EXECUTIVE SUMMARY

St. Vincent de Paul Residence (SVDP), a 120-bed residential health care facility (RHCF) located at 900 Intervale Avenue, Bronx (Bronx County), New York 10459, is submitting this Limited Review Application seeking New York State Department of Health approval to decertify 80 RHCF beds. The new certified bed capacity of the facility upon completion of this project will be 40 RHCF beds. Catholic Health Care System (CHCS) d/b/a ArchCare is the sole corporate member and co-operator of SVDP.

The 40 RHCF beds that will remain at SVDP are all located on the first floor of the building. The 80 to-be-decertified beds are located on the second and third floors. Upon completion of this project, the second and third floors will no longer be certified as part of the RHCF.

ArchCare is also the operator of ArchCare Senior Life PACE Bronx, a Program of All-Inclusive Care for the Elderly (PACE) program, located in the same building as SVDP. ArchCare intends to use the second and third floors of the building that will no longer be part of the RHCF to expand the PACE.

Under separate cover, SVDP will also submit a Closure Plan to the Department for the decertification of 80 RHCF beds. The closure of the beds will be effective upon completion of this Limited Review Application and issuance of a revised operating certificate for the RHCF. A draft of the Closure Plan is included under the LRA Cover Sheet Attachment.

ST. VINCENT DE PAUL RESIDENCE

SITE INFORMATION

Alternate contact: Jason Hutchens
Email address: jhutchens@archcare.org

Type of Application: Establishment ☐ Construction ☐ Administrative ☐ Limited ☒
Total Project Cost: $500

Operator Information:
Operator: St. Vincent de Paul Residence
Address: 900 Intervale Avenue, Bronx (Bronx County), New York 10459
PFI number: 4543

Project Site Information:
Project Site: St. Vincent de Paul Residence
Impacted site: 900 Intervale Avenue, Bronx (Bronx County), New York 10459
PFI number of impacted site: 4543

Site Proposal Summary (maximum of 1,000 characters):
St. Vincent de Paul Residence, a 120-bed residential health care facility (RHCF) located at 900 Intervale Avenue, Bronx (Bronx County), New York 10459, is submitting this Limited Review Application seeking New York State Department of Health approval to decertify 80 RHCF beds. The new certified bed capacity of the facility upon completion of this project will be 40 RHCF beds.

Modify Name/Address: N/A – no change

Beds:

Category	Current	Add	Remove	Proposed
AIDS		☐	☐	
BEHAVIORAL INTERVENTION		☐	☐	
BEHAVIORAL INTERVENTION STEPDOWN		☐	☐	
COMA RECOVERY		☐	☐	
PEDIATRIC		☐	☐	
PEDIATRIC VENTILATOR DEPENDENT		☐	☐	
RHCF	120	☐	☒ 80	40
TRAUMATIC BRAIN INJURY		☐	☐	
VENTILATOR DEPENDENT		☐	☐	

Services: N/A – no change

Remove Site: N/A

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

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

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

Table A. ***N/A – Applicant is a residential health care facility.***

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

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

- ***If you checked "yes" for either question in Table A,*** proceed to Section B.

Section B. All Article 28 Facilities

Table B.

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

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

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

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

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

Limited Review Application

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

LRA Cover Sheet

Project to be Proposed/Applicant Information

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

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

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

☐ **Equipment** – Project related to the acquisition, relocation, installation or modification of certain medical equipment, with total project costs of up to $15,000,000 for general hospitals and up to $6,000,000 for all other facilities. (**NOT** necessary for "1-for-1" replacement of existing equipment without construction, pursuant to Chapter 174 of the Laws of 2011 amending Article 28 of the Public Health law to eliminate limited review and CON review for one for one equipment replacement)
Necessary LRA Schedules: Cover Sheet, 2, 3, 4, and 5.

☒ **Service Delivery** – Project to decertify a facility's beds/services; add services which involve a total project cost up to $15,000,000 for general hospitals and up to $6,000,000 for all other facilities; or convert beds within approved categories. (*If construction associated, also check "Construction" above.*)
Necessary LRA Schedules: Cover Sheet, 2, 6, 7, 8, 10, and 12. **If proposing to decertify beds within a nursing home, provide a description of the proposed alternative use of the space including a detailed sketch (unless the decertification is being accomplished by eliminating beds in multiple-bedded rooms). If proposing to convert beds within approved categories, an LRA Schedule 6 and all supporting documentation are required to confirm appropriate space for the new use.*

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

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

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

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

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

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

OPERATING CERTIFICATE NO.	CERTIFIED OPERATOR	TYPE OF FACILITY
7000366N	St. Vincent de Paul Residence	RHCF

OPERATOR ADDRESS – STREET & NUMBER		PFI	NAME AND TITLE OF CONTACT PERSON		
900 Intervale Avenue		4543	Frank M. Cicero		
CITY	COUNTY	ZIP	STREET AND NUMBER		
Bronx	Bronx	10459	925 Westchester Avenue, Suite 201		
PROJECT SITE ADDRESS – STREET & NUMBER		PFI	CITY	STATE	ZIP
900 Intervale Avenue		4543	White Plains	NY	10604
CITY	COUNTY	ZIP	TELEPHONE NUMBER	FAX NUMBER	
Bronx	Bronx	10459	(914) 682-8657	(914) 682-8895	
TOTAL PROJECT COST: $500			CONTACT E-MAIL: conadmin@ciceroassociates.com		

(Rev 09/2019)

ST. VINCENT DE PAUL RESIDENCE

SCHEDULE LRA COVER SHEET

PROJECT SUMMARY
FINANCIAL STATEMENTS
DRAFT CLOSURE PLAN

ST. VINCENT DE PAUL RESIDENCE

PROJECT SUMMARY

St. Vincent de Paul Residence (SVDP), a 120-bed residential health care facility (RHCF) located at 900 Intervale Avenue, Bronx (Bronx County), New York 10459, is submitting this Limited Review Application seeking New York State Department of Health approval to decertify 80 RHCF beds. The new certified bed capacity of the facility upon completion of this project will be 40 RHCF beds. SVDP also operates a 59-bed assisted living program (ALP). Catholic Health Care System (CHCS) d/b/a ArchCare is the sole corporate member and co-operator of SVDP.

The 80 to-be-decertified beds are located on the second and third floors of the building where the RHCF is located. Upon completion of this project, these floors will no longer be certified as part of the RHCF. The 40 RHCF beds that will remain are all located on the first floor of the building.

The financial crisis facing SVDP has been documented in previous conversations with NYSDOH. While SVDP typically operates at or near capacity, the facility continues to incur significant losses from operations. The RHCF had losses of roughly $4.9 million in 2023 and $7.5 million in 2022 and also had a working capital deficiency in both years. Based on October 31, 2024 YTD operations, the facility is projected to have a loss from operations of approximately $4.1 million in 2024.

There are three (3) primary drivers causing the RHCF's operating loss, which make the facility unsustainable into the future without VAP assistance to facilitate a transition plan. The three (3) primary drivers are:

- An insufficient Medicaid rate, due in part to the negative impact of Regional Pricing;
- Inordinately high benefit costs due to labor contracts; and
- Dramatically lower preferred payor mix than industry standards. In 2024, 86.5% of SVDP's payor mix is Medicaid.

As indicated on Note 1 of the 2023 audited financial statement of SVDP (Attachment 1), the RHCF has relied upon equity transfers from ArchCare (and other related parties) to support its operating

losses.[1] However, the ongoing financial instability of the RHCF and the size of the losses has created an unsustainable financial strain on the entire ArchCare organization, creating an untenable position in maintaining the level of services and care provided by SVDP in both the RHCF and the ALP. Financial demands on ArchCare are vast and continuing support of SVDP, especially at current levels, for an RHCF that should be relying on patient service revenue to support operations, is draining valuable resources from the ministry.

Notwithstanding the above, the preservation of SVDP's continuum of care is essential to the wellbeing and health of the Bronx community it serves and ArchCare and SVDP remain committed to the community. As a result, SVDP's plan is to continue to operate with a reduced complement of 40 beds. Of note, SVDP is projecting a payer mix that is 100% Medicaid after the reduction in beds. While SVDP projects that it will continue to have a loss from operations with the reduction of beds, the goal is to bring down operating losses to a more sustainable level for ArchCare.

The decrease in census down to 40 residents is expected to occur mostly through attrition as current residents who no longer require skilled nursing care are discharged back to their homes. In addition, SVDP's Admission Coordinator has already reduced the acceptance of long-term care residents. It is expected that any residents at SVDP who need to be discharged to another facility will primarily be transferred to Providence Rest Nursing Home and Rehabilitation Center (also located in the Bronx) or Terence Cardinal Cooke Health Care Center (located in Manhattan). Both facilities are also operated by ArchCare. SVDP will also work with residents who wish to be transferred to a different (non-ArchCare) facility to ensure a smooth transition for residents to a new residence/program of their choosing.

ArchCare is also the operator of ArchCare Senior Life PACE Bronx, a Program of All-Inclusive Care for the Elderly (PACE) program, located in the same building as SVDP. ArchCare intends to use the second and third floors of the building that will no longer be part of the RHCF to expand the PACE.

Under separate cover, SVDP will also submit a Closure Plan to the Department for the decertification of 80 RHCF beds. The closure of the beds will be effective upon completion of this Limited Review

[1] In addition to Catholic Health Care System (ArchCare), equity transfers have come from Mary Manning Walsh, Carmel Richmond, St. Teresa's, New York Catholic Foundation, Inc. and Mother Cabrini Foundation.

Application and issuance of a revised operating certificate for the RHCF. A draft of the Closure Plan is included under Attachment 2 of this Project Summary.

Attachment 1

Financial Statements

REDACTED

Attachment 2

Draft Closure Plan

St. Vincent de Paul Residence
900 Intervale Avenue, Bronx (Bronx County), New York 10459
CLOSURE/BED DECERTIFICATION PLAN
Operating Certificate No. 7000366N; PFI No. 4543
February 3, 2025

St. Vincent de Paul Residence (SVDP), a 120-bed residential health care facility (RHCF) located at 900 Intervale Avenue, Bronx (Bronx County), New York 10459, is submitting this Closure Plan seeking New York State Department of Health (NYSDOH) approval to close 80 RHCF beds. Under separate cover, SVDP has submitted a Limited Review Application (Project No. 251XXX) for the decertification of 80 beds. The new certified bed capacity of the facility will be 40 beds. Catholic Health Care System d/b/a ArchCare is the sole corporate member of SVDP and is established as the co-operator of the RHCF.

1. **Evidence of verbal and written notification to the Regional Program Director at the time closure was contemplated.**

   Verbal notification was made to the Metropolitan Area Regional Office (MARO) on February 3, 2025 by Jason Hutchens, Senior Vice President, Residential Services at ArchCare. A copy of the written notification that was submitted following the verbal notification is included under **Appendix A** of this Closure Plan.

2. **At the time the decision to close is made, the facility must contact its Fiscal Intermediary (FI) immediately to request a copy of the 855A form that must be completed following the last resident's discharge. The 855A will be used to notify the FI that the facility is voluntarily terminating its provider billing number.**

   SVDP is not closing. Pursuant to LRA Project No. 251XXX, the RHCF is decertifying 80 beds. The RHCF will continue to operate with its remaining 40 RHCF beds.

3. **Target closure date, facility capacity, current census.**

   The closure date for the 80 RHCF beds will be the date that final approval is received for LRA Project No. 251XXX, currently projected for on or around June 1, 2025. The RHCF will continue to operate with a reduced complement of 40 beds. As of 12/10/25, the census of the facility was 105 residents.

4. **Name, title, telephone# and email address of the individual designated as the provider's contact person throughout the closure process.**

   Jason Hutchens
   Senior Vice President, Residential Services
   Office: (646) 395-5981; Mobile: (646) 942-2838
   jhutchens@archcare.org

5. **Name, title, telephone number and email address of the individual responsible for coordinating closure, if different from the individual identified in #4.**

   Jason Hutchens
   Senior Vice President, Residential Services

Office: (646) 395-5981; Mobile: (646) 942-2838
jhutchens@archcare.org

6. **A narrative description of the proposed plan to notify residents, patients, next of kin, sponsors, staff, physicians and Medicaid Managed Long Term Care providers of the closure plan. This should include written notification and meetings. Include anticipated dates and times of meetings, if available at the time of submission of the proposed plan, so that DOH staff may attend. Your DOH regional office will confirm dates and times of meetings with you upon approval of the closure plan. Include a draft written notification for each party in an appendix.**

   Written notification will be provided to all current residents of SVDP, family members/next of kin, guardians, sponsors, and powers of attorney, notifying them of the decertification of the 80 RHCF beds on the second and third floors of the facility. A town hall meeting for residents, family members, guardians and powers of attorney to address any concerns regarding the decertification of beds is scheduled for February 2025, with an exact date to be determined.

   Written notification will also be provided to the staff and physicians of SVDP alerting the employees of the decertification of 80 RHCF beds. A meeting for staff members to address any concerns regarding the decertification is scheduled for February 2025, with an exact date to be determined.

   Samples of the draft written notifications to residents and staff are provided under **Appendix B**.

7. **If the facility provides services such as Adult Day Care Programs, clinics, Meals-on Wheels, etc. for individuals other than nursing home residents, a narrative description of the plan to discontinue those services. The plan should include referrals to alternate programs for registrants/customers.**

   SVDP operates a 59-bed assisted living program (ALP). There will be no change to the operation of the ALP as a result of the reduction in beds at the RHCF.

8. **A description of the plan to manage media contacts initially and throughout the process. Media releases should be coordinated with the DOH prior to release.**

   Media contacts will be managed by Jason Hutchens, Senior Vice President, Residential Services, throughout the closure process. Any media releases will be coordinated with New York State Department of Health and the New York State Department of Health Press Office prior to release.

9. **A description of the plan to involve the facility's Ombudsman.**

In addition to being invited to the town hall meeting with residents to announce the decertification of 80 RHCF beds, SVDP's Ombudsperson will be notified of all communications to residents and their families and will be provided regular updates on the status of the Closure/Bed Decertification Plan.

10. **The plan to discontinue admissions in accordance with 42CFR 483.*70(1)(2)*. Ensure that the facility does not admit any new residents on or after the date on which such written notification (the closure plan) is submitted. Include the plan to notify all referring institutions.**

    We previously reviewed with Valerie Deetz, Stephanie Paton and team that SVDP will close 80 RHCF beds. As discussed, closure of the 80 beds will enable ArchCare to expand ArchCare Senior Life PACE Bronx, a Program of All-Inclusive Care for the Elderly (PACE) that is also located in the same building as SVDP. Expansion of the PACE will enable ArchCare to better serve the Bronx community.

    SVDP will continue to operate with a reduced complement of 40 RHCF beds. The decrease in census down to 40 residents is expected to occur through attrition over the course of approximately five (5) months as current short-term residents no longer in need of skilled nursing care are discharged back to their homes, as appropriate. SVDP will utilize a phased approach to the closure of the 80 beds, closing out one unit at a time and consolidating patients and staff in a step-wise manner as the census declines to the remaining 40 beds. In addition, prior to formal acceptance of this Closure/Bed Decertification Plan, SVDP's Admission Coordinator has already reduced the acceptance of long-term care residents. SVDP will not be closed, only reducing beds.

    SVDP will also provide written notification to referring institutions/providers. A sample of the notification is included under **Appendix B** of this Closure Plan.

11. **The plan to identify appropriate placement for current patients/residents, including:**
    a. **The process to identify all residents who are interested in community placement and make a referral for them to the current Money Follows the Person contractor, New York Association on Independent Living (NYAIL).**
    b. **The process to identify current patients/residents who are participants in the Medicaid Managed Long Term Care (MLTC) and who their MLTC plans are. The MLTC plans must be included in identifying future placement options for residents/patients. The facility must develop a plan to involve the MLTC plan and to ensure patients/residents who participate in MLTC and their families are aware of all placement options and potential impact on relocation if, for example, the resident's plan does not have arrangements with a nursing home which the resident is considering.**
    c. **The process for making determinations regarding bed availability at other area facilities, providing information about other facilities to patients/residents/families, insuring that the wishes of current patients/residents/families are respected when**

placement decisions are made, and insuring that concerns such as geographic location, availability of /access to public transportation, type of facility/provider, ability to meet the resident's medical and behavioral health needs, etc. are addressed to identifying future placement options for residents/patients.

This Closure Plan is proposing to decertify 80 RHCF beds at SVDP. The facility will continue to operate with a reduced complement of 40 RHCF beds. The decrease in census down to 40 residents is expected to occur mostly through attrition over the course of approximately 90 days as current residents no longer in need of skilled nursing care are discharged back to their homes. In addition, prior to formal acceptance of this Closure Plan, SVDP's Admission Coordinator has already reduced the acceptance of long-term care residents.

It is expected that any residents at SVDP who need to be discharged to another facility will primarily be transferred to Providence Rest Nursing Home and Rehabilitation Center (also located in the Bronx) or Terence Cardinal Cooke Health Care Center (located in Manhattan). Both facilities are also operated by ArchCare. SVDP will also reach out to other area RHCFs to determine available capacity at those facilities for any residents in excess of the 40 beds that will remain at SVDP. A list of alternative nursing homes will be compiled and will be used by the SVDP team as they assist residents in relocating from the RHCF to an appropriate alternative provider.

SVDP will also invite the directors and staff of other nursing homes to meet with residents to facilitate a smooth transition for SVDP residents to a new residence/program. As part of the discharge planning process, SVDP will assess each resident's need for continued skilled nursing care. For those residents no longer requiring skilled nursing care, SVDP will work to transition those residents to the next appropriate level of care (i.e., community placement, adult care facility) and those residents will be aided in securing appropriate placement in the community or adult care facility. Residents will be asked to rank order their preferences for future placement. These rankings will be provided to the SVDP Social Worker who will aggregate responses in order to facilitate placement according to resident preference.

As part of each resident's discharge plan, SVDP will outline a plan to ensure medication continuity, which may include being given prescriptions to enable continuity of medication until their appointment with a new community provider or the transfer of prescription information to the new provider and/or a new pharmacy. In addition, SVDP will work with the residents who participate in MLTC plans, to coordinate the information and/or documents needed by the MLTC plan to transfer the resident to a new facility/program. When residents are transferred to another facility, current medication lists will be forwarded to the facility and there will be direct communication with the caregiver assuming responsibility for the resident upon transfer.

Daily management of resident transitions/transfers will be managed through establishment of an incident command structure within SVDP. Incident Command (IC) will be staffed by, at a minimum, the Chief Operating Officer, Administrators, Assistant Administrator/Discharge

Coordinator. Others will be invited as needed. Daily, SVDP IC will review the list of patients remaining, pending items to be resolved, transfers anticipated in next 48 hours, resident/family concerns/complaints and actions to resolve as well as any other barriers identified through normal daily operations. This incident command structure will utilize NYSDOH bed census reporting data[1] to support determination of bed availability and placement opportunities within the community. The facility ombudsman will be invited to participate in the daily SVDP IC huddles in order to stay informed on the status of transfers and pending items to be resolved.

12. The plan to ensure that records including current assessments, care plans, medication and treatment records, histories, discharge summaries, identifying information etc. are transferred in a secure manner with residents/patients who are being relocated.

Medical records including current assessments, care plans, medications and treatment records, histories, discharge summaries, identifying information, etc. will continue to be maintained by SVDP for the statutorily required amount of time. For any residents who are transferred to another facility, records will be securely transferred to the resident's new provider at time of discharge from SVDP to the new facility. Where possible, the records will be transmitted electronically to the new provider. If the record cannot be electronically transferred to the new provider, the resident's medical record documentation will be placed in a sealed envelope with the resident's name on the outside. This first sealed envelope will then be placed into another sealed envelope, with the name & address of accepting new provider, as well as the name of the authorized person accepting the documents noted on the outside of this second envelope. Both envelopes will be marked "CONFIDENTIAL." SVDP will deliver the documents either via messenger and/or designated agency personnel to the accepting provider. There will be a form used to identify the courier from SVDP, which will indicate the date, time of delivery, and the signature of the authorized person from the accepting provider.

13. The plan to ensure that resident/patient belongings will be secured and transferred.

Resident belongings will be transferred with the resident to the new facility upon discharge from SVDP. The nursing department will assume the responsibility for ensuring that all of the resident's belongings are packed in secure bags that are appropriately labeled and transferred with the resident to the receiving facility. The certified nursing assistant will complete a possession sheet while packing the belongings, which will be co-signed to ensure the accuracy of the process. The belongings and the possession sheet will be transferred with the resident. If, based on the method of transport, the belongings cannot be transferred with the resident, SVDP will deliver the belongings on the same day as the resident is transferred to the new facility.

14. The plan for allocation and security of resident and resident council funds.

There are no resident council funds.

[1] Data found at: https://health.data.ny.gov/Health/Nursing-Home-Weekly-Bed-Census-Last-Submission/izta-vnpq/data.

As needed, SVDP will work with residents and their receiving facility to facilitate the transfer of resident funds. The insurance policies, securing resident funds, will remain in effect until such time that all funds are transferred to the resident at the new facility. The facility will complete a full accounting of all resident funds, on a resident-specific basis, prior to the transfer of the resident. The plan will include a signed attestation that the accounting is complete, accurate and secure. Resident funds will continue to be protected by the bank SVDP does business with and by following the facility's policy and procedure that governs the management of resident funds. The resident fund accounting will be made available to the Department upon request. SVDP will make fund transfer arrangements with receiving RHCFs, transferring money to the new resident account either by check or through electronic transfer, depending on the receiving facility's preference. If a resident is discharged from SVDP to a lower level of care, a check or cash for the remaining balance in the resident's account will be provided at the time of discharge.

15. **The plan to determine the appropriate method of transport to be utilized for patients/residents.**

Residents will be provided appropriate transportation at the time of discharge for themselves and their belongings via ambulette or car service. As part of the discharge planning, all residents will be evaluated for the most appropriate method of transportation needed based on their functional status (mental status, ambulatory status, etc.). Functional status will be assessed by a Registered Nurse prior to discharge and confirmed by the Discharge Coordinator/Assistant Administrator at the time of transfer. The findings will be noted on their clinical record along with the recommendation for the appropriate transport method upon discharge; this transport methodology will be reviewed with each resident and documented in their clinical record.

16. **The plan to follow-up after patients/residents are relocated. Follow-up should occur for a minimum of thirty (30) days after discharge and include follow up for relocation stress syndrome/transfer trauma. The plan should include communication with receiving facilities throughout the follow-up process.**

SVDP social workers will follow up with the receiving facility during the first week after transfer of the resident. Additionally, the receiving facility will have the contact information of the social worker in case of any questions. The social workers will make final contact with the receiving facility 30 days following the discharge of the resident from SVDP. The follow-up of residents after discharge/relocation to a new facility will be documented in the resident's clinical records.

17. **The plan for disposition of the building and its contents following the discharge of all patients/residents.**

SVDP is not closing. The facility will continue to operate with a reduced bed count of 40 RHCF beds, all of which are located on the first floor of the building. The 80 to-be-decertified beds

are located on the second and third floors. Upon closure of the 80 beds, the second and third floors of the building will no longer be certified as part of the RHCF.

ArchCare, the co-operator of SVDP, is the owner of the building where the RHCF is located. Any equipment and furnishings on these floors will be maintained for future use or possible redistribution to other facilities operated by ArchCare. Leased equipment will be returned to the vendor if no longer needed by the RHCF to operate with the reduced complement of 40 beds.

ArchCare is also the operator of ArchCare Senior Life PACE Bronx, also located in the same building as SVDP. As noted above, ArchCare intends to use the second and third floors of the building to expand the PACE.

18. The plan to dispose of drugs, and biologicals, chemicals, radioactive materials.

SVDP is not closing. The facility will continue to operate with a reduced bed count of 40 RHCF beds. Any remaining drugs will be maintained at the facility for future use. Cleaning supply chemicals will likewise be maintained at the facility. SVDP does not have biological and radioactive materials stored at the facility.

19. The plan for appropriate record retention. 10 NYCRR 401.3(i) requires Department approval of the plan for the maintenance, storage, and safekeeping of resident records. The plan should provide adequate safeguards for such records and provide ready access to residents and their physicians. 10 NYCRR 415.22 mandates that clinical records shall be retained for six years from the date of discharge or death or for residents who are minors, three years after the resident reaches the age of 18. 10 NYCRR 86-2.7 requires that all fiscal and statistical reports filed by the facility with the Department, including underlying books, records, and documentation, be kept and maintained for at least six years from the date of the filing, or the date upon which they were to be filed, whichever is later. The plan should identify the location of record storage, the individual responsible for ensuring compliance with contact information, and a description of how former residents, designated representatives or other appropriate parties may request copies of records.

SVDP is not closing. The facility will continue to operate with a reduced bed count of 40 RHCF beds. The RHCF will continue to maintain all clinical records for the statutorily required amount of time in 10 NYCRR Section 415.22. Clinical records, which are maintained in the facility's electronic clinical record, are stored in compliance with New York State law and will be made available to residents (or their guardians) upon written request.

SVDP will continue to maintain all fiscal and statistical reports filed by the facility with the Department, including underlying books, records and documentation for the statutorily required amount of time in 10 NYCRR Section 86-2.7, which includes maintaining such records for at least six (6) years from the date of filing, or the date upon which they were to be filed, whichever

is later. Financial and statistical reports, including underlying books, records and documentation are maintained in compliance with the facility's record retention policy, which includes the scanning of records into electronic format allow for retrieval of records, as needed, and copies made available to authorized parties and agencies upon written request.

20. The plan to ensure that appropriate documentation is available to staff related to payroll information, health insurance, recertification of CNAs etc. See the guidance provided under 10 NYCRR 86-2.7 in item 19. This documentation must be kept and maintained for at least six years from the date of filing, or the date upon which they were to be filed, whichever is later.

SVDP will send a letter to all staff affected by the decertification of beds. The Human Resources team at SVDP will be available to all staff to provide them with information related to accessing payroll information, recertifications, health benefit information and open employment opportunities. In February 2025, notification will also be made by SVDP to the unions in accordance with the union contract regarding the union-covered staff affected by the decertification of beds.

SVDP will work with staff affected by the decertification of beds to place them in comparable open positions with other ArchCare facilities, particularly Providence Rest Nursing Home and Rehabilitation Center or Terence Cardinal Cooke Health Care Center, both of which are also operated by ArchCare. SVDP will also communicate with other area facilities and nursing agencies, regarding the bed decertification and allow the facilities and agencies to discuss open opportunities with any affected staff.

SVDP will keep and maintain staff information for at least six (6) years from the date of filing, or the date upon which they were to be filed, whichever is later.

21. The plan should include very specific reference to how the facility will establish and maintain ongoing communication with DOH, weekly at a minimum, throughout each milestone of the closure process.

Mr. Jason Hutchens, Senior Vice President, Residential Services at SVDP, will contact the NSYDOH Metropolitan Area Regional Office (MARO) on a weekly basis, or more often, when necessary, to provide an executive summary of the week's events, including meetings held with residents/designated representatives and SVDP staff, the number of residents discharged with location(s) where the residents were transferred to, number of residents remaining in the facility, and staffing information. This communication process will continue until the facility census is reduced to 40 or lower, and for a mutually agreed upon timeframe following official commencement of the facility with 40 beds. This communication will include updates on status of residents transferred to other facilities to ensure the receiving facility has everything required to provide optimal resident-centered care

22. The plan to ensure adequate staffing throughout the closure process, and to ensure that staff have information regarding other employment opportunities.

SVDP is not closing. The facility will continue to operate with a reduced bed count of 40 RHCF beds. The facility will make every effort to maintain adequate staffing in accordance with New York State staffing guidelines as set forth in 10 NYCRR 415.13 throughout the process of reducing the census at the facility to the remaining 40 beds.

SVDP will strive to maintain the minimum daily staffing hours equal to 3.5 hours of care per resident day (HPRD) by a certified nurse aide, licensed practical nurse or registered nurse, as required in 10 NYCRR 415.13. SVDP will document its reasonable attempts to maintain staffing to show that appropriate steps were taken to ensure the health and safety of its residents throughout the closure process. Residents may be asked to relocate rooms as patient census decreases to such an extent that staffing can be optimized through consolidation of units and/or room locations. Residents and their families will be notified of the need to relocate by the Administrator or his designee with a five-(5)-day notice provided prior to the relocation. SVDP leadership, through the Incident Command structure, will work to accommodate room preferences regarding private and semi-private rooms throughout this process. The facility staff will be responsible for moving personal belongings. Social work will communicate changes with family and document accordingly. Communications to residents and representatives of unit/bed consolidations will occur through letters mailed to residents and/or their representatives as needed.

SVDP has an emergency/contingency nurse staffing plan in place where daily staffing practices are used to evaluate the level of nurse staffing every eight (8) hours, or more often if needed based on patient census and acuity level, to meet the care needs of each resident. SVDP has nurse staffing agency contacts in place that will be leveraged to provide RN, LPN and CNA coverage, when needed. If necessary, SVDP will be prepared to utilize the facility's Emergency Management Plan should an issue that has the potential to impact the safety or well-being of residents, such as staffing, arise.

Other departments (e.g., food service, housekeeping) may have staffing reduced as residents of the facility are discharged and the census of the building decreases.

As described above, SVDP will work with staff affected by the decertification of beds to place them in comparable open positions within affiliated ArchCare facilities. Any comparable open position offered to SVDP staff will be held in anticipation of the staff member transitioning to the new position during the process of reducing the RHCF's census.

23. When the last resident has been discharged from the facility, the individual(s) responsible for carrying out the closure plan should meet with the appropriate DOH regional office to demonstrate that all aspects of the closure plan have been successfully completed.

SVDP is not closing. The facility will continue to operate with a reduced bed count of 40 RHCF beds. Throughout the process of reducing the facility census, Mr. Jason Hutchens, Senior Vice President, Residential Services at SVDP, will meet with the appropriate MARO staff to demonstrate that all aspects of the transition plan have been successfully completed. As part of this meeting, SVDP will provide a list of residents discharged from the facility as part of decertification of beds, with final discharge destination.

Other:

1. **The facility must complete the CMS 855A and forward it to the FI with a copy to the DOH regional office.**

   N/A – SVDP is not closing. The facility will continue to operate with a reduced bed count of 40 RHCF beds.

2. **The original copy of the facility's Operating Certificate must be returned to the DOH regional office within 48 hours following the last resident's discharge. This can be accomplished by registered mail or hand delivery.**

   The facility's current Operating Certificate will be returned to NYSDOH upon receipt of an updated Operating Certificate pursuant to Limited Review Application Project No. 251XXX. A copy of the current operating certificate is included under **Appendix C** of this Closure Plan.

Appendix A

Written Notification to the Regional Office

archcare
at San Vicente de Paúl
Skilled Nursing and Rehabilitation Center

To: Shawn Dudley, MPA
Regional Area Office Director
MARO Regional Office
Office of Aging and Long Term Care
Division of Nursing Home and IICF Surveillance
New York State Department of Health
90 Church Street
New York, NY 10007
Shawn.Dudley@health.ny.gov

Good morning,
This serves as the written notification regarding Saint Vincent Depaul, subsequent to the verbal notification provided this morning.

Saint Vincent Depaul will close 80 beds to expand our PACE program and better serve the Bronx community. SVDP will continue to operate with a reduced complement of 40 RHCF beds. The decrease in census down to 40 residents is expected to occur through attrition over the course of approximately 12-18 months as current short-term residents no longer in need of skilled nursing care are discharged back to their homes, as appropriate. SVDP will utilize a phased approach to the closure of the 80 beds, closing out one unit at a time and consolidating patients and staff in a step-wise manner as the census declines to the remaining 40 beds. In addition, prior to formal acceptance of the Closure/Bed Decertification Plan, SVDP's Admission Coordinator has already reduced the acceptance of long-term care residents. SVDP will not be closed, only reducing beds.

Sincerely,

John Jason Hutchens

Jason Hutchens
Senior Vice President Residential Services
Archcare

Appendix B

Sample Patient Letter
Notification to Employees
Notification to Referring Providers

(SVDP Letterhead)

(Date)

Patient/Guardian Name and Address

Dear Residents and Families:

Throughout our deep and longstanding history, ArchCare has continuously evolved to meet the needs of older New Yorkers and our community. As you all well know, the health care landscape is challenging and rapidly changing, causing us to constantly reevaluate the services we provide in order to meet the needs of our community and to remain financially viable as a health system. We have made the difficult decision to decertify and close 80 skilled nursing facility beds at St. Vincent de Paul Residence (SVDP). The facility will continue to operate with a reduced complement of 40 beds.

In alignment with our current process, we will assess your need for continued skilled nursing care. It should be noted that most of the decrease in census down to 40 residents is expected to occur naturally through attrition as current residents are discharged back to their homes, as appropriate. SVDP expects that many current residents of the nursing home who continue to be in need of long-term care will be able to remain at SVDP. For those residents who will continue to require skilled nursing care and want to be transferred to another facility, we will work to facilitate a smooth transition to other skilled nursing facilities or appropriate settings.

Be assured that all residents will be given ample support and time to make decisions about relocation to another nursing home, if desired. To begin the relocation process and to provide you more information about the planned closure, we will be hosting a town hall meeting for residents, families and loved ones on [date, time, location]. In the meantime, if you have any questions or concerns, please contact us at (855) 951-CARE.

We wish to thank you for being a patient of St. Vincent de Paul Residence and look forward to continuing to meet your health care needs in the future.

Very Truly Yours,

Jason Hutchens
Senior Vice President, Residential Services

(SVDP Letterhead)

Date, 2024

Dear Colleagues:

Throughout our deep and longstanding history, ArchCare has continuously evolved to meet the needs of older New Yorkers and our community. As you all well know, the health care landscape is challenging and rapidly changing, causing us to constantly reevaluate the services we provide in order to meet the needs of our community and to remain financially viable as a health system. We have made the difficult decision to decertify 80 skilled nursing facility beds at St. Vincent de Paul Residence (SVDP). The facility will continue to operate with a reduced complement of 40 beds.

The decrease in census down to 40 residents is expected to occur mostly through attrition as current residents are discharged back to their homes, as appropriate. SVDP expects that many current residents of the nursing home who continue to be in need of long-term care will be able to remain at SVDP. We are also working closely with the New York State Department of Health to implement an approved plan to safely relocate residents who wish to relocate to another facility. We will make every effort to support our residents and their families and facilitate a smooth transition to other skilled nursing facilities or appropriate settings.

The decertification of beds will result in a reduction of staff. You have always been our bedrock and we are deeply grateful for your dedication in caring for our patients. At this time, we will work closely with the unions to reconfigure our staffing needs as we undergo the bed decertification and census reduction process. Where possible, staff will be transitioned to comparable open positions within ArchCare.

It is our goal to support you and keep you informed during this significant transition. We will be hosting staff town halls to share the most up-to-date information and provide an opportunity for you to ask questions. In the meantime, please know that you can reach out to me or our Human Resources team with any concerns. Thank you for your cooperation and continued dedication to providing our residents, patients, and clients with outstanding care.

Sincerely,

Jason Hutchens
Senior Vice President, Residential Services

(SVDP Letterhead)

(Date)

Provider/Institution Name and Address

Dear Provider:

Throughout our deep and longstanding history, ArchCare has continuously evolved to meet the needs of older New Yorkers and our community. As you all well know, the health care landscape is challenging and rapidly changing, causing us to constantly reevaluate the services we provide in order to meet the needs of our community and to remain financially viable as a health system. We have made the difficult decision to decertify and close 80 skilled nursing facility beds at St. Vincent de Paul Residence (SVDP). The facility will continue to operate with a reduced complement of 40 beds. SVDP remains committed to continuing to provide the same high level of care that the facility has been known for to its residents going forward.

If you have any questions regarding the reduction of beds at SVDP, please contact us (855) 951-CARE.

Very Truly Yours,

Jason Hutchens
Senior Vice President, Residential Services

Appendix C

Operating Certificate

Facility Id. 4543
Certificate No. 7000366N

Certified Beds - Total 120
RHCF 120

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

OPERATING CERTIFICATE

Effective Date: 05/01/2012
Expiration Date: NONE

Residential Health Care Facility - SNF

St Vincent Depaul Residence
900 Intervale Avenue
Bronx, New York 10459

Operator: St Vincent Depaul Residence
Co-Operator: Catholic Health Care System
Operator Class: Voluntary Not for Profit Corporation

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

Baseline

Deputy Commissioner
Office of Health Systems Management

This certificate must be conspicuously displayed on the premises.

Commissioner

20120802

Limited Review Application

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

Schedule LRA 2

Total Project Cost

ITEM	ESTIMATED PROJECT COST	
1.1 Land Acquisition *(attach documentation)*	$	
1.2 Building Acquisition	$	
	1.1-1.2 Subtotal:	$0
2.1 New Construction	$	
2.2 Renovation and Demolition	$	
2.3 Site Development	$	
2.4 Temporary Power	$	
	2.1-2.4 Subtotal:	$0
3.1 Design Contingency	$	$0
3.2 Construction Contingency	$	$0
	3.1-3.2 Subtotal:	$0
4.1 Fixed Equipment (NIC)	$	
4.2 Planning Consultant Fees	$	
4.3 Architect/Engineering Fees (incl. computer installation, design, etc.)	$	
4.4 Construction Manager Fees	$	
4.5 Capitalized Licensing Fees	$	
4.6 Health Information Technology Costs	$	
4.6.1 Computer Installation, Design, etc.	$	
4.6.2 Consultant, Construction Manager Fees, etc.	$	
4.6.3 Software Licensing, Support Fees	$	
4.6.4 Computer Hardware/Software Fees	$	
4.7 Other Project Fees (Consultant, etc.)	$	
	4.1-4.7 Subtotal:	$0
5.1 Moveable Equipment	$	
6.1 Total Basic Cost of Construction	**$**	**$0**
7.1 Financing Costs (points, fees, etc.)	$	
7.2 Interim Interest Expense - Total Interest on Construction Loan: Amount @ % for months	$	
7.3 Application Fee	$	$500
8.1 Estimated Total Project Cost (Total 6.1 - 7.3)	**$**	**$500**

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

Construction Start Date: N/A

Construction Completion Date: N/A

(Rev. 1/31/2013)

Schedule 6
Architectural/Engineering Submission

Contents:

Not Applicable – this project is proposing to decertify 80 total residential health care facility (RHCF) beds on the second and third floors of the facility. There is no construction proposed for this project. Upon completion of this project, the second and third floors of the building will no longer be certified as part of the RHCF.

Limited Review Application

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

Schedule LRA 7

Proposed Operating Budget

Budget	Current Year (Projected 2024 based on October YTD)	First Year (Projected)	Third Year (Projected)
Revenues			
Service Revenue	$14,119,579	$4,538,167	$4,538,167
Grants Funds			
Foundation			
Other - NYS Assessment Tax (Income) and Other Operating Revenue	$1,375,476	$1,059,037	$1,059,037
Fees			
Other Income - ALP revenue	$3,026,911	$3,173,801	$3,173,801
(1) Total Revenues	$18,521,966	$8,771,005	$8,771,005
Expenses			
Salaries and Wage Expense	$7,460,551	$4,464,413	$4,464,413
Employee Benefits	$2,669,779	$1,552,252	$1,552,252
Professional Fees	$3,141,692	$55,820	$55,820
Medical & Surgical Supplies	$1,871,918	$786,391	$786,391
Non-Medical Equipment	Included above	Included above	Included above
Purchased Services	$2,269,849	$950,317	$950,317
Other Direct Expense	$404,689	$56,645	$56,645
Utilities Expense	$696,168	$366,738	$366,738
Interest Expense	$75,428	$75,155	$75,155
Rent Expense	$60,383	$26,197	$26,197
Depreciation Expense	$907,416	$907,405	$907,405
Other Expenses	$3,121,823	$1,342,769	$1,342,769
(2) Total Expense	$22,679,698	$10,584,102	$10,584,102
Net Total - (1-2)	-$4,157,732	-$1,813,097	-$1,813,097

Note: the applicant is also projecting an equity transfer from affiliates of $1.2 million in the first and third years of operation with the reduced complement of 40 beds.

Limited Review Application

Schedule LRA 7

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

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

Patient Days [X] Patient Discharges [ ]

Inpatient Services Source of Revenue		Total Current Year			First Year TOTAL			Third Year TOTAL		
		Patient Days or discharges	Net Revenue*		Patient Days or discharges	Net Revenue*		Patient Days or discharges	Net Revenue*	
			%	Dollars ($)		%	Dollars-($)		%	Dollars-($)
Commercial	**Fee for Service**									
	Managed Care									
Medicare	**Fee for Service**	1,024	2.4%	$817,029						
	Managed Care	4,432	10.4%	$1,665,235						
Medicaid	**Fee for Service**	26,943	63.4%	$8,508,061	14,640	100.0%	$4,538,167	14,640	100.0%	$4,538,167
	Managed Care	9,818	23.1%	$3,056,147						
Private Pay		60	0.1%	$35,885						
OASAS										
OMH										
Charity Care										
Bad Debt										
All Other - Medicaid Hospice		205	0.5%	$37,222						
Total		42,482	100.0%	$14,119,579	14,640	100.0%	$4,538,167	14,640	100.0%	$4,538,167

Not Applicable: Inpatient services only

Oupatient Services Source of Revenue		Total Current Year			First Year Incremental			Third Year Incremental		
		Visits	Net Revenue*		Visits	Net Revenue*		Visits	Net Revenue*	
			%	Dollars ($)		%	Dollars ($)		%	Dollars ($)
Commercial	**Fee for Service**									
	Managed Care									
Medicare	**Fee for Service**									
	Managed Care									
Medicaid	**Fee for Service**									
	Managed Care									
Private Pay										
OASAS										
OMH										
Charity Care										
Bad Debt										
All Other										
Total		**0**	**100.0%**	**$0**	**0**	**100.0%**	**$0**	**0**	**100.0%**	**$0**

Total of Inpatient and Outpatient Services				**$14,119,579**			**$4,538,167**			**$4,538,167**

	Title of Attachment	Filename of Attachment
1. In an attachment, provide the basis and supporting calculations for all revenues by payor.	Based on the actual current operations of the applicant.	N/A
2. In an attachment, provide the basis for charity care.	N/A	N/A

* Net Deductions from Revenue

Limited Review Application

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

Schedule LRA 8

Staffing

Staffing Categories	Number of FTEs to the Nearest Tenth		
	Current Year	First Year of implementation	Third Year of implementation
Health Providers:**			
Registered Nurse	6.70	9.39	9.39
Certified Nurse Aides	43.10	20.47	20.47
Recreational Therapy	4.70	1.00	1.00
LPN	3.70	0.00	0.00
Support Staff*:**			
Management and Supervision	9.20	1.50	1.50
Social Services	1.20	1.00	1.00
Food Services	17.00	5.80	5.80
Engineering	3.00	2.80	2.80
Housekeeping/Laundry	10.80	3.80	3.80
Beautician	0.00	0.20	0.20
Clerical	3.00	0.00	0.00
ALP Staff	13.60	17.12	17.12
Total Number of Employees	116.00	63.08	63.08

* Last complete year prior to submitting application.

** "Health Providers" includes all providers serving patients at the site. A Health Provider is any staff who can provide a billable service - physician, dentist, dental hygienist, poditarist, physician assistant, physical therapist, etc.

*** All other staff.

Describe how the number and mix of staff were determined:

Staffing is based on the actual existing staffing at the RHCF and reduced based on the proposed reduction in the number of certified beds.

PLEASE COMPLETE THE FOLLOWING:

1. Are staff paid and on payroll?	**Yes**
2. Provide copies of contracts for any independent contractor.	**N/A**
3. Please attach the Medical Doctors C.V.	**See Schedule LRA 8 Attachment.**
4. Is this facility affiliated with any other facilities? (If yes, please describe affiliation and/or agreement.)	**Yes. Catholic Health Care System (CHCS) d/b/a ArchCare is the sole corporate member and co-operator of the applicant. Please refer to Schedule LRA 8 Attachment for an organizational chart showing related entities.**

ST VINCENT DEPAUL RESIDENCE

SCHEDULE LRA 8 ATTACHMENT

MEDICAL DIRECTOR CURRICULUM VITAE

ORGANIZATIONAL CHART

Dr. Hammad Rizvi, DO, MBA, CPE, FHM

125 Fine Blvd. Staten Island, NY 10314 M 848.228.9959, F 718.979.1726
DrRizvi1@yahoo.com

PROFILE HIGHLIGHTS

- Experienced in Utilization Management for a national enterprise (United Health Group/Executive Health Resources) with expertise in teambuilding and multidisciplinary rounding.
- Progressive management experience in a publicly traded national healthcare company with responsibility of budget for $23 million net revenue and $2.5 million in EBIDTA
- Extensive leadership in population health aligning bundled payments with hospital partners and providers managing $2 billion in risk company-wide.
- Board Certified internal medicine practicing Hospitalist with masters in business administration along with green belt in lean six sigma
- Innovative problem-solver and agent for change with a passion for business strategy, employee engagement and network development.

EDUCATION

MBA ■ 12/2012
University of Tennessee Physician Executive MBA program, Knoxville, TN

D.O. ■ 6/2007
Lake Erie College of Osteopathic Medicine, Erie, PA

B.A. ■ 12/2002
Rutgers University, New Brunswick, NJ

POST GRADUATION EDUCATION

Staten Island University Hospital - LIJ, *Staten Island, NY* ▪ *7/2008-6/2010*
Resident Physician

New York Presbyterian Queens – Cornell, *Flushing, NY* ▪ *7/2007-6/2008*
Medical Intern

PROFESSIONAL EXPERIENCE

TeamHealth – Emergency Medicine and Hospital Medicine

Senior Vice President *NJ, NY, PA, OH, MI, MD, DE, WV, IL ▪ 7/2018-present*

- *Management of multiple service lines in northeast and Midwest market*
- *Quality Improvement*
- *Professional Development education for Regional Medical Directors*
- *P&L responsibility for all service lines*

TeamHealth – Hospital Medicine/Acute Care Services

Regional Medical Director *NJ, NY, PA, MA, NH, SC, GA* ▪ 12/2014-6/2018

- *Responsible for creating Utilization Management and multidisciplinary teams centered around throughput, medical necessity and decreasing risk for denials*
- *Responsible for $23 million net revenue and maintaining $2.5 million in EBIDTA*
- *Direct oversight of budget, at-risk clinical quality metrics and management for >10 hospital medicine programs at a time with over 100 direct reports including 12 facility medical directors.*
- *Lead integration with ICU, OB/GYN, Orthopedic Surgery, Anesthesia and post-acute facilities to maximize cost savings and flow.*
- *Responsible for Bundled Payments for Care Improvement Initiative (BPCI) modalities for impacting the 90-day spectrum of care with respect to cost savings/utilization of acute and post-acute services.*

Southern Ocean Medical Center – TeamHealth

Facility Medical Director, Hospital Medicine *Manahawkin, NJ* ▪ 3/2013–3/2015

- Management of daily operations and group metrics including length of stay, utilization, throughput, core measures, patient satisfaction and other quality indicators
- Clinically active as a hospitalist alongside administrative responsibilities
- Advanced leadership training and development via TeamHealth platform

St. Luke's Roosevelt Hospital – Mount Sinai West

Hospitalist Faculty *New York, NY ▪ 7/2010 – 2/2013*

- Clinical rounds with physician assistants and nurse practitioners
- Group leader and physician champion for throughput/utilization/ CHF readmission metrics

United Health Group - Executive Health Resources

Physician Advisor *New York, NY ▪ 2/2011-2/2013*

- Lead Medical necessity compliance/utilization reviews based on evolving CMS guidelines
- Concurrent and Denials reviews working with case management/Utilization teams
- Extensive training on using various Criterias (Interqual, Millman etc) to cultivate our own criteria for justifying medical necessity and overturning denials.

- Complex case reviews for observation, inpatient, long stays and readmission reviews

CONSULTING ENGAGEMENTS AND BOARD APPOINTMENTS

Corporate Quality Medical Advisor, CareOne NJ ▪ 12/2015-present
- Quality improvement for care transitions for over 80 post-acute facilities
- Responsible for bringing innovations in care coordination, technology and cultivating resources to treat higher acuity patients at skilled nursing facilities
- Oversight of weekly utilization review meetings at all facilities.

Board Member, Advisory Board – Ingenious Med GA ▪ 8/2015 – present

Special Operations Medical Director, TeamHealth NJ ▪ 4/2014-11/2014
Interim Facility Medical Director
- Reduced length of stay by >1.3 days yielding $1,867,856 in cost savings for hospital client with turnaround in provider engagement & compliance.

Board Member – KandilIT Mountain Lakes, NJ▪ 3/2014-present

Beyond the Medicine- Residency Relations, TeamHealth ▪ 5/2014-present
National Speaker/Organizer
- Lead strategic reorganization of hospital medicine recruitment department

Integra Managed Long Term Care Brooklyn, NY ▪ 5/2012-7/2015
Clinical Consultant
- Leader for quality improvement program development and implementation

GRANTS AND RESEARCH

NY Community Trust NY, NY ▪ 10/2012
- Awarded additional $50,000 grant for Methods for Reducing Congestive Heart Failure Readmissions at St. Luke's Roosevelt Hospital

United Hospital Fund NY, NY ▪ 4/2012
- Awarded grant of $50,000 for Preventable Hospital Readmission Initiative for St. Luke's Roosevelt Hospital

NJ Commission on Cancer Fellowship Funding Piscataway, NJ ▪ 6/2000-6/2003
- Grant written and accepted for Prostate Cancer Research at Rutgers University and Center for Advanced Biotechnology and Medicine

Kushawaha A, ***Rizvi H,*** *Mobarakai N.* Fatal pulmonary nocardiosis: A case of multi-factorial immunosupression and breakthrough infection

GRANTS AND RESEARCH (cont'd.)

Research Location: Staten Island University Hospital
Poster Presentation: Society of Hospital Medicine Washington, DC ▪ 4/2010
Poster Presentation: Society of General Internal Medicine Minneapolis, MN ▪4/2010

Pagala M, Feierman D, ***Rizvi H*** *The efficiency of etomidate and thiopental in regulating blood pressure during intubation*
Research Location: Maimonides Medical Center Brooklyn, NY ▪ 4/2006-6/2007

Institute for Basic Research, Staten Island, NY ▪ 9/1997-12/1999

COMMITTEES

TeamHealth – Knoxville, TN
Member, Risk Management Review Committee ▪ 5/2015-current

Southern Ocean Medical Center – Meridian Manahawkin, NJ
Member, Meridian ACO Finance Committee ▪ 12/2013-current
Chair, Resuscitation Committee ▪ 3/2013-2/2016
Chair, Bioethics Committee ▪ 4/2013-2/2016
Member, Critical Care Committee ▪ 3/2013-current
Member, Performance Improvement Committee ▪ 3/2013-current
Member, Length of Stay Workgroup ▪ 3/2013-current
Member, Quality Improvement and Outcomes Committee ▪ 3/2013-current

Continuum Health Partners New York, NY
Reducing Readmissions Committee ▪ 12/2011 – 2/2013

- Development of several system-wide quality improvement modalities for reducing readmissions at St. Luke's, Roosevelt and Beth Israel hospitals (now known as Mount Sinai).

St. Luke's Roosevelt Hospital New York, NY
CHF Readmissions and Core Measure Compliance Taskforce ▪ 1/2012- 2/2013

SPECIALIZED TRAINING

Lean Six Sigma Green Belt Certification Knoxville, TN ▪ 12/2012
Executive Health Resources (EHR) University Newton Square, PA ▪ 2/2011
Advanced training in medical necessity, regulatory and compliance reviews
Leadership Academy I - Society of Hospital Medicine Las Vegas, NV ▪ 3/2011

SPEAKING ENGAGEMENTS

University of Tennessee Physician Executive Symposium
"Emergency Department and Hospital Medicine Synergy and Innovation" ▪ 4/2014
SOCRETES – Southern Ocean Center Genesis
"Palliative Care and Ethical Issues from the view of Hospital Medicine" ▪ 10/2014
National Medical Directors Conference - TeamHealth
"High Impact Facility Medical Directors" ▪ 4/2015

PROFESSIONAL AFFILIATONS

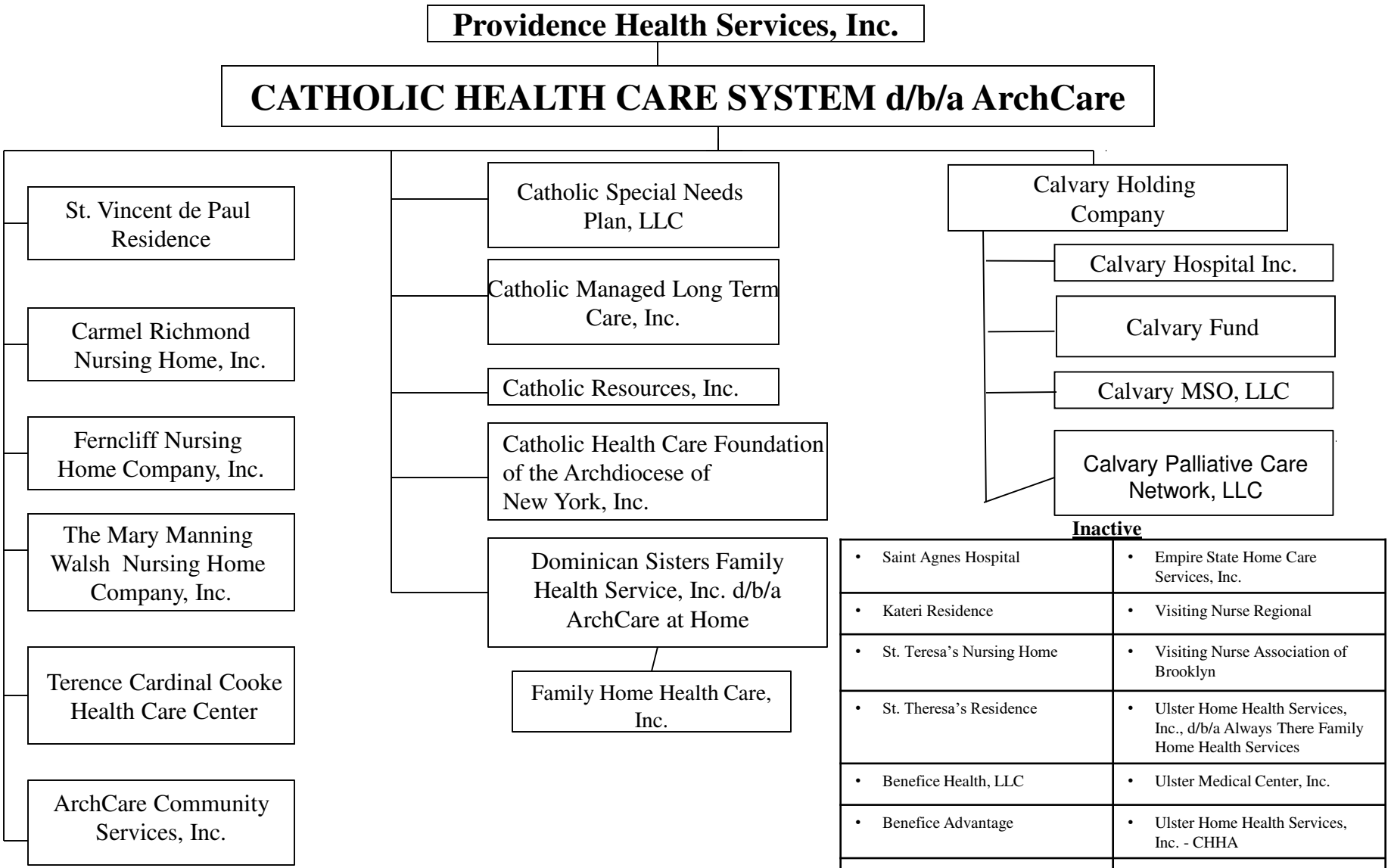
American College of Healthcare Executives ▪ 9/2014-**present**
Society of Hospital Medicine, Fellow/Member ▪ 2010-**present**
American Board of Quality Assurance & Utilization, Member ▪ 2011-**present**
American College of Physician Executives ▪ 2012-**present**

CERTIFICATIONS AND LICENSURES

Certified Physician Executive, Certifying Commission in Medical Management ▪ 7/2013
Board Certified, American Board of Internal Medicine▪ 7/2010

MEDICAL LICENSES:
New York Physician License #257683 ▪ 7/2010
New Jersey Physician License #25MB09245600
South Carolina Physician License #37734

CORPORATE STRUCTURE



Inactive

• Saint Agnes Hospital	• Empire State Home Care Services, Inc.
• Kateri Residence	• Visiting Nurse Regional
• St. Teresa's Nursing Home	• Visiting Nurse Association of Brooklyn
• St. Theresa's Residence	• Ulster Home Health Services, Inc., d/b/a Always There Family Home Health Services
• Benefice Health, LLC	• Ulster Medical Center, Inc.
• Benefice Advantage	• Ulster Home Health Services, Inc. - CHHA
• OLM Health Care System, Inc.	• Ulster Home Health Care , Inc. - Licensed

Limited Review Application

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

Schedule LRA 10

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

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

N/A – Please refer to Sites Tab on NYSE-CON.

Instructions:
“Current” Column: Mark "x" in the box only if the service currently appears on the operating certificate (OpCert) not including requested changes
“Add” Column: Mark "x" in the box this CON application seeks to add.
“Remove” Column: Mark "x" in the box this CON application seeks to decertify.
“Proposed” Column: Mark "x" in the box corresponding to all the services that will ultimately appear on the OpCert.

Category/Authorized Service	Code	Current	Add	Remove	Proposed
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
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		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐

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

☐ No

☐ Yes (*Enter CON numbers to the right*) ______ ______ ______

Limited Review Application

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

Schedule LRA 12

Assurances

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

a) The applicant has or will have a fee simple or such other estate or interest in the site, including necessary easements and rights-of-way, sufficient to assure use and possession for the purpose of the construction and operation of the facility.

b) The applicant will obtain the approval of the Commissioner of Health of all required submissions, which shall conform to the standards of construction and equipment in Subchapter C of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York (Title 10).

c) The applicant will submit to the Commissioner of Health final working drawings and specifications, which shall conform to the standards of construction and equipment of Subchapter C of Title 10, prior to contracting for construction, unless otherwise provided for in Title 10.

d) The applicant will cause the project to be completed in accordance with the application and approved plans and specifications.

e) The applicant will provide and maintain competent and adequate architectural and/or engineering inspection at the construction site to insure that the completed work conforms to the approved plans and specifications.

f) If the project is an addition to a facility already in existence, upon completion of construction all patients shall be removed from areas of the facility that are not in compliance with pertinent provisions of Title 10, unless a waiver is granted by the Commissioner of Health, under Title 10.

g) The facility will be operated and maintained in accordance with the standards prescribed by law.

h) The applicant will comply with the provisions of the Public Health Law and the applicable provisions of Title 10 with respect to the operation of all established, existing medical facilities in which the applicant has a controlling interest.

i) The applicant understands and recognizes that any approval of this application is not to be construed as an approval of, nor does it provide assurance of, reimbursement for any costs identified in the application. Reimbursement for all cost shall be in accordance with and subject to the provisions of Part 86 of Title 10.

1/7/2025
Date

Signature

Scott LaRue
Name (Please Type)

President and CEO, ArchCare
Title (Please Type)