

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. 7004316N	CERTIFIED OPERATOR New Vanderbilt Rehabilitation and Care Center, Inc.	TYPE OF FACILITY RHCf
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OPERATOR ADDRESS – STREET & NUMBER 135 Vanderbilt Avenue		PFI 1752	NAME AND TITLE OF CONTACT PERSON Frank M. Cicero, Cicero Consulting Associates		
CITY Staten Island	COUNTY Richmond	ZIP 10304	STREET AND NUMBER 925 Westchester Avenue, Suite 201		
PROJECT SITE ADDRESS – STREET & NUMBER 135 Vanderbilt Avenue		PFI 1752	CITY White Plains	STATE NY	ZIP 10604
CITY Staten Island	COUNTY Richmond	ZIP 10304	TELEPHONE NUMBER (914) 682-8657	FAX NUMBER (914) 682-8895	
TOTAL PROJECT COST: \$14,000			CONTACT E-MAIL: conadmin@ciceroassociates.com		

SCHEDULE LRA COVER SHEET ATTACHMENT

Health Equity Impact Assessment

Supplemental Information

SUPPLEMENTAL DOCUMENTS

Back-Up Dialysis Agreement **(REDACTED)**

Hospital Transfer Agreement **(REDACTED)**

Dialyze Direct Checklist and Agreement

RN Education and Experience Requirements

Dialyze Direct Operating Certificate

Policies & Procedures **(REDACTED)**

**New York State Department of Health
Health Equity Impact Assessment Requirement Criteria**

Effective June 22, 2023, a Health Equity Impact Assessment (HEIA) will be required as part of Certificate of Need (CON) applications submitted by facilities (Applicant), pursuant to Public Health Law (PHL) § 2802-b and corresponding regulations at Title 10 New York Codes, Rules and Regulations (NYCRR) § 400.26. This form must be used by the Applicant to determine if a HEIA is required as part of a CON application.

Section A. Diagnostic and Treatment Centers (D&TC) - This section should only be completed by D&TCs, all other Applicants continue to Section B.

Table A. NOT APPLICABLE

Diagnostic and Treatment Centers for HEIA Requirement	Yes	No
Is the Diagnostic and Treatment Center's patient population less than 50% patients enrolled in Medicaid and/or uninsured (combined)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Diagnostic and Treatment Center's CON application include a change in controlling person, principal stockholder, or principal member of the facility?	<input type="checkbox"/>	<input type="checkbox"/>

- ***If you checked "no" for both questions in Table A, you do not have to complete Section B - this CON application is considered exempt from the HEIA requirement. This form with the completed Section A is the only HEIA-related document the Applicant will submit with this CON application. Submit this form, with the completed Section A, along with the CON application to acknowledge that a HEIA is not required.***
- ***If you checked "yes" for either question in Table A, proceed to Section B.***

Section B. All Article 28 Facilities

Table B.

Construction or equipment	Yes	No
Is the project minor construction or the purchase of equipment, subject to Limited Review, <u>AND</u> will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours? <i>Per the Limited Review Application Instructions: Pursuant to 10 NYCRR 710.1(c)(5), minor construction projects with a total project cost of less than or equal \$15,000,000 for general hospitals and less than or equal to \$6,000 for all other facilities are eligible for a Limited Review.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Establishment of an operator (new or change in ownership)	Yes	No
Is the project an establishment of a new operator or change in ownership of an existing operator providing services or care, AND will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mergers, consolidations, and creation of, or changes in ownership of, an active parent entity	Yes	No
Is the project a transfer of ownership in the facility that will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Acquisitions	Yes	No
Is the project to purchase a facility that provides a new or similar range of services or care, that will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
All Other Changes to the Operating Certificate	Yes	No
Is the project a request to amend the operating certificate that will result in one or more of the following: a. Elimination of services or care; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours, and/or; d. Change in location of services or care?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Calculate the percentage change from the number of certified/authorized beds and/or certified/authorized services (as indicated on the facility's operating certificate) specific to the category of service or care. For example, if a residential health care facility adds two ventilator-dependent beds and the facility had none previously, this would exceed the 10% threshold. If a hospital removes 5 out of 50 maternity certified/authorized beds, this would meet the 10% threshold.

- **If you checked "yes" for one or more questions in Table B**, the following HEIA documents are required to be completed and submitted along with the CON application:
 - HEIA Requirement Criteria with Section B completed
 - HEIA Conflict-of-Interest
 - HEIA Contract with Independent Entity
 - HEIA Template
 - HEIA Data Tables

- Full version of the CON Application with redactions, to be shared publicly
- *If you checked "no" for all questions in Table B*, this form with the completed Section B is the only HEIA-related document the Applicant will submit with this CON application. Submit this form, with the completed Section B, along with the CON application to acknowledge that a HEIA is not required.

New York State Department of Health

Health Equity Impact Assessment Conflict-of-Interest

This Conflict-of-Interest form must be completed in full, signed by the Independent Entity, and submitted with the Health Equity Impact Assessment.

Section 1 – Definitions

Independent Entity means individual or organization with demonstrated expertise and experience in the study of health equity, anti-racism, and community and stakeholder engagement, and with preferred expertise and experience in the study of health care access or delivery of health care services, able to produce an objective written assessment using a standard format of whether, and if so how, the facility's proposed project will impact access to and delivery of health care services, particularly for members of medically underserved groups.

Conflict of Interest shall mean having a financial interest in the approval of an application or assisting in drafting any part of the application on behalf of the facility, other than the health equity assessment.

Section 2 – Independent Entity

What does it mean for the Independent Entity to have a conflict of interest? For the purpose of the Health Equity Impact Assessment, if one or a combination of the following apply to the Independent Entity, the Independent Entity **HAS** a conflict of interest and must **NOT** perform the Health Equity Impact Assessment:

- The Independent Entity helped compile or write any part of the Certificate of Need (CON) application being submitted for this specific project, other than the Health Equity Impact Assessment (for example, individual(s) hired to compile the Certificate of Need application for the facility's project cannot be the same individual(s) conducting the Health Equity Impact Assessment);
- The Independent Entity has a financial interest in the outcome of this specific project's Certificate of Need application (i.e. individual is a member of the facility's Board of Directors or advisory board); or
- The Independent Entity has accepted or will accept a financial gift or incentive from the Applicant above fair market value for the cost of performing the Health Equity Impact Assessment.

Section 3 – General Information

A. About the Independent Entity

1. Name of Independent Entity: Sachs Policy Group
2. Is the Independent Entity a division/unit/branch/associate of an organization (Y/**N**)?
 If yes, indicate the name of the organization:

3. Is the Independent Entity able to produce an objective written Health Equity Impact Assessment on the facility's proposed project (Y/N)?
4.

Briefly describe the Independent Entity's previous experience working with the Applicant. Has the Independent Entity performed any work for the Applicant in the last 5 years?

N/A

Section 4 – Attestation

I, David Gross (individual name), having personal knowledge and the authority to execute this Conflict of Interest form on behalf of Sachs Policy Group (INDEPENDENT ENTITY), do hereby attest that the Health Equity Impact Assessment for project Nursing Home Hemodialysis (PROJECT NAME) provided for New Vanderbilt Rehabilitation and Care Center, Inc. (APPLICANT) has been conducted in an independent manner and without a conflict of interest as defined in Title 10 NYCRR § 400.26.

I further attest that the information provided by the INDEPENDENT ENTITY in the Health Equity Impact Assessment is true and accurate to the best of my knowledge, and fulfills the intent of the Health Equity Impact Assessment requirement.

Signature of Independent Entity: *David Gross*

Date: 02/07/2024

December 15, 2023

David Hersko, LNHA
Administrator
New Vanderbilt Rehabilitation and Care Center
135 Vanderbilt Avenue
Staten Island, NY 10304

Dear Mr. Hersko,

Jeffrey A. Sachs Associates, Inc. (Sachs Policy Group/SPG) is submitting our proposal for the completion of a Health Equity Impact Assessment (HEIA) related to New Vanderbilt Rehabilitation and Care Center's (New Vanderbilt) Certificate of Need application to replace its hemodialysis vendor and to offer home-based hemodialysis services 5 days per week.

The proposal outlines the key components and processes SPG will use to execute the HEIA, drawing upon the expertise of SPG's consultant team, and individuals with extensive experience in health equity, stakeholder/community engagement, and health policy.

BACKGROUND

Starting June 22, 2023, New York State law (S1451/A191) mandates a HEIA along with certificate of need (CON) applications for Article 28 healthcare facilities. This assessment evaluates if a project affects service access, enhances health equity, and reduces disparities for medically underserved groups, involving meaningful community input and independent analysis. The HEIA requirement ensures that community voices are considered and provides an objective, independent assessment of the anticipated impact of the project on the public health of, service delivery of, or access to hospital and health services for historically medically underserved groups.

New Vanderbilt is a Staten Island-based facility providing 24 hour skilled nursing care, comprehensive rehabilitation and specialized services for those in need of sub-acute post hospital care. New Vanderbilt is in the process of replacing its hemodialysis vendor and also seeks to expand the scope of the hemodialysis services it offers. New Vanderbilt has informed SPG that this project will require the completion of an HEIA to be submitted along its CON application to the New York State Department of Health.

SPG RELEVANT EXPERIENCE

SPG is a New York-based advisory services firm that focuses on the crossroads of public policy, technology, and business and operational strategy for health-related organizations. With our broad and deep knowledge of New York's health sector, evolving health care policy, we create custom strategies for our clients' long-term success. Based on such relationships, we have longstanding relationships

working closely with Article 28 leadership of health care systems, hospitals, nursing homes, FQHCs, ASCs, and Diagnostic and Treatment Centers.

SPG has established a team ready to deliver on the requirements of New York State's HEIA goals of prioritizing health equity and ensuring inclusivity of its community stakeholders. We are equipped to identify and assess the potential impacts of health disparities and health inequities for historically medically underserved groups for a proposed CON and will support in providing New Vanderbilt with a health equity impact plan to strategically mitigate any potential effects to the community.

The HEIA team's bios are included in Appendix A. Resumes can be provided upon request.

SCOPE OF WORK

The following generally outlines the activities necessary to conduct and successfully complete the HEIA as required by DOH. The expected duration of the engagement is four weeks.

1. Comprehensive Review and Analysis

SPG will conduct a comprehensive review of existing health data and epidemiological information within the geographic service areas to identify populations, specifically medically underserved groups impacted by the proposed CON projects. Using descriptive statistics and data visualizations, SPG will efficiently paint a picture of the geographic areas served and its patient profiles. Examples of data may include but are not limited to the following:

- Data provided by New Vanderbilt
- New York City Department of Health
- New York State Department of Health
- Statewide Planning and Research Cooperative System (SPARCS)
- US Census Bureau Data
- Community Health and Community Service Needs Assessments
- Health Facilities Information System (HFIS)
- Health Resources and Services Administration (HRSA) shortage area data
- Area Deprivation Index
- Supplemental claims data as needed/by request
- Publicly available medical literature, grey literature, publications, and reports
- Stakeholder interviews
- Additional sources as identified/available such as RWJ, Kaiser Family Foundation, etc.

2. Meaningful Stakeholder and Community Engagement

SPG will perform meaningful, culturally competent and sensitive engagement to obtain diverse stakeholder and community feedback to help in understanding how the project impacts the unique health needs or quality of life of historically medically underserved group(s) and how it improves access to services and health care. After consultation with New Vanderbilt, SPG will seek to deliver stakeholder

outreach that allows for direct feedback about the facility's proposed project. The types of activities that could be performed include, but are not limited to:

- Engage an expert panel consisting of local health departments, community members, healthcare professionals, local organizations, and public health officials that can review the potential impacts on health equity as described by the project
- Engage with regional and local stakeholder representatives from impacted communities
- Conduct focused discussions, surveys, forums, telephonic/virtual interviews to gather input from the community members
- Solicit written feedback from local government and community members as required by regulation

The final community engagement plan will reflect the needs of the underlying project. In this instance, SPG understands that New Vanderbilt is seeking to expand its services and, until the CON is approved, access to these services will be reduced given the loss of the prior vendor.

3. Health Equity Impact and Mitigation Strategy with Recommendations

SPG will work closely with New Vanderbilt and as needed, key stakeholders including community-based leaders, to design and deliver a health equity impact plan that includes mitigation strategy and recommendations to support programs and interventions that are inclusive and proactive in continuing care for the impacted medically underserved group(s).

SPG will utilize the insights gathered from our research/data, stakeholder and community outreach, and engagements to support the development of the health equity impact plan. This plan will include:

- Evidence based ways to reduce potential negative impacts as a result of the projects
- Mitigation strategy to address any identified disparities will include data-informed interventions, new or expanded collaborations with existing and new health-related organizations, community-based organizations or case management
- Strategies for monitoring and tracking progress using measures and indicators that help measure success for each mitigation strategy identified. Examples of performance measures may include the use of HEDIS measures of quality of care, access to screenings for historically medically underserved groups, time to access care, processes and referrals to partner healthcare organizations and general health outcomes for impacted groups.

4. Support of Delivery of Required HEIA Documents

SPG will organize and summarize findings in a final health equity impact assessment report that supports the completion of the following documents for New Vanderbilt.

- HEIA Template
- HEIA Data Tables
- HEIA Conflict of Interest
- HEIA Contract (Independent Entity and Facility)

The following forms will need to be completed by New Vanderbilt, and SPG will be available to advise in complying with these requirements according to DOH:

- HEIA Requirement Criteria
- Dissemination of Results and Recommendations: Public Posting of Redacted full CON Application and HEIA Online and NYSE-CON System

5. Additional Services Performed During the Course of the Engagement

During the engagement, SPG will monitor the availability of, and offer strategic guidance, regarding any updates in HEIA policy and requirements for New Vanderbilt.

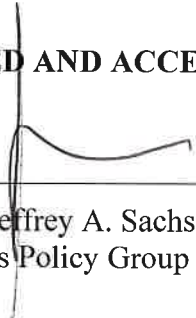
SPG will diligently and voluntarily submit the conflict-of-interest form mandated by NYS DOH for the HEIA's execution as an independent entity, even though it is not strictly obligatory.

PROJECT COST

The project cost of completing the HEIA activities and required documents as required by the New York State Department of Health (DOH) will be \$15,000 – paid in two installments: \$5,000 at the start of the project and \$10,000 upon delivery of the required HEIA documents.

AGREED AND ACCEPTED BY:

By: _____


Dr. Jeffrey A. Sachs, President
Sachs Policy Group

By: David Hersko, LNHA Administrator

12/20/2023

David Hersko

**New York State Department of Health
Health Equity Impact Assessment Template**

Refer to the Instructions for Health Equity Impact Assessment Template for detailed instructions on each section.

SECTION A. SUMMARY

1. Title of project	Nursing Home Hemodialysis
2. Name of Applicant	New Vanderbilt Rehabilitation and Care Center, Inc. (New Vanderbilt)
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	Sachs Policy Group (SPG): Megan Li (Lead Contact) Courtney Burke Davis Gross Leslie Barden
4. Description of the Independent Entity's qualifications	<p>The Health Equity Impact Assessment (HEIA) Team at Sachs Policy Group (SPG) is a diverse and experienced group dedicated to addressing health disparities and promoting equitable access to care. The team comprises experts with extensive backgrounds in health policy, population health, data analysis, community engagement, and anti-racism. They are committed to understanding and improving how social, environmental, and policy factors impact health equity, particularly for historically marginalized communities. The team collaborates with a wide range of health care organizations, government agencies, and communities to provide strategic support with an overarching goal of advancing diversity, equity, and inclusion. Their work encompasses research and evaluation of health programs and initiatives, stakeholder engagement, policy analysis, and development of mitigation and monitoring strategies.</p> <p>In particular, the team has experience analyzing policy proposals that impact medically underserved groups, such as Medicaid programs serving low-income individuals and maternal health initiatives that aim to reduce pre- and post-partum health disparities. They are dedicated to supporting organizations that serve vulnerable populations, including safety net hospitals, community health centers, long-term care organizations, behavioral health providers, child welfare agencies, and providers that support individuals with intellectual and developmental disabilities.</p>

	The SPG HEIA team is deeply passionate about improving the health care delivery system, especially for underserved populations. The team is unwavering in its commitment to promoting equity through rigorous research, insightful consulting, and strategic advisory work.
5. Date the Health Equity Impact Assessment (HEIA) started	1/2/24
6. Date the HEIA concluded	2/7/24

7. Executive summary of project (250 words max)
<p>New Vanderbilt Rehabilitation and Care Center, Inc. (New Vanderbilt) is a 320-bed Residential Health Care Facility located at 135 Vanderbilt Avenue, Staten Island (Richmond County), New York 10304. New Vanderbilt is seeking approval through a Limited Review Application (LRA) to certify the service of “Nursing Home Hemodialysis” to provide on-site home hemodialysis services for residents in one (1) four (4)-station dialysis den that will be operated by an End Stage Renal Dialysis (ESRD) Provider, Dialyze Direct NY, LLC (Dialyze Direct).</p> <p>Dialyze Direct is an existing Article 28 Diagnostic and Treatment (D&TC) Center that is federally certified to provide “Home Hemodialysis Training and Support” and “Nursing Home Hemodialysis” services. Upon approval of the LRA, Dialyze Direct will add New Vanderbilt as an approved Nursing Home Hemodialysis outpatient site to provide hemodialysis exclusively for New Vanderbilt residents who have met pre-determined admission criteria for dialysis. Dialyze Direct will deliver services in a designated dialysis treatment room, i.e. a “dialysis den”, located on the first floor of the New Vanderbilt facility and which has the capacity to treat up to four (4) residents at one time. Residents will receive hemodialysis for five (5) days a week.</p> <p>New Vanderbilt expects the space that will be used for the dialysis den already meets or exceeds architectural code compliance, as New Vanderbilt has previously used this space for a D&TC dialysis center operated by another ESRD provider, Dialysis Clinic, Inc. (DCI) for the past four years. Thus, it is expected that no construction/renovation activities are needed.</p>
8. Executive summary of HEIA findings (500 words max)

New Vanderbilt had previously provided hemodialysis services through Dialysis Clinic, Inc. (DCI), which operated New Vanderbilt Dialysis for four years (from December 2019 to December 2023), as a seven (7)-station outpatient Article 28 D&TC dialysis center located on-site at the New Vanderbilt facility. Due to financial challenges, DCI obtained approval from the New York State Department of Health to close the center, effective December 8, 2023. As a result, New Vanderbilt residents now must travel off-site to outpatient dialysis centers, where they receive conventional in-center hemodialysis three days a week. As of January 2024, 14 residents are receiving dialysis through this modality. The proposed project would allow New Vanderbilt to once again provide on-site dialysis, this time in partnership with Dialyze Direct. In contrast with conventional dialysis, the proposed hemodialysis services provided by Dialyze Direct will be provided more frequently: five (5) days a week vs three (3) days.

This health equity impact assessment describes how the closure of the New Vanderbilt Dialysis center has negatively impacted residents' quality of life and the ability of staff to deliver care, and how the proposed project to provide on-site dialysis treatment is expected to improve care and increase access for current and future residents. The assessment also examines medically underserved populations in need of dialysis and residing in New Vanderbilt's service area.

As part of the stakeholder engagement process, questionnaires with residents and one-on-one interviews with nursing home staff were conducted: residents receiving dialysis are the most impacted group, and the nursing home staff, who coordinate care with the dialysis centers' provider staff, provided additional insight into the clinical challenges and negative outcomes arising from patients having to travel off-site for dialysis. Both staff and residents were highly supportive of the proposal for New Vanderbilt to provide on-site dialysis.

As the proposed on-site nursing home hemodialysis services are only available to current residents and are not available on an outpatient basis, the service area as defined in New Vanderbilt's Certificate of Need application as limited to the nursing home itself. Individuals are admitted to New Vanderbilt based upon a patient review instrument, as well as the capacity of New Vanderbilt to serve the individuals. New Vanderbilt's general admissions policies were not reviewed as part of this assessment.

Data on the nursing home's current dialysis recipients, historical data from the previous New Vanderbilt Dialysis D&TC, as well as medical literature and grey literature were used to assess the project's potential impact on reducing health disparities and increasing health equity for medically underserved groups in need of dialysis.

SECTION B: ASSESSMENT

For all questions in Section B, please include sources, data, and information referenced whenever possible. If the Independent Entity determines a question is not applicable to the project, write N/A and provide justification.

STEP 1 – SCOPING

- 1. Demographics of service area: Complete the “Scoping Table Sheets 1 and 2” in the document “HEIA Data Tables”. Refer to the Instructions for more guidance about what each Scoping Table Sheet requires.**

Please refer to the attached excel table labeled “New Vanderbilt HEIA Scoping table_2.7.24”.

It should be noted that New Vanderbilt’s Certificate of Need (CON) application that correlates with this assessment does not define a service area, as the proposed nursing home hemodialysis services can only be provided to residents of the nursing home and cannot be provided on an outpatient basis. In New York State, placement in skilled nursing facilities (SNFs) such as New Vanderbilt requires that individuals be evaluated with a patient review instrument (PRI) and screened.

- 2. Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:**

- Low-income people
- Racial and ethnic minorities
- Immigrants
- Women
- Lesbian, gay, bisexual, transgender, or other-than-cis-gender people
- People with disabilities
- Older adults
- Persons living with a prevalent infectious disease or condition
- Persons living in rural areas
- People who are eligible for or receive public health benefits
- People who do not have third-party health coverage or have inadequate third-party health coverage
- Other people who are unable to obtain health care
- Not listed (specify)

- 3. For each medically underserved group (identified above), what source of information was used to determine the group would be impacted? What information or data was difficult to access or compile for the completion of the Health Equity Impact Assessment?**

A census report of current nursing home residents, as well as a census report of residents receiving dialysis services was provided by New Vanderbilt. As only individuals who have been admitted to the nursing home are able to receive nursing home hemodialysis services, this population will be most impacted by the project.

Currently, 14 residents are receiving dialysis services; New Vanderbilt provided a January census report that includes information on 13 of these residents, including age groups, genders, comorbidities, health insurance coverage, as well as limited information on race/ethnicity, income, and eligibility for public health benefits. More detailed information on race/ethnicity was not available, and information on immigration status and LGBTQIA+ identity was not provided.

Data on ESRD prevalence and hospitalization rates was obtained from the United States Renal Data System (USRDS) on the following underserved groups:

- Racial and ethnic minorities
- Women
- Older adults
- People living with prevalent infectious disease or condition

Historical dialysis utilization data was obtained from the Centers for Medicare and Medicaid Services (CMS), which collects data reported in the ESRD Quality Reporting System and Medicare claims. Specifically, the CMS Fiscal Year (FY) 2023 Medicare Dialysis Facilities Report (DFR) dataset was used to obtain information on clinical and patient measures on the following underserved groups that received dialysis at the New Vanderbilt Dialysis D&TC center:

- Low-income individuals
- Racial and ethnic minorities
- Women
- Older adults
- People with disabilities
- Persons living with prevalent infectious disease or condition

Furthermore, medical literature and grey literature was used to assess the project's potential impact on reducing health disparities and increasing health equity for underserved groups in need of dialysis. A complete list of these sources is included at the end of the assessment.

4. How does the project impact the unique health needs or quality of life of each medically underserved group (identified above)?

For all medically underserved groups, on-site dialysis services allow for better continuity of care pre-and-post dialysis, as well as more effective communication between nursing home staff and the dialysis provider, allowing them to seamlessly hand off the patient for dialysis or when returning from dialysis. Quality of life for both dialysis residents is improved, as residents do not need to leave the facility for treatment, thus reducing their travel burden

- **People living with prevalent conditions:**
All residents in need of dialysis services have end-stage renal disease

(ESRD) and a number of comorbidities and complications as a result of ESRD. New Vanderbilt's current dialysis residents have comorbidities including diabetes mellitus, hypertension, congestive heart failure, chronic obstructive pulmonary disease (COPD), hyperlipidemia, neuropathy, and Hepatitis C. Several dialysis residents have dementia or serious mental illness.

The proposal to provide hemodialysis services more frequently on-site would improve the quality of life for current and potential residents in need of these services.

Currently, New Vanderbilt dialysis residents are transported via either ambulance or ambulette services, depending on their specific needs, to outpatient dialysis centers, where they receive conventional in-center dialysis services three days a week. While these dialysis centers are located within a few miles radius of the New Vanderbilt nursing home (as detailed in table 3) due to traffic conditions, inclement weather, and service ambulance/ambulette delays, residents often experience significant travel burden as a result of long waits and long commutes.

As a result of having to wait for the ambulance/ambulette pick-up, the commute itself, and the dialysis session (typically between 3-4 hours), residents may experience up to 10 hours per day for dialysis. One New Vanderbilt certified nursing assistant described patients who would be picked up at the nursing home at 4:30 in the morning to be transported to the outside dialysis center and not return until 2:00 in the afternoon. These long days are exhausting for residents, who may be experiencing pain from their chronic conditions, and can also disrupt sleep schedules. Nursing staff indicated that medication and feeding schedules may also be disrupted as a result of residents having to travel off-site; patients are unable have their medications administered during their typical times if they are still off-site, and if the residents are tube-feeding, they will not be able to have fluids administered on time. Additionally, long delays can cause anxiety for dialysis recipients' family members, as they may be unsure of their loved one's exact location during long or delayed transits. Such delays can also interfere with family members' visiting plans.

Although the majority of New Vanderbilt's dialysis patients are long-term residents, there are ESRD patients who are admitted for short-term stays at the nursing home in order to receive subacute rehabilitation therapy after an acute hospitalization. Although these patients may only stay for several months before they have recovered enough to return home, they are still in need of dialysis services during their stay. New Vanderbilt's Director of Social Services noted that these residents are often exhausted after being transported to the outside dialysis centers to the point where they are unable or unwilling to participate in rehabilitation activities on

dialysis days, thus prolonging their time of rehabilitation and delaying their return home. Furthermore, these individuals who are transitioning out of hospitals are accustomed to receiving dialysis on-site at the hospital and prefer nursing homes where they can continue to receive on-site dialysis services. By helping to successfully rehabilitate these patients, New Vanderbilt would free up capacity to admit more patients, including those in need of dialysis services. New Vanderbilt administrators indicated that local hospitals, including Richmond University Medical Center, have expressed interest in transitioning patients to New Vanderbilt if they would be able to access on-site hemodialysis.

The experiences of New Vanderbilt residents reflect those of the greater hemodialysis population. A large international study of nearly 21,000 dialysis patients showed that longer travel time is associated with greater adjusted relative risk of death, and that health-related quality of life measures (including those related to physical functioning, mental health, social functioning, better sleep quality, etc.) are significantly lower for individuals with longer travel times compared with those traveling 15 minutes or less (Moist et al., 2008).

If New Vanderbilt were able to provide hemodialysis services on-site, both short-term and long-term residents would simply be escorted downstairs to the dialysis den, without the need to deal with transportation logistics and travel time and the resulting fatigue.

Although transportation issues clearly impact the quality of life for residents, the proposed project also would increase the frequency of dialysis treatment, which is expected to positively affect patient outcomes and quality of life. Patients with ESRD and who are dependent on chronic hemodialysis for survival often experience a prolonged, debilitating period of post-dialysis downtime and recovery following dialysis (Bellin et al., 2022, p. 425). Prolonged recovery time can hinder patients from performing daily activities and has been found to be associated with depression symptoms and comorbidities (Elsayed et al., 2022). Studies have indicated that for the ESRD population receiving conventional dialysis three times a week, dialysis recovery time is inversely correlated with multiple quality of life and physical symptom measures (Bellin et al., 2022).

Increased frequency of dialysis not only is associated with better quality of life but also has been shown to correlate with improved laboratory results, as demonstrated in studies focusing on daily hemodialysis (5-7 days per week). Randomized controlled trials have found that compared to conventional dialysis conducted three times a week, more frequent dialysis treatments resulted in improved fluid management and reduced hospitalization rates and decreased mortality (Bellin et al., 2022).

Studies have shown that switching to daily treatment results in a significant reduction in post-dialysis recovery time. A study of patients receiving more frequent dialysis, conducted in skilled nursing facilities, showed outcomes of more than 90% of patients experienced post-dialysis recovery periods of less than 2 hours. By comparison, other studies have indicated that only between 21-61% of patients with conventional treatment schedules have recovery periods of less than 2 hours (Bellin et al., 2022).

Both long-term and short-term New Vanderbilt dialysis residents would benefit from more rapid recovery periods. In particular, for short-term residents, a prolonged recovery time is a potential barrier to successful rehabilitation.

- **People with disabilities:**

- New Vanderbilt has a 40-ventilator unit. For residents who are dependent on a ventilator and are in need of dialysis services, New Vanderbilt must currently rely on ambulance services with advanced life support to transport them to outside dialysis centers. Such ambulance services routinely experience delays, as a result of having to transport other patients experiencing medical emergencies. One New Vanderbilt LPN estimated that ambulances could be delayed on average between 30-45 minutes but could take even longer.

The long dialysis days are especially problematic for residents on ventilators. When dialysis services are able to be provided on-site, the nursing home respiratory staff (therapists, physicians, nurses) are able to coordinate more closely with the ESRD provider staff. The ESRD nurses and technicians can focus on delivering the dialysis services, whereas the respiratory staff are able to deliver respiratory interventions if needed.

Although New Vanderbilt respiratory therapists are able to travel with their patients to the outside dialysis centers, if there are certain hemodynamic changes, the outside dialysis center may send the patient to the hospital for interventions. However, such hemodynamic or metabolic changes could have been easily addressed by the patient's regular renal or pulmonary physician at the nursing home. When New Vanderbilt residents were easily able to access the hemodialysis services at the on-site D&TC, therapists were able to deliver on-site interventions or alert the on-site physicians to deliver the intervention within minutes, thus avoiding unnecessary hospitalizations.

Furthermore, when dialysis services are provided off-site, there is not as seamless a process with the conveying of clinical information from the dialysis provider to the nursing home staff. On-site respiratory staff are

more able to effectively observe, and monitor patients receiving dialysis services on-site, allowing for them to make adjustments for future dialysis sessions.

One example provided by the Respiratory Director illustrates the benefits of being able to provide dialysis services on-site: A patient, who had a tracheostomy collar after a stroke, was in need of dialysis services. During the first dialysis session, the patient's respiratory status changed and became compromised. New Vanderbilt respiratory staff were able to successfully apply a ventilator and make necessary adjustments. Subsequently, the patient only needed ventilator services while receiving dialysis and did not since experience any hospitalizations.

- **Older adults:** Chronic kidney disease (CKD) is more common in individuals aged 65 years or older; 33% of individuals in this age group have CKD compared to only 6% of individuals aged 18-44 (NIDDK).

Six (6) of New Vanderbilt's current dialysis residents are over the age of 65, and the majority are over the age of 60. The long days resulting from having to travel off-site to receive dialysis services are especially excruciating for residents who are frail elderly and who may be incontinent, have bedsores, and/or in need of wound care. For such residents who are traveling to the outside dialysis centers, care for their conditions may not be rendered until they return to the facility, meaning that they may not have been toileted or had their dressings changed for hours. Although their dialysis intervention will result in better renal outcomes, such patients may experience clinical consequences in other areas. For example, if a resident's wound becomes necrotic as a result of not being able to be dressed earlier, antibiotic therapies would need to be introduced.

During the COVID-19 pandemic, in-center dialysis facilities experienced COVID-19 outbreaks among patients, physicians, and nursing staff. Dialysis patients' inability to quarantine due to frequent trips to dialysis centers, involving interactions with transportation personnel, increased viral spread, and studies showed that infection rates in dialysis centers were twice those of in-home dialysis patients (Tofighi et al, 2021).

- **Women:** Although CKD is slightly more common in women than men (14% of women vs 12% of men), men are 1.6 times more likely to develop ESRD than women (NIDDK). In the dialysis population, women are more likely to experience impaired quality of life. They are also more at risk for hospitalizations and are more likely to withdraw from dialysis than men (Tong et al., 2022). Three (3) of New Vanderbilt's current 14 dialysis residents are women. They are expected to benefit from the proposed on-site dialysis services, as not only will these services be more accessible for all residents in need of them, but these dialysis treatments will be conducted more frequently, which has been shown to improve quality of life. Daily hemodialysis, in comparison to conventional dialysis provided

three (3) times a week, can help to reduce post-dialysis symptoms such as nausea, cramping, and fatigue, and which may help to reduce the likelihood of withdrawing from dialysis (National Kidney Foundation).

- **Racial and ethnic minorities:** Four (4) of New Vanderbilt’s current 14 dialysis residents are Black and at least one (1) resident is Hispanic; the count of other residents’ racial/ethnic demographic groups was not provided in the census report.

Black, Hispanic/Latino, and Native American individuals have the highest risks of developing ESRD. According to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), compared to white populations, ESRD incidence is four times higher in the Black population; more than two times higher for Hispanic/Latino populations; and approximately 1.4 times higher for Asian populations. Diseases that cause ESRD, such as diabetes and hypertension, are more prevalent among Black patients (Nzerue et al., 2002). For example, as shown in table 1 below, 18% of ESRD patients with diabetes in Staten Island are Black, while Black individuals only make up 10% of the total county population. Despite this, Black and Hispanic communities are still less likely to be treated with home hemodialysis (Rizzolo et al., 2022). Black and Hispanic patients are also more likely to experience inadequate patient-centered education on dialysis modality.

The proposed project would help to ensure that residents from racial and ethnic backgrounds who are more likely to have ESRD can more easily access dialysis services and also receive culturally responsive, patient-centered education that empowers them to self-manage their health.

Table 1: Diabetes Prevalence in ESRD Patients by Racial/Ethnic Group

Racial/Ethnic Group	Prevalent Count of ESRD patients with diabetes	Percentage of Total ESRD Patients with Diabetes	Proportion of Racial/Ethnic Group of Total Population in Staten Island
Non-Hispanic White	205	52%	66%
Non-Hispanic Black	71	18%	10%
Hispanic (any race)	65	17%	19%
Non-Hispanic Asian	45	11%	11%
Other	7	2%	12%
Total	393	100%	

Data Sources: ESRD Prevalence: United States Renal Data System (USRDS) National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) ESRD Prevalence Count
 Staten Island Racial/Ethnicity demographics: United States Census Bureau American Community Survey (ACS) 2022 ACS 5-Year Estimates

- **Low-income individuals:** Although the New Vanderbilt census report did not indicate residents’ income levels, out of the 14 current dialysis residents, at least 12 residents have Medicaid coverage (alone or in combination with Medicare),

which can be used as a proxy measure for income. Although Medicaid covers non-emergency medical transportation, the Department of Health (DOH) contracts with a transportation broker to manage scheduling and to conduct utilization review and other administrative functions. Brokers are incentivized to provide the most cost-effective means of transportation, even if this is not the dialysis patient's preferred transportation provider (National Academy of Sciences). The project's proposal option provide on-site hemodialysis services would help to eliminate the need for transportation altogether.

- **Immigrants:** New Vanderbilt did not provide information on dialysis residents' immigration statuses; however, based on resident questionnaires, it was determined that at least two residents identified as immigrants. Staff interviews indicated that most dialysis residents are proficient in English, and that Language Line phone interpreter services are used if needed.

Based off ACS data, approximately 25% of Staten Island residents are immigrants. The largest immigrant group are individuals from Asia (comprising approximately 39% of all immigrants), with more than half indicating that they have limited English proficiency. Among all immigrants, more than 40% indicated that they have limited English proficiency. Given that there is a large, growing immigrant population in Staten Island, New Vanderbilt may expect to admit more residents from these backgrounds. To better serve the unique health needs of this population and to address their barriers to care, including limited English proficiency and a lack of health literacy, New Vanderbilt and its dialysis provider partner (Dialyze Direct) may collaborate to provide culturally competent care, including the recruitment of direct care staff from similar immigration backgrounds, developing training programs to increase cultural awareness for both nursing home and dialysis provider staff, and to provide both written and oral language assistance during the entire dialysis process, include for both pre- and post-dialysis.

- **LGBTQIA+ individuals:** New Vanderbilt did not provide information on dialysis residents' identified orientations. However, this population faces distinct health challenges, including an increased prevalence of mental health and substance abuse issues, barriers to reproductive health care and gender-affirming care, increased risk for HIV (which is a comorbidity for chronic kidney disease), and discrimination from health care providers. If New Vanderbilt already does not already have in place best practices or policies pertaining to the care for this population, they may develop an education and training program for staff that incorporates concepts such as the use of gender-inclusive language. Additionally, patient dialysis education should incorporate the specific considerations of this population; for example, informing patients if medications (such as pre-exposure prophylaxis) or gender-affirming hormones may have impact on their kidney care.

- **People who are eligible for public benefits:** New Vanderbilt did not provide information on dialysis resident’s eligibility for public benefits. New Vanderbilt has social workers to help coordinate with dialysis providers and to provide dialysis residents’ social services. Utilization of hemodialysis for this population is not expected to be impacted as a result of the project.

5. To what extent do the medically underserved groups (identified above) currently use the service(s) or care impacted by or as a result of the project? To what extent are the medically underserved groups (identified above) expected to use the service(s) or care impacted by or as a result of the project?

Table 2 below shows the number and percentage of New Vanderbilt residents, in each medically underserved group, currently in need of dialysis services. Although there are 14 residents currently receiving dialysis, a census report of only 13 of these residents was provided by New Vanderbilt. The number and percentage of individuals from each group is also provided for the broader Staten Island community.

Table 2: Census of Medically Underserved Groups in New Vanderbilt and Staten Island

Medically Underserved Group	New Vanderbilt Residents currently receiving dialysis (for which data is available)	Staten Island
Low-income residents* (Based off Medicaid coverage, alone or in combination)	92% (N=12)*	22% (N=108,903)
Racial and ethnic minorities	Non-Hispanic Black: 31% (N=4)**	Non-Hispanic Black: 10% (N=48,670)
Women	23% (N=3)	51% (N=251,142)
Older Adults (over the age of 65)	46% (N=6)	17% (N=81,753)
People with Disabilities	100% (N=13)	10% (N= 50,548)
People living with a prevalent condition	ESRD: 100% (N=13)	ESRD: (N=1,196)
Immigrants	Unknown (N ≥ 2)	25% (N=122,426)
People eligible for public health benefits	Unknown	Food stamps/SNAP benefits: 12% of households (N=21,017 households) Supplemental Security Income (SSI): 6% of households (N=14,080, 3,402 for aged, and 10,678 for blind and disabled)

LGBTQIA+	Unknown	4.5% for those older than 65% (translates to approximately 4900 individuals) (BRFSS, 2020)
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*According to the CMS Fiscal Year (FY) 2023 Medicare Dialysis Facilities Report (DFR), historically, New Vanderbilt Dialysis (with DCI) had served approximately 20-24 dialysis between 2020-2021.

**According to the CMS FY 2023 DFR, historically, approximately 20-25% of New Vanderbilt Dialysis center’s prevalent patients were Hispanic, 40-60% were white, and 30% were Black, between 2020-2021.

All residents would be expected to continue to receive dialysis services if they were provided in-house and on-site, as opposed to having to travel off-site to outside dialysis centers. As a result of the project, residents would receive more frequent dialysis treatments on-site; it is expected that residents would receive dialysis services five (5) times a week, in comparison to their current dialysis schedules of three (3) times a week for conventional in-center hemodialysis.

New Vanderbilt’s Respiratory Director also noted that if New Vanderbilt were to be able to provide on-site dialysis services, the nursing home may have capacity to admit more individuals in need of dialysis services, particularly individuals recovering from hospitalizations and in need of short-term rehabilitation. Furthermore, New Vanderbilt already has the infrastructure of an existing space that can be used as a dialysis den to accommodate more dialysis patients.

6. What is the availability of similar services or care at other facilities in or near the Applicant’s service area?

Table 3 below lists the 11 facilities in Staten Island that provide hemodialysis services. The first four facilities are only authorized to provide nursing home bedside hemodialysis services, and the remaining 7 facilities are authorized to provide outpatient hemodialysis services in an Article 28 Diagnostic and Treatment Center setting. A map of these facilities is also provided below.

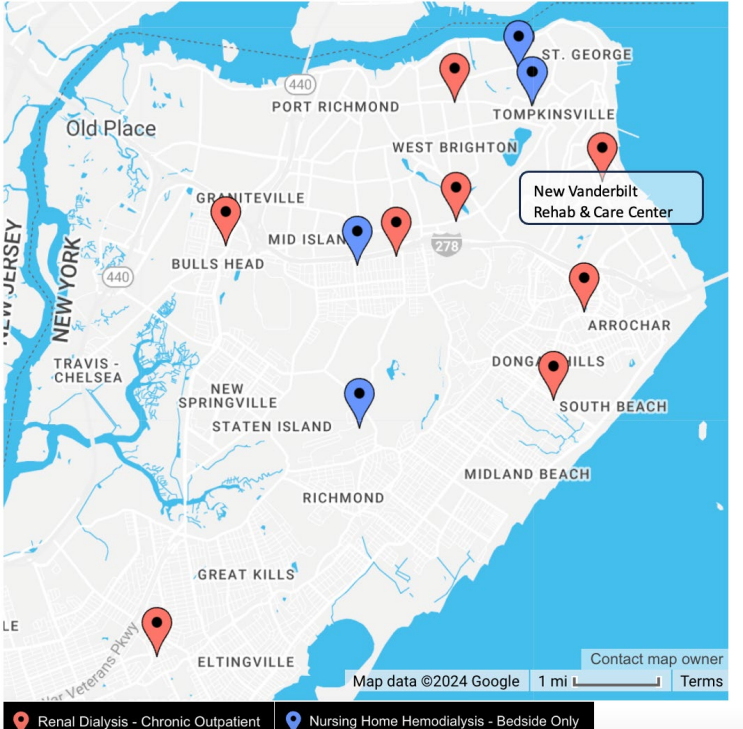
Table 3: Hemodialysis Providers in Staten Island

Facility Name	Facility Type	Renal Dialysis Services	Processing Stations	Other Dialysis Services	Distance From New Vanderbilt (miles)
Eger Health Care and Rehabilitation Center	Residential Health Care Facility - SNF	Nursing Home Hemodialysis - Bedside Only	N/A		4.1 miles
Silver Lake Specialized Rehabilitation and Care Center	Residential Health Care Facility - SNF	Nursing Home Hemodialysis - Bedside Only	N/A		1.2 miles
Staten Island Care Center	Residential Health Care Facility - SNF	Nursing Home Hemodialysis - Bedside Only	N/A		1.6 miles

Facility Name	Facility Type	Renal Dialysis Services	Processing Stations	Other Dialysis Services	Distance From New Vanderbilt (miles)
Golden Gate Rehabilitation & Health Care Center	Residential Health Care Facility - SNF	Nursing Home Hemodialysis - Bedside Only	N/A		3.1 miles
Island Rehabilitative Services	Diagnostic and Treatment Center	Renal Dialysis - Chronic Outpatient	23	Home Hemodialysis Training and Support, Home Peritoneal Dialysis Training and Support	2.6 miles
Richmond Kidney Center	Diagnostic and Treatment Center Extension Clinic	Renal Dialysis - Chronic Outpatient	23		1.8 miles
Carol Molinaro DCI Dialysis Center	Diagnostic and Treatment Center Extension Clinic	Renal Dialysis - Chronic Outpatient	22	Home Hemodialysis Training and Support	2.0 miles
Cloves Lakes Health Care & Rehab Center	Diagnostic and Treatment Center Extension Clinic	Renal Dialysis - Chronic Outpatient	8		2.6 miles
Staten Island Artificial Kidney Center	Diagnostic and Treatment Center	Renal Dialysis - Chronic Outpatient	26	Home Peritoneal Dialysis Training and Support	4.5 miles
Staten Island Dialysis Center	Diagnostic and Treatment Center Extension Clinic	Renal Dialysis - Chronic Outpatient	18	Home Hemodialysis Training and Support, Home Peritoneal Dialysis Training and Support	
Staten Island South Dialysis	Diagnostic and Treatment Center Extension Clinic	Renal Dialysis - Chronic Outpatient	16		1.6 miles

Source: New York State Department of Health, Health Facility Certification Information (accessed January 2024): https://health.data.ny.gov/Health/Health-Facility-Certification-Information/2q9y-7kqm/about_data

Figure 1. Map of Hemodialysis Providers in Staten Island



7. What are the historical and projected market shares of providers offering similar services or care in the Applicant's service area?

In 2023, there were a total of 143 dialysis stations available in Staten Island, across all providers who offer hemodialysis services on an outpatient basis, including New Vanderbilt, who had been certified to provide 7 dialysis stations during its engagement with DCI. New Vanderbilt's historical market share was thus 5% of the total stations.

The above table 3 shows the number of dialysis stations currently available in each of the facilities offering home hemodialysis services in Staten Island. A total of 136 dialysis stations are available; New Vanderbilt's proposal to provide four (4) dialysis stations would mean that it would approximately make up 3% of the market share, and the other dialysis providers would experience reductions of less than 1% in market share. Furthermore, New Vanderbilt's nursing home hemodialysis services would only be available for its residents; as such, individuals in the community in need of outpatient dialysis could only continue to receive dialysis services from the other dialysis providers and would not be able to receive dialysis treatment at New Vanderbilt. New Vanderbilt's proposal to provide nursing home hemodialysis could also help free up capacity at other dialysis providers as well.

Currently, residents who need dialysis services are traveling to the following outpatient dialysis centers listed in table 4 below:

Table 4: Outpatient Dialysis Centers used By New Vanderbilt Residents

Dialysis Center	Number of New Vanderbilt Residents receiving dialysis***
DCI Staten Island Artificial Kidney Center	2 residents
Carol Molinaro DCI Dialysis Center	6 residents
Davita Staten Island Dialysis Center	3 residents
Richmond Kidney Center	1 resident
Island Rehabilitative Services	1 resident

*** data for 1 resident was not provided

As it is likely that no single outpatient dialysis center has the capacity for 14 additional patients, New Vanderbilt has to coordinate the logistics of patient travel to five different outpatient centers, adding yet another layer of complexity as well as burden for the staff for the dialysis process.

8. Summarize the performance of the Applicant in meeting its obligations, if any, under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations requiring the provision of uncompensated care, community services, and/or access by minorities and people with

disabilities to programs receiving federal financial assistance. Will these obligations be affected by implementation of the project? If yes, please describe.

N/A

- 9. Are there any physician and professional staffing issues related to the project or any anticipated staffing issues that might result from implementation of project? If yes, please describe.**

There are no anticipated staffing issues resulting from the implementation of the project. New Vanderbilt plans on contracting with Dialyze Direct, who will employ the RNs and technicians to provide the dialysis services.

- 10. Are there any civil rights access complaints against the Applicant? If yes, please describe.**

No civil rights access complaints have been filed against the applicant.

- 11. Has the Applicant undertaken similar projects/work in the last five years? If yes, describe the outcomes and how medically underserved group(s) were impacted as a result of the project. Explain why the applicant requires another investment in a similar project after recent investments in the past.** From December 2019 to December 2023, New Vanderbilt provided hemodialysis services for its residents by partnering with Dialysis Clinic, Inc. (DCI), a certified ESRD provider, to operate a 7-station outpatient Article 28 Diagnostic and Treatment Center dialysis center located in a dedicated space on-site at the nursing home. All Medically underserved groups identified in Step 1 Question 2 benefitted from reduced transportation burdens of not having to travel to off-site dialysis centers for their maintenance dialysis treatments.

In December 2023, because of financial reasons, DCI had to close the center at New Vanderbilt, resulting in residents requiring dialysis services to travel off-site to outside dialysis clinics. As New Vanderbilt already has the existing space that can be used for the dialysis den, the nursing home does not expect to have to make any capital investments to reconfigure the space.

STEP 2 – POTENTIAL IMPACTS

- 1. For each medically underserved group identified in Step 1 Question 2, describe how the project will:**
 - a. Improve access to services and health care**
 - b. Improve health equity**
 - c. Reduce health disparities**

The Advancing American Kidney Health initiative, which was launched by Executive Order in 2019 with the aim of transforming kidney care, includes the goal to improve access to and quality of person-centered treatment options, including home hemodialysis. The initiative aims to reduce morbidity and mortality from ESRD, and to help individuals with kidney failure to receive the treatment that best aligns with their needs and preferences. Furthermore, the initiative sets a lofty goal of having 80% of new ESRD patients in 2025 receiving dialysis in the home or receiving a transplant.

In alignment with this initiative, New Vanderbilt proposes to provide on-site nursing home hemodialysis for residents. As discussed extensively in Step 1 Question 4, for all medically underserved groups, access to dialysis services will be greatly improved by eliminating issues with transportation logistics and unreliable transportation methods, as well as eliminating challenges with scheduling at the off-site outpatient dialysis provider. The ability for nursing home staff and dialysis provider staff to both be on-site enables smoother and faster communication between them, leading to more seamless coordination and continuity of care pre- and post-dialysis.

Additionally, the project proposes to use a more frequent hemodialysis service schedule, where residents will dialyze at least five times a week, in contrast to conventional in-center dialysis (where residents are dialyzed three times a week), which has been shown to result in quicker recovery periods and reductions in hospitalizations and mortality, as described in the answer to step 1 question 4.

There are persistent health disparities in kidney care access, treatment and outcomes for medically underserved groups. Table 5 below shows differences in the hospitalization rates for hemodialysis patients, based upon their race/ethnicity and gender. For example, non-Hispanic Black patients experience greater hospitalization admission rates compared to their non-Hispanic white counterparts. The ESRD prevalence of non-Hispanic black individuals is disproportionate to the proportion of non-Hispanic black individuals as a share of the overall populations; although Black residents only make up 10% of the Staten Island population, they make up 26% of the prevalent ESRD cases in Staten Island.

The proposed project aims to address by disparities by removing barriers for access and providing a treatment modality that results in improved and more equitable clinical outcomes. These are extensively detailed for each group in Step 1 Question 4.

Table 5: ESRD Hospitalization Rate Among Hemodialysis Patients in Staten Island (2020)

Group	Admission Rate (Per PY)	Hospitalized Days Rate (per PY)	Prevalence Count	Hospitalized Days
Non-Hispanic White (both sexes)	1.6	11.3	313	2091
Non-Hispanic Black (both sexes)	1.7	13	192	1243
Hispanic (all races, both sexes)	1.4	7.4	114	306
Non-Hispanic Asian	1.0	5	94	160
Female (all races/ethnicities)	2.0	13.3	289	1787
Male (all races/ethnicities)	1.2	8.9	275	2023

- 2. For each medically underserved group identified in Step 1 Question 2, describe any unintended positive and/or negative impacts to health equity that might occur as a result of the project.**

The project proposes to provide more frequent dialysis treatment. While studies indicate that more frequent dialysis treatment results in better clinical outcomes, more frequent dialysis may also lead to some risk. Infections are a leading cause of morbidity and mortality in hemodialysis patients and some studies show increased risk of infectious mortality as a result of daily hemodialysis (Weinhandl et al., 2012). One study showed that Staph infection rates were highest among non-Hispanic Black and Hispanic or Latino hemodialysis patients (Rah et al., 2023). Studies have also shown that women have higher rates of hospitalization for access infections than did men. Generally, Black patients, as compared with White or Hispanic patients, had higher rates of hospitalization for vascular access infections (NIDDK USRDS).

- 3. How will the amount of indigent care, both free and below cost, change (if at all) if the project is implemented? Include the current amount of indigent care, both free and below cost, provided by the Applicant.**

N/A

4. Describe the access by public or private transportation, including Applicant-sponsored transportation services, to the Applicant's service(s) or care if the project is implemented.

The proposed project to provide in-center nursing home dialysis services would reduce the need for clients to travel to off-site dialysis centers. Currently, residents needing dialysis services are transported via ambulette and ambulance providers. Residents on ventilators must use ambulance services with ALS life support to travel to the dialysis centers.

The need for outside transport can considerably lengthen the day for dialysis patients. Wait times, especially for ambulances, can exceed 40 minutes. In-home dialysis services would allow patients to be directly escorted to and from the dialysis center, without the need to even leave the facility, thus completely eliminating transportation delays and commutes.

5. Describe the extent to which implementation of the project will reduce architectural barriers for people with mobility impairments.

Implementation of the project will help to reduce barriers for individuals with mobility impairments. Residents in wheelchairs or in need of ventilators currently must travel to receive dialysis at off-site outpatient dialysis centers, via ambulette and ambulances, respectively. If these services were provided on-site, residents could simply be escorted to the dialysis den located in the same building as where they reside.

As the proposed dialysis services will be provided in a space that had already been approved as an Article 28 D&TC center, it is expected that that this space already is in compliance of the architectural requirements of a dialysis den and is able to accommodate individuals with mobility impairments.

6. Describe how implementation of the project will impact the facility's delivery of maternal health care services and comprehensive reproductive health care services, as that term is used in Public Health Law § 2599-aa, including contraception, sterility procedures, and abortion. How will the project impact the availability and provision of reproductive and maternal health care services in the service area? How will the Applicant mitigate any potential disruptions in service availability?

N/A

Meaningful Engagement

7. List the local health department(s) located within the service area that will be impacted by the project.

The NYC Department of Health and Mental Hygiene (DOHMH) is the local health department.

8. Did the local health department(s) provide information for, or partner with, the Independent Entity for the HEIA of this project?

The Independent Entity reached out to NYC DOHMH for information and engagement but has not yet heard back.

9. Meaningful engagement of stakeholders: Complete the “Meaningful Engagement” table in the document titled “HEIA Data Table”. Refer to the Instructions for more guidance.

See attached.

10. Based on your findings and expertise, which stakeholders are most affected by the project? Has any group(s) representing these stakeholders expressed concern the project or offered relevant input?

Based on the stakeholder engagement activities, the stakeholders most affected by the project are long-term residents currently receiving dialysis services, short-term residents who are temporarily rehabilitating at New Vanderbilt, and facility staff. Currently, residents (both long-term and short-term) must travel to off-site dialysis centers to receive hemodialysis, which is more disruptive to their continuum of care than if they were able to receive dialysis on-site. Both staff and residents have attested to the convenience of on-site dialysis services, and staff have indicated that on-site dialysis sites would also decrease the likelihood of infection (such as with COVID-19).

On-site dialysis services also foster more effective communication between nursing home staff and the dialysis providers, as there are more barriers to direct communication when the dialysis providers are off-site.

11. How has the Independent Entity’s engagement of community members informed the Health Equity Impact Assessment about who will benefit as well as who will be burdened from the project?

Interviews with residents and current staff revealed that both staff and residents expect to benefit from the project. Staff indicated that it was easier to coordinate care between the nursing home staff and the dialysis provider staff when they were both on-site at the same location. New Vanderbilt staff are not expected to be burdened by the project, and in fact, expect the project to help streamline care delivery.

Four of the fourteen residents currently receiving dialysis services were interviewed. These residents had previously received hemodialysis treatment on-

site through DCI, and are currently traveling off-site for treatment. Two of the residents expressed that they had been “very satisfied” with their on-site care through DCI, in comparison to feeling merely “satisfied” with their current experiences at outside dialysis centers, and a third resident expressed that they had been both “very satisfied” with their on-site care through DCI as well as their current off-site dialysis treatment.

However, one resident did express their dissatisfaction with the on-site services and expressed their strong preference for their off-site dialysis provider, citing that they preferred the workers at the outside dialysis provider and that their medication regimen at the old New Vanderbilt Dialysis center had made them sick. Thus, there may be residents who could be burdened by the project if they prefer their experiences at the off-site dialysis centers.

12. Did any relevant stakeholders, especially those considered medically underserved, not participate in the meaningful engagement portion of the Health Equity Impact Assessment? If so, list.

The stakeholders most impacted by the project are current residents in need of dialysis services. Approximately 30% of the current residents (four of fourteen residents) were interviewed for their thoughts and concerns on the proposed project for on-site dialysis services. Each of these residents belonged to multiple medically underserved groups.

However, dialysis recipients’ families were not interviewed as part of the meaningful engagement portion. The perspective of family members, and their insights, feedback, and concerns of families could have helped to inform the development of the assessment. In interviews with staff, it was communicated that families are more reassured when their family members do not need to travel for their dialysis treatments. Dialysis recipients are often frail elderly, and those who are dependent on ventilator are even more vulnerable; as such, their families are understandably concerned about their family member having to be transported three times a week. Furthermore, transportation delays may mean that families are not entirely sure of the location of their family member at any given time.

STEP 3 – MITIGATION

1. **If the project is implemented, how does the Applicant plan to foster effective communication about the resulting impact(s) to service or care availability to the following:**
 - a. **People of limited English-speaking ability**
 - b. **People with speech, hearing or visual impairments**
 - c. **If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?**

It is advised that the New Vanderbilt marketing team work develop a

communication plan that will provide a roadmap on how to reach out to current residents and their families, as well as potential residents, about the proposed service changes, and which leverages existing processes to communicate with residents. This communication plan should include a needs assessment to identify current dialysis residents with limited English-speaking ability and residents with speech, hearing, or visual impairment, as well as residents who may not have the capacity to make medical decisions, such as those with dementia.

For residents with limited English-speaking ability, New Vanderbilt typically uses Language Line phone interpreter services. Even when New Vanderbilt staff are bilingual in a resident's language, Language Line is used first. In-person interpreter services may also be used.

For residents with speech, hearing or visual impairments, New Vanderbilt may provide auxiliary aids, services, or reasonable accommodations such as:

- Qualified American Sign Language (ASL) interpreters
- Written materials, including those with large-print or Braille
- Computer-aided transcription services
- Telephone amplifiers
- Assisted listening devices
- Captioning services
- Screen readers

For residents with dementia, New Vanderbilt can communicate with the family, such as through a letter.

During project implementation, New Vanderbilt staff should coordinate closely with dialysis provider staff to provide ongoing dialysis patient education and supports for residents.

2. What specific changes are suggested so the project better meets the needs of each medically underserved group (identified above)?

To meet the needs of each medically underserved group, it is recommended that New Vanderbilt develop and conduct ongoing quarterly patient satisfaction questionnaires, to be administered by nursing staff, to better understand residents' specific experiences receiving on-site hemodialysis services.

Although surveyed residents were largely enthusiastic about the proposed project and indicated their preference for on-site dialysis treatment, one resident expressed their dissatisfaction with their previous experience of receiving on-site dialysis services with DCI at New Vanderbilt. Although this resident disliked waiting on transportation to outside dialysis centers, they still preferred the

outside dialysis centers as their experiences with the DCI providers had been negative. This resident belonged to a number of medically underserved groups.

All findings of the questionnaires should be reported to the nursing home clinical leadership and administrators to develop a quality improvement plan to be shared with the dialysis provider partner. This plan might include some specific action steps, such as ensuring that staff are retrained in culturally sensitive care.

New Vanderbilt may also consider continuing to offer all of its residents needing dialysis, or at least the current resident who prefers the off-site service provider, the option to continue off-site dialysis treatment if is their preference to do so. Short-term rehabilitation patients may also prefer to go to off-site outpatient dialysis centers, as they will no longer be able to access the nursing home hemodialysis services after they have been discharged from New Vanderbilt after successfully completing rehabilitation and returning home.

3. How can the Applicant engage and consult impacted stakeholders on forthcoming changes to the project?

Although staff were enthusiastic about the proposed project, they also indicated that they did not have much knowledge about it. New Vanderbilt leadership can leverage its typical communication channels to convey the proposal to staff and how it may impact them. Furthermore, staff should be given an outlet to provide feedback on how project implementation may be improved. For example, staff interviews with direct care providers provided insight into both the positive feedback and concerns of residents. For example, one LPN discussed that current patients who travel to off-site dialysis centers are given a bag lunch; however, when dialysis treatment had been provided on-site, residents had not been allowed to eat in the dialysis den, with no clear reason given, and were frequently quite hungry after a dialysis session. Such feedback can be used to improve patients' care experiences if the project were to be implemented.

4. How does the project address systemic barriers to equitable access to services or care? If it does not, how can the project be modified?

As part of a 2019 Executive Order on Advancing American Kidney Health, home dialysis services were explicitly highlighted as being able to improve quality of life and care for patients, and instructed the development of payment models that would incentivize greater use of home dialysis, particularly those for underserved groups (Exec. Order No. 13879, 2019). The project to provide an on-site dialysis den will improve access for New Vanderbilt residents to dialysis services by removing transportation barriers intrinsic to conventional in-center dialysis treatment.

Furthermore, the project helps to increase New Vanderbilt's capacity to accept more patients in need of dialysis services, by helping to ensure that short-term

residents are able to successfully complete their rehabilitation programs more rapidly.

STEP 4 – MONITORING

- 1. What are existing mechanisms and measures the Applicant already has in place that can be leveraged to monitor the potential impacts of the project?**

All Medicare-certified dialysis facilities in the United States use CROWNWeb, a CMS-mandated data collection system, to securely report administrative and clinical data to CMS. Since its release, CROWNWeb has served as a data source for various CMS initiatives that have measured the quality of care provided by dialysis facilities¹. As New Vanderbilt must already track outcomes data, this can be used to monitor the clinical impacts of the proposed project.

- 2. What new mechanisms or measures can be created or put in place by the Applicant to ensure that the Applicant addresses the findings of the HEIA?**

The Applicant should use its existing quality improvement/assurance systems to monitor the reintroduction of on-site dialysis services, and particularly to monitor resident and staff satisfaction with those services.

STEP 5 – DISSEMINATION

The Applicant is required to publicly post the CON application and the HEIA on its website within one week of acknowledgement by the Department. The Department will also publicly post the CON application and the HEIA through NYSE-CON within one week of the filing.

OPTIONAL: Is there anything else you would like to add about the health equity impact of this project that is not found in the above answers? (250 words max)

¹ <https://mycrownweb.org/in-the-know-how-dialysis-facilities-report-patient-data/>

----- SECTION BELOW TO BE COMPLETED BY THE APPLICANT -----

SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN

Acknowledgment by the Applicant that the Health Equity Impact Assessment was reviewed by the facility leadership before submission to the Department. This section is to be completed by the Applicant, not the Independent Entity.

I. Acknowledgement

I, (APPLICANT), attest that I have reviewed the Health Equity Impact Assessment for the (PROJECT TITLE) that has been prepared by the Independent Entity, (NAME OF INDEPENDENT ENTITY).

Name

Title

Signature

Date

II. Mitigation Plan

If the project is approved, how has or will the Applicant mitigate any potential negative impacts to medically underserved groups identified in the Health Equity Impact Assessment? (1000 words max)

Please note: this narrative must be made available to the public and posted conspicuously on the Applicant's website until a decision on the application has been made.

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Name/Organization - if organization, please include contact(s)	Date(s) of outreach	What required stakeholder group did they represent?	If other, please describe	Is this person/group a resident of the project's service area?	Method of engagement (i.e. phone calls, community forums, surveys, etc.)	Is this group supportive of this project?	Did this group provide a statement?	If a statement was provided (250 word max), please include below:
New Vanderbilt: Director of Social Services (NAlexander@vanderbiltrehab.com)	1/8/2024 and 1/25/2024	employees of the facility		yes	phone interview	yes	no	<p>The New Vanderbilt Director of Social Services thought that the proposed project to provide on-site dialysis services would only result in positive changes for staff and residents. The social workers are employees of the dialysis provider, and the communication and coordination between the New Vanderbilt Director of Social Services and the dialysis provider's social workers is more seamless when they are both on-site, and also allows for better engagement and familiarity. On-site dialysis ensures a more optimal, comprehensive continuum of care for the residents. Currently, there has not been much direct contact between the outside dialysis center social workers and the NV Director of Social Services.</p> <p>Director noted that for the frail elderly, having to travel for dialysis services to an outside dialysis center exacerbates an already exhausting dialysis procedure, so that some residents returning from outside dialysis will only want to sleep for the rest of the day. For short-term residents who were discharged from a hospital, dialysis might be the only service they receive in a day, as they don't have energy for physical therapy after the end of the day. So, if they are getting hemodialysis three times a week, they only are able to get PT for two days a week when they should be getting PT five days a week, thus prolonging their stay at the nursing home and delaying their return home.</p> <p>"It is exponentially more beneficial for residents who are on ventilator care to be able to receive dialysis services on-site. [When dialysis had been provided on-site with DCI], the respiratory therapy program was able to facilitate the care better and ensure continuity prior and post-dialysis. If there are any changes to the patient's status during or after dialysis, the New Vanderbilt staff can work seamlessly with the dialysis nursing staff and also make adjustments for future sessions."</p> <p>When patients are going to outside dialysis centers, the agreement between New Vanderbilt (NV) and the dialysis centers states that the ventilator cannot be managed by the dialysis center staff. NV respiratory staff are able to accompany the patient to the outside dialysis centers, but the NV pulmonary or renal physicians are not able to do so since they are needed at the nursing home. In several instances, patients who were at the outside dialysis centers and experienced hemodynamic or metabolic changes that could have normally been rectified easily by the patient's regular physician at New Vanderbilt, had to be sent to the hospital and receive interventions. This would not have happened if the dialysis had been provided on-site, as the New Vanderbilt respiratory staff and physicians could have provided the necessary interventions on-site, thus preventing a 2-3 day hospital stay.</p> <p>Ventilator-dependent residents are some of the most vulnerable patients. When these residents were in a hospital, their families were reassured that their family member were getting dialysis on-site. Their families have concerns if their family member has to travel to an outside dialysis center.</p> <p>Believes that by providing on-site dialysis, New Vanderbilt would be able to increase their capacity and serve more dialysis residents.</p> <p>This LPN cares for approximately six patients/residents who are in need of dialysis services and travel to the off-site outpatient dialysis centers for their care. The LPN mentioned that none of their patients have complained about the off-site dialysis services but thinks it would be more convenient for dialysis to be provided downstairs because the commute can be difficult. The patients either travel by ambulette or ambulance, and it is uncomfortable/unpleasant for the patients to have to travel in an ambulance for dialysis. There are a lot of delays, especially with the ambulance services. The LPN estimated that the ambulance services could be delayed between 30 to 45 minutes or even longer. Only complaint that the LPN had heard from residents regarding on-site dialysis was that some patients complained that they weren't allowed to bring food to the dialysis treatment room.</p> <p>This CNA said that some of their patients have to leave for dialysis very early in the morning (as early as 4 in the morning) and that they have to get up even earlier, as the CNA helps to weigh the residents and get them ready for dialysis. The CNA said that they have two of the patients who go very early and who say they don't get enough sleep. Some patients have complained about having to go out of the nursing home to get dialysis services, and that they're not getting picked up on time. During one patient's last dialysis session, it took them a long time to get to the dialysis center because of ambulance delays.</p> <p>The CNA stated that it would be much easier for the services to be provided on-site, as the residents would be able to get more rest. When they go to the outside dialysis centers, the residents get very tired.</p>
New Vanderbilt: Respiratory Director (Ecooper@vanderbiltrehab.com)	1/18/2024	employees of the facility		yes	phone interview	yes	no	<p>Believes that by providing on-site dialysis, New Vanderbilt would be able to increase their capacity and serve more dialysis residents.</p> <p>This LPN cares for approximately six patients/residents who are in need of dialysis services and travel to the off-site outpatient dialysis centers for their care. The LPN mentioned that none of their patients have complained about the off-site dialysis services but thinks it would be more convenient for dialysis to be provided downstairs because the commute can be difficult. The patients either travel by ambulette or ambulance, and it is uncomfortable/unpleasant for the patients to have to travel in an ambulance for dialysis. There are a lot of delays, especially with the ambulance services. The LPN estimated that the ambulance services could be delayed between 30 to 45 minutes or even longer. Only complaint that the LPN had heard from residents regarding on-site dialysis was that some patients complained that they weren't allowed to bring food to the dialysis treatment room.</p> <p>This CNA said that some of their patients have to leave for dialysis very early in the morning (as early as 4 in the morning) and that they have to get up even earlier, as the CNA helps to weigh the residents and get them ready for dialysis. The CNA said that they have two of the patients who go very early and who say they don't get enough sleep. Some patients have complained about having to go out of the nursing home to get dialysis services, and that they're not getting picked up on time. During one patient's last dialysis session, it took them a long time to get to the dialysis center because of ambulance delays.</p> <p>The CNA stated that it would be much easier for the services to be provided on-site, as the residents would be able to get more rest. When they go to the outside dialysis centers, the residents get very tired.</p>
New Vanderbilt: LPN (no email was provided; the staff member was interviewed)	1/18/2024	employees of the facility		yes	phone interview	yes	no	<p>This LPN cares for approximately six patients/residents who are in need of dialysis services and travel to the off-site outpatient dialysis centers for their care. The LPN mentioned that none of their patients have complained about the off-site dialysis services but thinks it would be more convenient for dialysis to be provided downstairs because the commute can be difficult. The patients either travel by ambulette or ambulance, and it is uncomfortable/unpleasant for the patients to have to travel in an ambulance for dialysis. There are a lot of delays, especially with the ambulance services. The LPN estimated that the ambulance services could be delayed between 30 to 45 minutes or even longer. Only complaint that the LPN had heard from residents regarding on-site dialysis was that some patients complained that they weren't allowed to bring food to the dialysis treatment room.</p> <p>This CNA said that some of their patients have to leave for dialysis very early in the morning (as early as 4 in the morning) and that they have to get up even earlier, as the CNA helps to weigh the residents and get them ready for dialysis. The CNA said that they have two of the patients who go very early and who say they don't get enough sleep. Some patients have complained about having to go out of the nursing home to get dialysis services, and that they're not getting picked up on time. During one patient's last dialysis session, it took them a long time to get to the dialysis center because of ambulance delays.</p> <p>The CNA stated that it would be much easier for the services to be provided on-site, as the residents would be able to get more rest. When they go to the outside dialysis centers, the residents get very tired.</p>
New Vanderbilt: CNA (no email was provided; the staff member was interviewed)	1/18/2024	employees of the facility		yes	phone interview	yes	no	<p>This CNA said that some of their patients have to leave for dialysis very early in the morning (as early as 4 in the morning) and that they have to get up even earlier, as the CNA helps to weigh the residents and get them ready for dialysis. The CNA said that they have two of the patients who go very early and who say they don't get enough sleep. Some patients have complained about having to go out of the nursing home to get dialysis services, and that they're not getting picked up on time. During one patient's last dialysis session, it took them a long time to get to the dialysis center because of ambulance delays.</p> <p>The CNA stated that it would be much easier for the services to be provided on-site, as the residents would be able to get more rest. When they go to the outside dialysis centers, the residents get very tired.</p>
New Vanderbilt: resident 1	1/31/2024	residents of the facility		yes	survey (administered in perso	yes	no	<p>This resident, who belongs to a number of medically underserved groups, stated that they had been "very satisfied" with their previous experiences with on-site dialysis treatment at New Vanderbilt, and were "satisfied" with their current experience with off-site outpatient dialysis. They stated that they prefer the option of onsite dialysis services because "it's easier to access and is beneficial". However, they also didn't have any complaints about their current off-site dialysis treatment and said it is "pleasant" too.</p>
New Vanderbilt: resident 2	1/31/2024	residents of the facility		yes	survey (administered in perso	yes	no	<p>This resident, who belongs to a number of medically underserved groups, stated that they had been "very satisfied" with their previous experiences with on-site dialysis treatment at New Vanderbilt, and were "satisfied" with their current experience with off-site outpatient dialysis. They did not provide any further feedback on their current treatment or any opinions about the proposed on-site dialysis option.</p>
New Vanderbilt: resident 3	1/31/2024	residents of the facility		yes	survey (administered in perso	yes	no	<p>This resident, who belongs to a number of medically underserved groups, had never received dialysis services prior to becoming a resident at New Vanderbilt. They stated that they had been "very satisfied" with their previous experiences with on-site dialysis treatment at New Vanderbilt, and were "very satisfied" with their current experience with off-site outpatient dialysis. They said that they didn't experience any challenges with their current dialysis experiences, but also that they "loved" the option for the proposed on-site dialysis services.</p>

New Vanderbilt: resident 4	2/1/2024	residents of the facility	yes	survey (administered in perso	no	no	This resident, who belongs to a number of medically underserved groups, stated that they had been "dissatisfied" with their previous experiences with on-site dialysis treatment at New Vanderbilt, and were "very satisfied" with their current experience with off-site outpatient dialysis. They stated that they experienced challenges with waiting on transportation and that it took too long (to get transportation) for their current dialysis treatment. However, they said that they had previously gotten sick from the medication when they were getting dialysis on-site at the nursing home (through DCI), and that they suggested that the nursing home "bring better workers for dialysis" if New Vanderbilt were to provide these services on-site.
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	ZCTA5 10304			
Label	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE (Census Table DP05)				
Total population	44,864	±2,694	100%	(X)
Male	21,025	±1,502	47%	±1.8
Female	23,839	±1,658	53%	±1.8
Sex ratio (males per 100 females)	88	±6.5	(X)	(X)
Under 5 years	2,234	±456	5%	±0.9
5 to 9 years	2,894	±489	7%	±0.9
10 to 14 years	3,004	±598	7%	±1.2
15 to 19 years	2,977	±420	7%	±0.8
20 to 24 years	2,882	±494	6%	±1.0
25 to 34 years	6,305	±773	14%	±1.6
35 to 44 years	5,307	±764	12%	±1.4
45 to 54 years	6,980	±782	16%	±1.7
55 to 59 years	3,238	±780	7%	±1.7
60 to 64 years	2,613	±458	6%	±1.0
65 to 74 years	3,337	±449	7%	±1.1
75 to 84 years	2,201	±461	5%	±1.0
85 years and over	892	±231	2%	±0.5
Median age (years)	39	±1.7	(X)	(X)
RACE (Census Table DP05)				
Total population	44,864	±2,694	100%	(X)
One race	42,113	±2,596	94%	±1.5
Two or more races	2,751	±693	6%	±1.5
One race	42,113	±2,596	94%	±1.5
White	20,256	±1,911	45%	±3.6
Black or African American	12,279	±1,518	27%	±2.7
American Indian and Alaska Native	334	±307	1%	±0.7
Asian	5,599	±885	13%	±1.9
Native Hawaiian and Other Pacific Islander	39	±55	0%	±0.1
Some other race	3,606	±976	8%	±2.0
Two or more races	2,751	±693	6%	±1.5
HISPANIC OR LATINO AND RACE (Census Table DP05)				
Total population	44,864	±2,694	100%	(X)
Hispanic or Latino (of any race)	9,735	±1,450	22%	±3.0
Not Hispanic or Latino	35,129	±2,566	78%	±3.0
HEALTH INSURANCE COVERAGE (Census Table DP03)				
Civilian noninstitutionalized population	43,992	±2,698	100%	(X)
With health insurance coverage	41,586	±2,669	94.5%	±1.5
With private health insurance	25,221	±2,204	57.3%	±3.2
With public coverage	20,394	±1,707	46.4%	±2.9
No health insurance coverage	2,406	±664	5.5%	±1.5
DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION (Census Table DP02)				
Total Civilian Noninstitutionalized Population	43,992	±2,698	100%	(X)
With a disability	4,807	±634	11%	±1.4

GEO_ID	NAME	DP03_0119PE	DP03_0119PM	DP03_0062E	DP03_0062M	DP03_0074PE	DP03_0074PM	DP03_0005PE	DP03_0005PM	DP02_0067PE	DP02_0067PM	DP04_0058PE	DP04_0058PM
Geography	ZCTA Name	Percent!!PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL!!All families	Percent Margin of Error!!PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL!!All families	Estimate!!INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)!!Total household income (dollars)	Margin of Error!!INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)!!Total household income (dollars)	Percent!!INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)!!Total households!!With Food Stamp/SNAP benefits in the past 12 months	Percent Margin of Error!!INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)!!Total households!!With Food Stamp/SNAP benefits in the past 12 months	Percent!!EMPLOYMENT STATUS!!Population 16 years and over!!In labor force!!Civilian labor force!!Unemployed	Percent Margin of Error!!EMPLOYMENT STATUS!!Population 16 years and over!!In labor force!!Civilian labor force!!Unemployed	Percent!!EDUCATIONAL ATTAINMENT!!Population 25 years and over!!High school graduate or higher	Percent Margin of Error!!EDUCATIONAL ATTAINMENT!!Population 25 years and over!!High school graduate or higher	Percent!!VEHICLES AVAILABLE!!Occupied housing units!!No vehicles available	Percent Margin of Error!!VEHICLES AVAILABLE!!Occupied housing units!!No vehicles available
8602200US10304	ZCTA5 10304	8.3	2.2	84855	5619	18.1	2.4	4.4	1.1	86.3	1.9	25.5	2.9

Supplemental Information

I. Clinical

1. Primarily, supply lines will be used in the Dialysis Den at the Facility, and pre-packaged dialysate may be used on occasion, which will be stocked in the Dialysis Den. Pre-packaged dialysate will be stored in the dry storage room in the Dialysis Den.
2. The dialysis machines will remain locked in the dialysis den while they are producing dialysate fluid in batches.
3. The model and make of the dialysis machine to be used is the NxStage System 1 by NxStage Medical Inc. and is meant for home dialysis use only. These machines are self-contained and produce dialysate; therefore, an RO machine is not necessary.
4. Locked drawers in the Dialysis Den and/or within the nearby dialysis storage room at the Facility will contain the required five (5) days of emergency supplies and other medical supplies. Dialysis supplies will be disposable, and the Dialysis Den will contain one (1) large trash bin and two (2) bio-hazard materials receptacles in the Storage Room for disposal of those supplies. Emergency supplies will be stored securely inside the storage room within the Dialysis Den.
5. The patient's nephrologist will follow the patient, write orders and see the patient for their monthly visit.
6. Residents will have the choice of continuing with their current provider, or converting to using the Dialysis Den provider.
7. The ESRD provider has incorporated the COVID 19 emergency guidelines in to their protocols for patient treatment.

II. Operations

1. Resident equipment will be stored near the Dialysis Den until patient pick up after treatment. This practice is similar to what is done in the Facility, and will not impede foot traffic in the area of the Dialysis Den. The equipment will remain readily available to the residents as needed. The Facility has never had a security issue related to equipment theft or tampering, and is confident this will remain as is going forward.
2. Similar protocols will be in place for TV usage in the Dialysis Den as they are in the Nursing Home, whereby TV's will be available on a first-come, first-served basis and where multiple patients may use one (1) television.
3. The proposed Dialysis Den will be added to the existing Nurse Call system. As is the protocol in the Facility, an overhead paging system will be utilized to call in an emergency and request for the appropriate staff members to respond to the location of the emergency. The in-house nursing supervisor will be summoned to the location as well and will coordinate the response.
4. In the event a resident is on quarantine, dialysis services will be provided at bedside in the private resident room.
5. Staff will utilize a rolling work desk positioned near the patients so that they can work and monitor the patients within close proximity.
6. The Dialysis Den will be locked and secured when not in use to limit access only to the dialysis staff. The mobile dialysis unit that will be used, only when needed for bedside treatment in the facility's isolation room, will be securely stored in the storage room.
7. The Dialysis Den will contain one (1) large trash bin, two (2) bio-hazardous materials receptacles and one (1) sharps container for the disposal of waste and bio-hazardous materials.

These receptacles will be emptied daily, and the ESRD provider will have a contract with a company to remove and dispose of these materials.

8. The Dialysis provider performs dialysis den treatments in group sessions. Specifically, all patients are transferred to the den and placed in their dialysis chairs together. While the transfer is occurring, all the curtains are drawn open, allowing for wheel chair accessibility and transfer to the each dialysis chair. Per CMS and NYS DOH state regulations, all dialysis patients must be within the caregiver's sight while dialysis care is being rendered. Given this requirement and considering that the Dialysis provider provides den dialysis care at a 1 to 2 staff to patient ratio, all curtains remain open while dialysis care is being rendered. After the treatments end, all dialysis station curtains remain open, as all patients are transferred back to their units collectively. The only time a curtain is closed is when the Dialysis provider needs to cannulate a patient, and the patient requests privacy. This only occurs after all patients have been transferred to their dialysis chairs and any wheelchairs used for transfer have been removed from the den.
9. The weighing of residents will be performed in their rooms prior to den treatments using a mobile scale. As an alternative, if there is room for a wall mounted drop down scale, it will be accomplished in the den.

III. Architectural

1. All electric outlets in the room serve the equipment (active use or stored) and will be connected to emergency power so the equipment will remain operational in a power outage.
2. The water at the Facility will be provided through a public municipality.
3. Wheel chair accessibility is provided and discussed in #II.8 above.
4. Each individual treatment station is provided an area of no less than 80 SF and each is provided a cubicle curtain defining that area.

IV. Assurances

1. The Facility assures that the space and plan have been reviewed and approved by Facility infection control leadership, and the project will comply with the most current State and Federal guidance related to treatment of patients with known or suspected COVID-19;
2. Environmental services are in place including provisions for regular and regulated medical waste disposal;
3. Necessary air exchange and HVAC system requirements, depending on the type of clinical services provided, are in place and adequate;
4. An infection control plan including cleaning and disinfection protocols and access to handwashing is in place and appropriate personal protective equipment (PPE) is available;
5. Staffing and training plans are adequate and in place;
6. Fire protection plan for the identified additional or alternate site proposal, including any required fire and carbon monoxide alarm systems, is in place;
7. Provisions for patient privacy and confidentiality are in place;
8. The Facility has and will continue to secure any required local permits or approvals;
9. Nursing Facility has contracted with Dialyze Direct NY, LLC (Dialysis Facility) to provide home hemodialysis services within its nursing facility. Dialysis Facility is HHD-certified for Nursing Home Dialysis. The executed contract is enclosed;

10. All healthcare personnel (Dialysis Staff) providing or involved in providing home hemodialysis care at the nursing facility will comply with the most current State and Federal guidance related to the treatment of patients with known or suspect COVID-19, including the Interim Infection and Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings;
11. All Dialysis Staff will wear necessary personal protective equipment when providing dialysis care, specifically isolation gowns, gloves, facemask, and eye protection. All dialysis residents with suspected or confirmed COVID-19 (COVID-19 Dialysis Residents) will wear facemasks when receiving dialysis care;
12. Nursing Facility anticipates accommodating COVID-19 Dialysis Residents. All COVID-19 Dialysis Residents will receive home hemodialysis care at stations that allow for at least a six-(6)-foot separation radius between the nearest stations. Please refer to the enclosed plan;
13. All COVID-19 Dialysis Residents will receive dialysis (a) in isolation at bedside in COVID-19 Dialysis Resident's unit or (b) in the home dialysis den. All dialysis care provided to COVID-19 Dialysis Residents will be performed with at least six (6) feet of separation between masked COVID-19 Dialysis Residents and other residents during dialysis treatment, in accordance with *CMS Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Dialysis Facilities, QSO-20-19-ESRD, issued March 10, 2020, and any subsequent updates that may be issued by CMS*;
14. Any surface, supplies, or equipment (e.g., dialysis machine) located within six (6) feet of COVID-19 Dialysis Residents will be discarded or disinfected with disinfectants that meet EPA's criteria for use against SARS-CoV-2;
15. All COVID-19 Dialysis Residents will receive home hemodialysis care at stations that allow for at least a six-(6)-foot separation radius between the nearest stations. The distance between chairs, when chairs are reclined, will still maintain this distance requirement;
16. The distance between the (dirty) trash bin, (dirty) bio-hazard receptacles, and (dirty) sharps container and the (clean) dialysis equipment will be sufficient and does not present an infection control hazard;
17. There will be no loss of recreation, dining or other services as a result of this project; and
18. The dialysis service is going to be utilized only by residents of the facility.

Pursuant to communication from the Department, the applicant understands that the Department's expectation is that facilities that are approved for den dialysis should also be certified and capable of providing bedside dialysis. All of the equipment and supplies for bedside dialysis will be kept within the dialysis den and will be brought to the patient's room during bedside dialysis and then returned to the dialysis den and secured and maintained within the same compliance areas as within the den location. All staff providing bedside dialysis will be employees of the ESRD provider. The nurse will maintain direct contact with the resident and will always be in the room while the resident is connected to the dialysis machine.

David Hersko, LNHA
Administraor

12/13/2023

David Hersko



RN Education and Experience Requirements

Education

- BS in Nursing;
- AA or Diploma from School of Nursing Experience;
- Registered professional nurse who meets the licensure and practice requirements of New York State; and
- At least 12 months experience of providing nursing care and at least three months experience working as a hemodialysis nurse.

Skills

- Assess patient status and take appropriate action;
- Able to function at a high level with little operational oversight;
- Exemplary interpersonal skills; able to effectively communicate (verbal and written) with diverse backgrounds and different organizational levels; and
- Able to define problems and present solutions;

Licenses, Certifications

- Valid New York State Nursing License required;
- Current CNN or CDN required or must be obtained within one (1) year from date of hire;
- Current BLS certification required; and
- Current driver's license.

Facility Id.
Certificate No.

10004
7001147R

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



OPERATING CERTIFICATE

Diagnostic and Treatment Center

**Dialyze Direct NY, LLC
4714 16th Avenue
Brooklyn, New York 11204**

Operator: Dialyze Direct NY, LLC
Operator Class: Proprietary LLC

Effective Date: 01/17/2017
Expiration Date: NONE

Has been granted this Operating Certificate pursuant to Article 28

of the Public Health Law for the service(s) specified:

Home Hemodialysis Training and Support

Keith W. Lewis

20170118

Deputy Director Office of Primary Care and
Health Systems Management

This certificate must be conspicuously displayed on the premises.

Howard Zucker M.D.

Commissioner

Limited Review Application

Schedule LRA 2

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

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	NO CONSTRUCTION
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.)	8,000
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.)	5,000
4.1-4.7 Subtotal:	\$ 13,000
5.1 Movable Equipment *	-
6.1 Total Basic Cost of Construction	\$ 13,000
7.1 Financing Cost (points, fees, etc.)	-
7.2 Interim Interest Expense - Total Interest on Construction Loan: Amount \$ 0 @ 0 % for 0 months	-
7.3 Application Fee	1,000
8.1 Estimated Total Project Cost (Total 6.1 – 7.3)	\$ 14,000

* Provided by ESRD provider

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

Limited Review Application

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

Schedule LRA 3

Proposed Plan for Project Financing

A. LEASE

If any portion of the cost for land, building or Equipment is to be financed through a lease, rental agreement or lease/purchase agreement, complete the chart at the right.

A complete copy of each proposed lease must be submitted.

Attachment # _____

ITEM	COST AS IF PURCHASED	
	\$	
	\$	
	\$	
	\$	
	\$	

B. CASH

If cash is to be used, complete the chart at the right.

Attach a copy of the latest certified financial Statement and interim monthly or quarterly financial reports to cover the balance of time to date.

Attachment # Sch LRA 3 Attachment

Accumulated Funds	\$	14,000
Sale of Existing Assets*	\$	
Other – (i.e. gifts, grants, **etc.)	\$	
TOTAL CASH	\$	14,000

*Attach a full and complete description of the assets to be sold.

Attachment # N/A

** If grants, attach a description of the source of financial support

Attachment # Sch LRA 3 Attachment

C. DEBT FINANCING

If the project is to be financed by debt of any type, complete the chart at the right.

Attach a copy of the proposed letter of interest From the intended source of permanent financing.

This letter must include an estimate of the Principal, term, interest rate and pay-out period presently being considered.

Attachment # _____

Principal	\$	
Interest Rate		%
Term		Yrs
Pay-out Period		Yrs
Type *		

* Commercial, Dormitory Authority Bonds, Dormitory Authority, TELP Lease, Industrial Development Agency Bonds, Other (identify).

SCHEDULE LRA 3 ATTACHMENT

Financial Statements

REDACTED

Schedule LRA 4/Schedule 7 CON Forms Regarding Environmental issues

Contents:

Schedule LRA 4/Schedule 7 - Environmental Assessment

Environmental Assessment

Part I.	The following questions help determine whether the project is "significant" from an environmental standpoint.	Yes	No
1.1	If this application involves establishment, will it involve more than a change of name or ownership only, or a transfer of stock or partnership or membership interests only, or the conversion of existing beds to the same or lesser number of a different level of care beds? NOT APPLICABLE	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Does this plan involve construction and change land use or density?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.3	Does this plan involve construction and have a permanent effect on the environment if temporary land use is involved?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.4	Does this plan involve construction and require work related to the disposition of asbestos?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Part II.	If any question in Part I is answered "yes" the project may be significant, and Part II must be completed. If all questions in Part II are answered "no" it is likely that the project is not significant	Yes	No
2.1	Does the project involve physical alteration of ten acres or more?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2	If an expansion of an existing facility, is the area physically altered by the facility expanding by more than 50% and is the total existing and proposed altered area ten acres or more?	<input type="checkbox"/>	N/A <input type="checkbox"/>
2.3	Will the project involve use of ground or surface water or discharge of wastewater to ground or surface water in excess of 2,000,000 gallons per day?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.4	If an expansion of an existing facility, will use of ground or surface water or discharge of wastewater by the facility increase by more than 50% and exceed 2,000,000 gallons per day?	<input type="checkbox"/>	N/A <input type="checkbox"/>
2.5	Will the project involve parking for 1,000 vehicles or more?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.6	If an expansion of an existing facility, will the project involve a 50% or greater increase in parking spaces and will total parking exceed 1000 vehicles?	<input type="checkbox"/>	N/A <input type="checkbox"/>
2.7	In a city, town, or village of 150,000 population or fewer, will the project entail more than 100,000 square feet of gross floor area?	<input type="checkbox"/>	N/A <input type="checkbox"/>
2.8	If an expansion of an existing facility in a city, town, or village of 150,000 population or fewer, will the project expand existing floor space by more than 50% so that gross floor area exceeds 100,000 square feet?	<input type="checkbox"/>	N/A <input type="checkbox"/>
2.9	In a city, town or village of more than 150,000 population, will the project entail more than 240,000 square feet of gross floor area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.10	If an expansion of an existing facility in a city, town, or village of more than 150,000 population, will the project expand existing floor space by more than 50% so that gross floor area exceeds 240,000 square feet?	<input type="checkbox"/>	N/A <input type="checkbox"/>
2.11	In a locality without any zoning regulation about height, will the project contain any structure exceeding 100 feet above the original ground area?	<input type="checkbox"/>	N/A <input type="checkbox"/>
2.12	Is the project wholly or partially within an agricultural district certified pursuant to Agriculture and Markets Law Article 25, Section 303?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.13	Will the project significantly affect drainage flow on adjacent sites?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2.14	Will the project affect any threatened or endangered plants or animal species?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.15	Will the project result in a major adverse effect on air quality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.16	Will the project have a major effect on visual character of the community or scenic views or vistas known to be important to the community?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.17	Will the project result in major traffic problems or have a major effect on existing transportation systems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.18	Will the project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbance as a result of the project's operation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.19	Will the project have any adverse impact on health or safety?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.20	Will the project affect the existing community by directly causing a growth in permanent population of more than five percent over a one-year period or have a major negative effect on the character of the community or neighborhood?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.21	Is the project wholly or partially within, or is it contiguous to any facility or site listed on the National Register of Historic Places, or any historic building, structure, or site, or prehistoric site, that has been proposed by the Committee on the Registers for consideration by the New York State Board on Historic Preservation for recommendation to the State Historic Officer for nomination for inclusion in said National Register?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.22	Will the project cause a beneficial or adverse effect on property listed on the National or State Register of Historic Places or on property which is determined to be eligible for listing on the State Register of Historic Places by the Commissioner of Parks, Recreation, and Historic Preservation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.23	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Part III.		Yes	No	
3.1	Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Agency Name:		Staten Island Building Department	
	Contact Name:			
	Address:		10 Richmond Terrace	
	State and Zip Code:		Staten Island, New York 10301	
	E-Mail Address:			
	Phone Number:		718-420-5400	
	Agency Name:			
	Contact Name:			
	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
	Agency Name:			
	Contact Name:			

	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
	Agency Name:			
	Contact Name:			
	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
3.2	Has any other agency made an environmental review of this project? If so, give name, and submit the SEQRA Summary of Findings with the application in the space provided below.	Yes	No	
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Agency Name:			
	Contact Name:			
	Address:			
	State and Zip Code:			
	E-Mail Address:			
Phone Number:				
3.3	Is there a public controversy concerning environmental aspects of this project? If yes, briefly describe the controversy in the space below.	Yes	No	
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Part IV.	Storm and Flood Mitigation			
	Definitions of FEMA Flood Zone Designations			
	Flood zones are geographic areas that the FEMA has defined according to varying levels of flood risk. These zones are depicted on a community's Flood Insurance Rate Map (FIRM) or Flood Hazard Boundary Map. Each zone reflects the severity or type of flooding in the area.			
	Please use the FEMA Flood Designations scale below as a guide to answering all Part IV questions regardless of project location, flood and or evacuation zone.	Yes	No	
4.1	Is the proposed site located in a flood plain? If Yes, indicate classification below and provide the Elevation Certificate (FEMA Flood Insurance).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Moderate to Low Risk Area	Yes	No	
	Zone	Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	In communities that participate in the NFIP, flood insurance is available to all property owners and renters in these zones:			
	B and X	Area of moderate flood hazard, usually the area between the limits of the 100-year and 500-year floods. Are also used to designate base floodplains of lesser hazards, such as areas protected by levees from 100-year flood, or shallow flooding areas with average depths of less than one foot or drainage areas less than 1 square mile.	<input checked="" type="checkbox"/>	

C and X	Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	<input type="checkbox"/>	
High Risk Areas		Yes	No
Zone	Description	<input type="checkbox"/>	<input checked="" type="checkbox"/>
In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
A	Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. Because detailed analyses are not performed for such areas; no depths or base flood elevations are shown within these zones.	<input type="checkbox"/>	
AE	The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1-A30.	<input type="checkbox"/>	
A1-30	These are known as numbered A Zones (e.g., A7 or A14). This is the base floodplain where the FIRM shows a BFE (old format).	<input type="checkbox"/>	
AH	Areas with a 1% annual chance of shallow flooding, usually in the form of a pond, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	<input type="checkbox"/>	
AO	River or stream flood hazard areas, and areas with a 1% or greater chance of shallow flooding each year, usually in the form of sheet flow, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Average flood depths derived from detailed analyses are shown within these zones.	<input type="checkbox"/>	
AR	Areas with a temporarily increased flood risk due to the building or restoration of a flood control system (such as a levee or a dam). Mandatory flood insurance purchase requirements will apply, but rates will not exceed the rates for unnumbered A zones if the structure is built or restored in compliance with Zone AR floodplain management regulations.	<input type="checkbox"/>	
A99	Areas with a 1% annual chance of flooding that will be protected by a Federal flood control system where construction has reached specified legal requirements. No depths or base flood elevations are shown within these zones.	<input type="checkbox"/>	
High Risk Coastal Area		Yes	No
Zone	Description		
In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
Zone V	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. No base flood elevations are shown within these zones.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VE, V1 - 30	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	<input type="checkbox"/>	
Undetermined Risk Area		Yes	No
Zone	Description	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	D	Areas with possible but undetermined flood hazards. No flood hazard analysis has been conducted. Flood insurance rates are commensurate with the uncertainty of the flood risk.		
4.2	Are you in a designated evacuation zone?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If Yes, the Elevation Certificate (FEMA Flood Insurance) shall be submitted with the application.			
	If yes which zone is the site located in?			
4.3	Does this project reflect the post Hurricane Lee, and or Irene, and Superstorm Sandy mitigation standards?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If Yes, which floodplain?	100 Year	<input type="checkbox"/>	
		500 Year	<input type="checkbox"/>	

The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

[FEMA Elevation_Certificate_and Instructions](#)

PLEASE REFER TO THE SCHEDULE LRA 6 ATTACHMENT

Limited Review Application

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

Schedule LRA 5

Space & Construction Cost Distribution

New

Alteration
N/A

LOCATION			Code and Functional Category Description	Functional Gross SF	Construction Cost per SF	Total Construction Cost	(ALT) Scope of Work
Bldg. No.	Floor No.	Sect. No.					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	1	N/A	Existing to remain unchanged, no construction work required	2,746	\$0.00	\$0.00	N/A
Total Construction				2,746	\$0.00	\$0.00	

1. If new construction is involved, is it "freestanding"? Yes No N/A

2. (Check where applicable) The facilities to be affected by this project are located in a:
 Dense Urban Area Other Metropolitan or Suburban Area Rural Area

3. This submission consists of: New Construction Report Number of pages _____
 Alteration Construction Report Number of pages 7

Do not use the master copy. Photocopy master and then complete copy if this schedule is required.

Schedule 6

Architectural/Engineering Submission

Contents:

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

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: 12/8/2023	Revised Schedule 6 submission date: NA 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? Click here to enter text.	
Intent/Purpose: Dialysis Clinic, Inc (DCI), for the last four years, has been operating a 7- chair outpatient dialysis clinic in a separate and distinct space within the ground floor of the New Vanderbilt Rehabilitation and Care Center (NVRCC). For financial reasons, DCI has decided to close the Center and has secured approval from DOH effective 12/8/23. In that the DCI Center provided services to both outpatient and nursing home residents	

New York State Department of Health Certificate of Need Application

Schedule 6

<p>and NVRCC has been unable to find a replacement provider, NVRCC is proposing to re-purpose the Center as a 4-chair dialysis den that exclusively serves it nursing home residents. The existing 2,746 sf requires no physical changes for the proposed conversion as it is more than adequately sized and fully complies with all current design guidelines for a home dialysis den. As an outpatient dialysis den, it was designed to provide 7 treatment areas (chairs). When re-purposed, new equipment for 4 chairs will be installed leaving substantial room for future growth should DOH update its den capacity limitations in the future.</p>	
<p>Site Location: New Vanderbilt Rehabilitation and Care Center, 135 Vanderbilt Avenue, Staten Island, NY 10304.</p>	
<p>Brief description of current facility, including facility type: New Vanderbilt is a 320-bed licensed RHCF that includes 28 ventilator dependent beds. On the ground floor of the 9-story + basement facility' adjacent to the main public entry' is the 2,746-sf space formerly occupied by the outpatient Dialysis Center. The ground floor of the nursing home provides all the resident communal services while the upper floors serve as the nursing units and the basement level provides the non-resident services.</p>	
<p>Brief description of proposed facility: With the proposed re-purposing of the outpatient dialysis center to an inpatient dialysis den, there will be no proposed physical changes to the Facility other than the operational change from a 7-chair outpatient dialysis center to a 4-chair inpatient dialysis den serving exclusively the Facility's nursing home residents. This re-purposing to a dialysis den requires no site, structural, cosmetic, MEP, exiting, or life safety changes.</p>	
<p>Location of proposed project space(s) within the building. Note occupancy type for each occupied space. The proposed dialysis den is located on the ground/entry level. This level houses only resident communal services and no nursing units. All nursing units are located on floors 2-9. The existing Facility has operated as a mixed use occupancy with the nursing home an "Existing Health Care" occupancy and the outpatient dialysis center an "Existing Ambulatory Health Care" occupancy. When the outpatient is converted to an inpatient home dialysis den, the occupancy of the entire facility will be "Existing Health Care".</p>	
<p>Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies: Currently there is a 2 hr fire separation between the nursing home and the outpatient facility. Once the outpatient facility is converted to an inpatient dialysis den, the fire separation will remain unchanged but by code be unnecessary.</p>	
<p>If this is an existing facility, is it currently a licensed Article 28 facility?</p>	<p>Yes</p>
<p>Is the project space being converted from a non-Article 28 space to an Article 28 space?</p>	<p>No</p>
<p>Relationship of spaces conforming with Article 28 space and non-Article 28 space: Adjoining and within the same nursing home footprint</p>	
<p>List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3. None,</p>	
<p>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.</p>	<p>No</p>
<p>Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc. The HVAC system is a ceiling mounted forced air system, the electric and plumbing system are fully compliant with services thru municipal or regional providers. The facility is sprinkler with smoke, and fire alarm systems, and generators for emergency power.</p>	
<p>Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc. No changes or upgrades are required.</p>	
<p>Describe existing and or new work for fire detection, alarm, and communication systems:</p>	

New York State Department of Health Certificate of Need Application

Schedule 6

No changes or upgrades are required	
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. Refer to LRA Schedule 4/7 for flood report data	
Does the project contain imaging equipment used for diagnostic or treatment purposes? NO. 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. yes	
Other pertinent information: none	
Project Work Area	Response
Type of Work	Alteration
Square footages of existing areas, existing floor and or existing building.	2,746 sf
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	2,746 sf
Does the work area exceed more than 50% of the smoke compartment, floor or building?	Less than 50% of the floor
Sprinkler protection per NFPA 101 Life Safety Code	Sprinklered throughout
Construction Type per NFPA 101 Life Safety Code and NFPA 220	Type I (443)
Building Height	110' +/-
Building Number of Stories	9
Which edition of FGI is being used for this project?	2018 Edition of FGI
Is the proposed work area located in a basement or underground building?	Grade Level
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. Once converted this will be a single occupancy building	No
Will the project construction be phased? If yes, how many phases and what is the duration for each phase? Click here to enter text.	No
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.	No
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be? Click here to enter text.	No
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.	Yes
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.	No
Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. Click here to enter text.	No Change
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? Click here to enter text.	Yes

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

Schedule 6

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.	Not Applicable
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

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

SCHEDULE LRA 6 ATTACHMENT

Architectural Information



**SELF-CERTIFICATION FORM
FOR
ARCHITECTS AND ENGINEERS**

Date: December 8, 2023
CON Number: TBD
Facility Name: New Vanderbilt Rehabilitation and Care Center
Facility ID Number: 1752
Facility Address: 135 Vanderbilt Ave, Staten Island, New York 10304

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 documents for the aforementioned 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 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 project will be designed 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 or 713), 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 the project, the costs of any subsequent corrections necessary to address the preopening survey findings of deficiencies by the NYSDOH Regional Office, to achieve compliance with applicable requirements of 10 NYCRR Parts 711 and 713, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

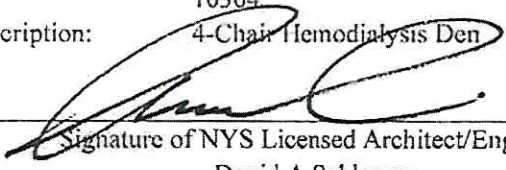
6. I have reviewed and acknowledged the Supplemental Self-Certification Eligibility Checklist Page 4 of this document and evaluated and determined this project does meet the prerequisite requirements for Self-Certification. I understand and agree, if the project is deemed by NYSDOH not meeting the criteria 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: New Vanderbilt Rehabilitation & Care Center

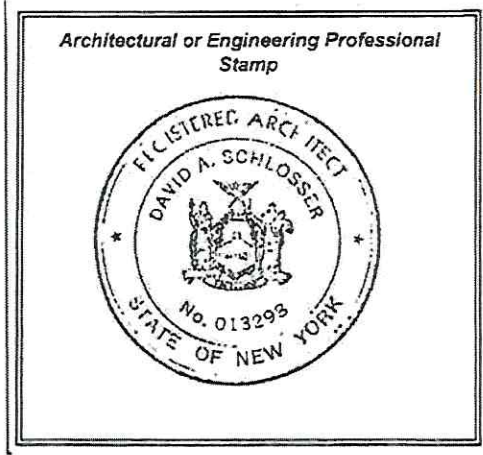
Location: 145 Vanderbilt Ave, Staten Island, NY 10304

Description: 4-Chain Hemodialysis Den


 Signature of NYS Licensed Architect/Engineer
 David A Schlosser

Name of Architect/Engineer (Print)
 013298

Professional New York State License Number
 1111 James Street, Syracuse, New York 13203
 Business Street Address, City, State, Zip Code



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.

David Hersko
 Authorized Signature for Applicant

01/24/2024 Date
David Hersko Name (Print)
Administrator Title

Notary signing required for the applicant


STATE OF NEW YORK)
 County of KINGS) SS:
)

On the 24th day of Jan 2024, before me personally appeared David HERSKO, to me known, who being by me duly sworn, did depose and say that he/she is the Administrator of the New Vanderbilt Rehab and care center, 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.

ANTHONY E. GRIFFITH
 Notary Public, State of New York
 No. 01GR4960733
 Qualified in Kings County
 Commission Expires

ANTHONY E. GRIFFITH
 Notary Public, State of New York
 No. 01GR4960733
 Qualified in Kings County
 Commission Expires

(Notary) _____



Project Eligibility Checklist for Architectural/Engineering Self-Certification

		YES	NO
		If Yes, project is not eligible for Self-Certification and is required to be submitted for an AER review.	
	Does the project include any of the following?		
1.	Is a waiver or exceptions required?		X
2.	Will the project costs exceed \$15,000,000.00 (fifteen million dollars.)?		X
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:		X
	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;		X
	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.		X
	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:		X
	a. New Ambulatory Surgery Center		X
	b. Endoscopy Centers and or Other Procedure Rooms		X
	c. Free Standing Emergency Departments providing Definitive Care.		X
7.	Is this project intended to provide Ventilator units for patients located in nursing homes?		X
8.	Does this project involve Airborne infection isolation (AII) room?		X
9.	Does this project involve Protective environment (PE) room?		X



FEMA

NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

AND

INSTRUCTIONS

2019 EDITION

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

ELEVATION CERTIFICATE AND INSTRUCTIONS

Paperwork Reduction Act Notice

Public reporting burden for this data collection is estimated to average 3.75 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0008). **NOTE: Do not send your completed form to this address.**

Privacy Act Statement

Authority: Title 44 CFR § 61.7 and 61.8.

Principal Purpose(s): This information is being collected for the primary purpose of estimating the risk premium rates necessary to provide flood insurance for new or substantially improved structures in designated Special Flood Hazard Areas.

Routine Use(s): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA-003 – National Flood Insurance Program Files System or Records Notice 73 Fed. Reg. 77747 (December 19, 2008); DHS/FEMA/NFIP/LOMA-1 – National Flood Insurance Program (NFIP) Letter of Map Amendment (LOMA) System of Records Notice 71 Fed. Reg. 7990 (February 15, 2006); and upon written request, written consent, by agreement, or as required by law.

Disclosure: The disclosure of information on this form is voluntary; however, failure to provide the information requested may result in the inability to obtain flood insurance through the National Flood Insurance Program or the applicant may be subject to higher premium rates for flood insurance. Information will only be released as permitted by law.

Purpose of the Elevation Certificate

The Elevation Certificate is an important administrative tool of the National Flood Insurance Program (NFIP). It is to be used to provide elevation information necessary to ensure compliance with community floodplain management ordinances, to determine the proper insurance premium rate, and to support a request for a Letter of Map Amendment (LOMA) or Letter of Map Revision based on fill (LOMR-F).

The Elevation Certificate is required in order to properly rate Post-FIRM buildings, which are buildings constructed after publication of the Flood Insurance Rate Map (FIRM), located in flood insurance Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, and AR/AO. The Elevation Certificate is not required for Pre-FIRM buildings unless the building is being rated under the optional Post-FIRM flood insurance rules.

As part of the agreement for making flood insurance available in a community, the NFIP requires the community to adopt floodplain management regulations that specify minimum requirements for reducing flood losses. One such requirement is for the community to obtain the elevation of the lowest floor (including basement) of all new and substantially improved buildings, and maintain a record of such information. The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

Use of this certificate does not provide a waiver of the flood insurance purchase requirement. Only a LOMA or LOMR-F from the Federal Emergency Management Agency (FEMA) can amend the FIRM and remove the Federal mandate for a lending institution to require the purchase of flood insurance. However, the lending institution has the option of requiring flood insurance even if a LOMA/LOMR-F has been issued by FEMA. The Elevation Certificate may be used to support a LOMA or LOMR-F request. Lowest floor and lowest adjacent grade elevations certified by a surveyor or engineer will be required if the certificate is used to support a LOMA or LOMR-F request. A LOMA or LOMR-F request must be submitted with either a completed FEMA MT-EZ or MT-1 package, whichever is appropriate.

This certificate is used only to certify building elevations. A separate certificate is required for floodproofing. Under the NFIP, non-residential buildings can be floodproofed up to or above the Base Flood Elevation (BFE). A floodproofed building is a building that has been designed and constructed to be watertight (substantially impermeable to floodwaters) below the BFE. Floodproofing of residential buildings is not permitted under the NFIP unless FEMA has granted the community an exception for residential floodproofed basements. The community must adopt standards for design and construction of floodproofed basements before FEMA will grant a basement exception. For both floodproofed non-residential buildings and residential floodproofed basements in communities that have been granted an exception by FEMA, a floodproofing certificate is required.

Additional guidance can be found in FEMA Publication 467-1, Floodplain Management Bulletin: Elevation Certificate, available on FEMA's website at <https://www.fema.gov/media-library/assets/documents/3539?id=1727>.

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name New Vanderbilt Rehabilitation and Care Center				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 135 Vanderbilt Ave				Company NAIC Number:	
City Staten Island	State New York	ZIP Code 10304			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Nursing Home</u>					
A5. Latitude/Longitude: Lat. <u>40.621320</u> Long. <u>-74.076440</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>1A</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) _____ sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A8.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage _____ sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A9.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number New York, City of #36.0497			B2. County Name Richmond		B3. State New York
B4. Map/Panel Number 3604970327	B5. Suffix F	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date 09-05-2007	B8. Flood Zone(s) X	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other/Source: <u>Second Look Flood</u>					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 135 Vanderbilt Ave			Policy Number:	
City Staten Island	State New York	ZIP Code 10304	Company NAIC Number	

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: _____ Vertical Datum: _____

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- | | | | |
|---|-------|-------------------------------|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____ | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor _____ | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) _____ | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) _____ | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) _____ | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) _____ | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) _____ | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____ | _____ | <input type="checkbox"/> feet | <input type="checkbox"/> meters |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name David A Schlosser	License Number 013298		
Title Partner			
Company Name Schopfer Architects, LLP			
Address 1111 James Street			
City Syracuse	State New York		ZIP Code 13203
Signature	Date 12-08-2023	Telephone (315) 474-6501	Ext.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

Name: Burdick

Address: 135 Vanderbilt Ave



Property Location



Property with FEMA Overlay Blue Shaded is Zone AE (High-Risk).



NOT APPLICABLE

OMB No. 1660-0008
Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Number:	
City	State	ZIP Code	Company NAIC Number	

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments

Check here if attachments.

NOT APPLICABLE

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number:
City State ZIP Code	Company NAIC Number

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
-------------------	------------------------	---

- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____
- G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date

Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

NOT APPLICABLE

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number:
City State ZIP Code	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

Photo One

Photo One Caption

Photo Two

Photo Two Caption

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Number:
City	State	ZIP Code	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

Photo Three

Photo Three Caption

Photo Four

Photo Four Caption

LRA 6A
FUNCTIONAL SPACE PROGRAM
12/8/2023

Proposed 4-Chair Hemodialysis Den
New Vanderbilt Rehabilitation & Care Center
135 Vanderbilt Ave
Staten Island, New York 10304

A. INTENT/PURPOSE:

1. New Vanderbilt Rehabilitation and Care Center (NVRCC) is a 320-bed RHCF including 28 ventilator resident beds. Dialysis Clinic, Inc. (DCI), for the last four years, has been operating a 7-chair outpatient dialysis clinic in a separate and distinct space within the ground floor of NVRCC. For financial reasons, DCI has decided to close the Center and has secured approval from DOH effective 12/8/2023. In that the DCI Center provided services to both outpatient and inpatient nursing home residents. NVRCC is proposing to repurpose the Center as a 4-chair dialysis den that exclusively serves its nursing home residents.
2. The former outpatient dialysis center totals 2,746 SF and is located on the nursing home's ground floor adjacent to the Facility's main entry/reception area. The ground floor provides only resident communal spaces, offices, and the dialysis den. There are no nursing units on this level.
3. The proposed dialysis den is accessed by adjacent elevators serving all resident living levels.
4. The proposed re-purposing of the outpatient dialysis center to an inpatient dialysis den requires no construction work (i.e. no structural, cosmetic, MEP, exiting, and/or life safety changes). The only change will be an equipment reduction from 7-chairs to 4-chairs.

B. FUNCTIONAL SPACE PROGRAM:

Hemodialysis Area Summary (Existing, No Change)

Exit Vestibule 101	56 SF
Toilet Room 102/114	110 SF
Waiting Room 103	278 SF
Existing Mechanical 104	53 SF
General Storage 105	43 SF
Staff Lounge 106	120 SF
Dialysis Supply Storage 107/120	88 SF
Corridor 108/118	243 SF
Exam Room 109	80 SF
Janitor Closet 110	25 SF
Soiled Room 113	46 SF
C.U. Meds 116/Office 119	227 SF
Treatment Area	348 SF
Work Area	1,029 SF
<hr/> Total	<hr/> 2,746 SF

N.Y.S.D.O.H. LIMITED REVIEW DRAWINGS: LIMITED REVIEW APPLICATION

NEW VANDERBILT REHABILITATION AND CARE 4 CHAIR HEMODIALYSIS DEN

135 VANDERBILT AVENUE
STATEN ISLAND, NEW YORK 10304

NEW VANDERBILT REHABILITATION
AND CARE CENTER 4 CHAIR
HEMODIALYSIS DEN
135 VANDERBILT AVENUE
STATEN ISLAND, NEW YORK 10304

Schopfer Architects LLP
1111 James Street Syracuse, N.Y.

CONSULTING ENGINEER		Project No. 2377	<small>COPYRIGHT:</small> THE ARCHITECT SHALL BE DEEMED THE AUTHOR OF THESE DOCUMENTS AND SHALL RETAIN ALL COMMON LAW STATUTORY AND OTHER RESERVED RIGHTS, INCLUDING THE COPYRIGHT.	Set No.
		Date: 12-08-2023	<small>DRAWING ALTERATION:</small> IT IS A VIOLATION OF LAW FOR ANY PERSON, UNLESS ACTING UNDER THE DIRECTION OF THE ARCHITECT, TO ALTER ANY ITEM ON THIS DOCUMENT IN ANY WAY.	
		Revised:		

Drawing Schedule

- T1.0 — TITLE SHEET
- A1.0 — PARTIAL FIRST FLOOR EXISTING AND LIFE SAFETY PLANS
- A1.1 — PROPOSED PARTIAL FIRST FLOOR PLANS AND DETAILS

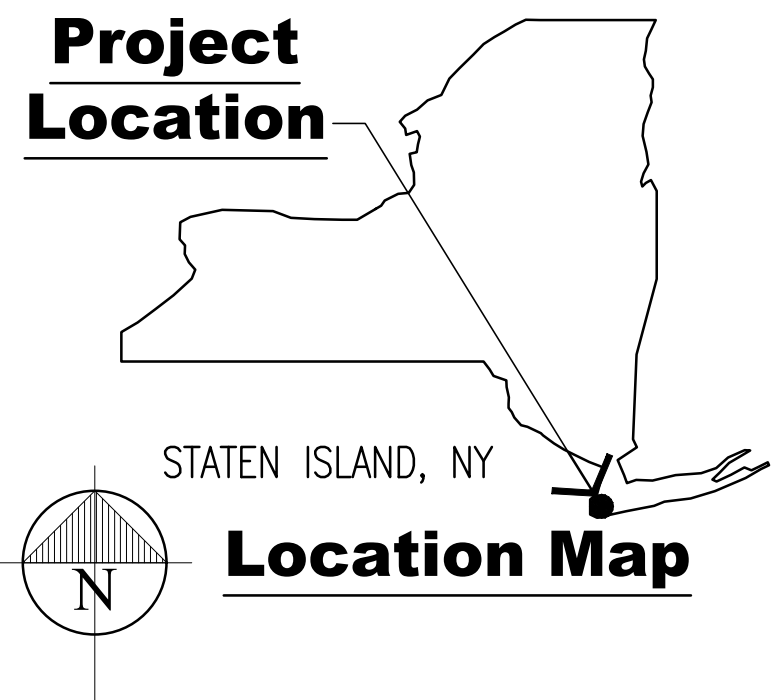
**BUILDING AREA SUMMARY
(EXISTING, NO CHANGE)**

FLOOR	AREA
BASEMENT	19,728 SF±
FIRST	13,207 SF±
SECOND	13,207 SF±
THIRD	13,207 SF±
FOURTH	13,207 SF±
FIFTH	13,207 SF±
SIXTH	13,207 SF±
SEVENTH	13,207 SF±
EIGHT	13,207 SF±
NINTH	13,207 SF±
TOTAL	138,591 SF±

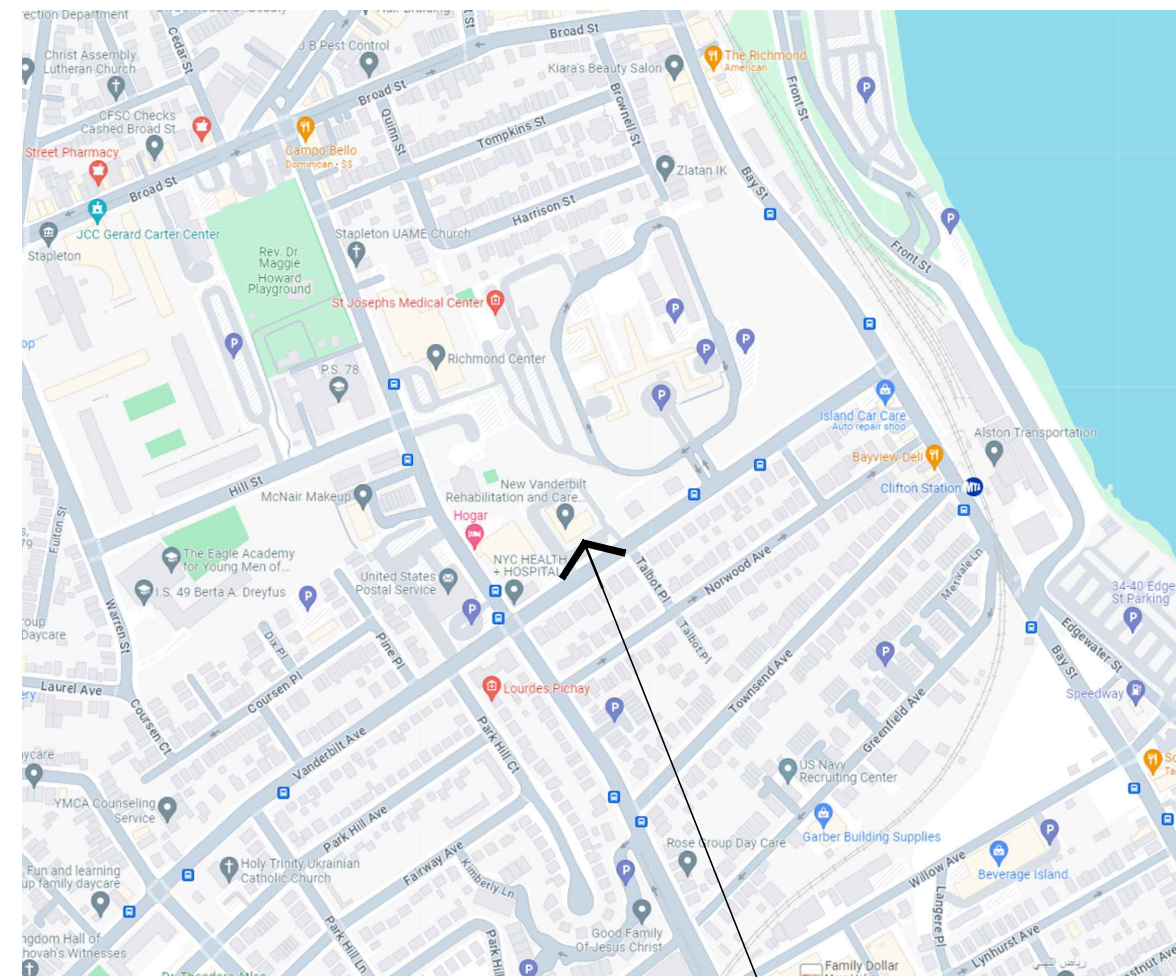
**BED TYPES SUMMARY
(EXISTING, NO CHANGE)**

TYPE	BEDS
RHCF	292
VENTILATOR DEPENDENT	28
TOTAL	320 BEDS

Project Location



STATEN ISLAND, NY
Location Map



Project Location
Area Map



1 SITE AERIAL PHOTO
NO SCALE



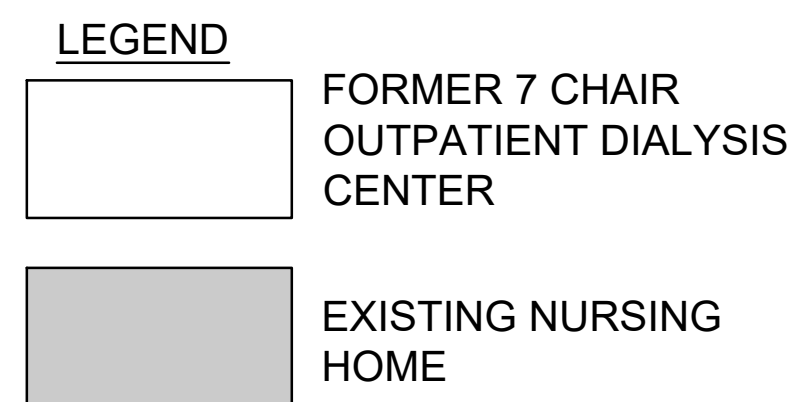
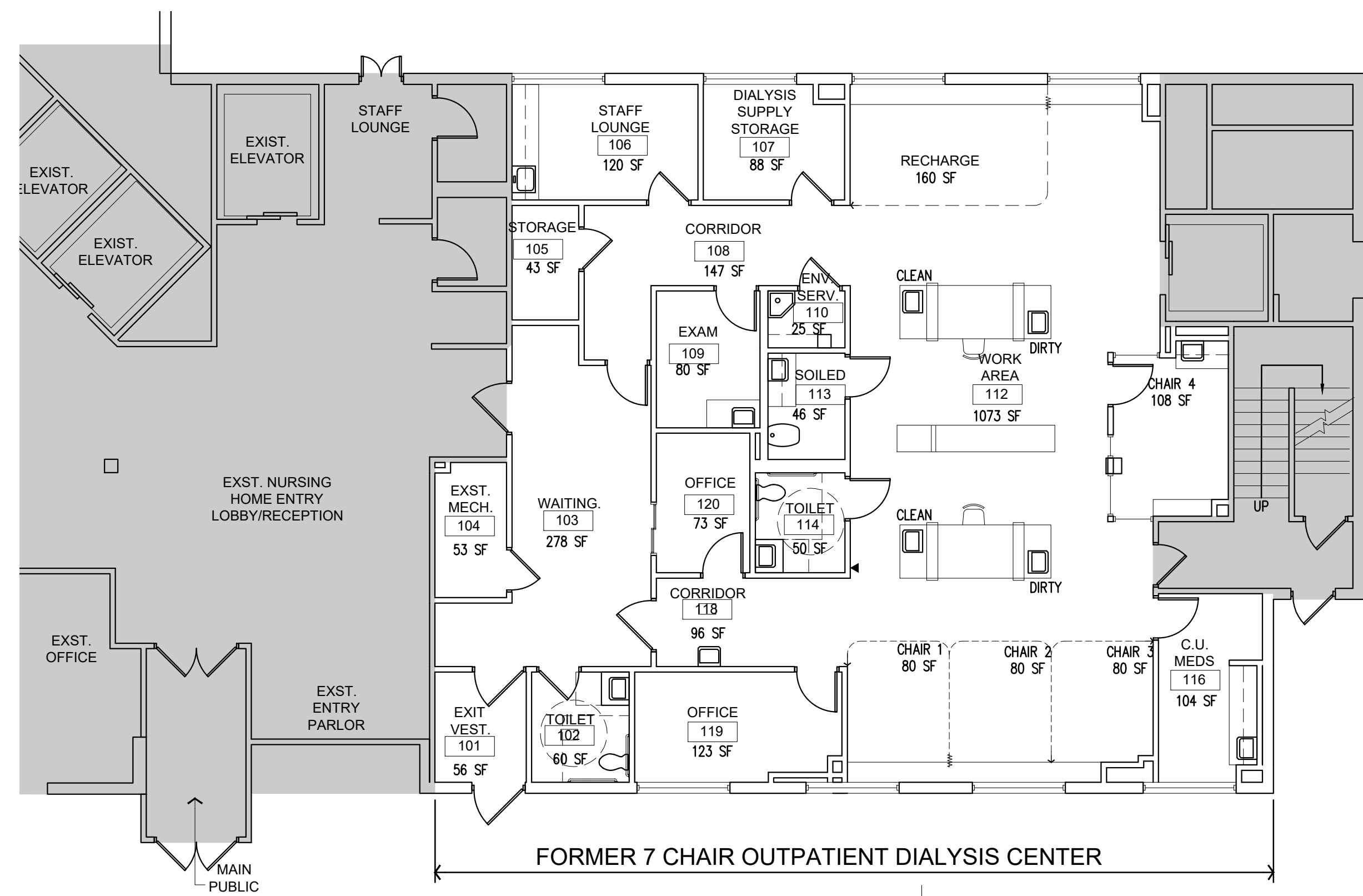
2 BUILDING ELEVATIONS PHOTO
NO SCALE

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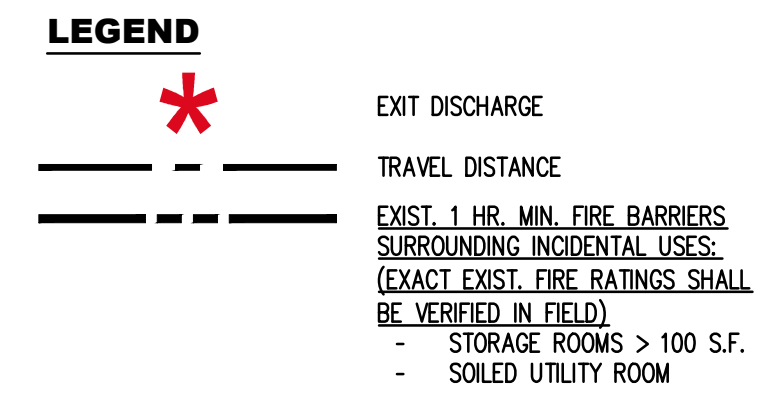
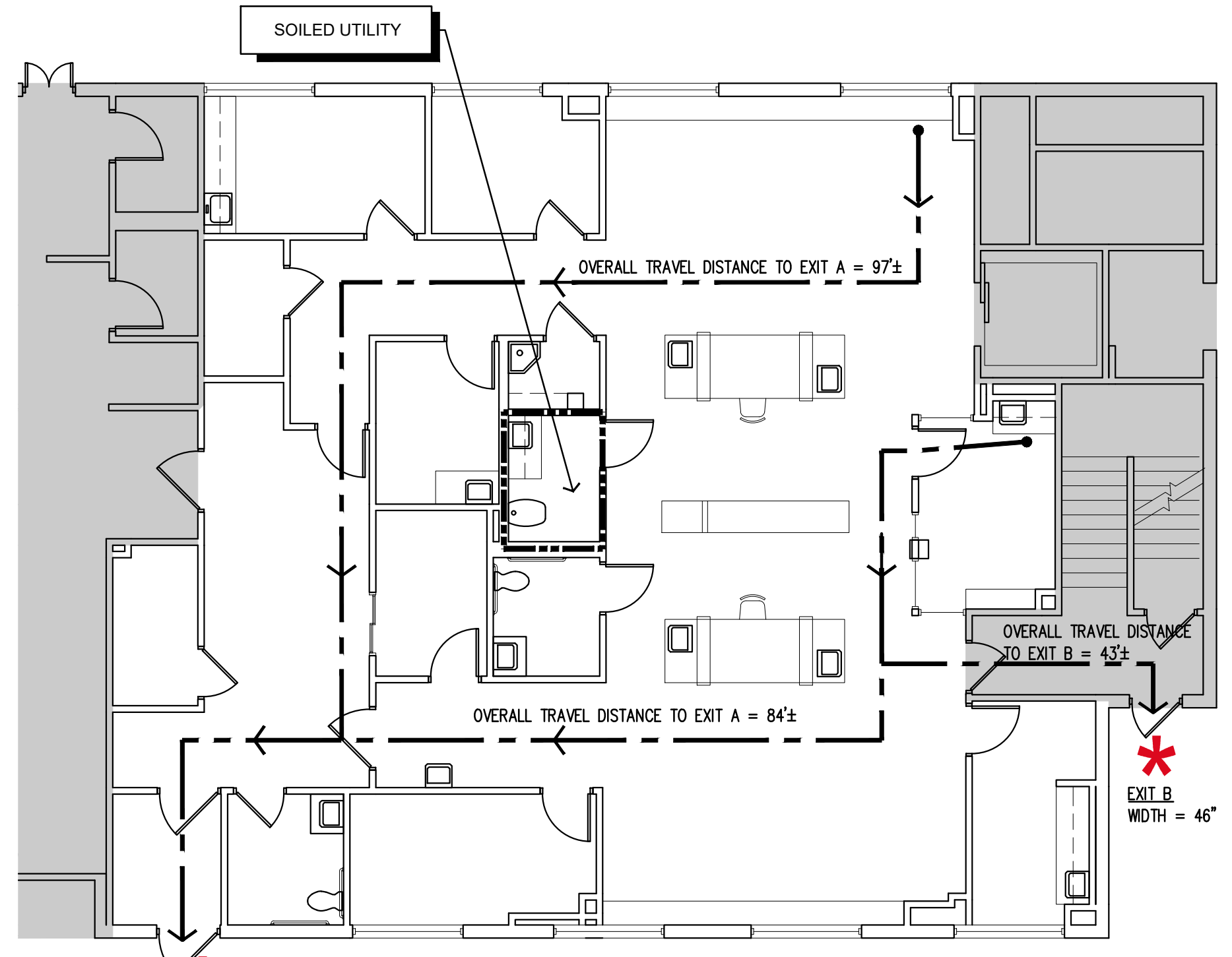
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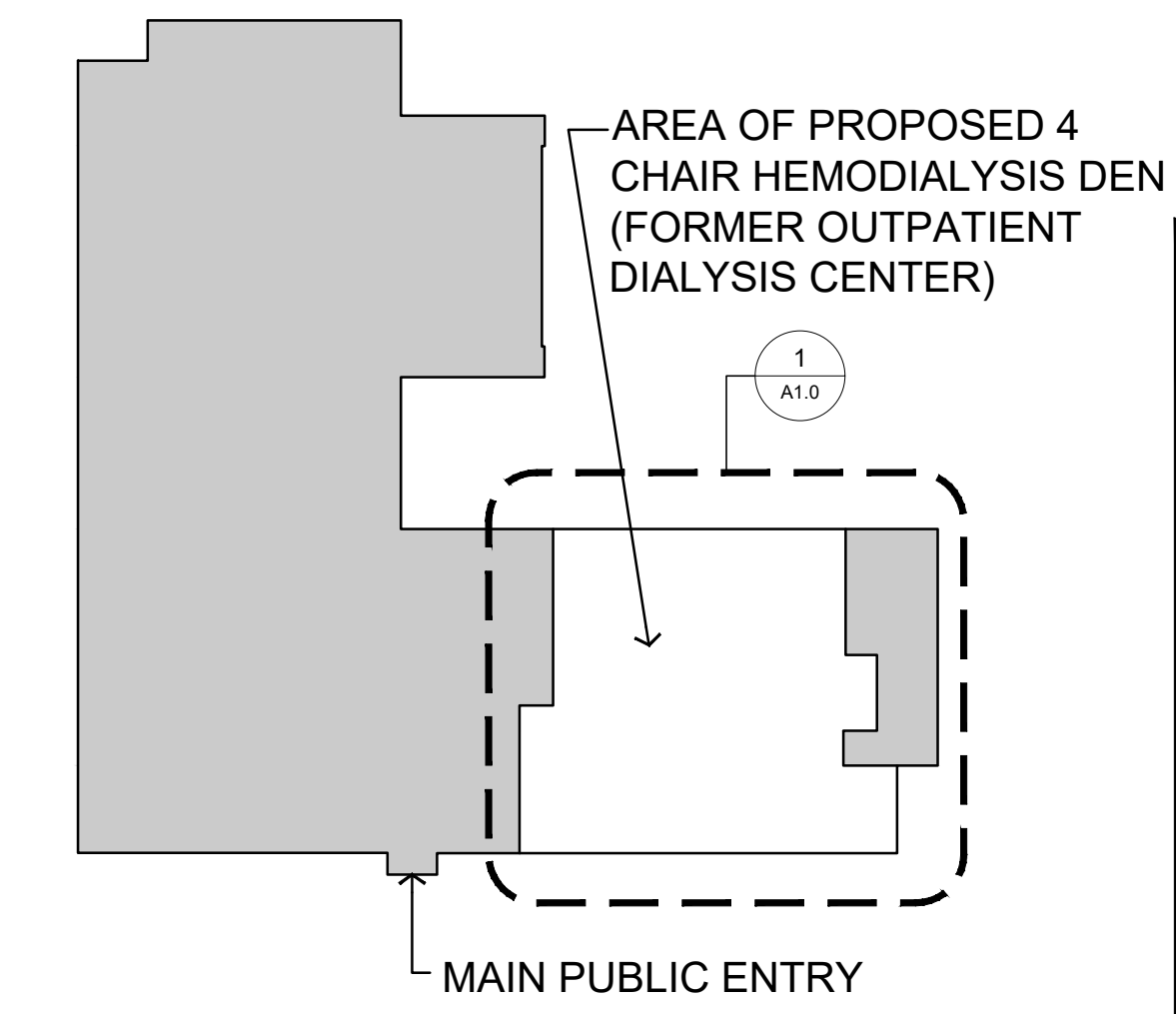
Drawn by: JRB	Checked by: DAS
Date: 12-08-2023 AS NOTED	Scale:
Revisions:	
Number:	Date:
By:	
Sheet Title:	TITLE SHEET
Sheet No:	T1.0
Job No:	2377



1 PARTIAL FIRST FLOOR PLAN - EXISTING OUTPATIENT DIALYSIS CENTER
1/8"=1'-0"



2 PARTIAL FIRST FLOOR LIFE SAFETY PLAN
1/8"=1'-0"



3 FIRST FLOOR KEY PLAN
NO SCALE

**NEW VANDERBILT REHABILITATION
AND CARE CENTER 4 CHAIR
HEMODIALYSIS DEN**

135 VANDERBILT AVENUE
STATEN ISLAND, NEW YORK 10304

REGISTERED ARCHITECT
DAVID A. SCHLOSSER
No. 013008
STATE OF NEW YORK

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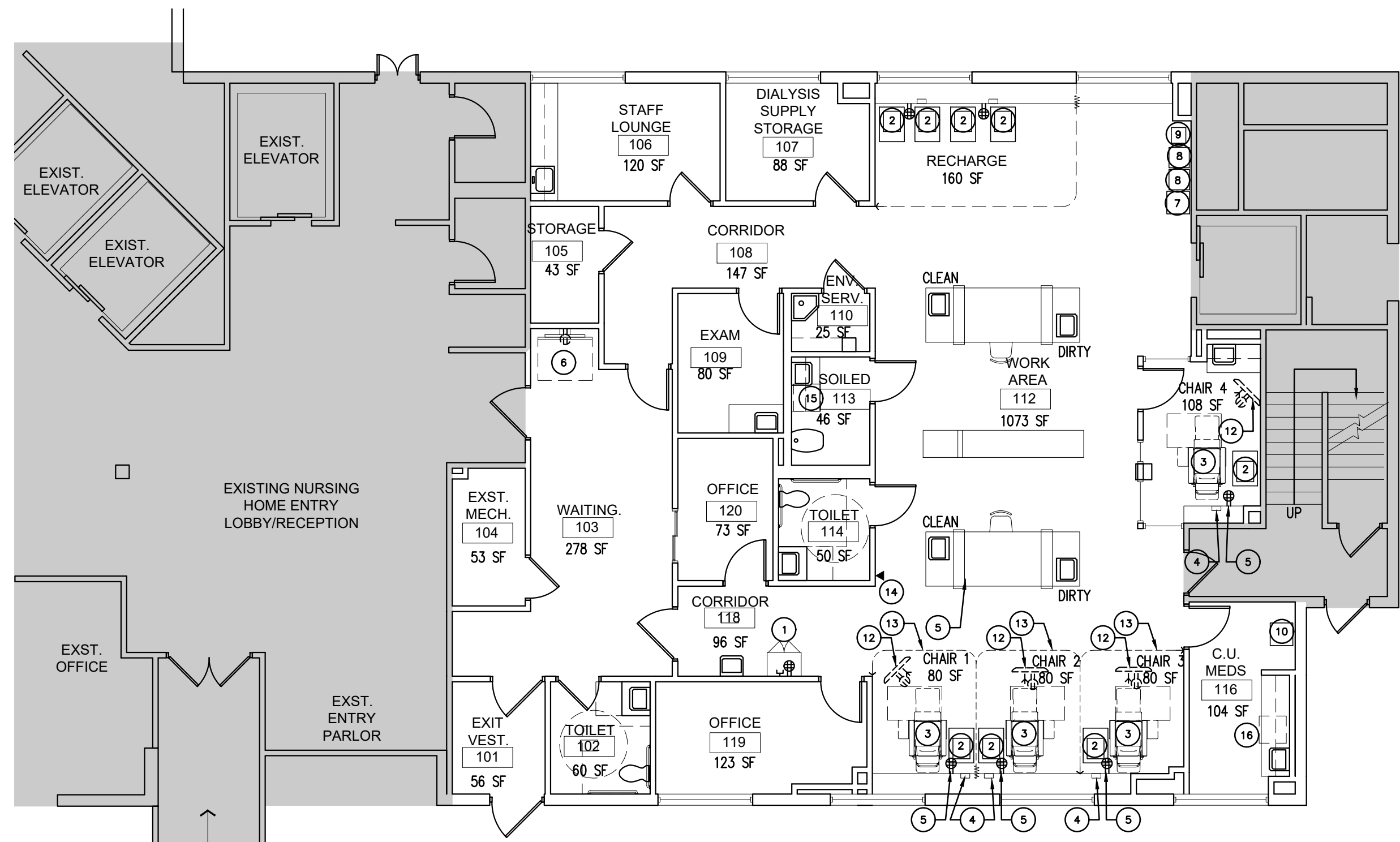
Revisions:

Number:	Date:	By:
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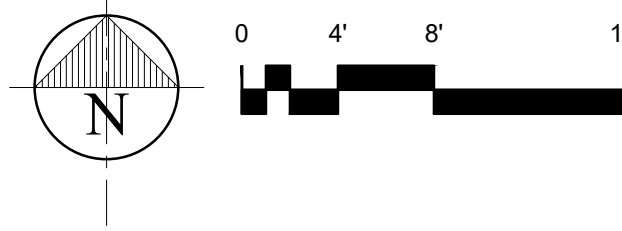
Sheet Title:
PARTIAL FIRST FLOOR EXISTING AND LIFE SAFETY PLANS

Sheet No:
A1.0

Job No: 2377



1 PARTIAL FIRST FLOOR PLAN - HEMODIALYSIS DEN
1/8"=1'-0"



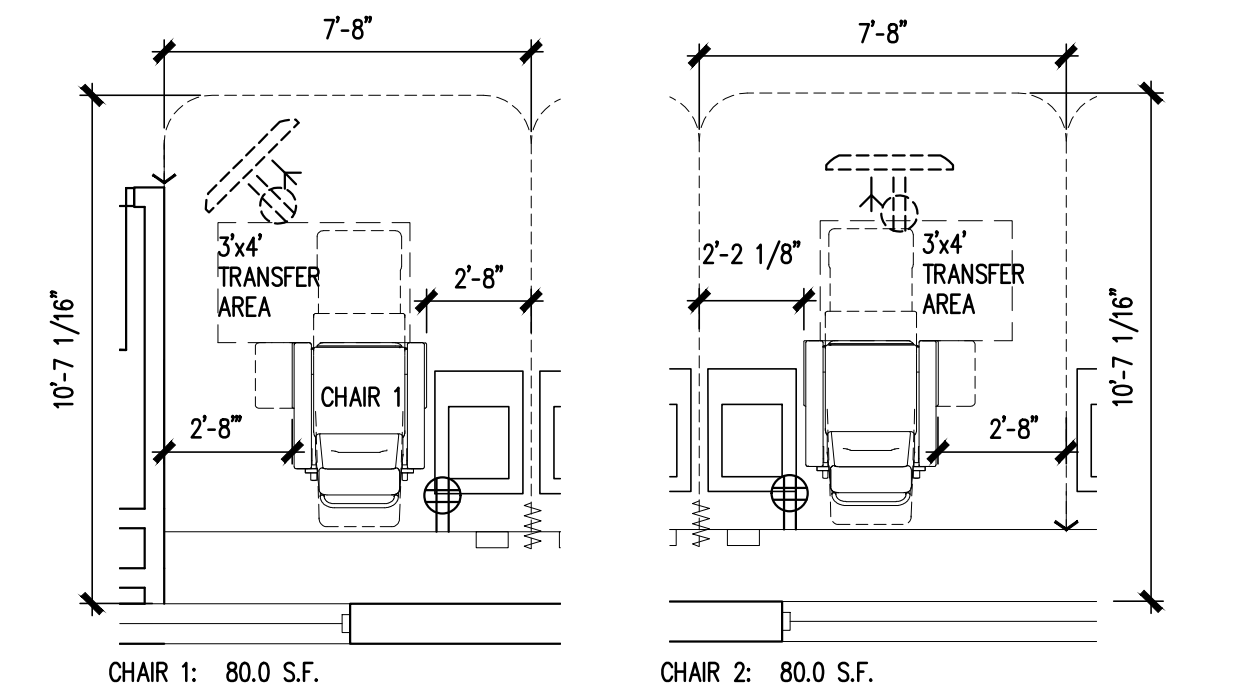
- LEGEND**
- ⊕ DUPLEX OUTLET
 - ⊕ QUAD OUTLET
 - ⊕ DATA PORT
 - ⊕ COAXIAL CABLE CONNECTION
 - ⊕ WALL MOUNTED TELEPHONE
 - ⊕ PATIENT STATION - DIALYSIS EQUIPMENT
 - ⊕ CHAIR
- CONSTRUCTION KEYED NOTES**
- 1 SECURED I.T. CLOSET w/ CABLE T.V. CONTROL BOX
 - 2 DIALYSIS EQUIPMENT
 - 3 DIALYSIS CHAIR
 - 4 DIALYSIS WALL BOX w/ TWO COLD WATER SPIGOTS & 1-1/2" DRAIN LINE
 - 5 QUAD OUTLET CONNECTED TO EMERGENCY POWER (TYPE 2 OR TYPE 3 EES)
 - 6 WALL-MOUNTED FOLD-DOWN BARIATRIC SCALE
 - 7 LARGE TRASH BIN
 - 8 BIO-HAZARDOUS MATERIALS RECEPTACLE
 - 9 SHARPS CONTAINER
 - 10 CRASH CART
 - 11 CEILING MOUNTED TV
 - 12 PRIVACY CURTAIN w/ TRACK
 - 13 WALL MOUNTED TELEPHONE
 - 14 20" WIDE UNDER-COUNTER LAB REFRIG
 - 15 20" WIDE UNDER-COUNTER MED REFRIG

HEMODIALYSIS AREA SUMMARY

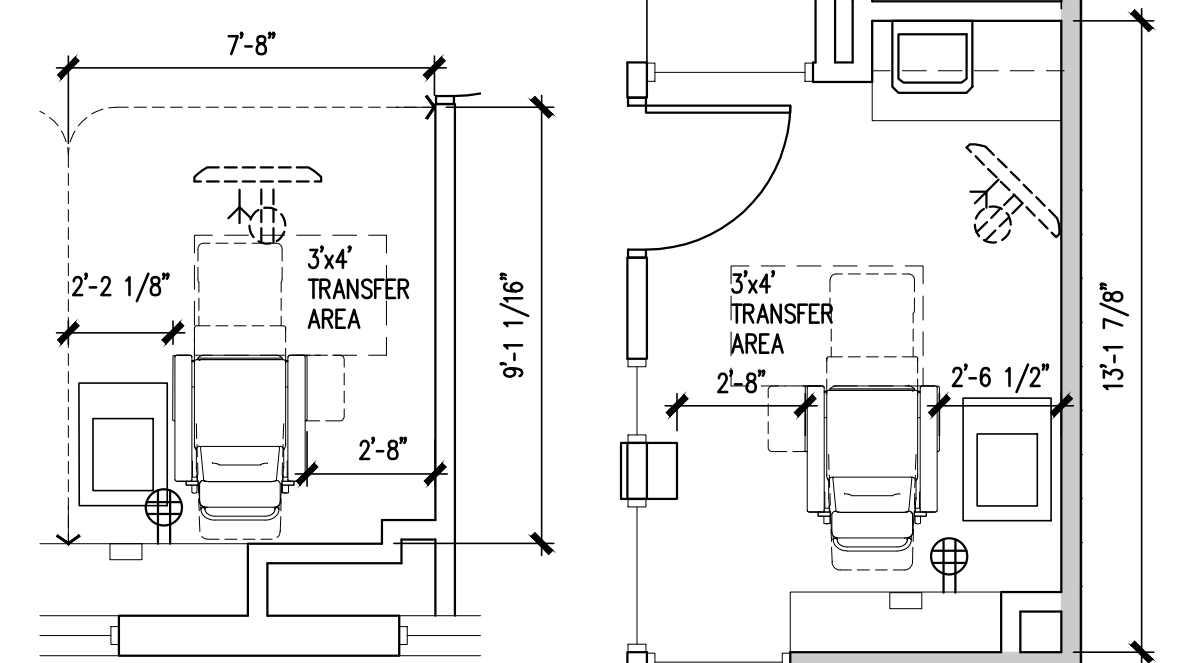
EXIT VESTIBULE 101	56 SF
TOILET 102/114	110 SF
WAITING 103	278 SF
EXIST. MECH. 104	53 SF
GEN. STORAGE 105	43 SF
STAFF LOUNGE 106	120 SF
DIALYSIS SUPPLY STORAGE 107	88 SF
CORRIDOR 108/118	243 SF
EXAM 109	80 SF
JANITOR 110	25 SF
SOILED 113	46 SF
C.U. MEDS 116	104 SF
OFFICE 119/120	196 SF
TREATMENT	348 SF
WORK AREA	956 SF
TOTAL	2746 SF

- LEGEND**
- AREA OF PROPOSED 4 CHAIR HEMODIALYSIS DEN (FORMER OUTPATIENT DIALYSIS CENTER)
 - EXISTING NURSING HOME (NO CHANGES)

NOTE
WITHIN THE NEW 4-CHAIR HEMODIALYSIS DEN ALL WALLS, BUILT-IN CABINETRY/FIXTURES AND FINISHES EXIST. NO CONSTRUCTION WORK IS REQUIRED OR PROPOSED. THE ONLY CHANGE WILL BE THE INSTALLATION OF THE NEW DIALYSIS EQUIPMENT TO BE PROVIDED AND INSTALLED BY DIALYZE DIRECT, THE NEW DIALYSIS OPERATOR.

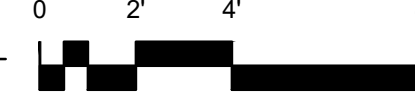


CHAIR 1: 80.0 S.F. CHAIR 2: 80.0 S.F.

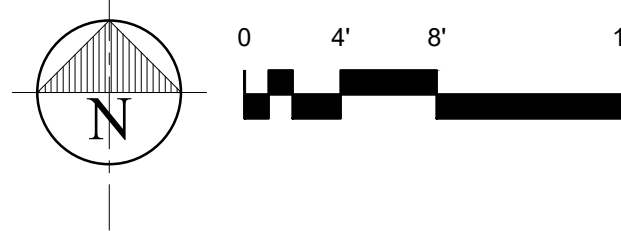


CHAIR 3: 80.0 S.F. (66.8 S.F. CLEAR AREA) CHAIR 1: 108.0 S.F.

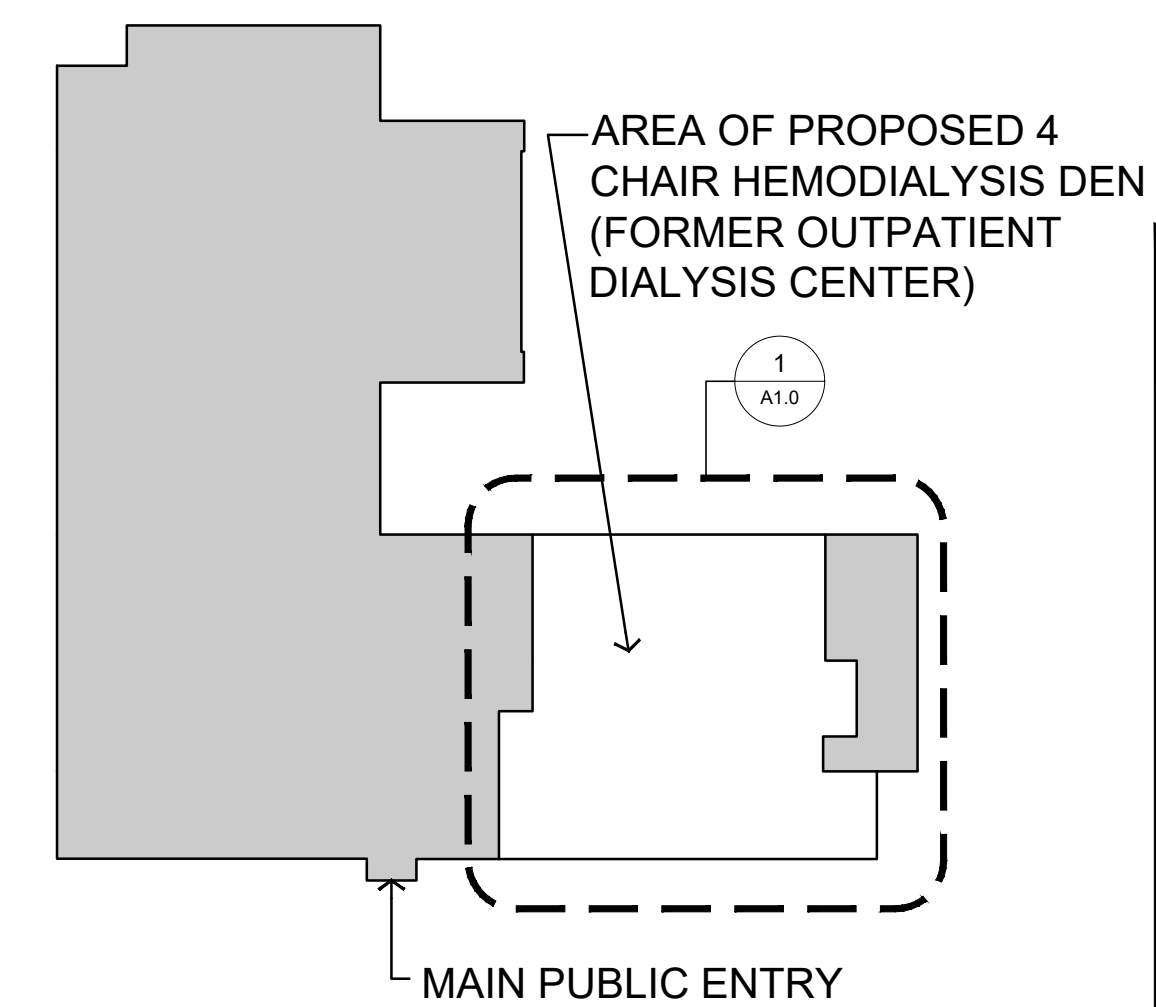
2 ENLARGED DIALYSIS CHAIR LAYOUT
1/4"=1'-0"



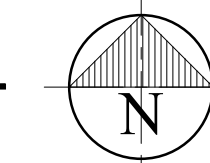
3 PARTIAL FIRST FLOOR PLAN - EXISTING / PROPOSED REFLECTED CEILING PLAN
1/8"=1'-0"



- LEGEND**
- 2'-0"x2'-0" ACOUSTIC CEILING TILES AND SUPPORT GRID
 - GWB CEILING
 - ⊗ CEILING MOUNTED EXIT SIGN
 - ⊗ CEILING MOUNTED EXIT SIGN, DIRECTIONAL
 - 2'-0"x4'-0" RECESSED LIGHT FIXTURE
 - ⊗ 2'-0"x4'-0" RECESSED EMERGENCY LIGHT FIXTURE
 - 2'-0"x4'-0" RETURN AIR GRILL
 - 8'-0" A.F.F. EXISTING AND PROPOSED CEILING HEIGHT



4 FIRST FLOOR KEY PLAN
NO SCALE



NEW VANDERBILT REHABILITATION AND CARE CENTER 4 CHAIR HEMODIALYSIS DEN
135 VANDERBILT AVENUE
STATEN ISLAND, NEW YORK 10304

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Revisions:			
Number:		Date:	
By:			
Sheet Title:	PROPOSED PARTIAL FIRST FLOOR PLANS AND DETAILS		
Sheet No:	A1.1		
Job No:	2377		

A1.1
Job No: 2377

Limited Review Application

Schedule LRA 7

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

Proposed Operating Budget

Budget	Current Year	First Year (Projected)	Third Year (Projected)
Revenues			
Service Revenue	N/A - New Service Addition		
Grants Funds		-	-
Foundation		-	-
Other		-	-
Fees		-	-
Other Income		-	-
(1) Total Revenues			\$ -
Expenses			
Salaries and Wage Expense	N/A - New Service Addition	-	-
Employee Benefits		-	-
Professional Fees		-	-
Medical & Surgical Supplies		-	-
Non-Medical Equipment		-	-
Purchased Services			
Other Direct Expense			
Utilities Expense		-	-
Interest Expense		-	-
Rent Expense		-	-
Depreciation Expense		-	-
Other Expenses		87,600	175,200
(2) Total Expense			\$ 87,600
Net Total - (1-2) →		\$ (87,600)	\$ (175,200)

The expenses are the costs that the applicant will incur for Dialyze Direct to provide the ESRD services. These expenses will be absorbed into the positive operating margin of the Facility.

Limited Review Application

Schedule LRA 7

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

* Various inpatient services may be reimbursed as discharges or days. Applicant should indicate which method checkbox applies to this table by choosing the appropriate checkbox

Patient Days Patient Discharges

Inpatient Services Source of Revenue		Total Current Year			First Year Incremental			Third Year Incremental		
		Patient Days or	Net Revenue*		Patient Days or	Net Revenue*		Patient Days or	Net Revenue*	
			%	Dollars (\$)		%	Dollars-(\$)		%	Dollars-(\$)
Commercial	Fee for Service	<u>N/A - New Service Addition</u>								
	Managed Care									
Medicare	Fee for Service									
	Managed Care									
Medicaid	Fee for Service									
	Managed Care									
Private Pay										
OASAS										
OMH										
Charity Care										
Bad Debt										
All Other										
Total				-					\$ -	

Limited Review Application

Schedule LRA 7

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

N/A - Inpatient Project Only

Outpatient Services Source of Revenue		Total Current Year			First Year Incremental			Third Year Incremental		
		Visits	Net Revenue*		Visits	Net Revenue*		Visits	Net Revenue*	
			%	Dollars (\$)		%	Dollars (\$)		%	Dollars (\$)
Commercial	Fee for Service									
	Managed Care									
Medicare	Fee for Service									
	Managed Care									
Medicaid	Fee for Service									
	Managed Care									
Private Pay										
OASAS										
OMH										
Charity Care										
Bad Debt										
All Other										
Total										

Total of Inpatient and Outpatient Services										
--	--	--	--	--	--	--	--	--	--	--

	Title of Attachment	Filename of Attachment
1. In an attachment, provide the basis and supporting calculations for all revenues by payor.		
2. In an attachment, provide the basis for charity care.		

* Net Deductions from Revenue

Limited Review Application

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

Schedule LRA 8

Staffing

Staffing Categories	Number of FTEs to the Nearest Tenth		
	Current Year*	First Year of implementation	Third Year of implementation
Health Providers**:			
Registered Nurse	N/A	1.0	1.0
Patient Care Technician	N/A	1.0	1.0
Support Staff***:			
Total Number of Employees			

* Last complete year prior to submitting application
 ** "Health Providers" includes all providers serving patients at the site. A Health Provider is any staff who can provide a billable service – physician, dentist, dental hygienist, podiatrist, physician assistant, physical therapist, etc.
 *** All other staff.

Describe how the number and mix of staff were determined:

No nursing home staff; Dialyze Direct employs staff.

PLEASE COMPLETE THE FOLLOWING:

1. Are staff paid and on payroll? Yes No **Dialyze Direct employs staff.**
2. Provide copies of contracts for any independent contractor. **Please refer to the Sch. LRA CS Attachment for Dialyze Direct contract.**
3. Please attach the Medical Doctors C.V. **Please refer to the Sch. LRA 8 Attachment.**
4. Is this facility affiliated with any other facilities? (If yes, please describe affiliation and/or agreement.) Yes No

SCHEDULE LRA 8 ATTACHMENT

Medical Director Curriculum Vitae

REDACTED

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)

NOT APPLICABLE

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.

Category/Authorized Service	Code	Current	Add	Remove	Proposed
		<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"/>
		<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"/>
		<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.

01/11/2024

Date

David Hersko

Signature

David Hersko

Name (Please Type)

Administrator

Title (Please Type)