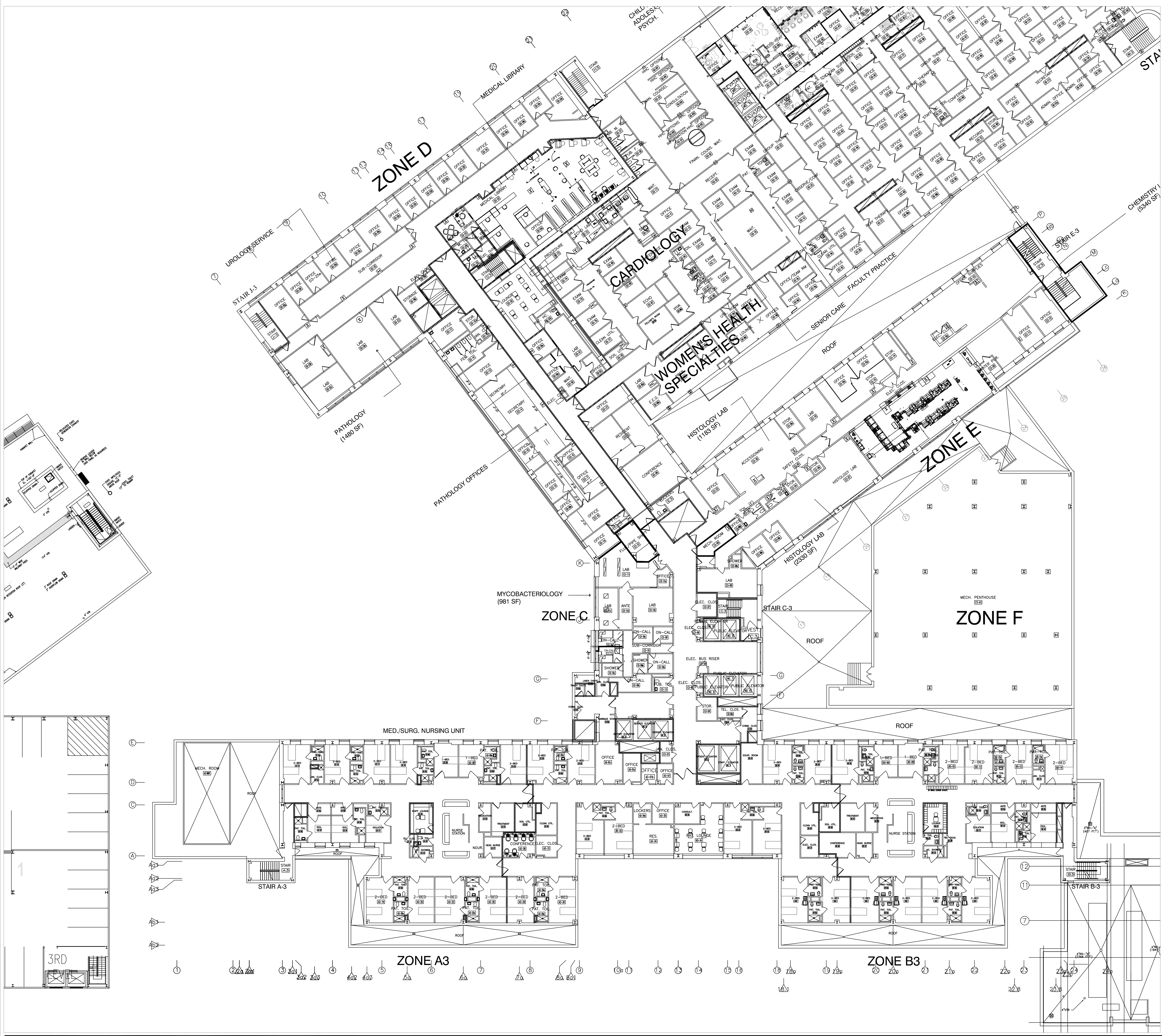
Project Name
Project ID 33202111

Project Number
006.4493.000

Description
CONSTRUCTION PLAN - LEVEL 11

Scale
As indicated

A-111
DOH APP #232061



GENERAL NOTES

NYC Health + Hospitals, Elmhurst NICU

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SHEET NOTES

Date	Description
06.30.2025	ELMHURST HOSPITAL CENTER, LRA-SERVICE DELIVERY

ELMHURST HOSPITAL CENTER,
LRA-SERVICE DELIVERY

Seal / Signature

Project Name
Project ID 33202111

Project Number
006.4493.000

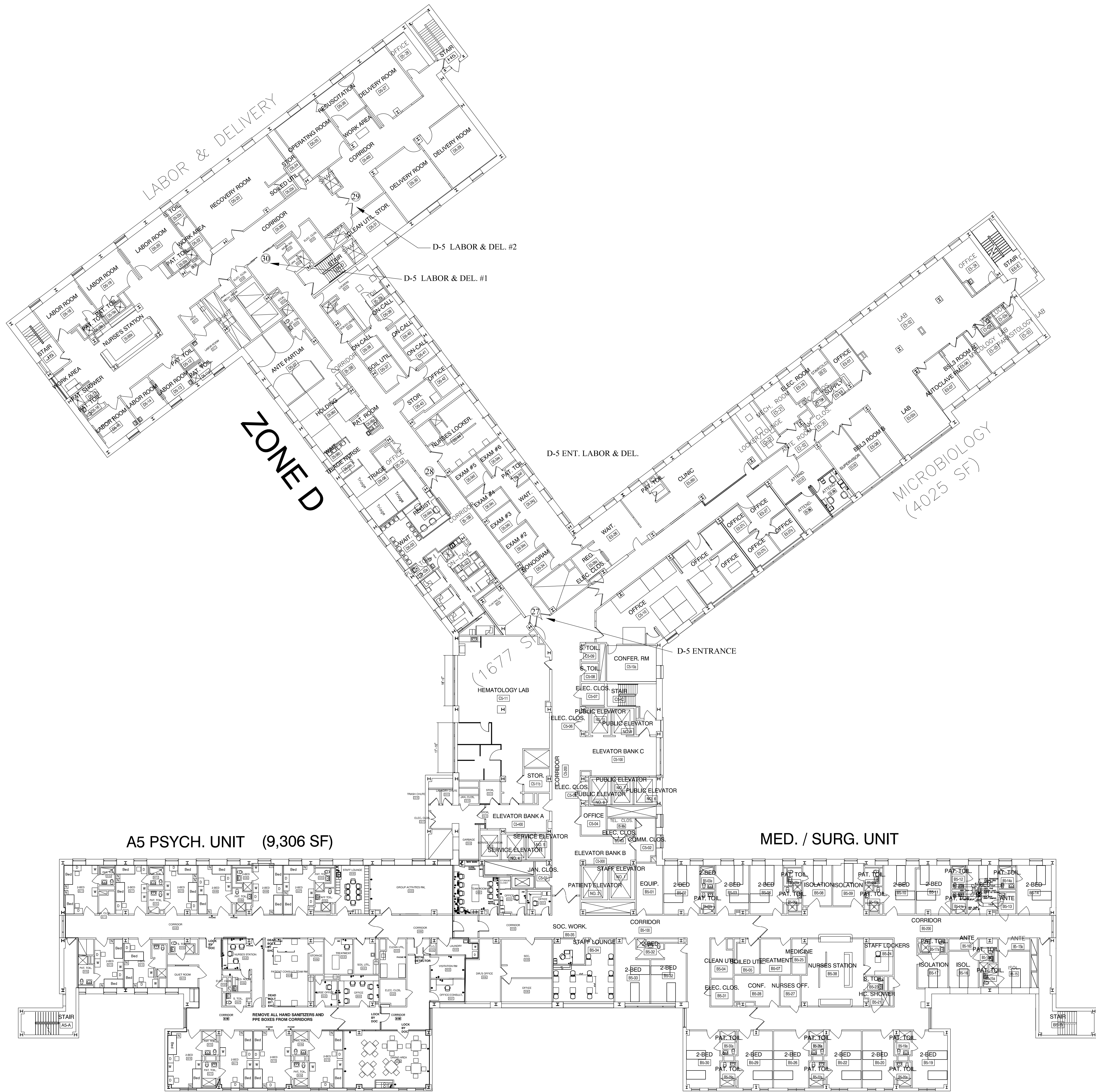
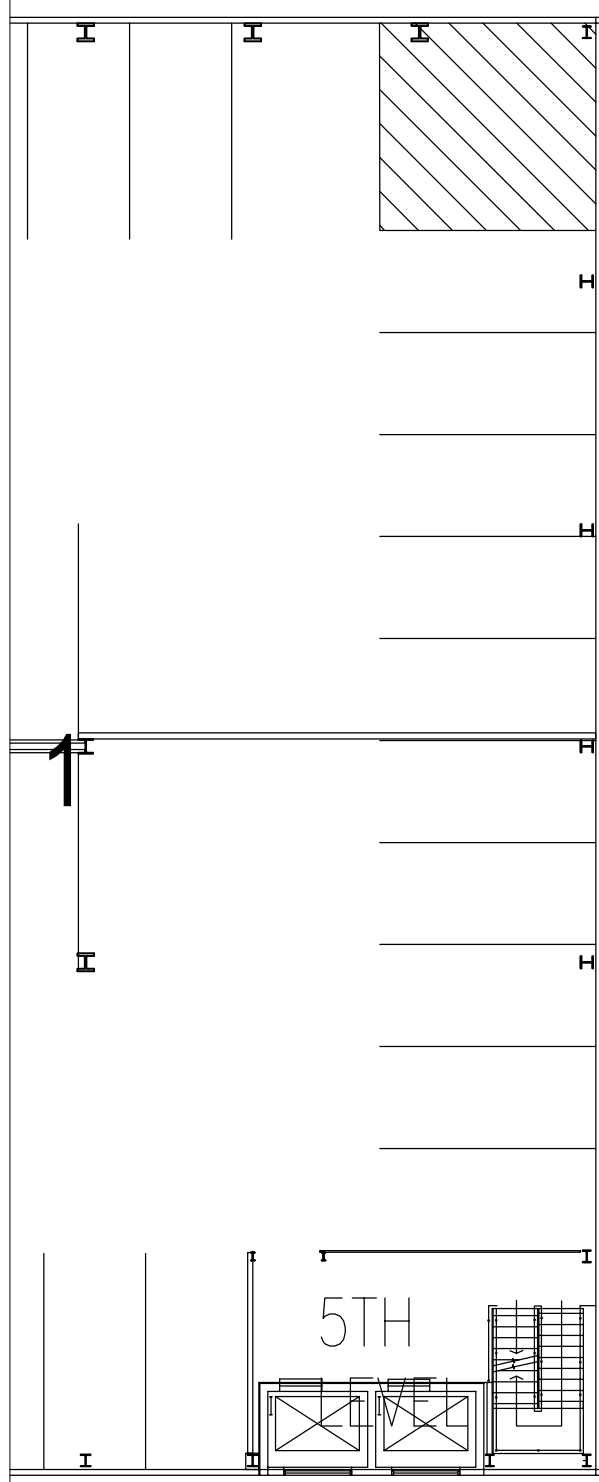
Description
CONSTRUCTION PLAN - LEVEL 3

Scale
As indicated

A-103
DOH APP #232061

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KEY PLAN



BROADWAY

GENERAL NOTES

SHEET NOTES

KEY PLAN

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Date	Description
1 06.30.2025	ELMHURST HOSPITAL CENTER_LRA-SERVICE DELIVERY

Seal / Signature

Project Name
Project ID 33202111

Project Number
006.4493.000
Description
CONSTRUCTION PLAN - LEVEL 5

Scale
As indicated

A-105
DOH APP #232061



BUD

GENERAL NOTES

SHEET NOTES

KEY PLAN

NYC Health + Hospitals, Elmhurst NICU

79-01 Broadway, Elmhurst, NY 11373

Gensler

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Suite 400
New York, NY 10019
United States

Tel 212.492.1400
Fax 212.492.1472

Date	Description
1 06.30.2025	ELMHURST HOSPITAL CENTER_LRA-SERVICE DELIVERY

Seal / Signature

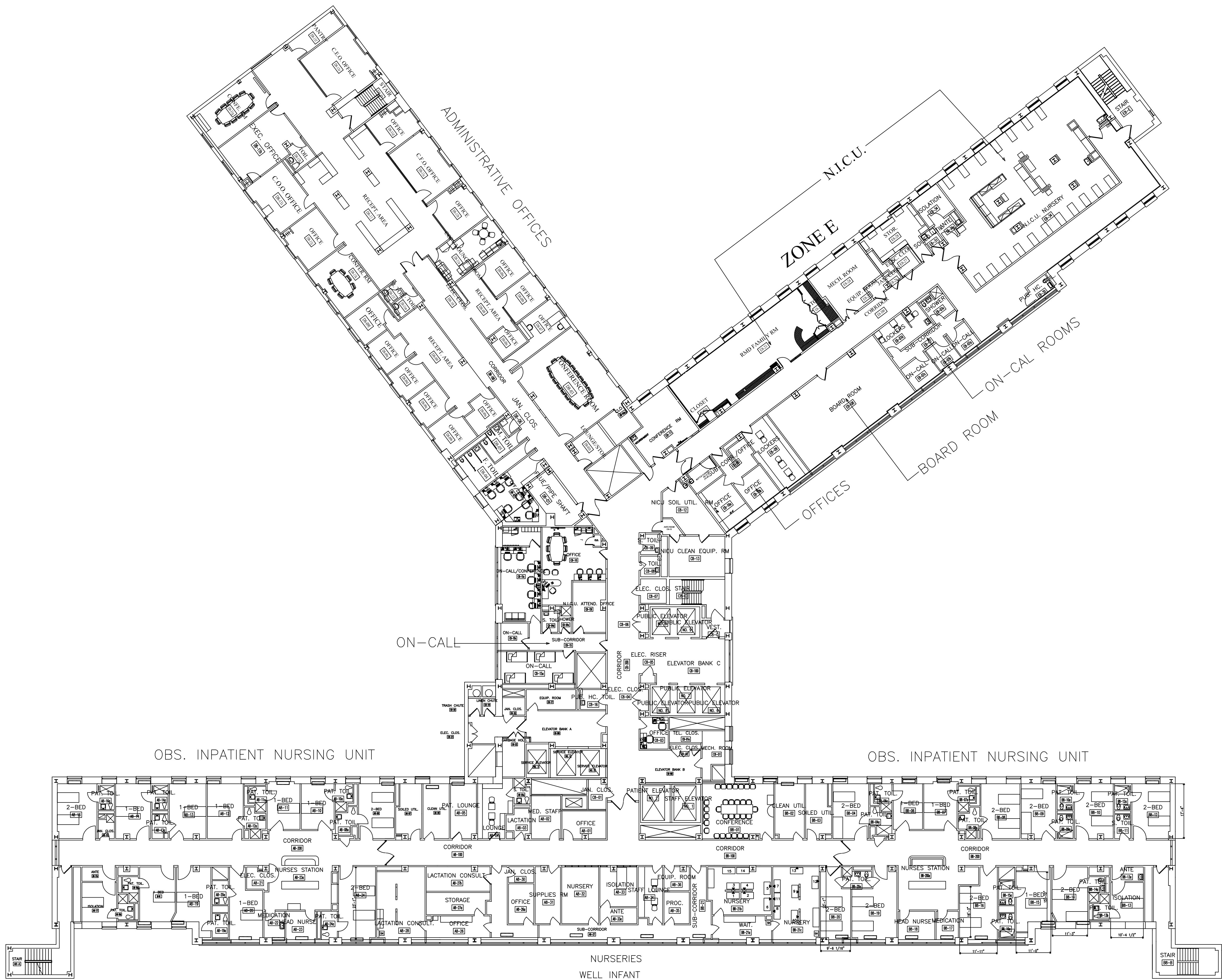
Project Name
Project ID 33202111
Project Number
006.4493.000
Description
CONSTRUCTION PLAN - LEVEL 6

Scale
As indicated

A-106
DOH APP #232061

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GENERAL NOTES

SHEET NOTES

KEY PLAN

NYC Health + Hospitals, Elmhurst NICU
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United States
Tel 212.492.1400
Fax 212.492.1472

Date	Description
1 06.30.2025	ELMHURST HOSPITAL CENTER, LRA-SERVICE DELIVERY

Seal / Signature

Project Name
Project ID 33202111

Project Number
006.4493.000

Description
CONSTRUCTION PLAN - LEVEL 8

Scale
As indicated

A-108
DOH APP #23061

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.

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), prior to any requested changes

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

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

“Proposed” Column: Mark "x" in the boxes corresponding to all the services that will ultimately appear on the OpCert if this CON application is approved.

Category/Authorized Service	Code	Current	Add	Remove	Proposed
Medical/ Surgical	01	<input checked="" type="checkbox"/> 233	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 245
Maternity	05	<input checked="" type="checkbox"/> 44	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 37
Psychiatric	08	<input checked="" type="checkbox"/> 177	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 176
Physical Medicine & Rehabilitation	07	<input checked="" type="checkbox"/> 10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 8
Pediatric	04	<input checked="" type="checkbox"/> 22	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 20
Neonatal Continuing Care	27	<input checked="" type="checkbox"/> 12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 10
Neonatal Intensive Care	28	<input checked="" type="checkbox"/> 9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
Neonatal Intermediate Care	29	<input checked="" type="checkbox"/> 9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the applicant have any previously submitted Certificate of Need (CON) applications that have not been completed involving addition or decertification of beds?

☒ No

☐ Yes (Enter CON numbers to the right)

Limited Review Application

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

Schedule LRA 12

Assurances

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

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

8.18.2023

Date



Signature

Helen Arteaga

Name (Please Type)

Chief Executive Officer

Title (Please Type)