Acknowledgement and Attestation

I hereby certify, under penalty of perjury, that I am duly authorized to subscribe and submit this application on behalf of the applicant: Care365 LLC

I further certify that the information contained in this application and its accompanying schedules and attachments are accurate, true and complete in all material respects. I acknowledge and agree that this application will be processed in accordance with the provisions of articles 28, 36 and 40 of the public health law and implementing regulations, as applicable.

| SIGNATURE: | DATE |
|--------------------|----------------|
| Zhava Doldmerg | 5-11-2023 |
| PRINT OF TYPE NAME | TITLE |
| Zehava Goldenberg | Manager/Member |

General Information

Title of Attachment:

| Is the applicant an existing facility? If yes, attach a photocopy of the resolution or consent of partners, corporate directors, or LLC managers authorizing the project. | YES 🛛 NO 🗌 | Sch_1_Attachment |
|---|------------|------------------|
| Is the applicant part of an "established PHL Article 28* network" as defined in section 401.1(j) of 10 NYCRR? If yes, attach a statement that identifies the network and describes the applicant's affiliation. Attach an organizational chart. | YES 🗌 NO 🛛 | |

Contacts

The Primary and Alternate contacts are the only two contacts who will receive email notifications of correspondence in NYSE-CON. *At least one of these two contacts should be a member of the applicant.* The other may be the applicant's representative (e.g., consultant, attorney, etc.). What is entered here for the Primary and Alternate contacts should be the same as what is entered onto the General Tab in NYSE-CON.

| | NAME AND TITLE OF CONTACT PERSON | CONTACT PERSON'S COMPA | ANY | |
|--------|----------------------------------|------------------------|-------|--|
| tact | Shloime Reichman | Free & Rye LLC | | |
| | BUSINESS STREET ADDRESS | | | |
| S S | 1052 55 th Street | | | |
| 2 | CITY | STATE | ZIP | |
| mai | Brooklyn | NY | 11219 | |
| P i | TELEPHONE | E-MAIL ADDRESS | | |
| | 929-430-5040 ext. 701 | shloime@freerye.com | | |

| | NAME AND TITLE OF CONTACT PERSON | CONTACT PERSON'S COM | /PANY | |
|-----------|----------------------------------|----------------------|-------|--|
| tact | Zehava Goldenberg | Care365, LLC | | |
| onta | BUSINESS STREET ADDRESS | | | |
| Ŭ | 1 Main Street | | | |
| ate | CITY | STATE | ZIP | |
| Alternate | Monsey | NY | 10952 | |
| Att | TELEPHONE | E-MAIL ADDRESS | | |
| | 845-371-7200 | goldsbv@gmail.com | | |

The applicant must identify the operator's chief executive officer, or equivalent official.

| | NAME AND TITLE | | |
|---------------|-------------------------|-------------------|-------|
| ⊒ ≥ I. | Zehava Goldenberg, CEO | | |
| Б Г | BUSINESS STREET ADDRESS | | |
| EC | 1 Main Street | | |
| Ж | CITY | STATE | ZIP |
| Ш | Monsey | NY | 10952 |
| Ξ | TELEPHONE | E-MAIL ADDRESS | |
| C | 845-371-7200 | goldsbv@gmail.com | |

The applicant's lead attorney should be identified:

| | NAME | FIRM | | BUSINESS STREET ADDRESS |
|-----|----------------------|-----------|--------------|--------------------------------|
| NE) | James E. Dering | Garfunkel | Wild | 111 Great Neck Road, Suite 600 |
| TOR | CITY, STATE, ZIP | | TELEPHONE | E-MAIL ADDRESS |
| AT | Great Neck, NY 11021 | | 518-242-7582 | jdering@garfunkelwild.com |

If a consultant prepared the application, the consultant should be identified:

| Ļ | NAME | FIRM | | BUSINESS STREET ADDRESS |
|-----|--------------------|-----------|-----------------------|------------------------------|
| TAN | Shloime Reichman | Free & Ry | re LLC | 1052 55 th Street |
| SUL | CITY, STATE, ZIP | | TELEPHONE | E-MAIL ADDRESS |
| CON | Brooklyn, NY 11219 | | 929-430-5040 ext. 701 | shloime@freerye.com |

The applicant's lead accountant should be identified:

| Ļ | NAME | FIRM | | BUSINESS STREET ADDRESS |
|------|--------------------|--------------------|--------------|-------------------------|
| ITA | Joseph Gliksman | J. Gliksman CPA PC | | 5417 18th Ave |
| NO N | CITY, STATE, ZIP | | TELEPHONE | E-MAIL ADDRESS |
| ACC | Brooklyn, NY 11204 | | 718-234-8181 | yg@bgcpa.com |

Please list all Architects and Engineer contacts:

| | | NAME | FIRM | | BUSINESS STREET ADDRESS |
|-----|-----------|--------------------------|-----------|--------------|----------------------------------|
| | or FFR | Rob Bernstein | BILD Arch | itecture | 501 Chestnut Ridge Rd, Suite 301 |
| CHI | and/ | CITY, STATE, ZIP | | TELEPHONE | E-MAIL ADDRESS |
| AR | | Chestnut Ridge, NY 10977 | | 212-381-0670 | rob@bildny.com |

| | NAME | FIRM | | BUSINESS STREET ADDRESS |
|------|------------------|------|-----------|-------------------------|
| C HC | | | | |
| ΗĘĚ | CITY, STATE, ZIP | 1 | TELEPHONE | E-MAIL ADDRESS |
| ARC | Z U | | | |

Other Facilities Owned or Controlled by the Applicant

Establishment (with or without Construction) Applications only

NYS Affiliated Facilities/Agencies

Does the applicant legal entity or any related entity (parent, member or subsidiary corporation) operate or control any of the following in New York State?

| FACILITY TYPE - NEW YORK STATE | FACILITY TYPE | |
|------------------------------------|------------------|------------|
| Hospital | HOSP | Yes 🗌 No 🖂 |
| Nursing Home | NH | Yes 🗌 No 🖂 |
| Diagnostic and Treatment Center | DTC | Yes 🖂 No 🗌 |
| Midwifery Birth Center | MBC | Yes 🗌 No 🖂 |
| Licensed Home Care Services Agency | LHCSA | Yes 🗌 No 🖂 |
| Certified Home Health Agency | СННА | Yes 🗌 No 🖂 |
| Hospice | HSP | Yes 🗌 No 🖂 |
| Adult Home | ADH | Yes 🗌 No 🖂 |
| Assisted Living Program | ALP | Yes 🗌 No 🖂 |
| Long Term Home Health Care Program | LTHHCP | Yes 🗌 No 🖂 |
| Enriched Housing Program | EHP | Yes 🗌 No 🖂 |
| Health Maintenance Organization | НМО | Yes 🗌 No 🖂 |
| Other Health Care Entity | OTH | Yes 🗌 No 🖂 |

Upload as an attachment to Schedule 1, the list of facilities/agencies referenced above, in the format depicted below:

| Facility Type | Facility Name | Operating Certificate or License Number | Facility ID (PFI) |
|------------------------------------|---------------|--|-------------------|
| Diagnostic and Treatment Center | Care365, LLC | 4353205R | 15293 |

Out-of-State Affiliated Facilities/Agencies

In addition to in-state facilities, please upload, as an attachment to Schedule 1, a list of all health care, adult care, behavioral, or mental health facilities, programs or agencies located outside New York State that are affiliated with the applicant legal entity, as well as with parent, member and subsidiary corporations, in the format depicted below.

| Facility Type Name Address State/Country Services Provided |
|--|
|--|

In conjunction with this list, you will need to provide documentation from the regulatory agency in the state(s) where affiliations are noted, reflecting that the facilities/programs/agencies have operated in substantial compliance with applicable codes, rules and regulations for the past ten (10) years (or for the period of the affiliation, whichever is shorter). More information regarding this requirement can be found in Schedule 2D.

Care365 LLC

Schedule 01 Attachments

- Attachment A Member Resolution
- Attachment B Project Narrative

CARE365, LLC

MEMBER RESOLUTION

RESOLVED, that Care365, LLC's (the "Center") management is hereby authorized to submit a Certificate of Need Application to establish an Article 28 diagnostic and treatment center extension to be located at 112 Route 202, Pomona, NY 10970.

Management is authorized to undertake all tasks necessary in working toward this approval.

Approval certified by:

Jehan Holdholes

Zehava Goldenberg, Sole Member

5-11-2023

Date

PROJECT NARRATIVE

PROPOSAL

Care365 LLC, (the "Center") is submitting this application for administrative review – full construction, with the purpose of establishing an extension of its current Article 28 clinic (PFI #15293). The current clinic is located at 1 Main Street, Monsey, (Rockland County) NY, 10952. The proposed extension ("Care365 II" or "Extension Clinic") will be located at 1633 Route 202, Pomona (Rockland County) NY, 10970 (approximately seven miles north from the existing facility), and will provide primary medical care and specialty medical services (to be certified for "Medical Services – Primary Care" and "Medical Services – Other Medical Specialties") for the residents of Pomona, NY and surrounding areas.

BACKGROUND

Zehava Goldenberg, the sole member of Care365, LLC, has spent the first 25 years of her career working as a Medicaid Coordinator in a nursing home, assisting patients and their families to ensure admission and proper coverage for medical care. In 2019, she submitted an application for establishment of an Article 28 Clinic at 1 Main Street, Monsey, Rockland County NY 10952, which was approved by the PHHPC.



Figure 1 Care365 Reception area at its flagship D&TC at 1 Main Street, Monsey (Rockland County)

According to the Rockland County Community Health Improvement Plan 2019 - 2021¹, Rockland is the smallest county by area and the third most dense in the state, outside of New York City. The most recent population estimates from 2018 indicates that Rockland County grew by 4.3% between 2010 and 2017. The statewide growth rate over the same period was 2.2%. Between 2010 and 2017, all five Rockland County towns increased in number, with the majority of growth in the Town of Ramapo at 6.2%.

Within Monsey (a hamlet in the Town of Ramapo) there is a large population of Hasidic Orthodox Jews, which has recently been extending northward into neighboring Wesley Hills and Pomona. Pomona has seen a 16.95% growth rate since 2020².

With the local population growing and spreading out, the applicant realized the need to expand Care365 to serve additional neighboring areas. A suitable location for an extension clinic was found at 1633 Route 202, Pomona NY 10970. The proposed Extension Clinic will serve the population in Pomona as well as surrounding areas including Northern Monsey and New Square among others.

The medical director of the extension will be Dr. Seth Kurtz, who also serves as director of the flagship center. Please refer to Dr. Kurtz's CV (Schedule 13 Attachment) for additional information on his experience and expertise.

The proposed Center is a newly renovated 5,333 square foot space within a strip mall with direct access to the street (Route 202). The proposed Center will have nine exam rooms, one treatment room, and an x-ray room. It has been designed in accordance with the FGI guidelines. Construction to make the site of the D&TC Article-28 compliant has been performed by Zehava Goldenberg, prior to DOH approval of this project and at its own risk.

The Center already has a Transfer and Affiliation Agreement with Montefiore Nyack Hospital under which Care365 refers patients to the hospital for services including general medical/surgical hospitalizations; tertiary level of care; obstetrical services; cardiac diagnostic testing; emergency room services; laboratory services; and more. This Affiliation Agreement will cover the Extension as well.

¹ https://www.montefiorenyack.org/sites/default/files/health_works/Community-assessments/Rockland%20County_LHD_Hospital_CHIP_2019_2021.pdf

² https://worldpopulationreview.com/us-cities/pomona-ny-population

POPULATION CHARACTERISTICS

Pomona is a village partly in the town of Ramapo and partly in the town of Haverstraw in Rockland County, New York, United States. Its zip code is 10970 which is this project's Primary Service Area (PSA).

Ramapo, a town in Rockland County, consists of several villages and hamlets including Monsey, Airmont, Suffern, Pomona, Viola, New Square, New Hempstead, and others.

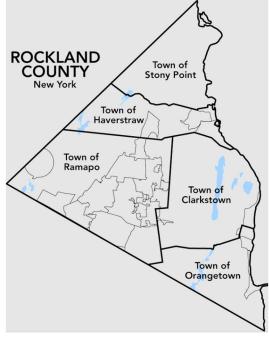


Figure 3 The Five Towns of Rockland County

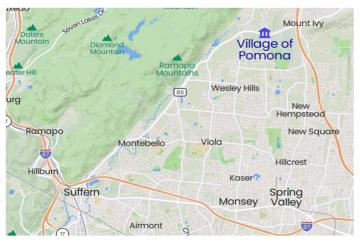


Figure 2 The Village of Pomona and surrounding villages in Ramapo

The PSA has a population of 11,449. The largest racial/ethnic groups are White (53.3%) followed by Hispanic or Latino (26.3%) and then by Black or African American (20.2%). A relatively large portion of the population is children with 26.9% of residents being under the age of 18 compared to 20.7% in New York State. The amount of people with public health insurance coverage in this PSA is slightly higher than the average in New York State (41.3% vs 39.9%), and 7.6% of the population has a disability.³

The town of Ramapo occupies a large swath of Rockland County. To get a picture of the health situation in the PSA, we will take a look at some health indicator statistics in Rockland County.

³ United States Census Bureau

Poverty and health are closely linked, with those in poverty often shown to have an increased risk of chronic and mental health conditions, mortality, and lower life expectancies.⁴ 14.2% of Rockland County residents lived in poverty in 2017 compared to 4.8% in nearby Putnam County and 9.4% in neighboring Westchester County.⁵

The obtaining of a high school diploma is tied with higher lifetime earnings, as well as better health outcomes. Those who have dropped out of school before graduating have an increased risk of premature death, are more likely to report at least one chronic health condition, and are more likely to be in poverty, when compared to those who have graduated.⁶ 84% of Rockland residents graduated from high school compared to 90% in nearby Putnam County.⁷

Low literacy and language skills are associated with poorer outcomes in educational attainment, employment, and health. While limited English proficiency and low literacy are not the same as health literacy, they can still be barriers to accessing health care. Both make it difficult for patients to understand health information and are associated with lower utilization of health services.⁸ Rockland County had the highest percentage (among 7 mid-Hudson counties) of children aged 5-17 years who spoke English less than very well (18.9%).⁹

Housing quality can contribute to a host of exposures associated with negative health outcomes, such as lead, mold, and carbon monoxide. Poor quality housing may also lack air conditioning or cost more to heat. This can make temperature regulation challenging, further exacerbating poor health outcomes.¹⁰ Rockland County had the highest percentage of households (27%) with housing problems, compared to all other mid-Hudson counties.¹¹

The rate of adolescent births (ages 15 - 19) in Rockland County (2012 - 2014) was 12.3 per 1,000 females.¹² The rate of newly diagnosed HIV cases (2017 - 2019) was 7.9 per 100,000 while the state objective for the 2024 Prevention Agenda is for the rate to be no higher than 5.2.¹³

⁴ https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/poverty

⁵ Mid-Hudson Region Community Health Assessment 2019 - 2021

⁶ Office of Disease Prevention and Health Prevention, June 2019

⁷ Mid-Hudson Region Community Health Assessment 2019 - 2021

⁸ Office of Disease Prevention and Health Prevention, June 2019

⁹ Mid-Hudson Region Community Health Assessment 2019 - 2021

¹⁰ Office of Disease Prevention and Health Promotion, July 2019

¹¹ Mid-Hudson Region Community Health Assessment 2019 - 2021

¹² https://www.nyskwic.org/

¹³ https://webbi1.health.ny.gov/

The percentage of premature deaths (under age 65) in Rockland County was 19.4% (out of all deaths) in 2019. The rate of preventable hospitalizations in 2019 was 96.9 per 10,000 people.¹⁴

The top 3 causes of death in Rockland County are Cancer, Heart Disease, and Chronic Lower Respiratory Disease. At the county level, data from 2014-2016 shows Rockland County had the highest heart attack mortality rate of the seven Mid-Hudson counties (41.4 per 100,000 population). This rate was higher than the Mid-Hudson Region, as a whole, and New York State (24.8 and 27.5 per 100,000 population, respectively).¹⁵

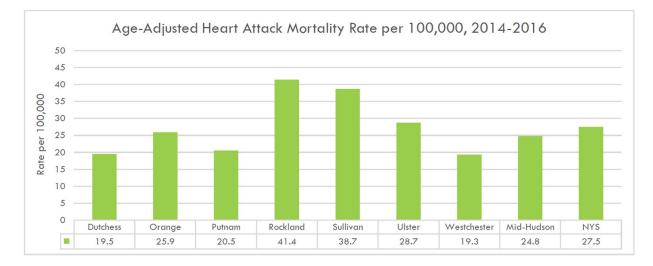


Figure 4 Heart Attack Mortality Rate in Mid-Hudson Counties

PUBLIC NEED

In light of the health and demographic statistics outlined above, it is clear that there is a need for enhanced healthcare services in the PSA. Furthermore, as we will illustrate in this section, the recent population growth in the PSA necessitates a reinforcement of healthcare services. In recent

¹⁴ Ibid.

¹⁵ Mid-Hudson Region Community Health Assessment 2019 - 2021

years, the county of Rockland and the town of Ramapo in particular have experienced drastic population growth.

In 2011, Ramapo had a population of 127,975. In 2021 the population was 150,344.¹⁶ In an article describing the population increase in Rockland, the Rockland County Business Journal reported that "The county's most significant growth in both adult and youth population came from Ramapo, which saw a 17.6 percent increase over the past decade, bringing its population to 148,929 (April 2020) – the largest in the county. While its adult population increased 10.5 percent, its youth population rocketed by 30.6 percent."¹⁷

The Orthodox Jewish population, which comprises more than half of Rockland's population, shows dramatic signs of growth. Yeshiva enrollment in Rockland County grew more than 63% in the past decade, underscoring rapid Orthodox Jewish population growth in counties north of New York City where these families have increasingly settled in recent years.¹⁸

With the exponential population growth and rise in housing prices over the last decade in the Monsey area, the Orthodox community started spreading out to Northern areas of Ramapo, including Airmont, Wesley Hills, and Pomona.

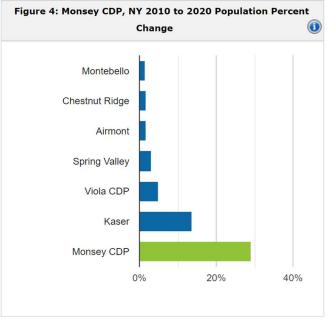


Figure 5 Monsey Shows Close to 30% Population Change in a Decade (https://www.towncharts.com/)

New Square, a village in Ramapo which is a ten-minute drive away from the address of the proposed Center, with a population of 8,589¹⁹, has a designated Health Professional Shortage Area (HPSA ID 13699936B6) as well as a Medically Underserved Area (MUA/P ID 0236). There is an

¹⁶ https://www.newyork-demographics.com/ramapo-demographics

¹⁷ https://rcbizjournal.com/

¹⁸ https://forward.com/news/484700/yeshiva-enrollment-points-to-huge-hasidic-growth-outside-new-york-city/

¹⁹ United States Census Bureau

additional primary care HPSA in Rockland County (HPSA ID 13699936NP) as well as another MUA (MUA/P ID 07534), pointing to a general shortage of primary healthcare services in the PSA's region.

In 2019, the Rockland County Department of Health, along with HealtheConnections, conducted two focus groups at the Haverstraw Collaborative and the Spring Valley Collaborative to discuss survey results from providers that serve various populations.²⁰ The survey showed that the top three issues that affect health in Rockland County were:

- Access to affordable, decent, and safe housing
- Access to mental health providers
- Access to affordable, nutritious food

The survey also showed that the top three barriers to people achieving better health in Rockland County were: a. knowledge of existing resources; b. health literacy; and c. Drug and/or alcohol use.

Some of the other major findings included:

- Lack of affordable housing in Rockland was brought up as a major issue. People are paying a large share, often 50-75%, of their income on housing, and this leads to high levels of stress (71.2%).
- Lack of cultural competency is a barrier that deters people from seeking help (15.2%).
- There is an overall lack of services available after 5:00 PM.

In conclusion, one of the five specific recommendations of the provider focus group was that "Services should be open during hours outside of 9:00 AM- 5:00 PM, Monday through Friday, to increase access."

Receiving regular primary care services is key to chronic disease management, preventative care, and early detection. In a 2018 Mid-Hudson Region Community Health Survey, 17% of Rockland County respondents said they did not visit a primary care physician for a routine physical or checkup within the last 12 months (compared to16% in neighboring Putnam and 13% in Westchester). To the question, "For which reason did you visit the emergency room for a health-related emergency rather

²⁰ Mid-Hudson Region Community Health Assessment 2019 - 2021

than a doctor's office?" 23% or respondents answered that "they do not have a regular doctor/ primary care doctor."²¹

17% of people surveyed haven't seen a primary care provider for a routine physical or checkup within the last 12 months, when asked why, 24% responded that they did not have health insurance, and 11% responded that they did not have enough money to see a doctor.²²

During the 2019 Community Health Priority Selection Forum, it was determined by an open vote that Rockland partners will be focusing on the "Preventing Chronic Diseases and Promoting Well-being" and "Preventing Mental and Substance Use Disorders" Prevention Agenda priority areas.²³

Within the zip code of the proposed center, there are only 2 other Article 28 D&TC's.²⁴

The establishment of Care365 in Pomona will be a key player in "Preventing Chronic Diseases and Promoting Well-being" in the PSA. A welcome addition to the healthcare landscape in Ramapo, the Center will bring quality primary care as well as specialty services, thus playing a role in reducing chronic diseases and promoting well-being among the local population.

<u>PROGRAM</u>

By providing primary care services, Care365 will increase access to health providers, a factor that is essential in reducing potentially preventable hospitalizations (PPH), preventing chronic diseases, and enhancing the general health and quality of life of residents.

The Center will provide all-encompassing primary and pediatric care as well as other specialty medical services including cardio-care, on-site laboratory testing, x-ray examinations, and sonograms.

The operator has prepared a thorough strategic plan which includes projected visits for Years 1 - 3, marketing and outreach strategies, and priorities and goals for health intervention areas.

²¹ Ibid.

²² Ibid.

²³ Ibid.

²⁴ https://health.data.ny.gov/

Care365 will provide the following services.

- 1. Primary Medical Care diagnosis and treatment of illnesses in adults and children:
 - Common infections such as strep, ear infection, pneumonia, UTI, viruses etc.
 - Untreated strep infections can lead to the bacteria spreading to other parts of the body, causing complications such as: rheumatic fever and post-streptococcal glomerulonephritis (a kidney disease)
 - In rare cases, ear infections can lead to complications such as meningitis and hearing loss. Thus, it is vital to get proper treatment in a timely manner.
 - Pneumonia can lead to complications such as: acute respiratory distress syndrome, lung abscesses, respiratory failure and sepsis. Timely and targeted intervention is essential to prevent complications.
 - The main danger associated with untreated UTIs is that the infection may spread from the bladder to one or both kidneys. Early detection and treatment are crucial to minimizing long-term complications.
 - Chronic illnesses such as diabetes, hypertension, asthma, heart disease etc.
 - In 2014, the rate of emergency department visits due to asthma was 33.1 per 10,000 in Rockland County.
 - Between 2014 and 2016, Rockland County had a heart attack mortality rate of 41.4 per 100,000 the highest rate among 7 mid-Hudson counties.
 - In 2016, 9.1% of Rockland County residents were reported to have physiciandiagnosed pre-diabetes and 6.9% had diabetes.
 - Injuries such as sprains, fractures, lacerations, and burns
 - The rate of unintentional injury hospitalization for children ages birth to 19 years in Rockland County per 10,000 was 156.²⁵ With easier access to local treatment for minor injuries in the community, including x-ray services, hospitalization rates will consequently decline.
 - Dehydration, anemia, and other blood deficiencies
 - Risk factors for dehydration include: excessive heat exposure, older age, athletic activity, chronic or temporary illness.

²⁵ https://www.nyskwic.org/

- Untreated dehydration can lead to life-threatening complications, such as: heat exhaustion, heatstroke, seizures due to electrolyte loss, low blood volume, kidney failure, coma.
- In infants and preschool children, iron-deficiency anemia may result in developmental delays and behavioral disturbances. As many as nine percent of children aged 12-36 months in the United States have iron deficiency. For children older than 36 months, risks for iron deficiency include low family income, migrant or refugee status, and medical conditions that affect iron status.
- In older adults, it's quite common for there to be several coexisting causes of anemia.
 As severe anemia can be life-threatening, it is vital for older adults to have their iron levels constantly monitored and managed.
- 2. Specialty Medical Services:

Cardio-care (evaluation and management), x-ray imaging, laboratory moderate complexity testing; and sonograms.

Under the medical leadership of Dr. Seth Kurtz MD, Care365 is committed to providing quality healthcare and maximal accessibility, both in the sense of making its services familiar and available to all community members and in the technical sense of ensuring physical accessibility in every detail of the facility's layout, in accordance with the Americans with Disabilities Act 1990. Dr. Seth Kurtz, the current director of the flagship Care365 Center, has been practicing medicine for over fifteen years and has held multiple leadership roles over the years.

The facility aims to become recognized by NCQA as a Patient-Centered Medical Home (PCMH), a model that is committed to continuous quality improvement and a patient-centered approach putting patients at the forefront of care and increasing staff satisfaction – while reducing health care costs.

Beyond providing services to treat health problems, a big focus of the Center will be disseminating preventive education. This will entail meeting with community leaders, religious and civic organizations to implement educational programming to promote a healthy lifestyle – including reducing tobacco use, increasing physical activity and promoting better nutrition. For many in the proposed service area this will involve dispelling myths concerning vaccinations in general and measles vaccines in particular. Monsey was the epicenter of the measles outbreak in 2018, and there is a sizable

population segment there that opposes vaccination. Strategic and creative intervention is required to allay concerns and increase vaccination rates in the area.

The proposed operator is sensitive to the cultural and religious needs of the community. In order to best serve the population, many of whom are fluent in a language other than English, signs, brochures and other materials will be in English, Spanish and Yiddish as well as any other language that reflects the needs of the population. The operator will ensure there is always staff available that speak one of these languages.

Further, for many women in the ultra-Orthodox community (which comprises a large segment of Care365 clientele), religious practices often provide barriers to care. These women hesitate to see male doctors for gynecological care and mammograms. The Center will endeavor to have female staff available to ensure women in the community receive routine screenings such as pap smears and mammograms and adequate prenatal care.

The proposed Center will be utilizing an electronic Medical Records (EMR) system which will be integrated with the Statewide Health Information Network (SHIN-NY) as per 10NYCRR Part 300. A compliance program will be an integral part of the proposed Center to ensure full compliance with all federal, state, and Medicaid regulations, including the ongoing in-service/training for all employees of the Center.

SUMMARY

Care365 is submitting this Certificate of Need application for the establishment of an extension Article 28 diagnostic and treatment center to be located at 1633 Route 202, Pomona NY 10970. We are confident that if approved, the Care365 D&TC in Pomona, NY will decrease local hospitalization rates, reduce chronic diseases and enhance the overall health and quality of life of the residents of Pomona NY, and the surrounding areas.

Schedule 5 Working Capital Plan

Contents:

• Schedule 5 - Working Capital Plan

Working Capital Financing Plan

1. Working Capital Financing Plan and Pro Forma Balance Sheet:

This section should be completed in conjunction with the monthly Cash Flow. The general guidelines for working capital requirements are two months of first year expenses for changes of ownership and two months' of third year expenses for new establishments, construction projects or when the first year budget indicates a net operating loss. Any deviation from these guidelines must be supported by the monthly cash flow analysis. If working capital is required for the project, all sources of working capital must be indicated clearly. Borrowed funds are limited to 50% of total working capital requirements and cannot be a line of credit. Terms of the borrowing cannot be longer than 5 years or less than 1 year. If borrowed funds are a source of working capital, please summarize the terms below, and attach a letter of interest from the intended source of funds, to include an estimate of the principal, term, interest rate and payout period being considered. Also, describe and document the source(s) of working capital equity.

| Titles of Attachments Related to Borrowed Funds | Filenames of Attachments |
|--|-----------------------------|
| Example: First borrowed fund source | Example: first_bor_fund.pdf |
| Not Applicable | |
| | |
| | |
| | |
| | |
| | |
| | |

In the section below, briefly describe and document the source(s) of working capital equity

Working capital (two months of third year expenses - \$405,353) will be funded by the member of Care365 LLC. Please refer to the Schedule 2b (Attachment to Schedule 9) of the member. A monthly cash flow analysis is also included under Schedule 5 Attachment.

2. Pro Forma Balance Sheet

This section should be completed for all new establishment and change in ownership applications. On a separate attachment identified below, provide a pro forma (opening day) balance sheet. If the operation and real estate are to be owned by separate entities, provide a pro forma balance sheet for each entity. Fully identify all assumptions used in preparation of the pro forma balance sheet. If the pro forma balance sheet(s) is submitted in conjunction with a change in ownership application, on a line-by-line basis, provide a comparison between the submitted pro forma balance sheet(s), the most recently available facility certified financial statements and the transfer agreement. Fully explain and document all assumptions.

| Titles of Attachments Related to Pro Forma Balance Sheets | Filenames of Attachments |
|--|--|
| Example: Attachment to operational balance sheet | Example: Operational_bal_sheet.pdf |
| Pro-Forma Balance Sheet | Pro-Forma Balance Sheet – Attachment 5-1 |
| | |
| | |
| | |
| | |
| | |

Care365 LLC

Schedule 05 Attachments

- Attachment A Pro Forma Balance Sheet
- Attachment B Year 1 Monthly Cash Flow Analysis

CARE365 II Year 1 Monthly Cash Flow Analysis

| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|----------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Starting Cash | \$ 405,353 | \$ 347,088 | \$ 300,644 | \$ 267,335 | \$ 248,621 | \$ 246,122 | \$ 261,641 | \$ 297,180 | \$ 354,962 | \$ 437,461 | \$ 547,420 | \$ 687,893 |
| Revenue | \$ 106,392 | \$ 118,214 | \$ 131,349 | \$ 145,943 | \$ 162,159 | \$ 180,177 | \$ 200,196 | \$ 222,440 | \$ 247,156 | \$ 274,617 | \$ 305,130 | \$ 339,034 |
| Expenses | \$ 164,658 |
| Remaining Cash | \$ 347,088 | \$ 300,644 | \$ 267,335 | \$ 248,621 | \$ 246,122 | \$ 261,641 | \$ 297,180 | \$ 354,962 | \$ 437,461 | \$ 547,420 | \$ 687,893 | \$ 862,270 |

CARE365 II Pro Forma Balance Sheet

| ASSETS | | |
|------------|--------------------------------------|------------------------------|
| | Cash | \$ 405,352.8 8 |
| | Leasehold Improvements | \$ - |
| | Momveable/Fixed Equipment | \$ - |
| | Total Assets | \$ 405,352.8 8 |
| LIABILITIE | S & MEMBERS EQUITY | |
| | Long Term Debt | \$ - |
| | Short Term Debt | \$ - |
| | Total Liabilities | \$ - |
| | Members Equity | \$ 4 05,952.00 |
| | Total Liabilities and Members Equity | \$ 405,352.88 |



501 Chestnut Ridge Road, Suite 301 NY 10977 | ph: 212.381.0670 | e: info@bildny.com | w: www.bildny.com

CARE 365 SBV

1633 Route 202 Pomona, NY 10970 Rockland County

Narrative

General:

Care 365 is an existing facility that is located in a newly renovated building at 1633 Route 202 in Pomona, New York. The entire space has been renovated into a diagnostic and treatment center providing primary and specialty medical. A phlebotomy room is provided for blood draws and a laboratory is provided to perform moderate complexity testing and specimen storage.

Existing plans:

The existing facility includes a waiting room, reception area, medical directors' office, phlebotomy room, lab, nurses station, doctors office, 9 exam rooms, 1 treatment room, 1 ultrasound room, x-ray imaging room with a waiting area and changing room, soiled holding, clean work room, janitors closet, storage closets, staff break room, conference room, 1 public toilet, 1 staff toilet and 3 patient toilets.

Building Code:

The existing facility is newly constructed and complies with applicable sections of the 2020 Building Code of New York State, 2010 ADA Standards for Accessible Design, applicable sections of the 2018 edition of the Guidelines for Design and Construction of Outpatient Facilities, 2012 NFPA 101 and 220 with respect to building and construction codes, fire codes and accessibility. The drawings are also in compliance with the 10NYCRR and the DSG-01.



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9/21/2022

Care 365 SBV

1633 Route 202

Pomona, NY 10970

Functional Space Program:

| Lobby / Waiting Area | 644 sf |
|-------------------------------|----------|
| Exam Rooms (patient services) | 1,202 sf |
| Facility | 838 sf |
| Support Spaces | 742 sf |
| Toilets and Utility | 283 sf |
| Net Area | 3,709 sf |
| Hallways, Walls, Elevator | 1,624 sf |
| Gross Area | 5,333 sf |



KATHY HOCHUL Governor MARY T. BASSETT, M.D., MPH. Commissioner

Department

KRISTIN M. PROUD Executive Deputy Commissioner

CONSTRUCTION PROJECT CERTIFICATION LETTER FOR AER REVIEWS ARCHITECTS & ENGINEERS

(For projects not meeting the prerequisites for Self-Certification submission.)

Date: 3/28/2023 CON Number: TBD Facility Name: Care 365'**K** Facility ID Number: TBD Facility Address: 1633 Route 202, Pomona, N.Y. 10970

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:

- I have been retained by the aforementioned facility, to provide professional architectural/engineering services related to the design and preparation of construction documents, including drawings and specifications for the aforementioned project. During the course of construction, periodic site observation visits will be performed, and the necessary standard of care, noting progress, quality and ensuring conformance of the work with documents provided for all regulatory approvals associated with the aforementioned project.
- 2. I have ascertained that, to the best of my knowledge, information and belief, the completed structure will be designed and constructed, in accordance with the functional program for the referenced construction project and in accordance with any project definitions, waivers or revisions approved or required by the New York State Department of Health.
- 3. The above-referenced construction project will be designed and constructed in compliance with all applicable local codes, statutes, and regulations, and the applicable provisions of the State Hospital Code -- 10 NYCRR Part 711 (General Standards for Construction) and Parts (check all that apply):
 - a. ___712 (Standards of Construction for General Hospital Facilities)
 - b. __713 (Standards of Construction for Nursing Home Facilities)
 - c. __714 (Standards of Construction for Adult Day Health Care Program Facilities)
 - d. $\sqrt{715}$ (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)

PLEASE NOTE ANY EXCEPTIONS HERE:

4. I understand that as the design of this project progresses, if a component of this project is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), I shall bring this to the attention of the 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.

ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION

Effective December 01, 2021, 2021

5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

This certification is being submitted to facilitate the CON review and subsequent to formal plan approval by your office. 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.

| Project Name: Location: Description: | Care 365 1633 Route 202, Pomona, Primary, urgent and diagn | |
|--|--|--|
| Architectural or | Englineering Professional | Signature of Architect or Engineer Robert Bernstein Name of Architect or Engineer (Print) 023796-1 Professional New York State License Number 501 Chestnut Ridge Road, Chestnut Ridge, N.Y. 10977 Business Address |

. 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.

2eheva Coldenberg Margin Menter Name (Rrint) Title

Notary signing required for the applicant

APPLICABLE CODES:

2020 NYS BUILDING CODE 2020 NYS EXISTING BUILDING COD 2020 NYS FIRE CODE 2013 NFPA 10 ELECTRICAL CODE 2020 NYS PLUMBING CODE 2020 NYS MECHANICAL CODE 2020 NYS FUEL GAS CODE 2020 NYS ENERGY CONSERVATION 2020 NYS PROPERTY MAINTENANC 2010 ADA STANDARDS 2018 FGI GUIDELINES



CARE 365 1633 ROUTE 202 TOWN OF RAMAPO ROCKLAND COUNTY, NY

| | SHEET INDEX |
|---------------|--|
| | T-1.00 TITLE PAGE |
| | G-1.00 GENERAL NOTES |
| DE | A-1.00 EXISTING FLOOR PLAN |
| | A-2.00 EGRESS PLANS |
| | A-3.00 REFLECTED CEILING PLAN |
| | A-4.00 EXTERIOR ELEVATION |
| | A-4.10 INTERIOR ELEVATIONS |
| | A-5.00 WALL TYPES/ DOOR & WINDOW SCHEDUL |
| N CODE OF NYS | A-6.00 ADA DETAILS |
| NCE CODE | |
| | |

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|--|--------------|
| BILD ARCHITECTURE | |
| ADDRESS: 501 CHESTNUT RIDGE ROAD CHESTNUT RIDGE, NY 10977 TEL: 212.381.0670 EMAIL: INFO@BILDNY.COM | |
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| PROJECT ADDRESS: CARE 365 1663 ROUTE 202 POMONA, NY 10970 | |
| DRAWING TITLE: TITLE SHEET | |
| <u>PROJECT #:</u> 21004 | |
| DRAWN BY: REVIEWED B T.Z. R.B. | <u>9Y:</u> |
| <u>PRINT DATE:</u> 09/23/22 | |
| T-1.00 | |

1. ALL WORK PERFORMED SHALL COMPLY WITH THE BUILDING AND ZONING ORDINANCES OF THE TOWN IN WHICH THE PROJECT IS LOCATED AND THE BUILDING CODE OF NEW YORK STATE.

2. ALL FEDERAL, STATE AND LOCAL CODES, ORDINANCES, REGULATIONS, ETC. SHALL BE CONSIDERED AS PART OF THE SPECIFICATIONS FOR THIS BUILDING AND SHALL TAKE PRECEDENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHEN SAME ARE AT VARIANCE.

3. THESE PLANS ARE TO BE USED FOR PERMITS AND CONSTRUCTION GUIDE ONLY. IT IS NOT INTENDED TO BE USED AS A CONTRACT DOCUMENT UNLESS OTHERWISE INDICATED BY ARCHITECT.

4. CONTRACTOR OR ANY SUBCONTRACTOR DOING ANY WORK UNDER THIS CONTRACT SHALL CARRY LIABILITY, WORKMAN'S COMPENSATION AND PROPERTY DAMAGE INSURANCE AGAINST ACCIDENTS OF ALL KINDS. THE OWNER SHALL EFFECT FIRE, LIGHTENING AND ANY OTHER INSURANCE AS REQUIRED, IN PROPER SUMS TO COVER THE COST OF THE WORK IN PLACE. THE CONTRACTOR AND SUB-CONTRACTORS SHALL ADD OWNER ONTO ALL POLICIES AND FURNISH OWNER WITH ALL CERTIFICATES OF INSURANCE.

CONTRACTOR SHALL BE RESPONSIBLE FOR CHECKING ALL DIMENSIONS ON THESE PLANS AGAINST FIELD CONDITIONS PRIOR TO CONSTRUCTION AND REPORT ANY DISCREPANCIES TO THE ARCHITECT.

6. ALL DIMENSIONS AND LOCATIONS AS INDICATED ON THE DRAWINGS SHALL BE CONSIDERED AS REASONABLY CORRECT, BUT IT SHALL BE UNDERSTOOD THAT THEY ARE SUBJECT TO MODIFICATION AS MAY BE NECESSARY OR DESIRABLE AT THE TIME OF INSTALLATION TO MEET ANY UNFORESEEN OR OTHER CONDITON.

ARCHITECT AND RELATED CONSULTANTS HAVE NOT BEEN RETAINED FOR CONSTRUCTION INSPECTION OR CONTRACT ADMINISTRATION SERVICES. IT REMAINS INCUMBENT ON THE CONTRACTOR TO INFORM THE BUILDING DEPARTMENT OR THE ARCHITECT OF ANY DISCREPANCY OR CHANGE ON APPROVED PLANS AND OF ANY UNFORESEEN DEVELOPMENT THAT MAY OCCUR DURING THE COURSE OFCONSTRUCTION.

8. ARCHITECT ASSUMES NO RESPONSIBILTY FOR ANY EXISTING STRUCTURE OR ANY UNFORESEEN PROBLEMS PRIOR TO NEW CONSTRUCTION. ARCHITECT ASSUMES NO RESPONSIBILITY FOR ANY NEW CONSTRUCTION AND/OR DEMOLITION OPERATIONS AND METHODS.

. CONTRACTOR SHALL FAMILIARIZE HIMSELF WITH EXISTING CONDITIONS. ALL DIMENSIONS AND CONDITIONS SHALL BE FIELD VERIFIED. ARCHITECT SHALL BE INFORMED OF ANY DISCREPANCIES, MATCH ALL EXISTING MATERIALS, DIMENSIONS, AND CONDITIONS AS THEY APPLY.

10. ALL DIMENSIONS ARE APPROXIMATE AND ARE TO BE FIELD VERIFIED PRIOR TO START OF WORK. DO NOT SCALE DIMENSIONS FROM DRAWINGS. WRITTEN DIMENSIONS ARE TO BE FOLLOWED FOR CONSTRUCTION PURPOSES

11. ALL CONSTRUCTION AND MATERIALS SHALL BE NEW, UNLESS OTHERWISE NOTED. ALL MATERIALS SHALL BE FURNISHED AND INSTALLED BY CONTRACTOR UNLESS OTHERWISE NOTED.

12. ALL WORK OF THE VARIOUS TRADES INVOLVED WITH THE CONSTRUCTION OF THIS PROJECT IS TO BE PERFORMED BY CAPABLE AND REPUTABLE CONTRACTORS LICENSED IN THE STATE OF NEW YORK AND AS REQUIRED BY THE LOCAL GOVERNING AGENCIES.

13. NO WORK SHALL BE STARTED UNTIL A BUILDING PERMIT HAS BEEN SECURED AS REQUIRED BY THE APPLICABLE GOVERNING AGENCY OR AGENCIES.

14. ALL CONDITIONS AND DIMENSIONS SHALL BE VERIFIED BEFORE START OF ANY WORK AND DISCREPANCIES OR VARIATIONS TO APPROVED PLAN ARE TO BE BROUGHT TO THE ATTENTION OF THE OWNER BEFORE PROCEEDING.

15. PRIOR TO COMPLETION OF THE WORK CONTRACTOR SHALL REMOVE FROM THE JOB SITE ALL TOOLS, SURPLUS MATERIALS, EQUIPMENT, SCRAP, DEBRIS, AND WASTE EXCEPT AS OTHERWISE NOTED BY THE

16. SEVEN DAYS PRIOR WRITTEN NOTICE OF INTENT TO EXCAVATE SHALL BE GIVEN TO OWNERS OF ALL ADJOINING LOTS THAT MAY BE AFFECTED BY THE FOUNDATION WORK OR EARTH WORK OPERATIONS.

17. ALL DIMENSIONS ON PLAN ARE NOMINAL. CRITICAL DIMENSIONS ARE NOTED "HOLD". FINISH DIMENSIONS WILL VARY IN ACTUAL CONSTRUCTION.

18. THE A.I.A. GENERAL CONDITIONS DOCUMENT A201 LATEST EDITION IS HEREBY MADE A PART OF THESE DOCUMENTS EXCLUDING ALL MENTION OF ARCHITECTS OBSERVATION AND OWNER REPRESENTATION.

19. ALL LABOR AND MATERIALS SHALL CONFORM WITH THE REQUIREMENTS OF ALL LOCAL BUILDING LAWS AND ALL WORK SHALL BE CONSTRUCTED TO THE APPROVAL AND ACCEPTANCE OF THE BUILDING DEPARTMENT AT NO EXTRA COST; INCLUDING BUT NOT LIMITED TO GENERAL CONSTRUCTIONS, PLUMBING, HVAC, ELECTRICAL, ETC.

20. ANYTHING NOT EXPRESSLY SET FORTH IN THE DRAWINGS AND SPECIFICATIONS, BUT WHICH IS BEASONABLY IMPLIED SHALL BE FURNISHED THOUGH NOT SPECIFICALLY INDICATED FIGURES ARE TO BE TAKEN IN PREFERENCE TO SCALE. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS AND SHALL NOTIFY THE ARCHITECT IN WRITING OF ANY DISCREPENCIES BEFORE INSTALLING ANY WORK.

1. CONTRACTOR SHALL INSTALL MATERIALS IN ACCORDANCE WITH STANDARD TRADE PRACTICES AND MANUFACTURER AND TRADE ASSOCIATIONS SPECIFICATIONS.

22. GRADE BUILDING AS NOTED ON SITE PLAN AND/OR AS REQUIRED TO PROPERLY DIVERT STORM WATER TO STREET OR STREET STORM DRAINAGE. UNDER NO CIRCUMSTANCES SHALL GROUND WATER BE ALLOWED TO DRAIN TO BUILDING OR SPILL ONTO ADJACENT PROPERTIES.

23. EXISTING GRADES AND SITE DIMENSIONS MAY VARY ON JOB FROM THOSE NOTED DUE TO FIELD CONDITIONS. CONTRACTOR SHALL NOTIFY ENGINEER IN WRITING OF ANY DEVIATIONS OF SAME.

BRACING

24. ALL MASONRY AND FRAME WALLS SHALL BE ADEQUATELY BRACED AND SHORED DURING CONSTRUCTION UNTIL FULLY AND PROPERLY TIED BACK AND CURED. FOLLOW CODE REQUIREMENTS AND GOOD CONSTRUCTION PRACTICES FOR SAME.

STAIRS AND RAILINGS

25. ALL STAIRS SHALL HAVE RAILINGS, CONSTRUCTED AND INSTALLED TO SUSTAIN A CONTINUOUS LATERAL LOAD OF 50 LBS. PER LINEAR FOOT APPLIED TO THE TOP RAIL AND NOT DEFLECT MORE THAN 1/2". ALL STAIRS SHALL BE DESIGNED AND CONSTRUCTED AND INSTALLED TO SUSTAIN A LIVE LOAD OF 100 LBS. PER SQUARE FOOT.

THERMAL AND MOISTURE PROTECTION, FLASHING AND CAULKING

26. ALL WINDOWS AND DOORS SHALL BE WEATHERSTRIPPED AND CAULKED. ALL SEALANT TO BE SILICONE, COLORED TO MATCHSURROUNDING MATERIAL.

27. FLAT ROOFS SHALL BE FLASHED AS INDICATED ON THE PLANS OR PER COMMON CONSTRUCTION PRACTICE.

28. FLASH ALL ROOF TO WALL CONDITIONS AND ALL WINDOW HEADS. ALL FLASHING SHALL BE NON-FERROUS METAL UNLESS OTHERWISE NOTED. PROVIDE EXPANSION JOINTS AS REQUIRED FOR ALL METAL FLASHING.

29. SEALANTS AND CAULKING TO BE A POLYSULFIDE BASED COMPOUND AT THE FRAMES OF ALL OPENINGS IN THE EXTERIOR WALL, EXPANSION JOINTS AND ELSEWHERE. USE STANDARD COMPOUND CAULKING AT INTERIOR CAULKING CONDITIONS EXPOSED TO VIEW. USE PRIMERS AS RECOMMENDED BY MANUFACTURER.

30. FLASH AROUND CHIMNEY, VENT STACKS, ALL ROOF PENETRATIONS AND WHEREVER ELSE REQUIRED WITH ALUMINUM, LAPPING ALL FLASHINGS AT LEAST 6". ALL VALLEYS AND ROOF INTERSECTIONS WITH WALLS SHALL ALSO HAVE ALUMINUM FLASHINGS. PROVIDE FLASHINGS ABOVE DOORS, WINDOWS AND LOUVERS AND ALL OTHER OPENINGS. CAULK ALL EXTERIOR JOINTS. BUILDING SHALL BE GUARANTEED FULLY WATERTIGHT.

31. PROVIDE SEALANT AT ALL DISSIMILAR MATERIAL JOINTS.

32. EXTERIOR WALLS, CEILINGS UNDER UNHEATED SPACES, FLOORS OVER UNHEATED SPACES SHALL BE INSULATED WITH FIBROUS GLASS BATT TYPE MATERIAL, OR RIGID INSULATION COMPLETE WITH VAPOR BARRIER AS REQUIRED. MECHANICAL SYSTEMS AND INSULATION SYSTEMS SHALL COMPLY WITH THE ENERGY CODE OF NEW YORK STATE.

33. FOUNDATION SHALL BE WATERPROOFED PER PLAN OR IF NOT INDICATED USE AN APPROVED TYPE VISCOUS, ASPHALT BASE COATING APPLIED PER MANUFACTURERS RECOMMENDATIONS; 6 MIL POLYETHELENE SHEET FROM GRADE DOWN TO BOTTOM OF FOOTING; 1/2" PROTECTION BOARD FROM GRADE DOWN MINIMUM 36".

DOORS AND WINDOWS

- 34. ALL WINDOWS SHALL COMPLY WITH THE BUILDING CODE OF NEW YORK STATE 35. ALL WINDOWS SHALL BE PER THE PLANS AND WINDOW SCHEDULE.
- 36. ALL WINDOWS SHALL BE DOUBLE GLAZED, INSULATED.
- 37. ALL GLASS SHALL BE TEMPERED WITHIN 18" OF FINISHED FLOOR.
- 38. WINDOW FRAME COLOR SHALL BE DETERMINED BY OWNER OR ARCHITECT. 39. CONTRACTOR SHALL PROVIDE ARCHITECT WITH SHOP DRAWINGS FOR ALL WINDOWS PRIOR TO ORDERING OR CONSTRUCTION.
- 40. ALL DOORS SHALL COMPLY WITH THE BUILDING CODE OF NEW YORK STATE
- 41. ALL DOORS SHALL BE PER THE PLANS AND WINDOW SCHEDULE. 42. ALL EXTRIOR DOORS SHALL BE INSULATED.
- 43. ALL GLASS WITHIN EXTERIOR DOORS SHALL BE DOUBLE GLAZED.
- 44. ALL ALUMINUM AND GLASS STOREFRONT SHALL BE DOUBLE GLAZED AND COMPLY WITH THE

BUILDING CODE OF NEW YORK STATE INCLUDING WIND AND SEISMIC DESIGN AS REQUIRED. 45. STOREFRONT ALUMINUM SHALL BE ANODISED, AND GLASS TINTED. COLOR AND TINTING TO BE DETERMINED BY OWNER OR ARCHITECT.

46. CONTRACTOR SHALL PROVIDE ARCHITECT WITH SHOP DRAWINGS FOR ALL STOREFRONT DESIGNS PRIOR TO ORDERING OR CONSTRUCTION.

47. ALL DOORS AND WINDOWS SHALL BE WEATHERTIGHT AND FLASHED AS REQUIRED. 48. SAFETY GLASS SHALL BE PROVIDED AT ALL DOORS AND WINDOWS AT LOCATIONS REQUIRED BY CODE.

INTERIOR FINISHES 49. GYPSUM WALL BOARD AND ALL PAINTED SURFACES SHALL BE PRIMED PRIOR TO PAINTING. ALL SURFACES SHALL RECEIVE TWO COATS OF PAINT. 50. BATHROOMS OR WET WALLS SHALL BE CEMENT BOARD BEHIND CERAMIC TILE. OTHER WALLS TO BE

1/2" THICK TYPE "X" WATER RESISTANT GYPSUM BOARD. 51. SEE WALL TYPE SCHEDULE FOR RATED WALL CONSTRUCTION.

52. CERAMIC TILE IN BATHROOMS BE 6"X6" NON-SKID TILE ON FLOORS WITH A 6"X12" WIDE C.T. COVE BASE. FLOORS SHALL BE SET ON MUD. C.T. ON WALLS TO BE 6"X6" TILE FOR 4'-0" HIGH. TOP C.T. COURSE TO BE 6"X12" COVED AT TOP.

STRUCTURAL ENGINEERING GENERAL NOTES

A LICENSED PROFESSIONAL ENGINEER SHALL PROVIDE FOUNDATION AND STRUCTURAL STEEL PLANS, SECTIONS DETAILS, NOTES AND SPECIFICATIONS FOR THIS PROJECT. NOTES PROVIDED BY THE PROFESSIONAL ENGINEER SHALL SUPERSEDE THE GENERAL NOTES BELOW IF IN CONFLICT.

CONCRETE AND REINFORCING 1. ALL CONCRETE EXPOSED TO WEATHER TO BE 4000 PSI IN 28 DAYS WITH 6% AIR-ENTRAINMENT AND

A MAXIMUM SLUMP OF 4". ALL OTHER CONCRETE SHALL OBTAIN A MINIMUM COMPRESSIVE STRENGTH OF 3000 PSI IN 28 DAYS. 3000-PSI PEA GRAVEL CONCRETE MAY BE USED FOR FILLED BLOCK CELLS.

2. ALL CONCRETE SHALL BE REINFORCED AND ERECTED IN ACCORDANCE WITH THE BUILDING CODE REQUIREMENTS FOR REINFORCED CONCRETE AS ADOPTED BY ACI 318 AND LOCAL CODES.

3. ALL CONCRETE WORK SHALL CONFORM TO ACI 301 STANDARD SPECIFICATIONS FOR REINFORCED CONCRETE

4. ALL REINFORCING STEEL SHALL BE DEFORMED HIGH BOND BARS ROLLED FROM NEW BILLET OR INTERMEDIATED GRADE STEEL TO MEET LATEST ASTM SPECIFICATIONS A-615, GRADE 60.

5. BARS SHALL BE LAPPED A MINIMUM OF 36 DIAMETERS AT SPLICES. WELDED WIRE FABRIC SHEETS I APPED 8" MINIMUM

6. ALL DETAILS OF REINFORCEMENT AND ACCESSORIES SHALL BE FABRICATED AND PROVIDED IN ACCORDANCE WITH THE MANUAL OF STANDARD PRACTICE FOR DETAILING.

WELDED WIRE FABRIC SHALL MEET REQUIREMENTS OF ASTM A-185.

8. SHOP DRAWINGS SHALL MEET REQUIREMENTS OF ASTM A-185. SHOP DRAWINGS ON ALL CONCRETE REINFORCING MUST BE SUBMITTED FOR REVIEW.

9. BEFORE POURING CONCRETE, MECHANICAL AND ELECTRICAL CONTRACTORS TO VERIFY LOCATION AND SIZE OF ALL OPENINGS, PADS, TRENCHES AND SLEEVES FOR THEIR EQUIPMENT, IF ANY.

FOOTINGS AND FOUNDATIONS 1. SOIL TESTS OR BORINGS HAVE NOT BEEN SUPPLIED TO THE ENGINEER. FOOTINGS HAVE BEEN DESIGNED FOR TWO (2) TONS PER SQUARE FOOT BEARING CAPACITY. SOIL SHALL BE VERIFIED AND/OR OWNER SHALL ASSUME ALL RESPONSIBILITY FOR ANY FAILURE IN THE BUILDING DUE TO SOIL CONDITION.

2. ALL FOOTINGS SHALL BEAR ON SOLID UNDISTURBED EARTH OR ROCK. FOOTINGS SHALL REST A MINIMUM OF FOUR (4) FEET BELOW EXISTING GRADE AND NOT LESS THAN FOUR (4) FEET BELOW PROPOSED OR EXTERIOR GRADE.

3. ALL FILL USED BELOW SLABS UNDER BUILDINGS AND IN PAVED AREAS SHALL BE QUALITY SANDY MATERIAL AND SHALL BE COMPACTED IN 12" LAYERS TO 95% DENSITY TO PREVENT SETTLEMENT AS PER ASTM D1557, METHOD C.

4. FOOTINGS SHALL BE CENTERED ON WALLS AND COLUMNS UNLESS OTHERWISE NOTED ON PLAN. THEY SHALL BE STEPPED AT A RATE NOT TO EXCEED ONE (1) VERTICAL TO TWO (2) HORIZONTAL.

5. ALL CONCRETE FOR FOOTING SHALL BE STONE AGGREGATE WITH A MINIMUM COMPRESSIVE STRENGTH OF 3,000 PSI AT 28 DAYS, AND SHALL CONFORM TO ACI-318-63 CODE, FOR SLABS 4,000 PSI AT 28 DAYS.

REINFORCING STEEL TO BE ASTN A-615 DEFORMED PER ASTM A-305 AND WIREMESH AS PER ASTM A-185.

7. WHERE BASEMENT FLOOR IS BELOW GRADE, PROVIDE 4" MINIMUM PVC POROUS PIPE FOUNDATION DRAIN BELOW FLOOR LEVEL IN 12" GRAVEL SURROUND (3/8" AGGREGATE) PIPED TO STORM DRAIN OR SUMP

MASONRY FOUNDATION WALLS BELOW GRADE SHALL BE WATERPROOFED WITH A TRAWLED ON ASPHALTUM AND 1/2 INCH CEMENT PARGING OR PROTECTION BOARD OVER IN ACCORDANCE WITH MANUFACTURER'S SPECIFICATIONS.

9. CONTRACTOR MUST ALSO FOLLOW ALL REQUIREMENTS FOR PREPARATION, CLEARING, PROOF ROLLING, FILL PLACEMENT RECOMMENDED BY A REPORT ON SOIL AND FOUNDATION INVESTIGATION.

10. FOOTINGS ARE TO REST ON FIRM NATURAL SOIL AND/OR NEWLY COMPACTED LOAD BEARING FILL FREE OF ORGANIC MATERIALS, OR CLEAN FILL PLACED IN LAYERS AND COMPACTED IN STRICT ACCORDANCE WITH REQUIREMENTS.

11. ALL FILL SHALL BE COMPACTED WITH SOIL COMPACTION EQUIPMENT RATHER THAN BY HAND TAMPING (EXCEPT AROUND PIPES, ETC.).

12. THE THICKNESS OF FILL LAYERS PLACED SHALL BE COMPATIBLE WITH THE TYPE OF COMPACTION EQUIPMENT USED.

13. THE ATTAINMENT OF SPECIFIED DENSITIES SHALL BE VERIFIED BY FIELD DENSITY TESTS MADE BY AN INDEPENDENT TESTING LABORATORY ON EACH LAYER OF MATERIAL COMPACTED. ONE TEST PER 5000 SQ. FT. OF SURFACE AREA SHALL BE MADE ON EACH LAYER WITHIN THE BUILDING.

MASONRY BLOCKS 1. BLOCK MASONRY SHALL BE HOLLOW BLOCK AS PER ASTM C-90, 8" THICK, F'M=4000 PSI, FY=60 KSI

- 2. MORTAR SHALL BE TYPE "M" ASTM C-270.
- 3. SEAL EXTERIOR SURFACES THAT MAY BE EXPOSED TO FREEZING/THAWING OR WIND-DRIVEN RAIN.
- 4. GROUT SOLID EVERY CELL WHERE STEEL REINFORCEMENT IS SPACED.
- 5. GROUT SOLID CELL NEXT TO STEEL COLUMNS OR OPENINGS.

6. CONCRETE BLOCK SHALL BE ASTM C-90-64T CONCRETE BLOCK, THICKNESS AS INDICATED ON

DRAWINGS. TOP COURSE OF BLOCKS SHALL BE FILLED SOLID WITH MORTAR OR A 4" THICK SOLID BLOCK

SHALL BE USED.

METAL DECK 1. 1-1/2" STEEL DECK IS TO BE ATTACHED AT 12"O.C.TO ALL SUPPORTS. SIDE JOINTS SHALL BE FASTENED TOGETHER BY SELF- DRILLING SCREWS AT MID-SPAN BETWEEN SUPPORTS. WHERE SPANS EXCEED 5'-7", INSTALL SCREWS AT 18"0.C.

- 2. STEEL DECK CONTRACTOR SHALL PROVIDE OPENINGS IN DECK AS REQUIRED.
- 3. SHOP DRAWINGS ON ALL METAL DECKS MUST BE SUBMITTED FOR APPROVAL.
- 4. ALL STEEL DECKS SHALL BE MANUFACTURED AND INSTALLED TO MEET FACTORY MUTUAL CRITERIA.
- 5. STEEL DECK IS TO BE 22 GAGE, 1-1/2" V-GRIP, AS MANUFACTURED BY BOWMAN METAL DECK, EDISON, NJ, OR APPROVED EQUAL.

STRUCTURAL STEEL

1. ALL STRUCTURAL STEEL, EXCEPT RECTANGULAR AND SQUARE COLUMNS AND JOISTS TO BE ASTM A572 GRADE 50. RECTANGULAR AND SQUARE STEEL COLUMNS TO BE UNDER ASTM A500 GR.B. ALL STEEL TO BE FABRICATED, DETAILED AND ERECTED IN ACCORDANCE WITH LATEST A.I.S.C. STANDARDS.

ALL NUTS, BOLTS AND WASHERS TO BE HIGH STRENGTH ASTM DESIGNATION A-325, INSTALLED BY TURN-OF-NUT METHOD OR ACALIBRATED TORQUE WRENCH. ALL BOLTS TO BE 3/4" DIA., UNLESS NOTED.

3. WELDS SHALL BE MADE BY WELDERS WHO HAVE BEEN PREVIOUSLY QUALIFIED BY TESTS AS

PRESCRIBED IN THE A.W.S. STANDARD CODE FOR WELDING IN BUILDING CONSTRUCTION.

4. SHOP AND ERECTION DRAWINGS MUST SHOW ALL SHOP AND FIELD WELDS.

5. WELDING ELECTRODES SHALL CONFORM TO E70 SERIES A-233. ALL WELDING AND WELDING SYMBOLS ON DRAWINGS SHALL CONFORM TO A.W.S. STANDARD CODE FOR WELDING BUILDING CONSTRUCTION.

6. BOLT HOLES WILL NOT BE PERMITTED TO BEAM FLANGES UNLESS NOTED.

STEEL. CODFS. REGISTERS. ABOVE FINISHED CEILINGS OR IN REMOTE LOCATIONS SHALL BE FURNISHED WITH A REMOTE LAMP. HANDLE

8. SHOP DRAWINGS ON ALL STRUCTURAL STEEL MUST BE SUBMITTED FOR REVIEW.

9. FIELD CUTTING OR BURNING OF STRUCTURAL STEEL IS PROHIBITED WITHOUT EXPESSED APPROVAL OF STRUSTURAL ENGINEER.

10. PROVIDE MASONRY ANCHOR PLATES SET IN CONCRETE AND WELDED TO ALL BEAMS AND COLUMNS ABUTTING OR EMBEDDED IN MASONRY.

11. WHEN STEEL BEARS ON MASONRY WALLS, A MINIMUM OF ONE (1) COURSE OF SOLID BLOCK OR THREE (3) COURSES OF BRICK SHALL BE PROVIDED UNDER BEARINGS. PROVIDE SUITABLE BEARING PLATES AT BEAM BEARING LOCATIONS, PROPERLY ANCHORED TO WALLS.

STEEL JOISTS 1. STEEL JOISTS, INCLUDING BRIDGING, SHALL BE FABRICATED, DETAILED AND ERECTED IN ACCORDANCE WITH THE STANDARDS OF THE STEEL JOIST INSTITUTE AND MANUFACTURED BY A MEMBER OF S.J.I. ALL CHORD SECTIONS SHALL BE BASED ON YIELD STRENGTH OF 50,000 PSI. WEB SECTIONS SHALL BE EITHER 50,000 OR 36,000 PSI ACCORDING TO STANDARD S.J.I. MANUFACTURER.

2. ALL JOISTS EXTENSIONS SHALL BE PROVIDED AS PART OF THE MANUFACTURING PROCESS, UNLESS OTHERWISE NOTED.

3. JOIST BEARING SEAT MUST EXTEND 1" BEYOND THE CENTERLINE OFTHE BEAM, UNLESS THERE IS A JOIST BEARING FROM EACH SIDE (NOT NECESSARILY DIRECTLY OPPOSITE). PROVIDE AT LEAST 2" OF 1/4" FILLET WELD EACH SIDE OF BEARING PLATE.

WHERE JOISTS SLOPES EXCEED 1/4"/FT, USE SPECIAL JOIST SEATS TO SIT FLAT ON SUPPORTING

5. ONE STEEL JOIST PER BAY MUST HAVE THE STANDARD S.J.I. DESIGNATION FOR THE JOIST ATTACHED (TAGGED) BY THE MANUFACTURER.

6. SHOP DRAWINGS ON ALL STEEL BAR JOISTS MUST BE SUBMITTED FOR REVIEW.

MECHANICAL ENGINEERING GENERAL NOTES

A LICENSED PROFESSIONAL ENGINEER SHALL PROVIDE HVAC, PLUMBING, ELECTRICAL, SPRINKLER AND FIRE ALARM PLANS. SECTIONS. DETAILS. NOTES AND SPECIFICATIONS FOR THIS PROJECT. NOTES PROVIDED BY THE PROFESSIONAL ENGINEER SHALL SUPERSEDE THE GENERAL NOTES BELOW IF IN CONFLICT. CONTRACTOR IS RESPONSIBLE FOR OBTAINING ALL PERMITS AND APPROVALS FROM ALL AGENCIES AND JURISDICTIONS HAVING AUTHORITY OVER THIS PROJECT. CONTRACTOR AND ALL TRADES ARE RESPONSIBLE FOR COMPLYING WITH ALL BUILDING CODES IN COMPLETENESS PERTAINING TO THIS PROJECT.

 IF ANY EXISTING SERVICES NEED TO BE SHUT DOWN IN CONNECTION WITH THIS PROJECT. CONTRACTOR SHALL BE RESPONSIBLE FOR ALL NOTIFICATIONS, APPROVALS AND PERMISSION AND PROVIDE TEMPORARY SERVICES AS REQUIRED.

2. THE CONTRACTOR SHALL FURNISH AND INSTALL AN HVAC SYSTEM COMPLETE WITH ALL EQUIPMENT, PIPING, INSULATION, CONTROLS, ACCESSORIES AND ASSOCIATED WORK IN ACCORDANCE WITH THE BUILDING CODE OF NEW YORK STATE AND NATIONAL ELECTRICAL CODE AND WITH ALL AUTHORITIES HAVING JURISDICTION, AND THESE SPECIFICATIONS.

3. THE WORK SHALL INCLUDE ALL LABOR, MATERIALS, EQUIPMENT, HOISTING AND RIGGING, SCAFFOLDING, AND SERVICES TO COMPLETE THE SYSTEM AND PROVIDE THE OWNER WITH A FULLY OPERATIONAL SYSTEM, WHETHER SHOWN ON THESE PLANS OR OTHERWISE.

4. ALL WORK SHALL BE PROPERLY COORDINATED WITH OTHER TRADES AND EXISTING CONDITIONS TO AVOID CONFLICT. REFER TO AND COORDINATE WITH THE ARCHITECTURAL DRAWINGS FOR REQUIRED CEILING ELEVATIONS AND EXACT LOCATION OF ALL AIR DISTRIBUTION DEVICES.

5. ALL MATERIAL AND WORKMANSHIP SHALL BE GUARANTEED FOR A PERIOD OF ONE YEAR FROM DATE 8. 120 VOLT CIRCUITS RUN OF MORE THAN 90'-0" LONG SHALL BE INCREASED BY ONE SIZE. OF FINAL ACCEPTANCE OF THIS WORK. THE CONTRACTOR SHALL ENGAGE THE SERVICES OF VARIOUS MANUFACTURERS' SUPPLYING THE EQUIPMENT FOR THE PROPER STARTUP AND OPERATION OF THE AIR CONDITIONING SYSTEMS. INSTRUCT THE OWNER'S PERSONNEL IN THE PROPER OPERATION AND SERVICING OF THE SYSTEM.

THE ENTIRE INSTALLATION SHALL COMPLY WITH BUILDING CODE OF NEW YORK STATE.

THE CONTRACTOR SHALL VERIFY FIELD CONDITIONS AND BE RESPONSIBLE FOR PROPER FIT OF EQUIPMENT PRIOR TO FABRICATION OF EQUIPMENT AND DUCTWORK. SUBMIT (3) PRINTS OF THE SHEET METAL SHOP DRAWINGS TO ARCHITECT AND MECHANICAL ENGINEER FOR REVIEW.

8. THE HVAC CONTRACTOR SHALL BE RESPONSIBLE FOR THE INSTALLATION OF ALL HVAC THERMOSTATS, CONTROL S AND CONTROL WIRING, AND DUCT FIRE/SMOKE DAMPERS REQUIRED POWER WIRING SHALL BE BY ELECTRICAL CONTRACTOR.

WHERE PIPE OR DUCT PENETRATE RATED WALL, THE SPACE BETWEEN THE INSULATION AND THE WALL SHALL BE CAULKED WITH NON-COMBUSTIBLE MATERIAL IN AN APPROVED MANNER. ALL PIPING AND DUCT TO BE INSTALLED ABOVE HUNG CEILING UNLESS OTHERWISE NOTED. CONTRACTOR SHALL COORDINATE WITH ARCHITECTURAL DWGS FOR ALL ELEVATIONS.

FIRE ALARM SYSTEM INSTALLATION AND GENERAL NOTES

1. THE FIRE ALARM SYSTEM SHALL BE INDIVIDUALLY CODED INTERIOR FIRE ALARM SYSTEM. THE SYSTEM SHALL BE MICROPROCESSOR BASED, PROGRAMMABLE TYPE, WITH EMERGENCY BATTERY BACKUP.

2. THE ENTIRE INSTALLATION SHALL CONFORM TO THE NATIONAL ELECTRIC CODE, FEDERAL AND STATE

3. THE CONTRACTOR SHALL SECURE AND PAY FOR ALL INSPECTIONS, TESTS AND APPROVALS REQUIRED BY GOVERNING AGENCIES HAVING JURISDICTION.

4. PROVIDE SPACE FOR ADDITION OF 4 ZONE MODULES FOR FUTURE USE.

5. FOR EXACT QUANTITIES OF FIRE ALARM EQUIPMENTS SEE PLANS.

6. FIRE ALARM SPEAKERS SHALL BE AUDIBLE THROUGHOUT THE PREMISES.

7. SEE SPRINKLER PLANS FOR LOCATION OF TAMPER SWITCHES AND FLOW SWITCHES.

8. SEE HVAC PLANS FOR LOCATION OF ROOFTOP UNIT AND AIR HANDLING UNIT SMOKE DETECTORS. 9. CEILING MOUNTED SMOKE DETECTORS MUST BE MOUNTED AT LEAST 3 FEET FROM SUPPLY AIR

10. ALL FIRE ALARM PANELS, JUNCTION BOX COVERS, ETC. SHALL BE PAINTED "FIRE DEPARTMENT RED". 11. DEVICE LOCATIONS MUST BE READILY ACCESSIBLE TO ALLOW FOR MAINTENANCE AND REPAIR.

12. DUCT MOUNTED SMOKE DETECTORS SHALL BE MOUNTED AND LOCATED ON THE DUCTWORK IN STRICT ACCORDANCE WITH THE MANUFACTURES INSTRUCTIONS. ANY DUCT SMOKE DETECTORS MOUNTED

13. MANUAL STATIONS SHALL BE MOUNTED 48 INCH ABOVE THE FINISHED FLOOR TO THE CENTER OF THE

14. MANUAL PULL STATIONS SHALL BE PAINTED "FIRE DEPARTMENT RED". ALL MANUAL PULL STATIONS SHALL BE INSTALLED SO THAT THEY ARE KEPT UNOBSTRUCTED AT ALL TIMES.

15. STROBE LIGHTS SHALL MEET CURRENT AMERICAN DISABILITY ACT (ADA) AND LOCAL

REQUIREMENTS, HICHEVER IS MORE STRINGENT, STROBE LIGHTS SHALL HAVE A 1-3 HZ. FLASH RATE. 16. STROBES SHALL BE INSTALLED IN ACCORDANCE WITH UL, NFPA AND ADA REQUIREMENTS (80 AFF). ADA REQUIRES THAT INDICATING DEVICES SHALL BE PLACES AT 80 INCHES ABOVE HIGHEST FLOOR LEVEL OR 6 INCHES BELOW THE CEILING, WHICHEVER IS LOWER, ALL STROBES SHALL BE WALL MOUNTED.

17. DO NOT RUN FIRE ALARM CABLE IN THE SAME RACEWAY WITH NON FIRE ALARM CABLE.

18. ALL WIRING TO BE CHECKED TO INSURE THAT THEY ARE FREE OF ANY OPENS, SHORTS OR GROUNDS.

19. ALL FIRE ALARM PANELS, CABINETS AND DATA GATHERING PANELS SHALL BE CLEARLY LABELED USING A LAMINATE TYPE ENGRAVED LABEL.

20. LOCATIONS OF ALL FIRE ALARM EQUIPMENT SHALL BE SUBJECT TO BUILDING AND FIRE DEPARTMENT APPROVAL. NO CHANGE OR MODIFICATION TO THE SYSTEM OR PLANS SHALL BE PERMITTED WITHOUT WRITTEN APPROVAL FROM THE ENGINEER OF RECORD. IF ANY SUBSTANTIAL CHANGES ARE MADE TO THE DRAWING PRIOR OR DURING INSTALLATION, AS BUILT PLANS SHALL BE PREPARED BY THE INSTALLER AND FILED WITH APPROPRIATE AGENCIES FOR FINAL ACCEPTANCE.

FIRE PROTECTION SYSTEM AND AUTOMATIC SPRINKLER SPECIFICATIONS GENERAL CONTRACTOR SHALL PROVIDE AND INSTALL A SYSTEM OF HARDWIRED SMOKE DETECTORS AND HEAT DETECTORS INTERCONNECTED WITH BATTERY BACKUP IN ACCORDANCE WITH PROVISIONS OF THE BUILDING CODE AND FIRE CODE OF NEW YORK STATE.

ELEVATOR RECALL SYSTEM: CONTRACTOR SHALL PROVIDE SMOKE DETECTORS LOCATED IN ALL ELEVATOR LOBBIES AND AT TOP OF ELEVATOR SHAFT AS REQUIRED BY CODE FOR EMERGENCY ELEVATOR RECALL.

PROVIDE ALL LABOR, MATERIALS, EQUIPMENT AND SERVICES FOR COMPLETE INSTALLATION, TESTING AND PROPER OPERATION OF THE SYSTEMS AND WORK SPECIFIED, AS SHOWN ON DRAWINGS OR REASONABLY IMPLIED. THE AUTOMATIC SPRINKLER WORK FOR THIS PROJECT SHALL BE DONE IN STRICT ACCORDANCE WITH THE BUILDING CODE OF NEW YORK SATE, N.F.P.A. AND CHAPTER 13 AND THE PERTINENT INSURANCE RATING ORGANIZATION.

WORK INCLUDED: SPRINKLER HEADS, PIPING AND FITTINGS.

CONNECTION TO EXISTING PIPING.

- HANGERS AND SUPPORTS. TESTING AND ADJUSTMENT.
- SLEEVES. REMOVALS
- CAPPING ALL UNUSED SPRINKLER PIPING.

HYDRAULIC CALCULATIONS.

REFERENCES TO ANY ARTICLE, DEVICE, PRODUCT, MATERIAL, FIXTURE, FORM OR TYPE OF CONSTRUCTION BY NAME, MAKE OR CATALOG NUMBER SHALL BE INTERPRETED AS ESTABLISHING A STANDARD OF QUALITY AND DESIGN. THE ARCHITECT SHALL HAVE THE RIGHT TO INTERPRET "SIMILAR OR EQUAL TO" AND REVIEW ANY SUBSTITUTION.

SUBMIT SHOP DRAWINGS COVERING THE FOLLOWING ITEMS:

- SPRINKLER HEADS. PIPE AND FITTINGS
- HANGERS AND SUPPORTS.
- 1/8" SCALE AND DIMENSIONED LAYOUT DRAWINGS, COORDINATED WITH ALL TRADES. HYDRAULIC CALCULATIONS.

ELECTRICAL SYSTEM GENERAL NOTES 1. THE CONTRACTOR SHALL OBTAIN ALL PERMITS AND ARRANGE FOR ALL INSPECTION AND APPROVALS REQUIRED

ALL TEMPORARY WIRING SHALL CONFORM TO NEC ART NO. 305 AND NEC SECTION B30.06.1 ELECTRICAL CONTRACTOR TO PROVIDE STAND-BY ELECTRICIAN DURING TEMPORARY WIRING CONSTRUCTION.

BIDDERS, BEFORE SUBMITTING A PROPOSAL, SHALL VISIT AND EXAMINE CAREFULLY THE AREAS AFFECTED BY THIS WORK TO BECOME FAMILIAR WITH EXISTING CONDITIONS AND WITH THE DIFFICULTIES THAT WILL ATTEND THE EXECUTION OF THIS WORK. SUBMISSION OF A PROPOSAL WILL BE CONSTRUED AS EVIDENCE THAT SUCH AN EXAMINATION HAS BEEN MADE: AND LATER CLAIMS WILL NOT BE RECOGNIZED FOR EXTRA LABOR, EQUIPMENT OR MATERIALS REQUIRED BECAUSE OF DIFFICULTIES ENCOUNTERED WHICH COULD HAVE BEEN FORESEEN HAD SUCH AN EXAMINATION BEEN MADE.

ALL OPENINGS AROUND ELECTRICAL PENETRATIONS THROUGH FIRE RESISTANCE RATED CONSTRUCTION SHALL BE FIRE-STOPPED USING APPROVED METHODS.

WHERE USED IN THIS DRAWING, "THE (THIS) CONTRACTOR", "ELECTRICAL CONTRACTOR" SHALL BE INTERPRETED AS THE PARTY OR PARTIES WHO HAVE BEEN DULY AWARDED THE CONTRACT FOR AND ARE THEREBY MADE RESPONSIBLE FOR ALL ELECTRICAL WORK. THE CONTRACTOR SHALL SUPPLY ALL NECESSARY LABOR, EQUIPMENT, AND MATERIALS REQUIRED TO PROVIDE A COMPLETE INSTALLATION (AS CONTEMPLATED IN THESE PLANS, WHETHER SPECIFICALLY SHOWN OR NOT), AND IN COMPLIANCE WITH ALL GOVERNING BUILDING AND ELECTRIC CODES.

6. ALL WORK SHALL BE GUARANTEED AGAINST DEFECTS FOR A PERIOD OF ONE YEAR FROM DATE OF FINAL ACCEPTANCE OF THE INSTALLATION, AND ANY PORTIONS OF THE WORK WHICH DEVELOP DEFECTS DURING THAT TIME SHALL BE REPLACED OR REPAIRED.

ELECTRICAL CONTRACTOR SHALL PREPARE AND FURNISH COPY OF "AS BUILT" PLANS FOR ALL WORK INSTALLED TO THE OWNER. INCLUDE CATALOG CUTS, OPERATION AND MAINTENANCE MANUAL OF ALL EQUIPMENT INSTALLED.

CONTRACTOR SHALL REFER TO ARCHITECTURAL DRAWINGS FOR LOCATION, QUANTITY, AND MODEL NUMBERS OF LIGHTING FIXTURES.

10. CONTRACTOR SHALL REFER TO PLUMBING AND MECHANICAL DRAWINGS FOR LOCATION AND RATING OF EQUIPMENT REQUIRING ELECTRIC POWER. SIZE AND LOAD REQUIREMENTS SHALL BE COORDINATED WITH EQUIPMENT PROVIDED IN FIELD.

THIS CLAUSE OF THE SPECIFICATION COVERS THE FURNISHING OF LABOR, MATERIALS, EQUIPMENT AND THE INSTALLATION OF ALL LIGHTING FIXTURES, LIGHTING EQUIPMENT AND THE INSTALLATION OF LAMPS, FOR ALL ELECTRICAL OUTLETS IN THE BUILDING, INCLUDING THE CONNECTION OF FIXTURES AND EQUIPMENT TO THE ELECTRIC WIRING SYSTEM AS SHOWN ON PLANS.

CONNECTIONS OF WIRES TO TERMINALS OF LAMPHOLDERS AND OTHER ACCESSORIES SHALL BE MADE IN A NEAT AND WORKMANLIKE MANNER AND SHALL BE ELECTRICALLY AND MECHANICALLY SECURE WITH NO LOOSE STRANDS PROTRUDING. THE NUMBER OF WIRES EXTENDING TO OR FROM THE TERMINALS OF A LAMPHOLDER SHALL NOT EXCEED THAT WHICH THE ACCESSORY IS DESIGNED TO ACCOMMODATE.

PLUMBING GENERAL NOTES 1. THE CONTRACTOR SHALL FURNISH AND INSTALL A PLUMBING SYSTEM COMPLETE WITH ALL EQUIPMENT, PIPING, VALVES, INSULATION, CONTROLS, ACCESSORIES AND ASSOCIATED WORK IN ACCORDANCE WITH THE BUILDING CODE ALL AUTHORITIES HAVING JURISDICTION, AND THIS SPECIFICATION.

2. PLUMBING CONTRACTOR SHALL VERIFY ADA REQUIREMENTS AND COMPLY WITH ALL APPLICABLE BUILDING CODES.

THE WORK SHALL INCLUDE ALL LABOR, MATERIALS, EQUIPMENT, HOISTING AND RIGGING, SCAFFOLDING, AND SERVICES TO COMPLETE THE SYSTEM AND PROVIDE THE OWNER WITH FULLY OPERATIONAL SYSTEM.

4. ALL WORK SHALL BE PROPERLY COORDINATED WITH THE OTHER TRADES TO AVOID CONFLICTS. REFER TO THE ARCHITECTURAL DRAWINGS FOR PROVIDE THE OWNER WITH A FULLY OPERATIONAL SYSTEM.

5. ALL NECESSARY CUTTING AND PATCHING IN FLOOR SLABS, ROOF SLABS, WALLS AND CEILINGS FOR THE PLUMBING WORK SHALL BE PERFORMED BY THIS CONTRACTOR. RESTORE TO MATCH EXISTING CONDITIONS

ALL MATERIALS AND WORKMANSHIP SHALL BE GUARANTEED FOR A PERIOD OF ONE YEAR FROM DATE OF FINAL ACCEPTANCE OF THIS WORK. ENGAGE THE SERVICES OF VARIOUS MANUFACTURERS' SUPPLYING THE EQUIPMENT FOR THE PROPER START-UP AND OPERATION OF THE PLUMBING SYSTEMS. INSTRUCT THE OWNER'S PERSONNEL IN THE PROPER OPERATION AND SERVICING OF THE SYSTEM.

THIS CONTRACTOR SHALL SECURE ALL REQUIRED PERMITS AND APPROVALS AND TRANSMIT SAME TO THE OWNER. CONTRACTOR SHALL BE RESPONSIBLE FOR ALL FEES.

8. SUBMIT A SEPIA AND TWO PRINTS OF THE PLUMBING LAYOUT SHOP DRAWING, CERTIFIED BY ALL TRADES THAT COORDINATION HAS BEEN ESTABLISHED. SUBMIT PLUMBING FIXTURE CUTS WITH TRIM. INSULATION, VALVES AND FITTINGS, PIPE MATERIALS AND CERTIFIED EQUIPMENT CUTS WITH CONSTRUCTION WIRING DIAGRAM. SUBMIT FOUR (4) BOOKBOUND OPERATING AND SERVICE MANUALS, WHICH SHALL INCLUDE COPIES OF ALL SHOP DRAWINGS.

PROVIDE ACCESS DOORS IN GENERAL CONSTRUCTION WHICH WILL BE REQUIRED FOR THE PROPER OPERATION AND MAINTENANCE OF ALL CONCEALED EQUIPMENT, VALVES, AND OTHER SIMILAR DEVICES. PREPARE A LIST AND SUBMIT TO THE GENERAL CONTRACTOR FOR HIS INSTALLATION. ACCESS DOORS SHALL BE A MINIMUM SIZE OF 12"X12", PIANO HINGE TYPE AND FIRE RATED FOR RATED WALLS. 10. ALL EXISTING SYSTEMS SHALL BE LEFT IN PERFECT WORKING ORDER UPON COMPLETION OF ALL NEW WORK.

11. EXACT SIZES AND LOCATIONS OF ALL EXISTING PIPING SHALL BE VERIFIED ON THE SITE.

12. NO REMOVED EXISTING PIPING SHALL BE REUSED UNLESS OTHERWISE INDICATED.

13. THIS CONTRACTOR SHALL NOT INTERRUPT ANY OF THE SERVICES OF ANY EXISTING BUILDING NOR INTERFERE WITH THE SERVICES IN ANY WAY WITHOUT THE EXPRESSED PERMISSION OF THE OWNER. SUCH INTERRUPTIONS AND INTERFERENCES SHALL BE MADE AS BRIEF AS POSSIBLE AND ONLY AT THE SUTIED BY THE OWNER.

14. UNDER NO CIRCUMSTANCES WILL THIS CONTRACTOR OR HIS WORKMEN BE PERMITTED TO USE ANY PART OF THE BUILDING AS A SHOP, EXCEPT PART DESIGNATED BY THE OWNER FOR SUCH PURPOSES.

15. UNNECESSARY NOISE SHALL BE AVOIDED AT ALL TIMES AND NECESSARY NOISE SHALL BE REDUCED TO A MINIMUM.

WHERE THE WORK MAKES TEMPORARY SHUT DOWN OF SERVICES UNAVOIDABLE, THEY SHALL BE MADE AT NIGHT OR AT TIMES AS THIS WILL CAUSE THE LEAST INTERFERENCE WITH THE ESTABLISHED OPERATING ROUTINE OF THE BUILDING.

17. THIS CONTRACTOR SHALL ARRANGE THE WORK CONTINUOUSLY, INCLUDING APPROVED BY THE ARCHITECT OVERTIME IF REQUIRED, TO ASSURE THAT SERVICES WILL BE SHUT DOWN AND CUT-INS ONLY DURING THE TIME ACTUALLY REQUIRED TO MAKE THE NECESSARY CONNECTION TO EXISTING WORK.

18. THIS CONTRACTOR SHALL GIVE AMPLE WRITTEN NOTICE IN ADVANCE TO THE OWNER OF ANY REQUIRED SHUT DOWNS.

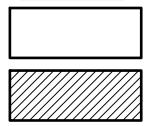
22. NO GAS VALVE SHALL BE LOCATED SLEEVES AND ESCUTCHEONS FOR PIPING

WITHIN 1/2" OF WALL FACES AND FILLED

| ANY AND ALL REQUIRED DEMOLITION WORK TO BE PERFORMED ABOVE EXISTING SUSPENDED CEILINGS AND FURRED OUT WALLS SHALL BE DONE AT THE TIME WHEN THE EXISTING CEILINGS AND FURRED OUT WALLS ARE REMOVED BY THE GENERAL CONTRACTOR. TO ENSURE CONTINUOUS OPERATION, MAKE ALL NECESSARY TEMPORARY CONNECTIONS BETWEEN NEW AND EXISTING WORK. ALL COST RESULTING FROM TEMPORARY SHUTDOWNS SHALL BE BORNE BY THIS CONTRACTOR. PROVIDE DRAIN BIB AT THE BASE OF EACH HOT AND COLD WATER RISER. ALL GAS, VENT, HOT WATER CIRCULATION, HOT AND COLD WATER PIPING ARE AT CEILING OR IN HUNG CEILING: EXCEPT IN PIPE SPACES OR OTHERWISE NOTED. NO GAS VALVE SHALL BE LOCATED IN HUNG CEILING.ODES. SLEEVES AND ESCUTCHEONS FOR PIPING PROVIDE SLEEVES FOR PIPES PASSING THROUGH WALL PARTITIONS AND FLOORS. CAULK SPACE BETWEEN PIPE AND PIPE INSULATION WITH NON-COMBUSTIBLE MINERAL WOOL TO WITHIN 1/2" OF WALL FACES AND FILLED WITH CAULKING COMPOUND TO WALL SPACES. PROVIDE ESCUTCHEONS ON EXPOSED PIPING THROUGH WALLS OR FLOORS WITH SET SCREWS OR | COPYRIGHT O THIS AND ALL DOCUMENTS PRODUCED BY THIS FIRM UNDER THIS AGREEMENT, SHALL REMAIN THE SOLE PROPERTY OF THIS FIRM AND MAY NOT BE USED, COPIED, CHANGED OR DISTRIBUTED BY THE CLIENT OR OTHERS WITHOUT WRITTEN CONSENT OF THIS FIRM. DECLIENT OR OTHERS WITHOUT WRITTEN CONSENT OF THIS FIRM. ARCHITECTURE ADDRESS: 501 CHESTNUT RIDGE ROAD CHESTNUT RIDGE, NY 10977 TEL: 212.381.0670 EMAIL: INFO@BILDNY.COM |
|--|---|
| INTERNAL SPRING TENSION. | ISSUED DATE: ISSUED FOR DOH/CON APPROVAL 9/23/22 |
| | ISSUED FOR DOH/CON APPROVAL 9/23/22 |
| | SEAL & SIGNATURE |
| | CLUSED ARCHING |
| | PROJECT ADDRESS: CARE 365 1663 ROUTE 202 POMONA, NY 10970 |
| | DRAWING TITLE: |
| | GENERAL NOTES & CODE ANALYSIS PROJECT #: |
| | DRAWN BY: REVIEWED BY: T.Z. R.B. |
| | <u>PRINT DATE:</u> 09/23/22 |
| | G-1.00 |

| WALL | TYPE LEGEND |
|---------------------|--|
| TYPE | DESCRIPTION |
| \bigwedge | (2) HOUR RATED DEMISING PARTITION 3 5/8 METAL STUDS @ 24" O.C. W/ UNFACED BATT INSULATION FOR SOUND ABSORPTION (2) LAYERS 5/8" TYPE "X" GYP. BOARD ON EACH SIDE |
| $\langle B \rangle$ | NON-RATED PARTITION • 3 5/8 METAL STUDS @ 24" O.C. W/ UNFACED BATT INSULATION (1) LAYERS 5/8" GYP. BOARD ON THE INTERIOR |
| | NON-RATED PARTITION 3 5/8 METAL STUDS @ 24" O.C. W/ UNFACED BATT INSULATION FOR SOUND ABSORPTION (1) LAYERS 5/8" GYP. BOARD ON EACH SIDE |
| | NON-RATED PLUMBING PARTITION 6 METAL STUDS @ 24" O.C. W/ UNFACED BATT INSULATION FOR SOUND ABSORPTION (1) LAYERS 5/8" GYP. BOARD ON THE DRY SIDE (1) LAYERS 5/8" CEMENT BOARD ON THE WET SIDE |
| E | NON-RATED PARTITION • 3 5/8 METAL STUDS @ 24" O.C. W • (1) LAYERS 5/8" GYP. BOARD ON EACH SIDE |





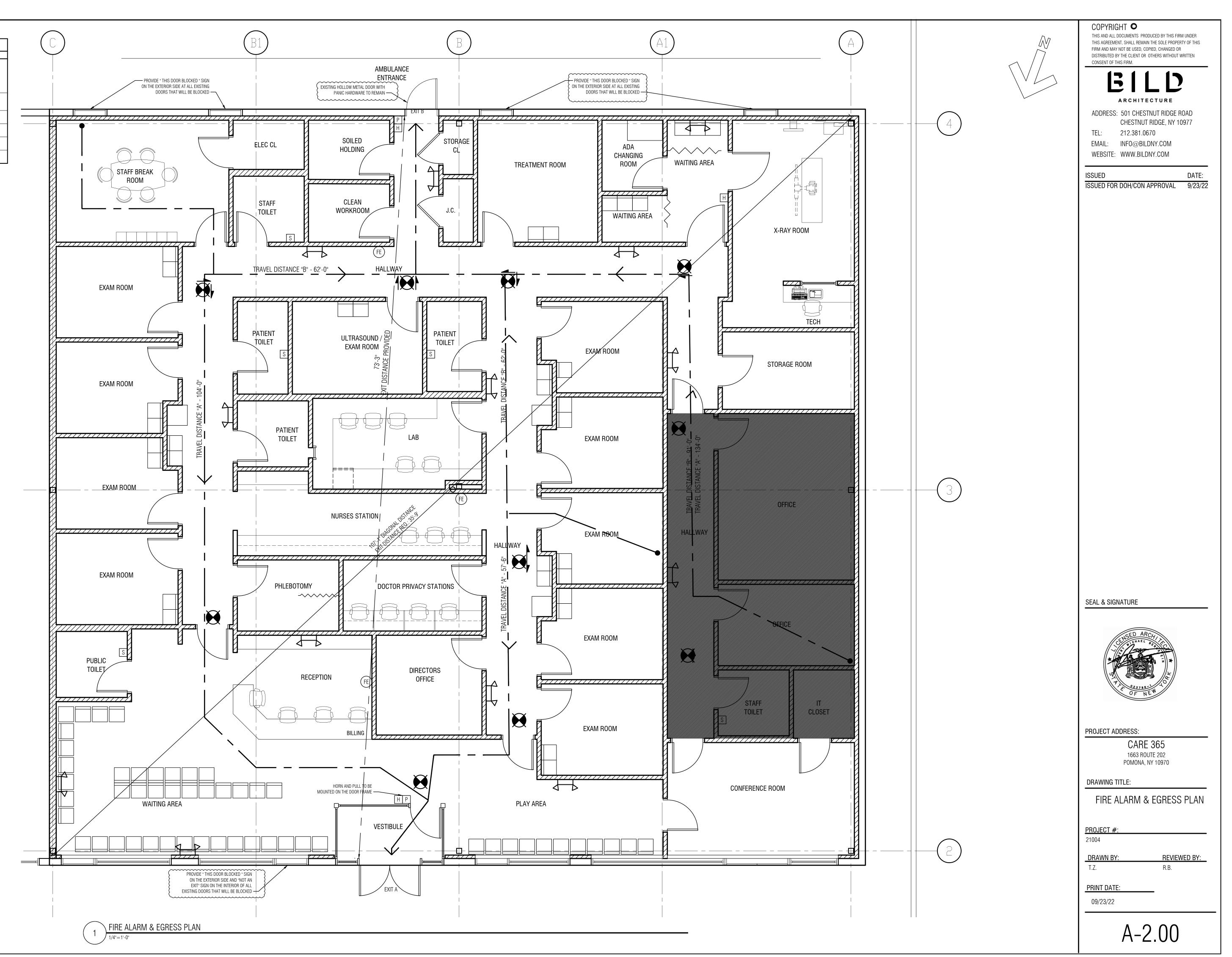
AREA OF ARTICLE 28

AREA OUT OF THE ARTICLE

| | FIRE / EGRESS SYMBOL LEGEND |
|-----------|--|
| TYPE | DESCRIPTION |
| X | LIGHTED EMERGENCY EXIT SIGN & INTEGRATED LIGHTING WITH BATTERY BACKUP. EMERGENCY EXIT SIGNS SHALL HAVE DIRECTIONAL ARROWS POINTING TO THE DIRECTION OF EGRESS. |
| \square | EMERGENCY LIGHTING WITH BATTERY BACKUP. |
| S | STROBE |
| Р | PULL STATION |
| Н | HORN STROBE |
| FE | FIRE EXTINGUISHER |
| | |

| 2014 NYCBC OCCUPAN | ICY LOAD: |
|-------------------------------------|--------------|
| BUILDING CODE OCCUPANCY GROUP | B - BUSINESS |
| FLOOR AREA | 5,868 |
| # OCCUPANTS (100 SF/GROSS) | 39 |
| EXIT DOOR (.2"/OCCUPANT) | MIN 36" |
| MIN. WIDTH OF EXIT DOORS | 36" |
| # EXITS REQUIRED (TABLE 1015.1) | 2 |
| # EXITS PROVIDED | 2 |
| ACTUAL EXIT WIDTH PROV'D | 72" |
| MAX. TRAVEL DISTANCE (TABLE 1016.1) | 300' |
| ACTUAL MAX. TRAVEL DIST. | 134'-0" |
| MIN. CORRIDOR WIDTH | 44" |
| | |

| 2 | | | | | |
|-------------------------------------|---------------------|--|--|--|--|
| OCCUPANCY LOAD - NFPA 101 &220: | | | | | |
| OCCUPANCY | B - BUSINESS | | | | |
| EXISTING BUILDING CONSTRUCTION TYPE | III (211) | | | | |
| OCCUPANCY LOAD FACTOR | 100 SF/PERSON | | | | |
| TOTAL # OCCUPANTS | 39 | | | | |
| EXITS REQUIRED | 2 | | | | |
| EXITS PROVIDED | 2 | | | | |
| MIN. WIDTH FOR DOORS (0.2) | 36" | | | | |
| ACTUAL DOOR WIDTH PROVD | 72" | | | | |
| MAXIMUM TRAVEL DISTANCE | 250' | | | | |
| MAXIMUM COMMON PATH OF TRAVEL | 100' | | | | |

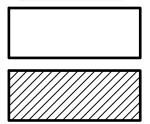


AREA OF ARTICLE 28

AREA OUT OF THE ARTICLE

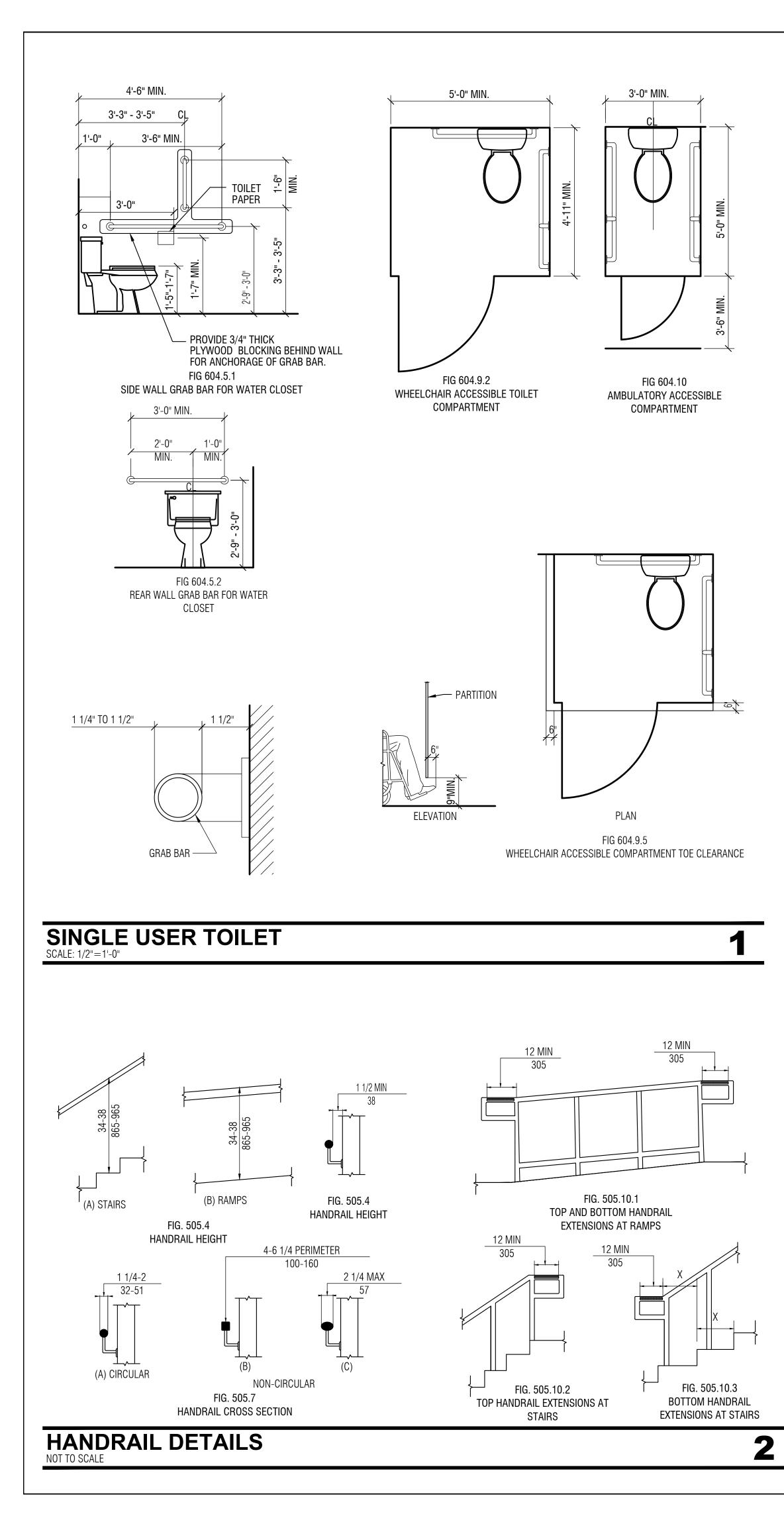
| WALL | TYPE LEGEND |
|---------------------|--|
| TYPE | DESCRIPTION |
| \bigwedge | (2) HOUR RATED DEMISING PARTITION 3 5/8 METAL STUDS @ 24" O.C. W/ UNFACED BATT INSULATION FOR SOUND ABSORPTION (2) LAYERS 5/8" TYPE "X" GYP. BOARD ON EACH SIDE |
| $\langle B \rangle$ | NON-RATED PARTITION • 3 5/8 METAL STUDS @ 24" O.C. W/ UNFACED BATT INSULATION (1) LAYERS 5/8" GYP. BOARD ON THE INTERIOR |
| | NON-RATED PARTITION 3 5/8 METAL STUDS @ 24" O.C. W/ UNFACED BATT INSULATION FOR SOUND ABSORPTION (1) LAYERS 5/8" GYP. BOARD ON EACH SIDE |
| | NON-RATED PLUMBING PARTITION 6 METAL STUDS @ 24" O.C. W/ UNFACED BATT INSULATION FOR SOUND ABSORPTION (1) LAYERS 5/8" GYP. BOARD ON THE DRY SIDE (1) LAYERS 5/8" CEMENT BOARD ON THE WET SIDE |
| E | NON-RATED PARTITION • 3 5/8 METAL STUDS @ 24" O.C. W • (1) LAYERS 5/8" GYP. BOARD ON EACH SIDE |

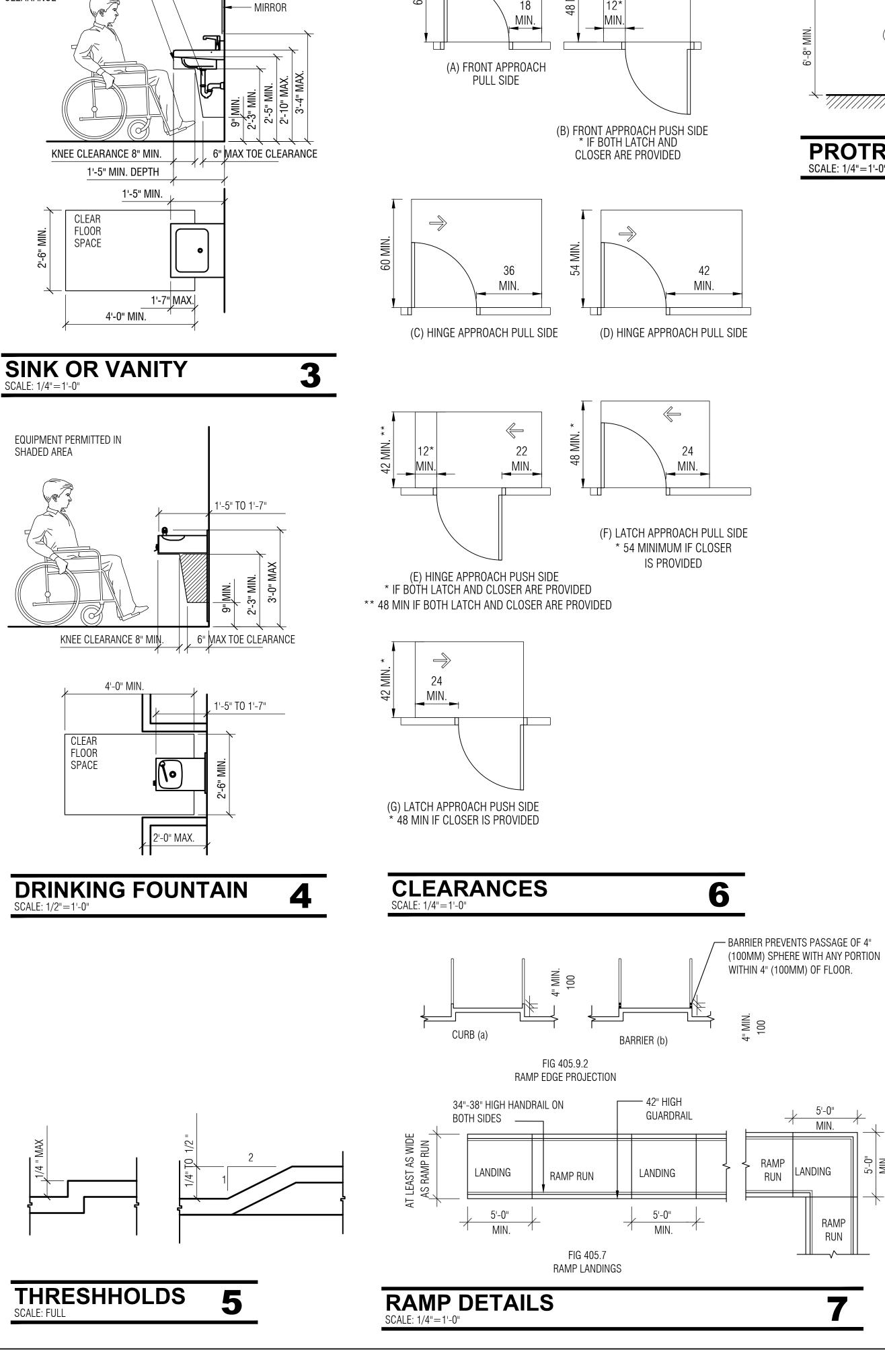




AREA OF ARTICLE 28

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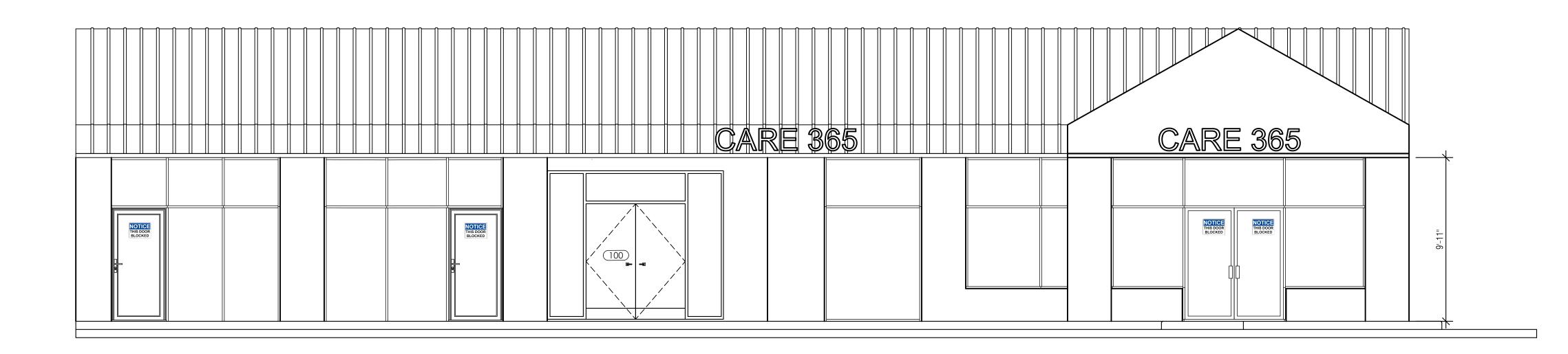
PROVIDE SCALD GUARDS

AT HOT WATER PIPES

LINE OF REQUIRED CLEARANCE

| CLEAR WIDTH ANY AMOUNT | |
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| PROTRUDING OBJECTS 8 | |
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| S PASSAGE OF 4" WITH ANY PORTION) OF FLOOR. | |
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| ADDRESS: TEL: | A R C H I T E C T U R E 501 CHESTNUT RIDGE I CHESTNUT RIDGE, NY 1 212.381.0670 | |
| | INFO@BILDNY.COM WWW.BILDNY.COM | |
| SUED | | DATE: |
| SUED FUR | DOH/CON APPROVAL | 9/23/22 |
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| 1004 | R.B. | NED BY: |



EXTERIOR ELEVATION SCALE: 1/4"=1'-0"

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| ARCHITECTURE ADDRESS: 501 CHESTNUT RIDGE | ROAD |
| CHESTNUT RIDGE, NY 1 TEL: 212.381.0670 | |
| EMAIL: INFO@BILDNY.COM WEBSITE: WWW.BILDNY.COM | |
| ISSUED ISSUED FOR DOH/CON APPROVAL | DATE: 9/23/2 |
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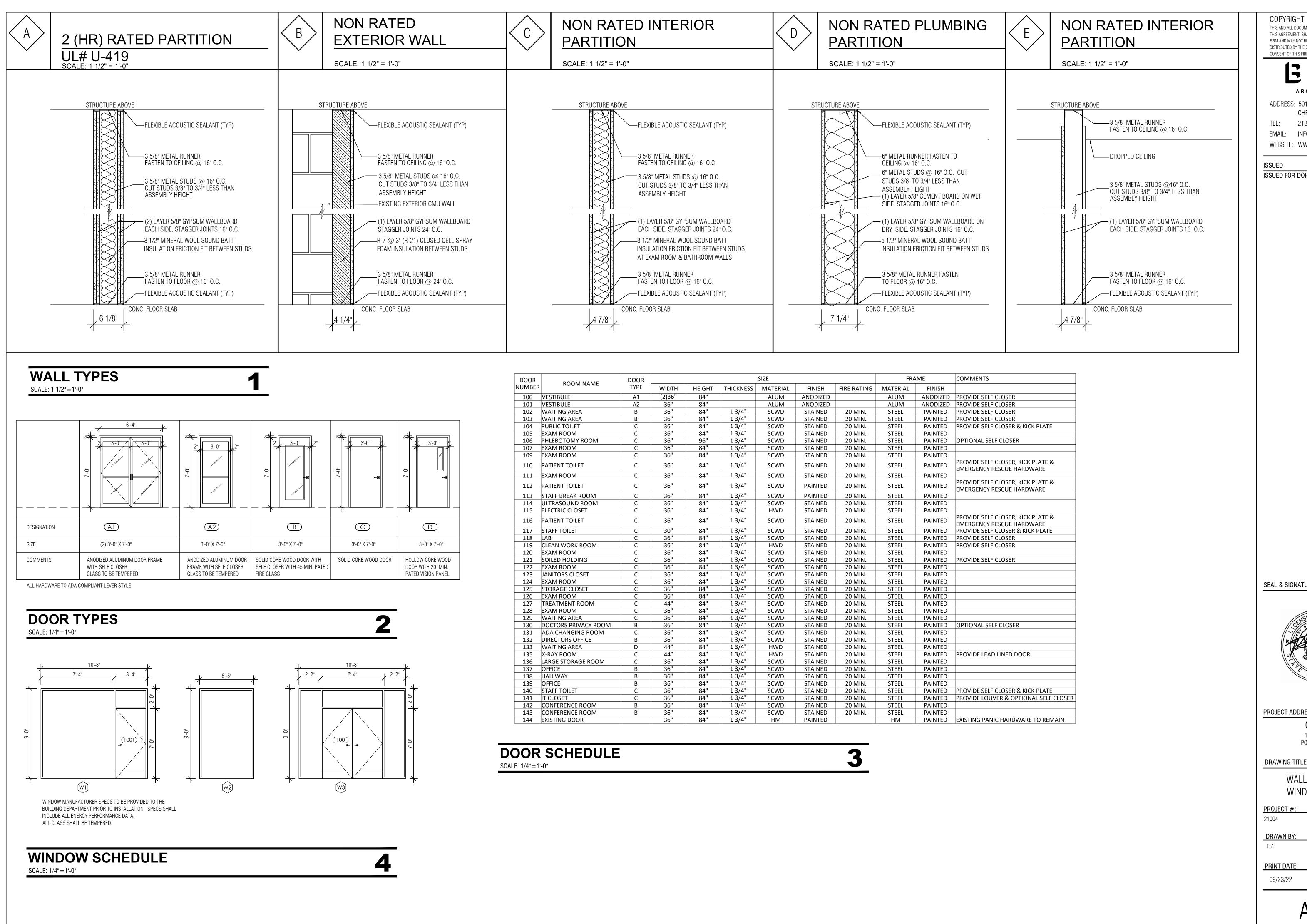
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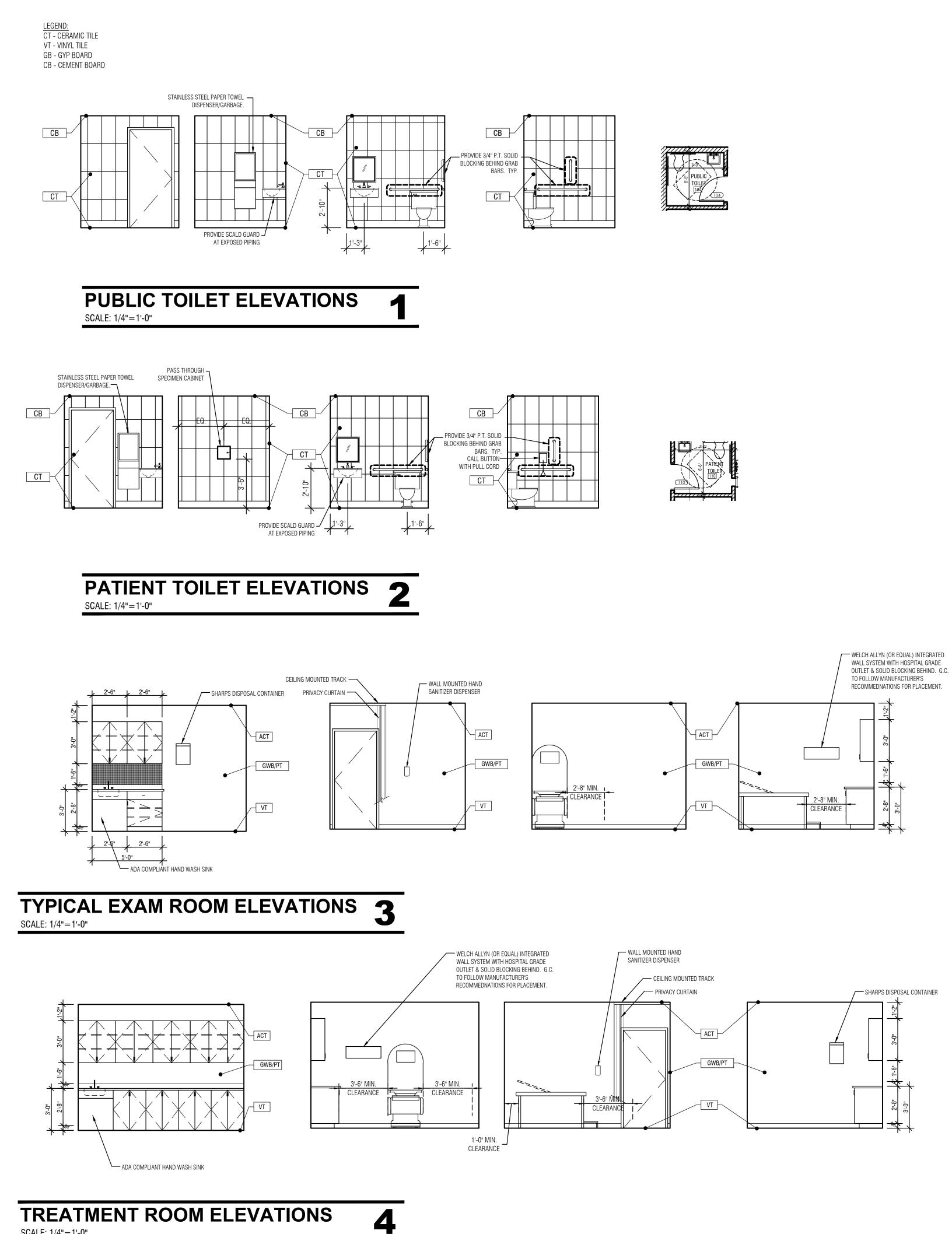
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| ТҮРЕ | DESCRIPTION |
| L1 | 24"x24" RAB FLAT FIXTURE |
| L2 | 24"x24" T GRID SQUARE |
| L3 | 4"x4" LED SQUARE HIGH HAT |
| L4 | WALL WASHER |
| L5 | CURVED CHANNEL LIGHT |
| L6 | 2" LED CHANNEL |
| L7 | SUSPENDED LINEAR LIGHTS |
| L8 | LED COVE LIGHTING |

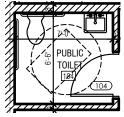


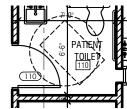
| DOOR ROOM NAME | | DOOR | | | | SIZE | | | FRA | AME | COMMENTS |
|----------------|----------------------|------|--------|--------|-----------|----------|----------|-------------|----------|----------|------------------------|
| NUMBER | | TYPE | WIDTH | HEIGHT | THICKNESS | MATERIAL | FINISH | FIRE RATING | MATERIAL | FINISH | |
| 100 | VESTIBULE | A1 | (2)36" | 84" | | ALUM | ANODIZED | | ALUM | ANODIZED | PROVIDE SE |
| 101 | VESTIBULE | A2 | 36" | 84" | | ALUM | ANODIZED | | ALUM | ANODIZED | PROVIDE SE |
| 102 | WAITING AREA | В | 36" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | PROVIDE SE |
| 103 | WAITING AREA | В | 36" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | PROVIDE SE |
| 104 | PUBLIC TOILET | С | 36" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | PROVIDE SE |
| 105 | EXAM ROOM | С | 36" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | |
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| 113 | STAFF BREAK ROOM | C | 36" | 84" | 1 3/4" | SCWD | PAINTED | 20 MIN. | STEEL | PAINTED | |
| 114 | ULTRASOUND ROOM | C | 36" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | |
| 115 | ELECTRIC CLOSET | C | 36" | 84" | 1 3/4" | HWD | STAINED | 20 MIN. | STEEL | PAINTED | |
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| 117 | STAFF TOILET | C | 30" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | PROVIDE SE |
| 118 | LAB | C | 36" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | PROVIDE SE |
| 119 | CLEAN WORK ROOM | C | 36" | 84" | 1 3/4" | HWD | STAINED | 20 MIN. | STEEL | PAINTED | PROVIDE SE |
| 120 | EXAM ROOM | C | 36" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | |
| 121 | SOILED HOLDING | C | 36" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | PROVIDE SE |
| 122 | EXAM ROOM | C | 36" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | |
| 123 | JANITORS CLOSET | C | 36" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | |
| 124 | EXAM ROOM | С | 36" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | |
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| 126 | EXAM ROOM | C | 36" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | |
| 127 | TREATMENT ROOM | С | 44" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | |
| 128 | EXAM ROOM | С | 36" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | |
| 129 | WAITING AREA | C | 36" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | |
| 130 | DOCTORS PRIVACY ROOM | В | 36" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | OPTIONAL S |
| 131 | ADA CHANGING ROOM | C | 36" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | |
| 132 | DIRECTORS OFFICE | В | 36" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | |
| 133 | WAITING AREA | D | 44" | 84" | 1 3/4" | HWD | STAINED | 20 MIN. | STEEL | PAINTED | |
| | X-RAY ROOM | C | 44" | 84" | 1 3/4" | HWD | STAINED | 20 MIN. | STEEL | PAINTED | PROVIDE LE |
| 136 | LARGE STORAGE ROOM | C | 36" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | |
| 137 | OFFICE | В | 36" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | |
| 138 | HALLWAY | В | 36" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | |
| 139 | OFFICE | В | 36" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | |
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| 141 | IT CLOSET | С | 36" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | PROVIDE LC |
| 142 | CONFERENCE ROOM | В | 36" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | |
| 143 | CONFERENCE ROOM | В | 36" | 84" | 1 3/4" | SCWD | STAINED | 20 MIN. | STEEL | PAINTED | |
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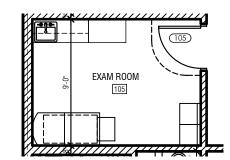
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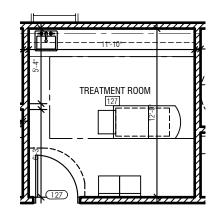


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Department

KATHY HOCHUL Governor JAMES V. McDONALD, M.D., M.P.H. Acting Commissioner MEGAN E. BALDWIN Acting Executive Deputy Commissioner

PHYSICIST LETTER OF CERTIFICATION FOR RADIOGRAPHY, COMPUTED TOMOGRAPHY (C7

DIAGNOSTIC RADIOGRAPHY, COMPUTED TOMOGRAPHY (CT) FACILITIES, INTERVENTIONAL IMAGING, RADIATION THERAPY FACILITIES, PROTON THERAPY, NUCLEAR MEDICINE AND/OR MAGNETIC IMAGING FACILITIES

Date: 05/03/2023 CON Number: TBD Facility Name: Care365 II Facility ID Number: TBD Facility Address: 1633 Route 202, Ponoma, NY 10970

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 for:

- A. Diagnostic Radiography, Computed Tomography (CT) Facilities, Interventional Imaging and Radiation Therapy Facilities;
 - 1. I have been retained by the aforementioned facility, to provide medical physicists services, in conjunction with the construction documents prepared by a NYS Licensed Architect/Engineer.
 - 2. I have exercised due diligence and, to the best of my knowledge, information and belief, the radiation protection designed and specified for the above-referenced project is in substantial compliance with the requirements of the relevant technical standards listed in 10 NYCRR 711.2 including but not limited to Section 2.2-3.4 (Imaging) and (2) Section 2.2-3.5 (Interventional Imaging, of the 2014 Guidelines for Design and Construction of Hospital and Health Care Facilities and that the radiation exposure to the public and staff is designed to be as low as is reasonably achievable (ALARA), based on the work load provided to me by the facility for the proposed equipment and sound radiation protection principles.
 - 3. Further, I agree to ensure that a current report detailing the extent of the radiation protection by the facility and the design of the protection systems will be made available to the Regional Office staff of the NYS Department of Health during the final inspection of the facility. I have informed the applicant that such report must be maintained on site as a permanent record.
- B. Magnetic Resonance Imaging (MRI) Facilities, Interventional and Intraoperative MRI (I-MRI) Facilities;
 - 1. I further certify that I have exercised due diligence and, to the best of my knowledge, information and belief the MRI magnetic shielding and radio frequency shielding as designed and specified are in substantial compliance with the requirements of the relevant technical standards listed in 10 NYCRR

711.2, including but not limited to Section 2.2-3.4 (Imaging) and (2) Section 2.2-3.5 (Interventional Imaging, of the 2014 Guidelines for Design and Construction of Hospital and Health Care Facilities.

- 2. I have reviewed the manufacturer's certifications accompanying all relevant equipment to ensure that such certifications satisfy all the requirements for patient, operator, and public safety.
- 3. I agree to submit an Architectural floor plan identifying the proposed, MRI location, delineating all areas of the room and including the 5 Gauss line in three-dimensional planes, demonstrating that the electromagnetic and radio frequency environment is appropriate for the locations indicated are being submitted simultaneously with this Letter of Certification.
- C. Description (Circle applicable facility type):

Diagnostic Radiography. Computed Tomography (CT) Facilities, Interventional Imaging, Radiation Therapy Facilities, Proton Therapy, Nuclear Medicine, Magnetic Resonance Imaging (MRI) Facilities

NYS Licensed Signature of Medical Physicist Radiological Physicist lomas orra Name of Medical Physicist (Print) 16-01 nrial Business Address **Business Telephone**

The undersigned applicant understands and agrees that, notwithstanding this Medical Physicist 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.

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| 5 3 23 Date | Zehuvh Golde Name (Print | nblig Manazing | memble |
| Notary signing required for the applican | • J 22220 | , 140 | |
| STATE OF NEW YORK |)) SS: | | |
| County of <u>Rockland</u> On the <u>3</u> ^{fd} day of <u>May</u> 20 <u>7</u> before duly sworn, did depose and say that he/sh | e me personally appeared <u>2el</u> | aun Caldenburg. | to me known, who being by me |
| duly sworn, did depose and say that he/sh | e is the Managing Mem | her of the C | are 365 36V |
| LLC | , the facility described herein w | which executed the foregoin | g instrument; and that he/she |
| signed his/her name thereto by order of th | | | |
| (Notary) |) M Notary P | oshe C Goldblatt ublic, State of New York | ς. |
| | Qualifi Commiss | o. 0160001000 ed in Rockland County ion Expires Aug. 08, 202 | Ч |

PHYSICIST LETTER OF CERTIFICATION

A MAIN STREET FLEMINGTON, NEW JERSEY 08822

908-788-9440 FAX 788-6757

August 23, 2021

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Stanley Cohen, LRT Director of Radiology QHC Upstate Medical, PC Care365 1 Main Street Monsey, NY 10952

Dear Stan:

This report specifies the radiation protection requirements of the proposed x-ray room at 1633 Route 202, Pomona, NY. It is based upon the architectural drawing A1 by Walsh Imaging dated 8/17/21.

The calculations applied in this report were made in accordance with the recommendations of the National Council on Radiation Protection (NCRP) Report Number 147, and in accord with regulations of the State of New York.

Specifications for each barrier are enclosed. Shielding specifications are the minimum required thickness. Lead sheets of greater thickness may be substituted. Also enclosed are recommendations concerning structural details and notes. Any changes to the drawing, including the location of equipment, position of wall barriers, or change in occupancy or use of adjacent areas, etc, will necessitate recalculation of the shielding specifications.

After installation is complete, please contact me to confirm shielding integrity by performing a radiation protection survey of the facility.

If you require further information, please do not hesitate to contact me.

Thank you for choosing the radiological physics services of Bio-Med Associates.

Sincerely:

BIO-MED ASSOCIATES, INC.

Thomas ^{J.} LaRocca, M.S., D.A.B.R. Radiological Physicist

Enclosure

ATTACHMENT A

Date: 8/23/2021

FACILITY INFO

| Facility: | QHC Upstate Medical, PC, Care36 | Phone: | (845) 371-7200, ext. 214 |
|-----------|---------------------------------|--------|--------------------------|
| Address: | 1633 Route 202 | State: | NY |
| City: | Pomona | Zip: | 10970 |

EQUIPMENT GENERAL

| Manufacturer: | Shimadzu | |
|---------------|--------------|--|
| Model: | Radspeed OTC | |

BARRIER SHIELDING SUMMARY - See diagram Page 3

| X-Ray Room | Barrier Type | Shielding Material | Existing Shielding (inches) | Additional Shielding (inches) | Comments |
|------------------|-----------------|--------------------|-----------------------------------|-------------------------------------|----------------------|
| A - Control Room | Secondary | Lead | Two 5/8" Gypsum | 1/16" Pb | Window = 1.5 mm lead |
| B - Storage Room | Secondary | Lead | Two 5/8" Gypsum | 1/64" Pb | |
| C - Corridor | Secondary | Lead | Two 5/8" Gypsum | 1/32" Pb | |
| D - Waiting Room | Secondary | Lead | Two 5/8" Gypsum | 1/32" Pb | Wall & Door |
| E - Outside | Primary | Lead | Cinder Block | 1/64'' Pb | |
| F - Outside | Secondary | Lead | Cinder Block | 1/64'' Pb | |
| Ceiling - Roof | No Occupancy | | | | |
| Floor - Earth | | | No Occupan | су | |

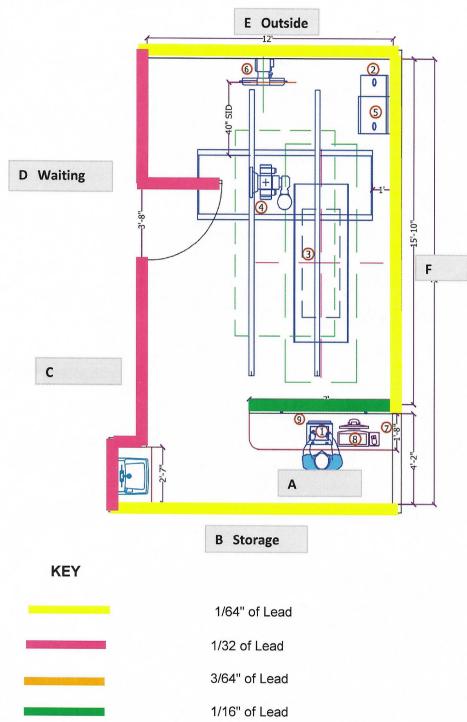
ASSUMPTIONS

It is based upon the architectural drawing A1 by Walsh Imaging dated 8/17/21. Concrete Cinder Block on outside walls. Above - Roof - No Occupancy Below - Earth/slab - No Occupancy Workload - X-Ray: 200 patients/week.

ATTACHMENT B

QHC Upstate Medical, PC, Care365 1633 Route 202, Pomona, NY 10970

August 23, 2021



Structural Details of Protective Barriers

- 1. Lead barriers shall be mounted in such a manner that they will not sag or cold-flow because of their own weight. They shall be protected against mechanical damage. It is recommended that lead of 1/32 inch or less thickness be bonded to panels of some rigid supporting material.
- 2. Surfaces of lead sheets at joints in the barrier should be in contact with a lap of at least 1/2 inch or twice the thickness of the sheets, whichever is greater.
- 3. Welded or burned lead seams are permissible, provided the lead equivalent of the seams is not less than the minimum requirement of the barrier.
- 4. Joints between different kinds of protective materials shall be so designed that the overall protection of the barrier is not impaired.
- 5. Joints at the floor and ceiling shall be so designed that the overall protection is not impaired.
- 6. Windows, window frames, doors and door frames shall have the same lead equivalent as that required of the adjacent wall. Where thick concrete walls are tapered into openings, as is frequently done with observation windows, it may be necessary to add lead protective flanges around the window frame to compensate for the reduced thickness of concrete. A door baffle or threshold may be required for installations operating above 125 kVp, if the discontinuity can be struck by the useful beam. Special attention should be given to providing overlap of the shielding of the door frame and the shielding of the door.
- 7. Holes in protective barriers shall be covered so that overall attenuation is not impaired.
- 8. Louvers and holes in barriers for pipes, conduits, service boxes and air ducts may require baffles to insure that the overall protection afforded by the barrier is not impaired. It is advisable to locate such holes outside of the range of direction of the useful beam.

Notes:

- 1. The minimum height recommended by the NCRP is 7 feet 0 inches from the floor to the ceiling for all lead lined wall partitions. When the ceiling has a shielding requirement, the wall specification should extend from the floor to the ceiling.
- 2. The door frame should be carefully installed with overlapping pieces of lead so that no gaps are created.
- 3. Cassette Holder The cassette holder should be mounted as specified by manufacturer.
- 4. The pass box should be installed as recommended in manufacturer's specifications. Care should be taken on installation of pass box such that gaps are not created when installed. Lead pieces bent to right angels should be fitted around all sides of the pass box.
- 5. The control booth should be lead lined to 1/16 inch of lead, and the window should have lead glass equivalent to 1/16 inch of lead.
- 6. All connections in the wall, (i.e. electrical outlets, plumbing, etc.), should have lead in the back of the cutouts in the wall overlapping the lead lined wall so that holes are not created. All corners should be sealed such that gaps are not created in the corner of the room.
- 7. The type and manufacturer of lead lining used in the X-ray Room should be specified by the general contractor or architect.
- 8. When a shielded door does not exist, the edge of the observation window should be at least 18 inches from the edge of the control partition.
- 9. Shielding specifications are the minimum required thickness; lead sheets of greater thickness may be substituted. Lead sheets less than 1/32 inch are usually more expensive than thicker sheets.

| Barrier: | E - Outside | | K_p^1 (mGy/Pt) Table 4.5)= | 2.3 | |
|---------------------------|-----------------|---------------|------------------------------------|----------|----------|
| Barrier Type: | Rad Room (chest | bucky) | | 2.0 | |
| | | | Barrier Construction (e.g. lead) = | Lead | Concrete |
| Design Goal P (mGy/wk): | | | α(mm–1) | 2.26E+00 | 3.55E-02 |
| Occupancy T: | | | β(mm–1) | 1.31E+01 | 1.18E-01 |
| Distance d (m): | | Cinder Blocks | Y | 5.60E-01 | 6.01E-01 |
| Use Factor U (Table 4.4): | - | 2.5" concrete | Total Barrier thickness (mm): | 1.238 | 101.159 |
| Patients per week N: | 200 | 63.5 mm | Inherent Shielding (mm): | 0.85 | 72 |
| | | | Required Shielding (mm): | 0.39 | 29.16 |
| | | | Cinder Block Shielding (mm): | 0.74 | 63.5 |
| | | | Required Shielding (in): | None | None |
| | | | Will recommend 1/64" Lead | 1/64" Pb | |

| Room (all barriers) (age & Side Scatter 0.1 1 2.0 200 Storage Room Room (all barriers) age & Side Scatter 0.02 0.05 4.0 | Barrier Construction (e.g. lead) = α (mm-1) β (mm-1) γ Required Barrier thickness (mm): Inherent Shielding (mm): Required Shielding (mm): Required Shielding (in): κ^{1}_{sec} (Table 4.7) = Barrier Construction (e.g. lead) = α (mm-1) | Lead 2.30E+00 1.74E+0 6.19E-01 0.312 0.31 1/16" Pt 3.40E-0 |
|---|--|---|
| 0.1 1 2.0 200 200 200 200 200 200 200 | α(mm-1) β(mm-1) γ Required Barrier thickness (mm): Inherent Shielding (mm): Required Shielding (mm): Required Shielding (in): Required Shielding (in): Barrier Construction (e.g. lead) = | 2.30E+00 1.74E+0 6.19E-01 0.312 0.31 1/16'' Pb 3.40E-0 |
| 1 2.0 200 200 Storage Room Room (all barriers) age & Side Scatter 0.02 0.05 4.0 | α(mm-1) β(mm-1) γ Required Barrier thickness (mm): Inherent Shielding (mm): Required Shielding (mm): Required Shielding (in): Required Shielding (in): Barrier Construction (e.g. lead) = | 2.30E+00 1.74E+0 6.19E-01 0.312 0.31 1/16'' Pb 3.40E-0 |
| 1 2.0 200 200 Storage Room Room (all barriers) age & Side Scatter 0.02 0.05 4.0 | β(mm-1) V Required Barrier thickness (mm): Inherent Shielding (mm): Required Shielding (mm): Required Shielding (in): K ¹ _{sec} (Table 4.7) = Barrier Construction (e.g. lead) = | 1.74E+0 6.19E-01 0.312 0.31 1/16" PE 3.40E-0 |
| 2.0 200 200 200 200 200 200 200 | Y Required Barrier thickness (mm): Inherent Shielding (mm): Required Shielding (mm): Required Shielding (in): K ¹ _{sec} (Table 4.7) = Barrier Construction (e.g. lead) = | 6.19E-01 0.312 0.31 1/16'' Pb 3.40E-0 |
| 200 torage Room Room (all barriers) age & Side Scatter 0.02 0.05 4.0 | Required Barrier thickness (mm): Inherent Shielding (mm): Required Shielding (mm): Required Shielding (in): K ¹ _{sec} (Table 4.7) = Barrier Construction (e.g. lead) = | 0.312 0.31 1/16'' Pb 3.40E-0 |
| torage Room Room (all barriers) age & Side Scatter 0.02 0.05 4.0 | Inherent Shielding (mm): Required Shielding (mm): Required Shielding (in): K ¹ _{sec} (Table 4.7) = Barrier Construction (e.g. lead) = | 0.31 1/16'' Pb 3.40E-0 |
| Room (all barriers) age & Side Scatter 0.02 0.05 4.0 | Required Shielding (mm): Required Shielding (in): K ¹ _{sec} (Table 4.7) = Barrier Construction (e.g. lead) = | 1/16" Pb 3.40E-0 |
| Room (all barriers) age & Side Scatter 0.02 0.05 4.0 | K ¹ sec (Table 4.7) = Barrier Construction (e.g. lead) = | 1/16" Pb 3.40E-0 |
| Room (all barriers) age & Side Scatter 0.02 0.05 4.0 | <i>K¹_{sec} (Table 4.7)</i> = Barrier Construction (e.g. lead) = | 3.40E-0 |
| Room (all barriers) age & Side Scatter 0.02 0.05 4.0 | Barrier Construction (e.g. lead) = | |
| Room (all barriers) age & Side Scatter 0.02 0.05 4.0 | Barrier Construction (e.g. lead) = | |
| 0.02 0.05 4.0 | | Lead |
| 0.05 4.0 | | Lead |
| 0.05 4.0 | α(mm–1) | |
| 4.0 | | 2.30E+00 |
| | β(mm–1) | 1.74E+01 |
| 200 | Y | 6.19E-01 |
| 200 | Required Barrier thickness (mm): | 0.003 |
| | Inherent Shielding (mm): | |
| | Required Shielding (mm): | 0.00 |
| | Required Shielding (in): | 1/64'' Pb |
| | | |
| | $K^{1}_{sec} (Table 4.7) =$ | 3.40E-0 |
| | | |
| age & Side Scatter | | |
| | Barrier Construction (e.g. lead) = | Lead |
| 0.02 | | 2.30E+00 |
| 0.2 | | 1.74E+01 |
| 3.0 | | 6.19E-01 |
| | | 0.180 |
| | | 0.100 |
| | | 0.10 |
| | | 0.18 1/32" Pb |
| | | 1/52 1 0 |
| /aiting Area Wall & Door | K^1 (Table 4.7) = | 3.40E-0 |
| Room (all barriers) | | 0.402 0 |
| | | |
| - | Barrier Construction (e.g. lead) - | Lead |
| 0.02 | | 2.30E+00 |
| | | 2.30E+00 1.74E+01 |
| | | |
| | | 6.19E-01 |
| ~~~ | | 0.312 |
| | innerent Shielding (mm) | |
| | | |
| | Required Shielding (mm): Required Shielding (in): | 0.31 1/32'' Pb |
| | 0.2 3.0 200 /aiting Area Wall & Door | Required Shielding (in): Corridor K^1_{sec} (Table 4.7) = Room (all barriers) Barrier Construction (e.g. lead) = age & Side Scatter Barrier Construction (e.g. lead) = 0.02 Q(mm-1) 0.2 Barrier Construction (e.g. lead) = 0.02 Q(mm-1) 0.02 Required Barrier thickness (mm): Inherent Shielding (mm): Required Shielding (mm): Required Shielding (mm): Required Shielding (mm): Required Shielding (mm): Required Shielding (mm): Vaiting Area Wall & Door K^1_{sec} (Table 4.7) = Room (all barriers) Barrier Construction (e.g. lead) = age & Side Scatter Barrier Construction (e.g. lead) = 0.02 $\alpha(mm-1)$ $\alpha(mm-1)$ 0.2 $\beta(mm-1)$ γ |

Definitions:

Primary Barrier - Barrier sufficient to attenuate the useful beam to the required degree.

<u>Secondary Barrier</u> - Barrier sufficient to attenuate the stray (leakage and scattered) radiation to the required degree. The secondary barrier may not intercept the useful beam.

<u>Controlled Area</u> - A defined area in which the exposure of persons to radiation is under the supervision of a Radiation Protection Supervisor. (This implies that a controlled area is one that requires control of access, occupancy, and working conditions for radiation protection purposes).

Non-controlled Area - Any space not meeting the definition of controlled area.

<u>Use Factor [Beam Direction Factor (U)]</u> - Fraction of the workload during which the radiation under consideration is directed at a particular barrier.

<u>Occupancy Factor (T)</u> - The factor by which the workload should be multiplied to correct for the degree of occupancy of the area in question while the source is "ON".

<u>Workload</u> (W) - The degree of use of an x-ray or gamma ray source. For x-ray equipment operating below 4 MV, the workload is usually expressed in milliampere minutes per week. For gamma-beam therapy sources, and for x-ray equipment operating at 4 MV or above, the workload is usually stated in terms of the weekly exposure of the useful beam at one meter from the source and is expressed in roentgens per week at one meter.

<u>Maximum Permissible Dose Equivalent (MPD)</u> - For radiation protection purposes, maximum dose equivalents that persons shall be allowed to receive in a stated period of time. For radiation protection purposes of this report, the dose equivalent in rems may be considered numerically equal to the absorbed dose in rads and the exposure in roentgens.

Schedule LRA 4/Schedule 7 CON Forms Regarding Environmental issues

Contents:

Schedule LRA 4/Schedule 7 - Environmental Assessment

| Enviror | nmental 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? | | |
| 1.2 | Does this plan involve construction and change land use or density? | | \square |
| 1.3 | Does this plan involve construction and have a permanent effect on the environment if temporary land use is involved? | | \boxtimes |
| 1.4 | Does this plan involve construction and require work related to the disposition of asbestos? | | \square |
| 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 | | No |
| 2.1 | Does the project involve physical alteration of ten acres or more? | | \square |
| 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? | | \boxtimes |
| 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? | | \boxtimes |
| 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? | | \boxtimes |
| 2.5 | Will the project involve parking for 1,000 vehicles or more? | | \square |
| 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? | | \boxtimes |
| 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? | | |
| 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? | | |
| 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? | | \boxtimes |
| 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? | | \boxtimes |
| 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? | | \boxtimes |
| 2.12 | Is the project wholly or partially within an agricultural district certified pursuant to Agriculture and Markets Law Article 25, Section 303? | | \boxtimes |
| 2.13 | Will the project significantly affect drainage flow on adjacent sites? | | \square |

| 2.14 | Will the project affect any threatened | or endangered plants or animal species? | | \square |
|-----------|---|--|-------------|-------------|
| 2.15 | Will the project result in a major adve | | | \square |
| 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? | | | |
| 2.17 | Will the project result in major traffic p transportation systems? | problems or have a major effect on existing | | |
| 2.18 | Will the project regularly cause objec electrical disturbance as a result of the | tionable odors, noise, glare, vibration, or ne project's operation? | | \boxtimes |
| 2.19 | Will the project have any adverse imp | pact on health or safety? | | \boxtimes |
| 2.20 | permanent population of more than fi | nmunity by directly causing a growth in we percent over a one-year period or have a er of the community or neighborhood? | | |
| 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? | | | |
| 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? | | | |
| 2.23 | Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV. | | | |
| Part III. | | | Yes | No |
| | Are there any other state or local age fill in Contact Information to Question | encies involved in approval of the project? If so, a 3.1 below. | \boxtimes | |
| | Agency Name: | Town of Rampo Building Department | | |
| | Contact Name: | Ian Smith | | |
| | Address: | 237 Route 59 | | |
| | State and Zip Code: | Suffern, NY 10901 | | |
| | E-Mail Address: | smithi@ramapo-ny.gov | | |
| | Phone Number: | (845)-357-5100 ext. 326 | | |
| 3.1 | 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: | | | | 1 |
| | | | onmental review of this project? If so, give hary of Findings with the application in the space | Yes | No |
| | Agency Name: | | | | |
| 3.2 | Contact Name: | | | | |
| - | Address: | | | | |
| | State and Zip Code: | | | | |
| | E-Mail Address: | | | | |
| | Phone Number: | | | | |
| | | | ing environmental aspects of this project? If | Yes | No |
| 3.3 | yes, briefly describe th | ie controversy i | n the space below. | | |
| Part IV. | Storm and Flood Mi | tigation | | | |
| | Definitions of FEMA F | _ | gnations | | |
| | 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 |
| | Is the proposed site lo provide the Elevation (| | I plain? If Yes, indicate classification below and /A Flood Insurance). | | |
| | Moderate to Low Risk Area | | | | No |
| | Zone | Description | | | |
| 4.1 | In communities that pa property owners and r | | NFIP, flood insurance is available to all zones: | | |
| | B and X | 100-year and 500 of lesser hazards or shallow floodi | e flood hazard, usually the area between the limits of the D-year floods. Are also used to designate base floodplains , such as areas protected by levees from 100-year flood, ng areas with average depths of less than one foot or ess than 1 square mile. | | |

| C and X | Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level. | |
|--|--|-----|
| High Risk Areas | | Yes |
| Zone | Description | |
| In communities that p requirements apply to | participate in the NFIP, mandatory flood insurance purchase of all these zones: | |
| Α | 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. | |
| AE | The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1-A30. | |
| 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). | |
| АН | 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. | |
| 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. | |
| 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. | |
| 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. | |
| High Risk Coastal A | rea | Yes |
| Zone | Description | |
| In communities that p requirements apply to | participate in the NFIP, mandatory flood insurance purchase | |
| 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. | |
| 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. | |
| Undetermined Risk | Area | Yes |
| onacterminea Risk | | |

| | 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. | | |
|-----|--|---|--|-----------|
| | Are you in a designated evacuation zone? | | | \square |
| 4.2 | If Yes, the Elevation Certificate (FEMA Flood Insurance) shall be submitted with the application. | | | |
| | If yes which zone is the site located in? | | | |
| | Does this project reflect the post Hurricane Lee, and or Irene, and Superstorm Sandy mitigation standards? | | | |
| 4.3 | If Yes, which | 100 Year | | |
| | floodplain? | 500 Year | | |

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

https://www.fema.gov/media-library-data/1582295171786-6506170c5f54026f585e44e2fc94950d/FF086033 ElevCert FormOnly RE 11Feb2020.p df

New York State Department of Health Certificate of Need Application Schedule 8A Summarized Project Cost and Construction Dates

This schedule is required for all Full or Administrative review applications except Establishment-Only applications.

1.) Project Cost Summary data:

| | Total | Source |
|---|-------------------------|----------------------------------|
| Project Description: | | |
| Project Cost | \$40,000 | Schedule 8b, column C, line 8 |
| Total Basic Cost of Construction | \$40,000 | Schedule 8B, column C, line 6 |
| Total Cost of Moveable Equipment | \$0 | Schedule 8B, column C, line 5.1 |
| Cost/Per Square Foot for New Construction | n\a | Schedule 10 |
| Cost/Per Square Foot for Renovation Construction | \$0 | Schedule10 |
| Total Operating Cost | \$ 2,116,501 | Schedule 13C, column B |
| Amount Financed (as \$) | \$0 | Schedule 9 |
| Percentage Financed as % of Total Cost | 0.00% | Schedule 9 |
| Depreciation Life (in years) | 0 | |
| Depreciation Life (in years) | 0 | |

2) Construction Dates

| Anticipated Start Date | N/A | Schedule 8B |
|-----------------------------|-----|-------------|
| Anticipated Completion Date | N/A | |

New York State Department of Health Certificate of Need Application Schedule 8B - Total Project Cost - For Projects without Subprojects.

This schedule is required for all Full or Administrative review applications except Establishment-Only applications.

| 0 | Value | Comments |
|---|-------|---------------|
| Design Contingency - New Construction | 0.00% | Normally 10% |
| Construction Contingency - New Construction | 0.00% | Normally 5% |
| Design Contingency - Renovation Work | 0.00% | Normally 10% |
| Construction Contingency - Renovation Work | 0.00% | Normally 10% |
| Anticipated Construction Start Date: | N/A | as mm/dd/yyyy |
| Anticipated Midpoint of Construction Date | N/A | as mm/dd/yyyy |
| Anticipated Completion of Construction Date | N/A | as mm/dd/yyyy |
| Year used to compute Current Dollars: | 2023 | 2023 |

| Subject of ottookment | | Filename of |
|--|-------------------|------------------|
| Subject of attachment | Attachment Number | attachment - PDF |
| For new construction and addition, at the schematic stage | | |
| the design contingency will normally be 10% and the | | |
| construction contingency will be 5%. If your percentages are | | |
| otherwise, please explain in an attachment. | | |
| For renovation, the design contingency will normally be 10% | | |
| and the construction contingency will be 10%. If your | | |
| percentages are otherwise, please explain in an attachment. | | |

New York State Department of Health Certificate of Need Application Schedule 8B - Total Project Cost - For Projects without Subprojects.

| | А | В | С |
|---|--------------------|--------------------------------------|-------------------|
| | Project Cost in | Escalation amount to Mid-point of | Estimated Project |
| Item | Current Dollars | Construction | Costs |
| Source: | Schedule 10 Col. H | Computed by applicant | (A + B) |
| 1.1 Land Acquisition | \$0 | \searrow | \$0 |
| 1.2 Building Acquisition | \$0 | | \$0 |
| 2.1 New Construction | \$0 | \$0 | \$0 |
| 2.2 Renovation & Demolition | \$0 | \$0 | \$0 |
| 2.3 Site Development | \$0 | \$0 | \$0 |
| 2.4 Temporary Utilities | \$0 | \$0 | \$0 |
| 2.5 Asbestos Abatement or | | | |
| Removal | \$0 | \$0 | \$0 |
| 3.1 Design Contingency | \$0 | \$0 | \$0 |
| 3.2 Construction Contingency | \$0 | \$0 | \$0 |
| 4.1 Fixed Equipment (NIC) | \$0 | \$0 | \$0 |
| 4.2 Planning Consultant Fees | \$0 | \$0 | \$0 |
| 4.3 Architect/Engineering Fees | \$0 | \$0 | \$0 |
| 4.4 Construction Manager Fees | \$0 | \$0 | \$0 |
| 4.5 Other Fees (Consultant, etc.) | \$40,000 | \$0 | \$40,000 |
| Subtotal (Total 1.1 thru 4.5) | \$40,000 | \$0 | \$40,000 |
| 5.1 Movable Equipment (from | | | |
| Sched 11) | \$0 | \$0 | \$0 |
| 5.2 Telecommunications | \$0 | \$0 | \$0 |
| 6. Total Basic Cost of Construction | | | |
| (total 1.1 thru 5.2) | \$40,000 | \$0 | \$40,000 |
| 7.1 Financing Costs (Points etc) | \$0 | | \$0 |
| 7.2 Interim Interest Expense:: | | | |
| \$ At % | | \mid \times \mid | |
| for months | \$0 | | \$0 |
| 8. Total Project Cost: w/o CON fees · Total 6 thru 7.2 | \$40,000 | \$0 | \$40,000 |
| Application fees: | | | |
| 9.1 Application Fee. Articles | | \mid $>$ \mid | |
| 28, 36 and 40. See Web Site. | \$2,000 | | \$2,000 |
| 9.2 Additional Fee for projects | | | |
| with capital costs. Not | | | |
| applicable to "Establishment | | | |
| Only" projects. See Web Site | | | |
| for applicable fees. (Line 8, | | | |
| multiplied by the appropriate | | | |
| percentage.) | | | |
| Enter Multiplier | \$400 | # 0 | ¢400 |
| ie: .25% = .0025> 0.003 | \$120 | \$0 | \$120 |
| 10 Total Project Cost with fees | \$42,120 | \$0 | \$42,120 |

Schedule 9 Project Financing

Contents:

• Schedule 9 - Proposed Plan for Project Financing

Schedule 9 Proposed Plan for Project Financing:

I. Summary of Proposed Financial plan Check all that apply and fill in corresponding amounts.

| Туре | Amount |
|--|----------|
| A. Lease | \$ |
| B. Cash | \$42,120 |
| C. Mortgage, Notes, or Bonds | \$ |
| D. Land | \$ |
| E. Other | \$ |
| F. Total Project Financing (Sum A to E) (equals line 10, Column C of Sch. 8b) | \$42,120 |

If refinancing is used, please complete area below.

| Refinancing | \$ |
|---|----|
| Total Mortgage/Notes/Bonds (Sum E + Refinancing) | \$ |

II. Details

A. Leases

| | N/A | Title of Attachment |
|---|-------------|-----------------------|
| 1. List each lease with corresponding cost as if purchased each leased item. Breakdown each lease by total project cost and subproject costs, if applicable. | \boxtimes | |
| 2. Attach a copy of the proposed lease(s). | | Schedule 9 Attachment |
| 3. Submit an affidavit indicating any business or family relationships between principals of the landlord and tenant. | \boxtimes | |
| 4. If applicable, provide a copy of the lease assignment agreement and the Landlord's consent to the proposed lease assignment. | | Schedule 9 Attachment |
| 5. If applicable, identify separately the total square footage to be occupied by the Article 28 facility and the total square footage of the building. | \boxtimes | |
| Attach two letters from independent realtors verifying square footage rate. | | Schedule 9 Attachment |
| 7. For all capital leases as defined by FASB Statement No.13, "Accounting for Leases", provide the net present value of the monthly, quarterly or annual lease payments. | \boxtimes | |

B. Cash

| Туре | Amount | |
|-----------------------------|--------|----------|
| Accumulated Funds | | \$42,120 |
| Sale of Existing Assets | | \$ |
| Gifts (fundraising program) | | \$ |
| Government Grants | | \$ |
| Other | | \$ |
| TOTAL CASH | | \$42,120 |

| | N/A | Title of Attachment |
|--|-----|--------------------------|
| 1. Provide a breakdown of the sources of cash. See sample table above. | | See Table above |
| 2. Attach a copy of the latest certified financial statement and current internal financial reports to cover the balance of time to date. If applicable, address the reason(s) for any operational losses, negative working capital and/or negative equity or net asset position and explain in detail the steps implemented to improve operations. | | |
| In establishment applications for Residential Health Care Facilities , attach a copy of the latest certified financial statement and current internal financial reports to cover the balance of time to date for the subject facility and all affiliated Residential Health Care Facilities . If applicable, address the reason(s) for any operational losses, negative working capital and/or negative equity or net asset position and explain in detail the steps implemented (or to be implemented in the case of the subject facility) to improve operations. | | |
| 3. If amounts are listed in "Accumulated Funds" provide cross- reference to certified financial statement or Schedule 2b, if applicable. | | Schedule 9 Attachment |
| 4. Attach a full and complete description of the assets to be sold, if applicable. | | |
| 5. If amounts are listed in "Gifts (fundraising program)": Provide a breakdown of total amount expected, amount already raised, and any terms and conditions affixed to pledges. If a professional fundraiser has been engaged, submit fundraiser's contract and fundraising plan. Provide a history of recent fund drives, including amount pledged and amount collected | | |

Not Applicable

New York State Department of Health Certificate of Need Application

| | N/A | Title of Attachment |
|--|-------------|---------------------|
| 6. If amounts are listed in "Government Grants": List the grant programs which are to provide the funds with corresponding amounts. Include the date the application was submitted. Provide documentation of eligibility for the funds. Attach the name and telephone number of the contact person at the awarding Agency(ies). | | |
| 7. If amounts are listed in "Other" attach a description of the source of financial support and documentation of its availability. | \boxtimes | |
| Current Department policy expects a minimum equity contribution of 10% of total project cost (Schedule 8b line 10) for all Article 28 facilities with the exception of Residential Health Care Facilities that require 25% of total project cost (Schedule 8b, line 10). Public facilities require 0% equity. | | 10% equity met |
| 9. Provide an equity analysis for member equity to be provided. Indicate if a member is providing a disproportionate share of equity. If disproportioned equity shares are provided by any member, check this box | \boxtimes | |

C. Mortgage, Notes, or Bonds

Total ProjectUnitsInterest%TermYearsPayout PeriodYearsPrincipal\$

| | N/A | Title of Attachment |
|--|-----|---------------------|
| Attach a copy of a letter of interest from the intended source of permanent financing that indicates principal, interest, term, and payout period. | | |
| 2. If New York State Dormitory Authority (DASNY) financing, then attach a copy of a letter from a mortgage banker. | | |
| 3. Provide details of any DASNY bridge financing to HUD loan. | | |
| 4. If the financing of this project becomes part of a larger overall financing, then a new business plan inclusive of a feasibility package for the overall financing will be required for DOH review prior to proceeding with the combined financing. | | |

D. Land

Not Applicable

Provide details for the land including but not limited to; appraised value, historical cost, and purchase price. See sample table below.

| | Total Project |
|-----------------|---------------|
| Appraised Value | \$ |
| Historical Cost | \$ |
| Purchase Price | \$ |
| Other | |

| | N/A | Title of Attachment |
|--|-----|---------------------|
| 1. If amounts are listed in "Other", attach documentation and a description as applicable. | | |
| 2. Attach a copy of the Appraisal. Supply the appraised date and the name of the appraiser. | | |
| 3. Submit a copy of the proposed purchase/option agreement. | | |
| 4. Provide an affidavit indicating any and all relationships between seller and the proposed operator/owner. | | |

E. Other

Not Applicable

Provide listing and breakdown of other financing mechanisms.

| | Total Project |
|-------|---------------|
| Notes | |
| Stock | |
| Other | |

| | N/A | Title of Attachment |
|---|-----|---------------------|
| Attach documentation and a description of the method of financing | | |

F. Refinancing

Not Applicable

| | N/A | Title of Attachment |
|--|-----|---------------------|
| 1. Provide a breakdown of the terms of the refinancing, including principal, interest rate, and term remaining. | | |
| 2. Attach a description of the mortgage to be refinanced. Provide full details of the existing debt and refinancing plan inclusive of original and current amount, term, assumption date, and refinancing fees. The term of the debt to be refunded may not exceed the remaining average useful life of originally financed assets. If existing mortgage debt will not be refinanced, provide documentation of consent from existing lien holders of the proposed financing plan. | | |

Care365 LLC

Schedule 09 Attachments

- Attachment A Property Lease
- Attachment B Lease Assignment
- Attachment C Rent Reasonableness Letters
- Attachment D Member's Schedule 2B



1609 Route 202 Pomona, NY 10970 Office: 845-35**Q**-4663

March 26, 2023

Care365 North, LLC 1633 Route 202 Pomona, NY 10970

To Whom It May Concern:

After a careful analysis of current office and retail store rentals in the Pomona area, near Route 202, in my professional opinion, the rent of about \$32-\$33 per square foot is standard in the area for office space, and about \$4-\$5 more for retail space. My office is in the area at 1609 Route 202, Pomona so I am knowledgeable of the market rental prices.

The fair and reasonable rent for the space at 1633 Route 202, Pomona NY 10970 would be in the same range.

I am a licensed real estate agent and am knowledgeable of the rental prices in the Rockland County area.

Please feel free to contact me if you require additional information.

Sincerely,

Rikki Drillman

Real Estate Assoc. Broker Q Home Sales C.845.558.1283



■ 845.875.4400 **845.512.3029** @ office@metrexrealty.com

March 27, 2023

Care 365 North, LLC 1633 Route 202 Pomona, NY 10970

To whom it may concern:

This will confirm that an annual rent of \$32.00 per sqft for space at 1633 Route 202, Pomona, NY 10970 is fair and reasonable for space of this type in this neighborhood, based upon my experience.

I am a licensed real estate agent in Rockland County and am knowledgeable of the rental prices in the proposed area.

Please feel free to contact me if you require additional information.

Sincerely, Meyer Tauber

www.metrexrealty.com

23 Robert Pitt Drive, Suite 100-A, Monsey, NY 10952

New York State Department of Health Certificate of Need Application Schedule 10 - Space & Construction Cost Distribution

For all Full or Administrative review applications, except Establishment-Only applications. New Construction and Renovation must be entered on separate sheets (see instructions in line 43). Codes for completing this table are found in the Functional Codes Lookups sheet (see tab below).

| Ind | icate if | this pro | oject is: | New Construction: | OR | Rer | novation: X |] |
|-------------|----------|----------------|--------------------|--|------------------------|--|--|-------------------------------|
| A B D | | E | F | G | Н | | | |
| Sub project | Loca | ation Floor | Functional Code | Description of Functional Code (enter Functional code in Column D, description appears here automatically) | Functional Gross SF | Construction Cost PER S.F. <i>Current</i> (un-escalated) | (F x G) Construction Cost TOTAL <i>Current</i> sch.8B col.A (un-escalated) | Alterations, Scope of work |
| | | | | #N/A | No Constr | uction proposed | d for this project | |
| | | | | #N/A | | | | |
| | | | | #N/A | | | | |
| | | | | #N/A | | | | |
| | | | | #N/A | | | | |
| | | | | #N/A | | | | |
| | | | | #N/A | | | | |
| | | | | #N/A | | | | |
| | | | | #N/A | | | | |
| | | | | #N/A | | | | |
| | | | | #N/A | | | | |
| | | | | #N/A | | | | |
| | | Totals | s for W | hole Project: | 0 | 0 | 0 | |

New York State Department of Health Certificate of Need Application Schedule 10 - Space & Construction Cost Distribution

If additional sheets are necessary, go to the toolbar, select "Edit", select "Move or copy sheet", make sure the "create a copy" box is checked, and select this document as the destination for the copy then select "OK". An additional worksheet will be added to this spreadsheet

| 1. If New Construction is Involved, is it "freestanding? YES NO | | | | |
|--|-------------|--------------------------------|-------|--|
| | Dense Urban | Other metropolitan or suburban | Rural | |
| Check the box that best describes the location of the facilities affected by this project: | | × | | |

The section below must be filled out and signed by the applicant, applicant's representative, project architect, project engineer or project estimator.engineer,

| The Artiste Films | SIGN | DATE | | | |
|-------------------|---------------|-------------|----------------|-----------------|--|
| | 3. | 5-11-2023 | | | |
| | PRINT NAME | | 0 | TITLE | |
| Zeh | ava Goldenb | erg | 1 | Managing Member | |
| | NAME OF FIRM | | | | |
| | | Care | 365, LLC | | |
| | | ET & NUMBER | | | |
| | 1 Main Street | | | | |
| CITY | STATE | ZIP | PHONE NUMBER | | |
| Monsey | NY | 10952 | (845) 371-7200 | | |

Schedule 11 - Moveable Equipment

For Article 28, 36, and 40 Construction Projects Requiring Full or Administrative Review *

Table I: New Equipment Description

| Sub project Number | Functional Code | Description of equipment, including model, manufacturer, and year of manufactor where applicable. | Number of units | Lease (L) or Purchase (P) | Date of the end of the lease period | Lease Amount or Purchase Price | |
|--|--|---|--------------------|------------------------------------|---|-----------------------------------|--|
| | | Not Applicable (equipment already purchased) | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Total lease and purchase costs: Subproject 1 | | | | | | |
| | | Total lease an | d purcha | ase costs: S | Subproject 2 | | |
| | Total lease and purchase costs: Subproject 3 | | | | | | |
| | Total lease and purchase costs: Subproject 4 | | | | | | |
| Total lease and purchase costs: Subproject 5 | | | | | | | |
| Total lease and purchase costs: Subproject 6 | | | | | | | |
| Total lease and purchase costs: Subproject 7 | | | | | | | |
| Total lease and purchase costs: Subproject 8 | | | | | | | |
| | | Total lease and p | ourchase | costs: Wh | nole Project: | \$- | |

Schedule 13 A. Assurances from Article 28 Applicants

Article 28 applicants seeking combined establishment and construction or construction-only approval must complete this schedule.

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.
- 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 ensure 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.

Date

5-11-2023

JUHERA Steller

Signature: Zehava Goldenberg Name (Please Type) Managing Member

Title (Please type)

Schedule 13 B-1. Staffing

See "Schedules Required for Each Type of CON" to determine when this form is required. Use the "Other" categories for providers, such as dentists, that are not mentioned in the staff categories. If a project involves multiple sites, please create a staffing table for each site.

☐ Total Project or ☐ Subproject number

| A | В | С | D |
|---|------------------------------------|--------------|--------------|
| | Number of FTEs to the Nearest Tent | | |
| Staffing Categories | Current Year* | First Year | Third Year |
| | | Total Budget | Total Budget |
| 1. Management & Supervision | | 1.0 | 1.0 |
| 2. Technician & Specialist | | 0.7 | 0.9 |
| 3. Registered Nurses | | 2.0 | 2.5 |
| 4. Licensed Practical Nurses | | | |
| 5. Aides, Orderlies & Attendants | | 4.0 | 6.0 |
| 6. Physicians | | 0.8 | 1.0 |
| 7. PGY Physicians | | | |
| 8. Physicians' Assistants | | 3.0 | 3.2 |
| 9. Nurse Practitioners | | | |
| 10. Nurse Midwife | | | |
| 11. Social Workers and Psychologist** | | | |
| 12. Physical Therapists and PT Assistants | | | |
| 13. Occupational Therapists and OT Assistants | | | |
| 14. Speech Therapists and Speech Assistants | | | |
| 15. Other Therapists and Assistants | | | |
| 16. Infection Control, Environment and Food | | | |
| Service | | | |
| 17. Clerical & Other Administrative | | 3.0 | 4.5 |
| 18. Other | | | |
| 19. Other | | | |
| 20. Other | | | |
| 21. Total Number of Employees | | 14.5 | 19.1 |

*Last complete year prior to submitting application **Only for RHCF and D&TC proposals

Describe how the number and mix of staff were determined:

Staffing is based on expected utilization and the experience of the Center's existing operation at its other site.

Schedule 13 B-2. Medical/Center Director and Transfer Agreements

All diagnostic and treatment centers and midwifery birth centers should complete this section when requesting a new location. DTCs are required to have a Medical Director who is a physician. MBCs may have a Center Director who is a physician or a licensed midwife.

| Medical/Center Director | | | | |
|--|----------------|--|--|--|
| Name of Medical/Center Director: | Seth Kurtz, MD | | | |
| License number of the Medical/Center Director | 232596 | | | |

| | Not | Title of | Filename of |
|--|------------|---------------------|-------------|
| | Applicable | Attachment | attachment |
| Attach a copy of the Medical/Center Director's curriculum vitae | | Medical Director CV | Sch_13_Att |

| | Transfer & Affiliation Agreement | | | | | |
|---|---|---|--|--|--|--|
| Hosp is be | bital(s) with which an affiliation agreement ing negotiated | Nyack Hospital | | | | |
| Distance in miles from the proposed facility to the Hospital affiliate. | | 11.2 miles | | | | |
| 0 | Distance in minutes of travel time from the proposed facility to the Hospital affiliate. | 15 minutes | | | | |
| 0 | Attach a copy of the letter(s) of intent or the affiliation agreement(s), if appropriate. | N/A 🗌 Attachment Name: Sch_13_Att | | | | |
| | | | | | | |
| Nam facili | e of the nearest Hospital to the proposed ty | Good Samaritan Hospital | | | | |
| 0 | Distance in miles from the proposed facility to the nearest hospital. | 8.3 miles | | | | |
| 0 | Distance in minutes of travel time from the proposed facility to the nearest hospital. | 14 minutes | | | | |

Schedule 13 B-3. AMBULATORY SURGERY CENTERS ONLY - Physician Commitments

Upload a spreadsheet or chart as an attachment to this Schedule of all practitioners, including surgeons, dentists, and podiatrists who have expressed an interest in practicing at the Center. The chart must include the information shown in the template below.

Additionally, upload copies of letters from each practitioner showing the number and types of procedures he/she expects to perform at the Center per year.

| Practitioner's Name | License Number | Specialty/(s) | Board Certified or Eligible? | Expected Number of Procedures | Hospitals where Physician has Admitting Privileges | Title and File Name of attachment |
|---------------------|-------------------|---------------|------------------------------------|-------------------------------------|---|-----------------------------------|
|---------------------|-------------------|---------------|------------------------------------|-------------------------------------|---|-----------------------------------|

Schedule 13 C. Annual Operating Costs

See "Schedules Required for Each Type of CON" to determine when this form is required. One schedule must be completed for the total project and one for each of the subprojects. Indicate which one is being reported by checking the appropriate box at the top of the schedule.

Use the below tables or upload a spreadsheet as an attachment to this Schedule that matches the structure of the tables (Attachment Title:) to summarize the first and third full year's total cost for the categories, which are affected by this project. The first full year is defined as the first 12 months of full operation after project completion. Year 1 and 3 should represent projected total budgeted costs expressed in current year dollars. Additionally, you must upload the required attachments indicated below.

Required Attachments

| | Title of Attachment | Filename of Attachment |
|---|------------------------|---------------------------|
| In an attachment, provide the basis for determine budgeted expenses, including details for how depreciation and rent / lease expenses were care | Attachment C | Sch_13_Att |
| In a sperate attachment, provide the basis for in cost. Separately identify, with supporting calcul interest attributed to mortgages and working ca | ations, N/A | N/A |

☐ Total Project or ☐ Subproject Number

Table 13C - 1

| | а | b | С |
|---|--------------|------------------------|------------------------|
| Categories | Current Year | Year 1 Total Budget | Year 3 Total Budget |
| Start date of year in question:(m/d/yyyy) | | 03/01/2024 | 03/01/2027 |
| 1. Salaries and Wages | | \$1,227,000 | \$1,569,000 |
| 1a. FTEs | | 14.50 | 19.10 |
| 2. Employee Benefits | | \$220,860 | \$282,420 |
| 3. Professional Fees | | \$55,000 | \$60,500 |
| 4. Medical & Surgical Supplies | | \$102,000 | \$127,500 |
| 5. Non-med., non-surg. Supplies | | \$12,750 | \$15,937 |
| 6. Utilities | | \$17,700 | \$19,470 |
| 7. Purchased Services | | \$113,600 | \$124,960 |
| 8. Other Direct Expenses | | \$33,000 | \$34,300 |
| 9. Subtotal (total 1-8) | | \$1,781,910 | \$2,234,087 |
| 10. Interest (details required below) | | \$0 | \$0 |
| 11. Depreciation (details required below) | | \$0 | \$0 |
| 12. Rent / Lease (details required below) | | \$193,980 | \$198,030 |
| 13. Total Operating Costs | | \$1,975,890 | \$2,432,117 |

Table 13C - 2

| | а | b | С |
|---|--------------|------------------------|------------------------|
| Inpatient Categories | Current Year | Year 1 Total Budget | Year 3 Total Budget |
| Start date of year in question:(m/d/yyyy) | | | |
| 1. Salaries and Wages | | | |
| 1a. FTEs | | | |
| 2. Employee Benefits | | | |
| 3. Professional Fees | | | |
| 4. Medical & Surgical Supplies | | | |
| 5. Non-med., non-surg. Supplies | | | |
| 6. Utilities | | | |
| 7. Purchased Services | | | |
| 8. Other Direct Expenses | | | |
| 9. Subtotal (total 1-8) | | | |
| 10. Interest (details required below) | | | |
| 11. Depreciation (details required below) | | | |
| 12. Rent / Lease (details required below) | | | |
| 13. Total Operating Costs | | | |

Table 13C - 3

| | а | b | С |
|---|--------------|--------------|--------------|
| Quitantiant Catagorian | Current Year | Year 1 | Year 3 |
| Outpatient Categories | Current rear | Total Budget | Total Budget |
| Start date of year in question:(m/d/yyyy) | | 03/01/2024 | 03/01/2027 |
| 1. Salaries and Wages | | \$1,227,000 | \$1,569,000 |
| 1a. FTEs | | 14.50 | 19.10 |
| 2. Employee Benefits | | \$220,860 | \$282,420 |
| 3. Professional Fees | | \$55,000 | \$60,500 |
| 4. Medical & Surgical Supplies | | \$102,000 | \$127,500 |
| 5. Non-med., non-surg. Supplies | | \$12,750 | \$15,937 |
| 6. Utilities | | \$17,700 | \$19,470 |
| 7. Purchased Services | | \$113,600 | \$124,960 |
| 8. Other Direct Expenses | | \$33,000 | \$34,300 |
| 9. Subtotal (total 1-8) | | \$1,781,910 | \$2,234,087 |
| 10. Interest (details required below) | | \$0 | \$0 |
| 11. Depreciation (details required below) | | \$0 | \$0 |
| 12. Rent / Lease (details required below) | | \$193,980 | \$198,030 |
| 13. Total Outpatient Operating Costs | | \$1,975,890 | \$2,432,117 |

Any approval of this application is not to be construed as an approval of any of the above indicated current or projected operating costs. Reimbursement of any such costs shall be in accordance with and subject to the provisions of Part 86 of 10 NYCRR. Approval of this application does not assure reimbursement of any of the costs indicated therein by payers under Title XIX of the Federal Social Security Act (Medicaid) or Article 43 of The State Insurance Law or by any other payers.

Schedule 13 D: Annual Operating Revenues

See "Schedules Required for Each Type of CON" to determine when this form is required. If required, one schedule must be completed for the total project and one for each of the subprojects. Indicate which one is being reported by checking the appropriate box at the top of the schedule.

Use the below tables or upload a spreadsheet as an attachment to this Schedule (Attachment Title:) to summarize the current year's operating revenue, and the first and third year's budgeted

operating revenue (after project completion) for the categories that are affected by this project.

Table 1. Enter the current year data in column 1. This should represent the total revenue for the last complete year before submitting the application, using audited data. Project the first and third year's total budgeted revenue in current year dollars

Tables 2a and 2b. Enter current year data in the appropriate block. This should represent revenue by payer for the last complete year before submitting the application, using audited data.

Indicate in the appropriate blocks total budgeted revenues (i.e., operating revenues by payer to be received during the first and third years of operation after project completion). As an attachment, provide documentation for the rates assumed for each payer. Where the project will result in a rate change, provide supporting calculations. For managed care, include rates and information from which the rates are derived, including payer, enrollees, and utilization assumptions.

The Total of Inpatient and Outpatient Services at the bottom of Tables 13D-2A and 13D-2B should equal the totals given on line 10 of Table 13D-1.

Required Attachments

| | N/A | Title of Attachment | Filename of Attachment |
|--|-----|--|---------------------------|
| Provide a cash flow analysis for the first year of operations after the changes proposed by the application, which identifies the amount of working capital, if any, needed to implement the project. | | Uploaded as attachment under Schedule 5 | |
| 2. Provide the basis and supporting calculations for all utilization and revenues by payor. | | Attachment D | Sch_13_Att |
| Provide the basis for charity care revenue assumptions used in Year 1 and 3 Budgets ((Table 13D-2B). If less than 2%, provide a reason why a higher level of charity care cannot be achieved and remedies that will be implemented to increase charity care. | | Attachment D | Sch_13_Att |

| Table 1 | 3D - ' | 1 |
|---------|--------|---|
|---------|--------|---|

| | а | b | С |
|---|--------------|---------------|----------------------|
| | | Year 1 | Year 3 |
| Categories | Current Year | Total Revenue | Total Revenue |
| | | Budget | Budget |
| Start date of year in question:(m/d/yyyy) | | 03/01/2024 | 03/01/2027 |
| 1. Inpatient Services | | \$0.00 | \$0.00 |
| 2. Outpatient Services | | \$2,432,807 | \$2,919,368 |
| 3. Ancillary Services | | \$0.00 | \$0.00 |
| 4. Total Gross Patient Care Services Rendered | | \$2,432,807 | \$2,919,368 |
| 5. Deductions from Revenue | | \$0.00 | \$0.00 |
| 6. Net Patient Care Services Revenue | | \$2,432,807 | \$2,919,368 |
| 7. Other Operating Revenue (Identify sources) | N\A | \$0.00 | \$0.00 |
| | | | |
| 8. Total Operating Revenue (Total 1-7) | | \$2,432,807 | \$2,919,368 |
| 9. Non-Operating Revenue | | \$0.00 | \$0.00 |
| 10. Total Project Revenue | | \$2,432,807 | \$2,919,368 |

Table 13D – 2A

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

Patient Days 🗌 or Patient Discharges 🗌

| Inpatient Services | | То | tal Current Y | ′ear | First | Year Total B | udget | Third | Third Year Total Budget | | |
|--------------------|--------------------|---|-------------------------------|---|---|-------------------------------|---|---|-------------------------------|---|--|
| Source of | Revenue | | Net Re | evenue | | Net Revenue | | | Net R | evenue | |
| | | (A) Patient Days or dis- charges | (B) Dollars (\$) | \$ per Patient Day or dis- charge (B)/(A) | (C) Patient Days or dis- charges | (D) Dollars (\$) | \$ per Patient Day or dis- charge (D)/(C) | (E) Patient Days or dis- charges | (F) Dollars (\$) | \$ per Patient Days or dis- charges (F)/(E) | |
| 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 | | | | | | | | | | | |

Table 13D – 2B

Various outpatient services may be reimbursed as visits or procedures. Applicant should indicate which method applies to this table by choosing the appropriate checkbox.

Visits (V) \boxtimes or Procedures (P) \square

| Outpatie | ent Services | Total Current Year | | | Services Total Current Year First Year Total Budget | | | dget | Third Year Total Budget | | |
|-------------------|-----------------|--------------------|----------------------------|-------------------------------|---|----------------------------|-------------------------------|-------------------|----------------------------|------------------------------|--|
| Source of Revenue | | | Net Revenue | | | Net Rever | nue | | Net Revenue | | |
| | | (A) V/P | (B) Dollars (\$) | \$ per V/P (B)/(A) | (C) V/P | (D) Dollars (\$) | \$ per V/P (D)/(C) | (E) V/P | (F) Dollars (\$) | \$ per V/P (F)/(E) | |
| Commercial | Fee for Service | | | | 1,530 | \$209,809 | \$137.13 | 1,836 | \$251,771 | \$137.13 | |
| | Managed Care | | | | 3,400 | \$466,242 | \$137.13 | 4,080 | \$559,490 | \$137.13 | |
| Medicare | Fee for Service | | | | 850 | \$83,733 | \$98.51 | 1,020 | \$100,480 | \$106.30 | |
| | Managed Care | | | | 1,700 | \$167,467 | \$98.51 | 2,040 | \$200,960 | \$106.30 | |
| Medicaid | Fee for Service | | | | 170 | \$29,021 | \$170.71 | 204 | \$34,825 | \$170.71 | |
| | Managed Care | | | | 8,500 | \$1,451,035 | \$170.71 | 10,200 | \$1,741,242 | \$170.71 | |
| Private Pay | | | | | 170 | \$25,500 | \$150.00 | 816 | \$30,600 | \$150.00 | |
| OASAS | | | | | | | | | | | |
| OMH | | | | | | | | | | | |
| Charity Care | | | | | 680 | \$0.00 | \$0.00 | 204 | \$0.00 | \$0.00 | |
| Bad Debt | | | | | | | | | | | |
| All Other | | | | | | | | | | | |
| Total | | | | | 17,000 | \$2,432,807 | | 20,400 | \$2,919,368 | | |

| Total of Inpatient and | | \$2 /32 807 | \$2 919 368 | |
|------------------------|--|---------------------|-------------|--|
| Outpatient Services | | φ Ζ,4 3Ζ,007 | \$Z,919,300 | |

Care365 LLC

Schedule 13 Attachments

- Attachment A Medical Director's Curriculum Vitae
- Attachment B Hospital Transfer Agreement
- Attachment C Operating Expenses
- Attachment D Utilization and Revenues by Payor

TRANSFER AND AFFILIATION AGREEMENT BETWEEN

CARE 365, LLC AND MONTEFIORE NYACK HOSPITAL

AGREEMENT, entered into this 18th day of August 18, 2020, between Montefiore Nyack Hospital a duly licensed hospital under the laws of the State of New York, located at 160 N. Midland Ave Nyack, NY ("Hospital") and Care365, LLC a diagnostic and treatment center licensed under Article 28 of the Public Health Law of the State of New York, located at 1 Main St. Monsey, NY 10958 ("Article 28 Facility").

WHEREAS, the parties hereto wish to further their interests in providing high quality patient care and wish to achieve optimum use of their respective institutions; and

WHEREAS, the Hospital has the capability of providing strong backup support to the Article 28 Facility, including but not limited to medical, diagnostic, emergency and other services; and

WHEREAS, the Hospital can furnish such backup support by providing, as needed, medical, medically related and other support services to enhance the effectiveness of operation of the Article 28 Facility; and

WHEREAS, the Article 28 Facility is required to maintain this Transfer and Affiliation Agreement in accordance with 10 NYCRR § 400.9; and

WHEREAS, the parties wish to provide for an orderly transfer of patients who have received endoscopic procedures from one institution ("Transferring Institution") to the other institution ("Receiving Institution") in accordance with the medical needs of their patients, and subject to all applicable laws, rules and regulations;

NOW, THEREFORE, the parties hereto agree as follows:

Section 1. <u>REFERRAL AND TRANSFER OF PATIENTS.</u>

(a) Subject to bed availability, admissions policies and the terms and conditions of this Agreement, both parties may refer and each party agrees to accept for transfer, those patients for whom treatment and care is medically appropriate. When consistent with the foregoing, the Receiving Institution shall give priority consideration to patients of the Transferring Institution with respect to a proposed transfer.

(b) There shall be a timely transfer of patients whenever it is deemed medically appropriate and is mutually agreed upon by the physicians responsible for the patient's medical care in the Transferring Institution and by the physician at the Receiving Institution who will become responsible for the patient's care, unless the patient signs out or is signed out against medical advice. (c) If the patient's personal, alternate or staff physician approves an emergency admission or transfer, the requirement that any referral or transfer of a patient between the parties be mutually agreed upon by appropriate physicians at the respective institutions, as set forth above, may be waived; provided that the circumstances and reasons for such waiver are recorded in the medical record and the Hospital's Emergency Room is notified in advance by telephone and accepts such emergency transfer.

(d) No patient shall be transferred unless the appropriate administrative representative at the Transferring Institution has contacted his or her counterpart at the Receiving Institution and has determined that the Receiving Institution has the facilities available to provide the care and treatment which the patient requires.

(e) Except as provided in Section 2 of this Agreement, in the event, after transfer, the patient's medical condition is such as to warrant the patient's return to the original Transferring Institution, there shall be no automatic re-admission, but rather, the patient's re-admission shall be in accordance with the customary admitting policies of such original Transferring Institution; provided that such original Transferring Institution shall treat such request for re-admission as a priority admission. Nothing herein shall be construed as prohibiting or restricting the use of bed reservations at the Article 28 Facility for eligible patients.

Section 2. <u>CONSENT</u>. Except in the case of an emergency, no patient shall be transferred unless the Transferring Institution shall first have obtained the written consent of the patient (or the patient's legal representative in the event the patient is unable to consent) and shall have provided the Receiving Institution with a copy of such consent with such other patient medical and related information as required under Section 3 of this Agreement. Such information shall be provided to the Receiving Institution prior to the time the patient is transferred. In the event the patient is transferred to the Receiving Institution and the patient, or the patient's legal representative, refuses to consent to the treatment prescribed by the patient's attending physician, or if the patient refuses to consent to care by a physician assigned by the Hospital as provided in Section 7(c) of this Agreement, such patient shall immediately be returned to the Article 28 Facility which shall accept the patient.

Section 3. <u>PROVISION OF MEDICAL AND RELATED INFORMATION</u>. Immediately after the Receiving Institution has agreed to accept the referral and/or transfer of a patient, and prior to the actual transfer, the Transferring Institution shall, subject to all applicable law (including, with limitation, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA")), forward to the Receiving Institution copies of all medical and other information, including medical, social, nursing and other care plans, as may be relevant to enable the Receiving Institution to provide proper care. Such information may include, but would not necessarily be limited to: current medical findings, diagnosis, rehabilitation potential, brief summary of course of treatment, nutrition and dietary information, consent forms and the patient's ambulation status. The Transferring Institution shall also provide the Receiving Institution with all available information concerning the financial/third party payor status of the patient or those who may be responsible for the patient's financial obligations for care provided to the patient, provided that all necessary consents have been obtained pursuant to HIPAA and any other applicable law. Section 4. <u>OWNERSHIP OF MEDICAL RECORDS</u>. The medical records for referred or transferred patients which are maintained by each institution shall remain the property of that institution.

Section 5. <u>TRANSPORTATION OF PATIENT</u>. In the event that it becomes necessary to physically transport a patient to the Receiving Institution, it shall be the exclusive responsibility of the Transferring Institution to provide or arrange for the transportation of the patient to the Receiving Institution. The method of physically transporting the patient shall be safe and shall be medically approved by the responsible physician at the Transferring Institution. The Receiving Institution shall have no responsibility for such patient until he/she is admitted to the Receiving Institution as provided herein.

Section 6. <u>PATIENT'S PERSONAL PROPERTY</u>. In the event that it becomes necessary to transfer a patient, simultaneously with such transfer, the Transferring Institution shall arrange for the transfer of the patient's personal effects and valuables to the Receiving Institution. Personal effects, especially monies and valuables, shall be transported safely and shall be stored in a safe place which is reasonably accessible to the patient or person or agency legally authorized to act on behalf of the patient. Information regarding the patient's personal effects shall be maintained in the office of the Administrator or Director of the Receiving Institution and shall be made available to the patient or person or agency legally authorized to act on behalf of the patient. The Receiving Institution shall not be responsible for such personal valuables until such time that the Receiving Institution shall not be responsible for any items receipt for such valuables. The Receiving Institution shall not be responsible for any items retained by the patient, or for any items retained by the Transferring Institution. The parties to this Agreement may develop further policies or procedures to effectuate this paragraph.

Section 7. CONSULTATIONS, CARE AND TREATMENT

(a) The appropriate physicians of each institution shall be reasonably available to the physicians of the other institution for consultation with respect to the care and treatment of any patient who was referred and/or transferred pursuant to this Agreement.

(b) Notwithstanding any provision of this Agreement to the contrary, this Agreement grants no right to a physician in the Transferring Institution to participate in or control the care and treatment of a patient who was referred and/or transferred pursuant to this Agreement unless such physician has medical staff privileges at such Receiving Institution. Any physician who is permitted to participate in the care and treatment of a patient referred and/or transferred pursuant to this Agreement, must comply with the Medical Staff Bylaws, Rules and Regulations of the Receiving Institution.

(c) In the event a patient is transferred from the Article 28 Facility to the Hospital and the physician responsible for the patient's care at the Article 28 Facility is not a member of the Medical Staff of the Hospital or is not otherwise permitted to practice at the Hospital or if the Hospital is informed that the physician responsible for the patient's care at the Article 28 Facility will not continue to manage the patient at the Hospital, the Hospital shall assign a physician to care for the patient at the Hospital consistent with the Hospital's established policies and procedures.

Section 8. <u>INSURANCE</u>. Each party shall maintain and keep in full force and effect through the term of this Agreement general and professional liability insurance policies in amounts generally maintained for like facilities in the same geographical area. To the extent available, the policies shall require at least thirty (30) days' prior written notice to the other party in the case of cancellation, non-renewal or a material change of such insurance. Either party may provide such insurance through a self-insurance program adopted by its governing body. Each party shall provide or cause to be provided to the other party written evidence of such insurance.

Section 9. <u>AUTONOMY OF EACH INSTITUTION</u>. The parties to this Agreement shall remain in exclusive control of their respective policies, management, assets and affairs. All services rendered hereunder and all admissions to or acceptance for treatment by either institution shall be subject to the bylaws, rules and regulations of such institution and its medical staff. Neither institution shall, by virtue of this Agreement, assume any liability or obligation of the other institution. Each institution shall be responsible for billing and collecting charges for the services it has rendered.

Section 10. <u>SHARING OF DIAGNOSTIC AND OTHER SERVICES</u>. The parties to this Agreement shall share diagnostic and other services where the New York States Department of Health finds that such sharing is in the interest of efficiency, economy and quality of care.

Section 11. <u>NON-EXCLUSIVITY</u>. Nothing in this Agreement shall prohibit either institution from affiliating or contracting with any other hospital, Article 28 Facility or other entity for any purpose whatsoever.

Section 12. <u>NON-DISCRIMINAION</u>. There shall be no discrimination against any patient because of race, color, handicap, national origin, creed, sex, sexual orientation, blindness, or source of payment, except that fiscal capability to pay may be considered. In compliance with New York State and Federal Laws which prohibit discrimination based on race, creed, color, national origin, sex, handicap or sponsor, the provisions of this Agreement shall apply to all patients on a non-discriminatory basis.

Section 13. <u>USE OF NAME</u>. Neither institution to this Agreement shall use the name of the other institution in any promotional or advertising material without first obtaining written approval from the institution whose name is to be used.

Section 14. TERMINATION.

(a) Except as provided in paragraph (b) of this Section, this Agreement shall remain in force indefinitely unless terminated, with or without cause, by either party upon not less than sixty (60) days written notice to the other party, or by the mutual consent of the parties at any time. The parties may, by amendment to this Agreement, specify other provisions regarding termination as to any service to be provided hereunder.

(b) In the event that either party shall have its accreditation, operating certificate, or licensure suspended, limited or revoked, it shall immediately notify the other party of that fact in writing and this agreement shall terminate immediately upon such event.

Section 15. STATUTORY REQUIREMENTS.

(a) <u>Compliance with New York State Health Regulations</u>. The following language is required in this Agreement pursuant to 10 NYCRR § 400.4: (i) Each of the parties shall comply with those provisions of Chapter V of Title 10 of The New York Codes, Rules and Regulations which are binding on that party under the law of the State of New York (ii) "Notwithstanding any other provision in this contract, the facility remains responsible for ensuring that any service provided pursuant to this contract complies with all pertinent provisions of Federal, State and local statutes, rules and regulations." For purposes of this Agreement, the term "facility" shall mean the Hospital or the Article 28 Facility, as the case may be.

(b) Federal Requirements Relating to Access to Records. To the extent applicable in accordance with Section 1861(v)(1)(I)(i) of the Social Security act as amended and the regulations promulgated thereunder, 42 CFR Part 420, until the expiration of four (4) years after the furnishing of services pursuant to this Agreement, the Secretary of the Department of Health and Human Services or the Comptroller General (or their duly authorized representatives) may request and each Facility shall provide review of this Agreement, and any agreement between such Facility and a related organization with respect to services provided to such Facility exceeding ten thousand dollars (\$10,000) over any twelve (12) month period.

Section 16. <u>APPLICABLE LAW</u>. This Agreement shall be construed in accordance with the laws of the State of New York.

Section 17. <u>COUNTERPARTS</u>. This Agreement shall be executed in counterparts, each of which shall be considered an original for all purposes.

Section 18. <u>ENTIRE AGREEMENT</u>; <u>MODIFICATION</u>. This Agreement contains the entire understanding between the parties and no alteration or modification hereof shall be effective except in a subsequent written instrument executed by both parties.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals as of the day and date first above written.

HOSPITAL:

ARTICLE 28 FACILITY:

Care365, LLC

MONTEFIORE NYACK HOSPITAL

By:

Name: Mark E. Geller, MD Title: President and CEO

Date: August 18, 2020

Jolile leg By: Whara

Name: Zehava Goldenberg Title: Managing Member

Date: 🙎 18/2020

CARE365 II Operating Expenses

| | Year One | | | | | Year Three | |
|---|----------------|-------|-----|--------------|----------------|------------|----------------|
| | # of Employees | FTE | Cos | t | # of Employees | FTE | Cost |
| Management & Supervision | 1 | 1.00 |)\$ | 175,000.00 | 1 | 1.00 | \$ 192,500.00 |
| Technician & Specialist | 1 | 0.70 |)\$ | 42,000.00 | 1 | 0.90 | \$ 58,500.00 |
| Registered Nurses | 2 | 2.00 |)\$ | 160,000.00 | 3 | 2.50 | \$ 200,000.00 |
| Licensed Practical Nurses | | | \$ | - | | | \$ - |
| Aides, Orderlies & Attendants | 4 | 4.00 |)\$ | 180,000.00 | 6 | 6.00 | \$ 252,000.00 |
| Physicians | 1 | 0.80 |)\$ | 160,000.00 | 1 | 1.00 | \$ 225,000.00 |
| PGY Physicians | | | \$ | - | | | |
| Physicians' Assistants | 3 | 3.00 |)\$ | 375,000.00 | 4 | 3.20 | \$ 416,000.00 |
| Nurse Practitioners | | | \$ | - | | | |
| Nurse Midwife | | | \$ | - | | | |
| Social Workers and Psychologist** | | | \$ | - | | | |
| Physical Therapists and PT Assistants | | | \$ | - | | | |
| Occupational Therapists and OT Assistants | | | \$ | - | | | |
| Speech Therapists and Speech Assistants | | | \$ | - | | | |
| Other Therapists and Assistants | | | \$ | - | | | |
| Infection Control, Environment and Food Service | | | \$ | - | | | |
| Clerical & Other Administrative | 3 | 3.00 |)\$ | 135,000.00 | 5 | 4.50 | \$ 225,000.00 |
| Other Therapists and Assistants | | | \$ | - | | | |
| Total Salaries and Wages | 15 | 14.50 |)\$ | 1,227,000.00 | 21 | 19.10 | \$1,569,000.00 |
| | | | | | | | |
| Employee Benefits (18%) | | | \$ | 220,860.00 | | | \$ 282,420.00 |
| | | | | | | | |
| Malpractice Insurance | | | \$ | 27,000.00 | | | \$ 29,700.00 |
| Accounting | | | \$ | 13,000.00 | | | \$ 14,300.00 |
| Legal | | | \$ | 15,000.00 | | | \$ 16,500.00 |
| Total Professional Fees | | | \$ | 55,000.00 | | | \$ 60,500.00 |

CARE365 II Operating Expenses

| | | l | |
|-----------------------------|--------------------|-------------|--------------|
| | | | |
| Medical & Surgical Supplies | \$ 102,000.00 | \$ | 127,500.00 |
| Medical & Surgical Supplies | \$ 102,000.00 | <u> </u> \$ | 127,500.00 |
| | | | |
| Non-medical Supplies | \$ 12,750.00 | \$ | 15,937.50 |
| Non-medical Supplies | \$ 12,750.00 | \$ | 15,937.50 |
| | | | |
| Internet and Phone | \$ 7,000.00 | \$ | 7,700.00 |
| Electric | \$ 6,300.00 | \$ | 6,930.00 |
| Gas | \$ 3,000.00 | \$ | 3,300.00 |
| Water | \$ 1,400.00 | \$ | 1,540.00 |
| Utilities | \$ 17,700.00 | \$ | 19,470.00 |
| | | | |
| Insurance | \$ 20,000.00 | \$ | 22,000.00 |
| Cleaning | \$ 60,000.00 | \$ | 66,000.00 |
| Т | \$ 33,600.00 | \$ | 36,960.00 |
| Purchased Services | \$ 113,600.00 | \$ | 124,960.00 |
| | | | |
| Outreach and Advertising | \$ 20,000.00 | \$ | 20,000.00 |
| Repairs and Maintenance | \$ 5,000.00 | \$ | 5,500.00 |
| Miscellaneous | \$ 8,000.00 | \$ | 8,800.00 |
| Other Direct Expenses | \$ 33,000.00 | \$ | 34,300.00 |
| | | | |
| SUBTOTAL | \$ 1,781,910.00 | \$2 | 2,234,087.50 |
| | | | |
| Interest | \$ - | \$ | - |

CARE365 II Operating Expenses

| Depreciation Leasehold Improvements | \$ - | \$ - |
|-------------------------------------|--------------------|----------------|
| Depreciation Equipment | \$ - | \$ - |
| Base Rent | \$ 133,980.00 | \$ 138,029.76 |
| Additional Rent (CAM) | \$ 60,000.00 | \$ 60,000.00 |
| | | |
| SUBTOTAL | \$ 193,980.00 | \$ 198,029.76 |
| | | |
| | | |
| TOTAL OPERATING COSTS | \$ 1,975,890.00 | \$2,432,117.26 |

Two Months of Year 3: \$ 405,352.88

CARE365 - II Utilization and Revenues by Payor*

| | | | <u>Year On</u> | e | | | Year Three | | | |
|-----------------------|----------|--------|----------------|-----------|--------------|--------|------------|---------|--------------|--|
| | Rate | Visits | Percentage | e Dollars | | Visits | Percentage | Dollars | | |
| Commercial FFS | \$137.13 | 1530 | 9% | \$ | 209,808.90 | 1836 | 9% | \$ | 251,770.68 | |
| Commercial MC | \$137.13 | 3400 | 20% | \$ | 466,242.00 | 4080 | 20% | \$ | 559,490.40 | |
| | | | | | | | | | | |
| Medicare FFS | \$ 98.51 | 850 | 5% | \$ | 83,733.50 | 1020 | 5% | \$ | 100,480.20 | |
| Medicare MC | \$ 98.51 | 1700 | 10% | \$ | 167,467.00 | 2040 | 10% | \$ | 200,960.40 | |
| | | | | | | | | | | |
| Medicaid FFS | \$170.71 | 170 | 1% | \$ | 29,020.70 | 204 | 1% | \$ | 34,824.84 | |
| Medicaid MC | \$170.71 | 8500 | 50% | \$1 | 1,451,035.00 | 10200 | 50% | \$1 | L,741,242.00 | |
| | | | | | | | | | | |
| Charity | \$- | 680 | 4% | \$ | - | 816 | 4% | \$ | - | |
| | | | | | | | | | | |
| Private Pay | \$150.00 | 170 | 1% | \$ | 25,500.00 | 204 | 1% | \$ | 30,600.00 | |
| | | | | | | | | | | |
| | | 17000 | | \$2 | 2,432,807.10 | 20400 | | \$2 | 2,919,368.52 | |

<u>Supporting Calculations for All Reimbursement</u>: Medicaid FSS visit fees are based on the published Medicaid rate of \$170.71⁽¹⁾. Generally, Medicaid Managed Care Plans (MMCPs) follow NYS Medicaid FFS billing guidance and methodologies for Article 28 facility based payments⁽²⁾. The Medicare rates used (FFS and Commercial) is based on the published regional rate (New York Area 04) for CPT 99213⁽³⁾. Commercial Payors (FFS and Managed Care), pay on average 129% of Medicare's FFS rates⁽⁴⁾. Private pay rates are based on the accepted fee within the region.

<u>Supporting Calculations for Utilization</u>: The Clinic is estimated to have in Year 1, 1.7 FTE primary care providers and 0.7 specialty provider. The projection for Year 1 is 8,800 primary care visits, which average per FTE 1.7 visits per hour and 2,200 specialty visits which average per FTE 1.5 visits per hour. The projected number of visits is based on the capacity of the physical space, the amount of service hours available (i.e., higher volume on Sundays when other practices are closed), and the needs of the community based on the Needs Assessment (uploaded as an Attachment to Schedule 1). We used a conservative approach to this assumption and based on the statistic that an average patient visits their primary care provider 2.67 times per year ⁽⁵⁾, which translates into approximately 3,296 distinct patients in Year 1.

(1) https://www.health.ny.gov/health_care/medicaid/rates/apg/rates/dtc/dtc_base_rates_inv.htm

(2) https://www.fideliscare.org/Portals/0/Providers/ProviderManuals/2022-Fidelis-Care-Provider-Manual-Medicaid-English.pdf p. 26.6; https://assets.healthfirst.org/pdf_9432a72611d0176a1f6a5503a1d88d94?v=1212061318 p. 233

(3) https://www.ngsmedicare.com/fee-schedule-lookup?lob=96664&state=97133&rgion=93623

(4) https://www.cbo.gov/system/files/2022-01/57422-medical-prices.pdf p. 6

(5) https://www.cdc.gov/nchs/fastats/physician-visits.htm

*2023 Dollars

Schedule 17 CON Forms Specific to Diagnostic and Treatment Centers Article 28

Contents:

- Schedule 17 A D&TC Program Information
- Schedule 17 B D&TC Community Need
- Schedule 17 C Impact of CON Application on D&TC Operating Certificate

Schedule 17 A - Diagnostic and Treatment Center Program Information.

See "Schedules Required for Each Type of CON" to determine when this form is required.

Instructions: In the space below, briefly indicate how the facility intends to comply with state and federal regulations. If the application involves conversion of an existing practice, state who owns the practice and how the conversion will be done. If there are other entities utilizing the same space or resources, please state exactly how the space and resources will be allocated. Also, provide a description of the other entities.

Care365 LLC is submitting this application for administrative review, with the purpose of establishing an extension to its current Article 28 clinic ("Care365 II"). The current clinic is located at 1 Main Street, Monsey, (Rockland County) NY, 10952. The proposed extension will be located at 1633 Route 202, Pomona (Rockland County) NY, 10970, and will provide primary medical care and specialty medical services (to be certified for "Medical Services – Primary Care" and "Medical Services – Other Medical Specialties") for the residents of Pomona, NY and surrounding areas.

The day-to-day operations of the Center will be supervised by a physician Medical Director. Policies and procedures, pursuant to all applicable laws and regulations will be developed and tailored to this specific Center.

The member will designate a compliance officer with the responsibility to implement an effective compliance program, pursuant to Part 521 of 18NYCRR.

No other entities will be utilizing the space or resources of the Care365 extension clinic.

For D&TC -Ambulatory Surgery Projects: Please provide a list of ambulatory surgery categories you intend to provide. Not Applicable

List of Proposed Ambulatory Surgery Category

For D&TC -Ambulatory Surgery Projects: Please provide the following information:

Number and Type of Operating Rooms:

- Current:
- To be added:
- Total ORs upon Completion of the Project:

Number and Type of Procedure Rooms:

- Current:
- To be added:
- Total Procedure Rooms upon Completion of the Project:

Not Applicable

Schedule 17 B - Community Need

See "Schedules Required for Each Type of CON" to determine when this form is required.

Public Need Summary:

Briefly summarize on this schedule, why the project is needed. Use additional paper, as necessary. If the following items have been addressed in the project narrative, please cite the relevant section and pages.

1. Identify the relevant service area (e.g., Minor Civil Division(s), Census Tract(s), street boundaries, Zip Code(s), Health Professional Shortage Area (HPSA) etc.)

The Primary Service Area (PSA) is Zip Code 10970, the secondary service area (SSA) includes the surrounding areas that comprise the town of Ramapo, NY. The SSA covers several zip codes in Rockland County: 10901, 10952, 10977, 10970, 10965, and 10974.

2. Provide a quantitative and qualitative description of the population to be served. (Qualitative data may include median income, ethnicity, payor mix, etc.)

The PSA has a population of 11,449. The largest racial/ethnic groups are White (53.3%) followed by Hispanic or Latino (26.3%) and then by Black or African American (20.2%). A relatively large portion of the population is children with 26.9% of residents being under the age of 18 compared to 20.7% in New York State. The amount of people with public health insurance coverage in this PSA is slightly higher than the average in New York State (41.3% vs 39.9%), and 7.6% of the population has a disability.

Please refer to the Project Narrative under Schedule 1 Attachment for more information.

3. Document the current and projected demand for the proposed services. If the proposed services are covered by a DOH need methodology, demonstrate how the proposed service is consistent with it.

To assess the need for the proposed services, we examined the health stats at the county level. In a 2018 Mid-Hudson Region Community Health Survey, 17% of Rockland County respondents said they did not visit a primary care physician for a routine physical or checkup within the last 12 months (compared to16% in neighboring Putnam and 13% in Westchester). To the question, "For which reason did you visit the emergency room for a health-related emergency rather than a doctor's office?" 23% or respondents answered that "they do not have a regular doctor/ primary care doctor."

17% of people surveyed haven't seen a primary care provider for a routine physical or checkup within the last 12 months, when asked why, 24% responded that they did not have health insurance, and 11% responded that they did not have enough money to see a doctor.

During the 2019 Community Health Priority Selection Forum, it was determined by an open vote that Rockland partners will be focusing on the "Preventing Chronic Diseases and Promoting Well-being" and "Preventing Mental and Substance Use Disorders" Prevention Agenda priority areas.

In 2019, the Rockland County Department of Health, along with HealtheConnections, conducted two focus groups at the Haverstraw Collaborative and the Spring Valley Collaborative to discuss survey results from providers that serve various populations. In conclusion, one of the five specific recommendations of the provider focus group was that "Services should be open during hours outside of 9:00 AM- 5:00 PM, Monday through Friday, to increase access."

The proposed Extension Clinic addresses both, "Preventing Chronic Diseases and Promoting Well-being" and "providing services outside of 9:00 AM- 5:00 PM, Monday through Friday."

4. (a) Describe how this project responds to and reflects the needs of the residents in the community you propose to serve.

Within the zip code of the proposed center, there are only 2 other Article 28 D&TCs. There are 2 designated HPSAs and 2 MUAs within Rockland County. As noted above, the lack of available primary care was evident in

local survey responses in which 23% of respondents said that the reason they visited the emergency room rather than a doctor's office was that "they do not have a regular/primary care doctor."

By providing accessible and convenient primary healthcare services outside of conventional 9-5 weekday hours, Care365 II will be a key player in "Preventing Chronic Diseases and Promoting Well-being" in the PSA.

(b) Describe how this project is consistent with your facility's Community Service Implementation Plan (voluntary not-for-profit hospitals) or strategic plan (other providers).

The proposed project is a direct response to the health issues faced by the individuals living in the PSA. As detailed in the Project Narrative under Schedule 1 Attachment, the Rockland County population has a heart attack mortality rate that is significantly higher than the State's rate. Additional health stats as elaborated in the Narrative point to a need for increased prevention of chronic disease.

Receiving regular primary care services is key to chronic disease management, preventative care, and early detection. The proposed Center will focus on a patient-centered approach and accessibly, ensuring patients receive preventative care in an easy and accessible way.

(c) Will the proposed project serve all patients needing care, regardless of their ability to pay or the source of payment? If so, please provide such a statement.

The applicant is committed to providing services to all patients needing care, regardless of their ability to pay or the source of payment.

5. Describe where and how the population to be served currently receives the proposed services.

As noted above, there are only two approved article 28 D&TCs in the zip code of the proposed Center. Currently there are limited hours available to visit a healthcare provider and there are no x-ray services in the PSA.

ONLY For Applicants Seeking Permanent Life

Not Applicable

Diagnostic and Treatment Centers seeking approval for a Permanent Life MUST provide the following information:

Instructions: In the space below, please provide detailed information on the **most recent CON application** that was approved for the limited life.

- i. CON number:
- ii. Date of approval:
- iii. Number of years of limited life approved for:
- iv. OpCert number and dates:
- v. Please provide a table with information on projections by payor for year 1 and year 3 as reported on the approved CON. (Please identify the projections in terms of visits or procedures).

vi. Please provide a table with information on actual utilization by payor for each year since the implementation of the approved CON.

Note: Please use the same category of payors for actual utilization as those used for projections in item 'v' above. Also, use the same category (i.e., **visits or procedures**) for actual utilization as those used for projections in item 'v' above.

vii. Did you achieve those projections reported in item 'v' above? If not, please give reasons for not meeting those projections. How do you plan to improve this shortfall?

Quality and Accreditation:

1. Please cite relevant accreditations, certifications or awards attained by the applicant which build confidence in services of high quality. Examples include certification as a Federally Qualified Neighborhood Health Center.

Under the medical leadership of Dr. Seth Kurtz MD, Care365 is committed to providing quality healthcare and maximal accessibility, both in the sense of making its services familiar and available to all community members and in the technical sense of ensuring physical accessibility in every detail of the facility's layout, in accordance with the Americans with Disabilities Act 1990. Dr. Seth Kurtz, the current director of the flagship Care365 Center, has been practicing medicine for over fifteen years and has held multiple leadership roles over the years.

The facility aims to become recognized by NCQA as a Patient-Centered Medical Home (PCMH), a model that is committed to continuous quality improvement and a patient-centered approach putting patients at the forefront of care and increasing staff satisfaction – while reducing health care costs.

- 2. Describe relevant programs or resources the applicant will bring to the new facility. Include existing programs that have proven track records at the applicant's other sites, if applicable, as well as programs the applicant plans for the future. Such programs include:
 - a. Programs specially tailored to the health needs of the population of the service area.
 - b. Grant funded programs.
 - c. Scholarships or fellowships.

The proposed project will offer x-ray services which is currently not available in the PSA. The proposed center will be open on Sundays, which is also not currently available in the PSA. The applicant has a rich history of patient advocacy and brings an understanding of the cultural, language and religious issues that often are a barrier to obtaining services.

3. Describe the applicant's experience or track record serving similar populations:

The applicant and the Medical Director both reside within the County and are also part of the large Orthodox Jewish Community, which currently comprises more than half of Rockland's population.

Primary and Specialty Care Services Review Criteria: Expansion of Services

When a CON application proposes conversion of a group or solo medical practice to Article 28 status, the applicant must provide a written analysis of the effect of the proposal on the following factors:

- 1. The full time equivalent (FTE) number of primary care physicians and specialists, by specialty, engaged in the practice after the conversion compared with the number before conversion.
- The (FTE) number of non-physician providers of primary care and specialty care, by specialty, such as Physician Assistants, Certified Nurse Practitioners, Physical Therapists, and Dental Assistants after the conversion compared with the number before conversion.
- 3. The number of primary care and specialty visits, by specialty, after the conversion compared with the number before conversion.
- 4. The array of services to underserved clients after the conversion compared with the number before conversion.

Target Population and Service Area:

All applications involving primary care services must provide a written analysis that clearly demonstrates that the proposal meets at least one of the following criteria. For criteria that do not apply, enter "not applicable":

1. The proposed clinic is in an underserved area as indicated by location in a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA).

While the proposed clinic itself is not in an HPSA or MUA, there are 2 designated HPSAs and 2 MUAs within a 9mile range of the proposed clinic.

2. The population to be served exhibits poor health status, as measured by factors such as high levels of inpatient discharges for ambulatory care sensitive conditions (ACSC), incidences of diseases and conditions in excess of standards in Healthy People 2010 or other pertinent indicators.

As elaborated in the Project Narrative (under Schedule 1 Attachment), the health status of the PSA was determined by analyzing health indicators at the county level (since there is a lack of data at the town/village level and 44.3% of the entire county population reside in the Town of Ramapo). According to the Mid-Hudson Region Community Health Assessment 2019 - 2021, Rockland County had the highest heart attack mortality rate of the seven Mid-Hudson counties (41.4 per 100,000 population). The rate of newly diagnosed HIV cases in Rockland (2017 - 2019) was 7.9 per 100,000 while the state objective for the 2024 Prevention Agenda is for the rate to be no higher than 5.2.

According to a CHIRS report, other diseases that had a relatively high incidence rate in Rockland County included pneumonia, pertussis and shigella. The ovarian cancer incidence rate was also higher in Rockland County than the statewide rate.

- 3. The primary care services of the proposed clinic will be targeted to a group or population with special needs or conditions that make it difficult for them to obtain adequate primary care in clinics or physician practices serving the general population. Examples of such needs and conditions are:
 - Developmental disabilities.
 - HIV.
 - Alcohol Substance Abuse.
 - Health needs relating to aging.
 - Mental Health needs.
 - Homelessness
 - Linguistic or cultural barriers in obtaining access to primary care.

14.2% of Rockland County residents lived in poverty in 2017 compared to 4.8% in nearby Putnam County and 9.4% in neighboring Westchester County. 5.1% of Rockland County's population under age 65 have a disability. Rockland County had the highest percentage (among 7 mid-Hudson counties) of children aged 5-17 years who spoke English less than very well (18.9%). The rate of newly diagnosed HIV cases in Rockland (2017 - 2019) was 7.9 per 100,000 while the state objective for the 2024 Prevention Agenda is for the rate to be no higher than 5.2. 35.5% of elementary, middle, and high school students were reported as overweight or obese (85th percentile or higher).

Capacity of Existing Primary Care Providers

The project narrative should describe existing primary care services in the proposed service area. The narrative should include the number and location of existing D&TCs, extension clinics and part-time clinics and a summary of primary care services available through private practices. The narrative should indicate whether travel time and transportation are factors in access to primary care. Examples of travel related issues include topography, seasonal weather conditions, and availability of public transportation. Applicants are not expected to describe the volume of services delivered by existing providers, since they will rarely have access to such data, but the project narrative should indicate that the applicant is reasonably familiar with the overall availability of primary care in the targeted area.

In instances where the target area is likely to already have significant primary care resources, the CON proposal will be reviewed for the following need related factors:

- The ratio of primary care physicians to population in the proposed service area. HPSA uses a ratio of 1.0 FTE physicians to 3000 persons; Medicaid Managed Care uses a ratio of 1 to 1500.
- The number of primary care physicians in the proposed service area who are "active" in serving the Medicaid population. This is often measured as physicians who are reimbursed \$5000 or more per year by Medicaid.
- The annual number of primary care visits per person by Medicaid eligible persons in the proposed service area. An average lower than 2.0 visits per person is often considered a problem.
- The percentage of the Medicaid population that is enrolled in Managed care will be taken into account where appropriate.
- The current volume of primary care visits to existing D&TC and Extension clinics.

Not all of the above criteria need be evaluated for all applications. The number will vary depending on the type and location of services proposed and on how thoroughly the application addresses need in the project narrative and the related schedules.

There are currently only two approved Article 28 D&TC facilities within the zip code of the proposed clinic (10970). There are 6 practicing physicians in internal medicine and pediatrics within zip code 10970. With the population in zip code 10970 numbering at 11,449, this equates to a primary physician-to-population ratio of 1:1,908 which falls short of both the WHO standard of 1:1,000 and the Medicaid Managed Care ratio of 1:1,500.

Need Review for Specialty Clinics:

Not Applicable

Applications not involving primary care services must also provide a written analysis that clearly demonstrates that the need exists for the proposed services

- 4. Is the proposed clinic in an underserved area as indicated by location in a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA)?
- 5. Describe in very specific terms the patients who require the specialty services, including the number of patients and their specific health problems, and how the proposed facility will meet their needs better than existing providers.
- 6. In the case of Dental clinics, is the application supported by the local Health Department? Is the proposal supported by the Department of Health's Bureau of Dental Services? Is the applicant participating in current dental health initiatives? Has the applicant consulted with resources such as the New York State Oral Health Technical Assistance Center?

Impact of Proposed CON on Diagnostic & Treatment Center Operating Certificate

The Sites Tab in NYSE-CON has replaced the Authorized Services Table of Schedule 17C. The Authorized Services Table in Schedule 17C is only to be used when submitting a Modification, in hardcopy, after approval or contingent approval.

TABLE 17C-1 AUTHORIZED CERTIFIED SERVICES

Instructions:

For applications requesting changes to more than one location, complete a separate Table 17-C-1 for each location

| LOCATION: | MOBILE CLINIC DESIGNATION (217) |
|------------------------------------|--|
| | Check box only if extension clinic is mobile |
| (Enter street address of facility) | (A mobile clinic must be an extension clinic with a fixed main site) |

| | Existing | Add | Remove | Proposed |
|---|----------|----------|--------|----------|
| MEDICAL SERVICES – PRIMARY CARE ⁶ | | | | |
| MEDICAL SERVICES – OTHER MEDICAL SPECIALTIES | | | | |
| ABORTION | | | | |
| ADULT DAY HEALTH - AIDS | | | | |
| AMBULATORY SURGERY | | | | |
| MULTI-SPECIALTY ⁴ | | | | |
| SINGLE SPECIALTY – GASTROENTEROLOGY ⁴ | | | | |
| SINGLE SPECIALTY – OPHTHALMOLOGY ⁴ | | | | |
| SINGLE SPECIALTY – ORTHOPEDICS ⁴ | | | | |
| SINGLE SPECIALTY PAIN MANAGEMENT ⁴ | | | | |
| SINGLE SPECIALTY OTHER (SPECIFY) ⁴ | | | | |
| BIRTHING SERVICE O/P | | | | |
| CERTIFIED MENTAL HEALTH O/P ¹ | | | | |
| CHEMICAL DEPENDENCE - REHAB ² | | | | |
| CHEMICAL DEPENDENCE - WITHDRAWAL O/P ² | | | | |
| CLINIC PART TIME SERVICES | | | | |
| CT SCANNER | | | | |
| DENTAL O/P | | | | |
| HOME HEMODIALYSIS TRAINING AND SUPPORT ⁴ | | | | |
| HOME PERITONEAL DIALYSIS TRAINING AND SUPPORT ⁴ | | | | |
| INTEGRATED SERVICES – MENTAL HEALTH | | | | |
| INTEGRATED SERVICES – SUBSTANCE USE DISORDER | | | | |
| LITHOTRIPSY O/P | | | | |
| MAGNETIC RESONANCE IMAGING (MRI) | | | | |
| METHADONE MAINTENANCE O/P | | | | |
| NURSING HOME HEMODIALYSIS ⁷ | | | | |
| RADIOLOGY – THERAPEUTIC O/P ⁵ | | | | |
| RENAL DIALYSIS, CHRONIC [Complete the ESRD section 17C-1(a)&(b) below] ⁴ | | <u> </u> | | |
| TRAUMATIC BRAIN INJURY PROGRAM O/P | | | | |

¹ A separate licensure application must be filed with the NYS Office of Mental Health in addition to this CON.

² A separate licensure application must be filed with the NYS Office of Alcoholism and Substance Abuse Services in addition to this CON.

⁴ Require additional approval by Medicare

⁵ RADIOLOGY – THERAPEUTIC includes Linear Accelerators.

⁶ PRIMARY CARE includes one or more of the following: Family Practice, Internal Medicine, Ob/Gyn or Pediatric

⁷ Must be certified for Home Hemodialysis Training & Support

END STAGE RENAL DISEASE (ESRD)

| TABLE 17C-1(a) CAPACITY | Existing | Add | Remove | Proposed |
|-------------------------|----------|-----|--------|----------|
| CHRONIC DIALYSIS | | | | |

If application involves dialysis service with existing capacity, complete the following table:

| TABLE 17C-1(b) PROCEDURES | Last 12 mos | 2 years prior | 3 years prior |
|---------------------------|-------------|---------------|---------------|
| CHRONIC DIALYSIS | | | |

All Chronic Dialysis applicants must provide information requested on the following page in compliance with 10 NYCRR 670.6.

END STAGE RENAL DISEASE

- 1. Provide a five-year analysis of projected costs and revenues that demonstrates that the proposed dialysis services will be utilized sufficiently to be financially feasible.
- 2. Provide evidence that the proposed dialysis services will enhance access to dialysis by patients, including members of medically underserved groups which have traditionally experienced difficulties obtaining access to health care, such as; racial and ethnic minorities, women, disabled persons, and residents of remote rural areas.
- 3. Provide evidence that the hours of operation and admission policy of the facility will promote the availability of dialysis at times preferred by the patients, particularly to enable patients to continue employment.
- 4. Provide evidence that the facility is willing to and capable of safely serving patients.
- 5. Provide evidence that the proposed facility will not jeopardize the quality of care or the financial viability of existing dialysis facilities. This evidence should be derived from analysis of factors including, but not necessarily limited to current and projected referral and use patterns of both the proposed facility and existing facilities. A finding that the proposed facility will jeopardize the financial viability of one or more existing facilities will not of itself require a recommendation to of disapproval.

Table 17C-2 - Projected Utilization of Services:

The number of projected "visits" should be listed in this table for each existing or proposed certified service. Visits should be estimated for the current, first and third year of the project. This table should contain visit estimates for services at this site alone, not for the applicant's other sites.

| | Current Year <i>Visits*</i> | First Year <i>Visit</i> s* | Third Year <i>Visits*</i> |
|---|--------------------------------|-------------------------------|------------------------------|
| CERTIFIABLE SERVICES | | | |
| MEDICAL SERVICES – PRIMARY CARE | | 11,560 | 13,872 |
| MEDICAL SERVICES – SPECIALTIES | | 5,440 | 6,528 |
| ABORTION | | | |
| ADULT DAY HEALTH - AIDS | | | |
| AMBULATORY SURGERY – GASTROENTEROLOGY | | | |
| AMBULATORY SURGERY – OPHTHALMOLOGY | | | |
| AMBULATORY SURGERY – ORTHOPEDICS | | | |
| AMBULATORY SURGERY PAIN MANAGEMENT | | | |
| AMBULATORY SURGERY OTHER SPECIALTY | | | |
| AMBULATORY SURGERY MULTI-SPECIALTY | | | |
| BIRTHING SERVICE O/P | | | |
| CLINIC PART TIME SERVICES | | | |
| CLINIC SCHOOL BASED SERVICES | | | |
| CLINIC SCHOOL BASED DENTAL PROGRAM | | | |
| CT SCANNER | | | |
| DENTAL O/P | | | |
| HOME HEMODIALYSIS TRAINING AND SUPPORT | | | |
| HOME PERITONEAL DIALYSIS TRAINING AND SUPPORT | | | |
| INTERGRATED SERVICES – MENTAL HEALTH | | | |
| INTEGRATED SERVICES – SUBSTANCE USE DISORDER | | | |
| LITHOTRIPSY O/P | | | |
| MAGNETIC RESONANCE IMAGING (MRI) | | | |
| METHADONE MAINTENANCE | | | |
| NURSING HOME HEMODIALYSIS | | | |
| RADIOLOGY – THERAPEUTIC | | | |
| RENAL DIALYSIS, CHRONIC | | | |
| TRAUMATIC BRAIN INJURY PROGRAM 0/P | | | |
| UPGRADED DTC SERVICES | | | |
| | | | |
| | | | |
| OTHER SERVICES | | | |
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| T () | | 17,000 | 00 40 |
| Total | | 17,000 | 20,40 |

* The 'Total' reported MUST be the SAME as those on Table 13D-4