

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. [REDACTED]	CERTIFIED OPERATOR Autumn View Health Care facility LLC	TYPE OF FACILITY SNF
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OPERATOR ADDRESS – STREET & NUMBER S 4650 Southwestern Blvd		PFI [REDACTED]	NAME AND TITLE OF CONTACT PERSON Andrea Czora		
CITY Hamburg	COUNTY Erie	ZIP 14075	STREET AND NUMBER 455 Cayuga Rd		
PROJECT SITE ADDRESS – STREET & NUMBER S 4650 Southwestern Blvd		PFI [REDACTED]	CITY Cheektowaga	STATE NY	ZIP 14225
CITY Hamburg	COUNTY Erie	ZIP 14075	TELEPHONE NUMBER [REDACTED]	FAX NUMBER [REDACTED]	
TOTAL PROJECT COST: \$ [REDACTED]			CONTACT E-MAIL: [REDACTED]		

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

Schedule LRA 2

Total Project Cost

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

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

Construction Start Date 2/1/2024

Construction Completion Date 11/18/2024

Schedule LRA 4/Schedule 7 CON Forms Regarding Environmental issues

Contents:

Schedule LRA 4/Schedule 7 - Environmental Assessment

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

2.14	Will the project affect any threatened or endangered plants or animal species?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.15	Will the project result in a major adverse effect on air quality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.16	Will the project have a major effect on visual character of the community or scenic views or vistas known to be important to the community?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.17	Will the project result in major traffic problems or have a major effect on existing transportation systems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.18	Will the project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbance as a result of the project's operation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.19	Will the project have any adverse impact on health or safety?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.20	Will the project affect the existing community by directly causing a growth in permanent population of more than five percent over a one-year period or have a major negative effect on the character of the community or neighborhood?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.21	Is the project wholly or partially within, or is it contiguous to any facility or site listed on the National Register of Historic Places, or any historic building, structure, or site, or prehistoric site, that has been proposed by the Committee on the Registers for consideration by the New York State Board on Historic Preservation for recommendation to the State Historic Officer for nomination for inclusion in said National Register?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.22	Will the project cause a beneficial or adverse effect on property listed on the National or State Register of Historic Places or on property which is determined to be eligible for listing on the State Register of Historic Places by the Commissioner of Parks, Recreation, and Historic Preservation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.23	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Part III.		Yes	No
3.1	Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Agency Name:	Blood Resource Program	
	Contact Name:	Maribeth Dooley	
	Address:	Empire State Plaza	
	State and Zip Code:	Albany; NY 12201	
	E-Mail Address:	[REDACTED]	
	Phone Number:	[REDACTED]	
	Agency Name:		
	Contact Name:		
	Address:		
	State and Zip Code:		
	E-Mail Address:		
	Phone Number:		
	Agency Name:		
Contact Name:			

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

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

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

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

FEMA Elevation_Certificate_and Instructions

Schedule 6 Architectural/Engineering Submission

Contents:

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

Architectural Submission Requirements for Contingent Approval and Contingency Satisfaction

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

Instructions

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

Architecture/Engineering Narrative

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

Project Description	
Schedule 6 submission date: 11/25/2024	Revised Schedule 6 submission date: Click to enter a date.
Does this project amend or supersede prior CON approvals or a pending application? No If so, what is the original CON number? Click here to enter text.	
Intent/Purpose: See attached narrative	
Site Location: The existing Skilled Nursing Unit is located at:	

New York State Department of Health Certificate of Need Application

Schedule 6

Autumn View H.C.F. S4650 Southwestern Blvd. Hamburg, NY 14075 County of Erie	
Brief description of current facility, including facility type: See attached narrative	
Brief description of proposed facility: See attached narrative	
Location of proposed project space(s) within the building. Note occupancy type for each occupied space. See attached narrative	
Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies: N/A	
If this is an existing facility, is it currently a licensed Article 28 facility?	Yes
Is the project space being converted from a non-Article 28 space to an Article 28 space?	No
Relationship of spaces conforming with Article 28 space and non-Article 28 space: N/A	
List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3. No exceptions included	
Does the project involve heating, ventilating, air conditioning, plumbing, electrical, water supply, and fire protection systems that involve modification or alteration of clinical space, services or equipment such as operating rooms, treatment, procedure rooms, and intensive care, cardiac care, other special care units (such as airborne infection isolation rooms and protective environment rooms), laboratories and special procedure rooms, patient or resident rooms and or other spaces used by residents of residential health care facilities on a daily basis? If so, please describe below. The room will not require the installation or modification of any building systems. The room in question is already serviced by all necessary building systems. The alterations will be painting the walls.	No
Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc. Electrical system: 1200-amp service with 1- 150kW and 1 – 125kW emergency generators (Natural Gas) HVAC: Natural gas fired roof top forced air units for heating and cooling. Additional heating provided by hydronic boiler system (E Unit Only) and electric base board heaters. Plumbing: Water provided by Erie County Water Authority, Sewer provided by Erie County Sewer Authority, The hot water system is comprised of 2 Laars brand water heating boiler, 2-500 gallon holding tanks, circulation pumps and associated piping.	
Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc. There will be no alterations to the existing building systems other than the minor plumbing addition listed above.	
Describe existing and or new work for fire detection, alarm, and communication systems: These systems will not be impacted. The facility currently has a fully approved and functional fire alarm system and automatic sprinkler system. These systems service all areas of the building.	
If a hospital or nursing home located in a flood zone, provide a FEMA BFE Certificate from www.fema.gov , and describe the work to mitigate damage and maintain operations during a flood event. Facility is not located in a FEMA flood zone.	
Does the project contain imaging equipment used for diagnostic or treatment purposes? If yes, describe the equipment to be provided and or replaced. Ensure physicist's letter of certification and report are submitted. N/A Click here to enter text.	

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Schedule 6

Does the project comply with ADA? If no, list all areas of noncompliance. Yes	
Other pertinent information: Click here to enter text.	
Project Work Area	Response
Type of Work	Renovation
Square footages of existing areas, existing floor and or existing building.	125,245 sq ft
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	Total 121 sq ft
Does the work area exceed more than 50% of the smoke compartment, floor or building?	Less than 50% of the building
Sprinkler protection per NFPA 101 Life Safety Code	Sprinklered throughout
Construction Type per NFPA 101 Life Safety Code and NFPA 220	Type II (000)
Building Height	One story
Building Number of Stories	One
Which edition of FGI is being used for this project?	2018 Edition of FGI
Is the proposed work area located in a basement or underground building?	Grade Level
Is the proposed work area within a windowless space or building?	Yes
Is the building a high-rise?	No
If a high-rise, does the building have a generator?	Not Applicable
What is the Occupancy Classification per NFPA 101 Life Safety Code?	Chapter 18 New Health Care Occupancy
Are there other occupancy classifications that are adjacent to or within this facility? If yes, what are the occupancies and identify these on the plans. Click here to enter text.	No
Will the project construction be phased? If yes, how many phases and what is the duration for each phase? Click here to enter text.	No
Does the project contain shell space? If yes, describe proposed shell space and identify Article 28 and non-Article 28 shell space on the plans. Click here to enter text.	No
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be? Click here to enter text.	No
Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply. Click here to enter text.	Not Applicable
Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. Click here to enter text.	No
Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? Click here to enter text.	No
Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. Click here to enter text.	No Change
Changes in the number of occupants? If yes, what is the new number of occupants? Click here to enter text.	No
Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? Type 2	Yes
If an existing EES Type 1, does it meet NFPA 99 -2012 standards?	Not Applicable
Does the existing EES system have the capacity for the additional electrical loads? Click here to enter text.	Yes
Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description. Click here to enter text.	No
Does the project involve Bulk Oxygen Systems? If yes, provide brief description. Click here to enter text.	No

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Schedule 6

If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems?	Not Applicable
Does the project involve a pool?	No

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Certificate of Need Application**

Schedule 6

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

**NEW TRANSFUSION ROOM:
AUTUMN VIEW H.C.F.
HAMBURG, NEW YORK**

**FONTANESE FOLTS AUBRECHT ERNST
ARCHITECTS, P.C.**

COUNTY OF ERIE

**PAUL A. ERNST
PROJECT ARCHITECT**

SCHEDULE LRA-6 ARCHITECTURAL / ENGINEERING NARRATIVE

Re: 241291

Autumn View Health Care Facility
(Erie County)

Certify Limited Transfusion Services and perform requisite renovations.

This Architectural/Engineering narrative has been updated to provide the additional information as requested per comment #2 in the NYSDOH Bureau of NH Licensure & Certification review letter dated 11/27/2024.

To help further clarify, we've highlighted, in yellow, the text that has been updated herein:

PROPOSED TRANSFUSION ROOM TO EXISTING RESIDENTIAL HEALTH CARE UNIT:

A. Intent/Purpose:

1. Autumn View Health Care Facility is requesting approval to renovate and convert an existing exam/treatment room into a new Transfusion Room.
2. The existing Skilled Nursing Unit is located at:

Autumn View H.C.F.
S4650 Southwestern Blvd.
Hamburg, NY 14075
County of Erie
3. This existing Skilled Nursing Unit dates back to ca. early 1980s and has undergone various improvements and updates in order to continue to support and promote the unit's supportive environment for its residents. This proposed Transfusion Room will help to continue to provide medical services for the community's long-term care need.

B. Site Location:

1. Autumn View H.C.F. is located in suburban Hamburg near Buffalo, New York, in the county of Erie.

C. Brief description of current facility, including Facility Type:

1. Autumn View is a Nursing Facility offering short-term, post-hospital rehabilitation and long-term skilled nursing services and amenities to its community of residents.

D. Brief description of proposed facility:

1. The proposed Transfusion Room renovation will augment the existing Skilled Nursing Unit's medical services offering.
2. The existing skilled nursing facility is a 1-story building; approx. 125,245 s.f.
3. The proposed renovation's total square footage will be 121 s.f.
4. The proposed renovation will be well below 50% of the main building.

E. Sprinklered:

1. The facility is sprinklered throughout and its fire protection will be maintained in the renovation for the proposed new Transfusion Room.

F. Square Footage of Proposed Spaces:

NEW TRANSFUSION ROOM:
AUTUMN VIEW H.C.F.
HAMBURG, NEW YORK

FONTANESE FOLTS AUBRECHT ERNST
ARCHITECTS, P.C.

COUNTY OF ERIE

PAUL A. ERNST

SCHEDULE LRA-6 ARCHITECTURAL / ENGINEERING NARRATIVE PROJECT ARCHITECT

1. The proposed new Transfusion Room will be comprised of the following spaces:
 - a. (1) proposed treatment room, at 121 s.f.
 - b. (1) existing adjacent toilet room at 47 s.f.

G. Construction Type:

1. The existing building's construction type is Type II(000) [Type 2B], and the new Transfusion Room renovation will maintain the same construction type.

H. Building Height:

1. The existing building has a maximum of one-story.
2. The existing skilled nursing unit occupies the entire existing building.
3. The existing main building has a generator and it is not located in a basement – it is housed within an outdoor fenced-in area, designated to corral the generator and equipment servicing the existing building.

I. Location of proposed spaces and occupancy for each occupied space:

1. The proposed Transfusion Room renovation will be within the existing area of the existing skilled nursing unit and will be within its I-2 occupancy.

J. Will the project construction be phased? If yes, what is the duration for each phase?

1. The project will not be phased.

K. Does the project contain shell space?

1. No shell space is provided.

L. Occupancy Classification per NFPA 101

1. The facility has the following occupancies (per NFPA 101):
 - a. I-2: Medical Care / Institutional.

M. Programmatic requirements as defined by FGI 2018 edition that are being followed:

1. Given that the proposed Transfusion Room renovation is comprised of a transfusion room and an adjacent toilet room, the following programmatic requirements from FGI 2018 edition are followed:
 - a. Part 2 Common Elements for Residential Health, Care, and Support Facilities:
 - i. 2.2 Design Criteria
 - o 2.2-2.2 General (energy efficiency); 2.2-2.3.3 (plumbing fixtures and fittings); 2.2-2.4 Indoor Environmental Quality (indoor air quality and ventilation); 2.2-2.4.2 (Acoustic Control)
 - ii. 2.3 Design Elements
 - o 2.3-3 (Diagnostic and Treatment Areas)
 - o 2.3-3.2 (Examination, Observation, and/or Treatment Rooms)
 - o 2.3-3.2.2 (Examination and Treatment Room Space Requirements)
 - o 2.3-3.2.3 (Resident, Participant, and Outpatient Privacy)
 - o 2.3-3.2.4 (Hand-washing Station)
 - o 2.3-3.2.5 (Toilet Room)
 - o 2.3-3.2.6 (Documentation Area)

NEW TRANSFUSION ROOM:
AUTUMN VIEW H.C.F.
HAMBURG, NEW YORK

FONTANESE FOLTS AUBRECHT ERNST
ARCHITECTS, P.C.

COUNTY OF ERIE

PAUL A. ERNST
PROJECT ARCHITECT

SCHEDULE LRA-6 ARCHITECTURAL / ENGINEERING NARRATIVE

- iii. 2.4 Design and Construction Requirements
 - o 2.4-1.2 (Building Codes and Standards)
- iv. 2.4-2 Architectural Details, Surfaces, and furnishings
 - o 2.4-2.2 Architectural Details; 2.4-2.2.3 (Ceiling Height); 2.4-2.2.3.2 (Renovation); 2.4-2.2.4 (Doors and Door Hardware); 2.4-2.2.4.2 (Door Openings); 2.4-2.2.8 (Hand-washing Station); 2.4-2.2.8.4 (Hand-washing Station countertops); 2.4-2.2.8.5 (Provisions for drying hands); 2.4-2.2.8.6 (Cleansing agent); 2.4-2.2.8.7 (Mirror); 2.4-2.2.9 (Grab Bars)
 - o 2.4-2.3 Surfaces; 2.4-2.3.2 (Flooring and Wall Bases); 2.4-2.3.3 Walls and Wall Protection)
 - o 2.4-2.4 Furnishings; 2.4-2.4.2 (Casework, Millwork, and Built-ins); 2.4-2.4.3 (Furniture); 2.4-2.4.4 (Window Treatment and Privacy Curtains)
- b. Part 3 Residential Health Facilities:
 - i. 3.1 Common elements of Residential Health Facilities
 - o 3.1-3 (Diagnostic and Treatment Areas); 3.1-3.2 (Examination and Treatment Rooms)
 - ii. 3.2 Specific Requirements for Nursing Homes
 - o 3.2-5 (Design and Construction Requirements for Nursing Homes); 3.2-5.1 (Building Codes and Standards); 3.2-5.2 (Architectural Details); 3.2-5.2.2.3 (Ceiling height); 3.2-5.2.2.4 (Doors and door hardware); 3.2-5.2.2.8 (Hand-washing stations); 3.2-5.2.2.9 (Grab bars); 3.2-5.2.3 (Surfaces); 3.2-5.2.3.2 (Flooring and Wall Bases); 3.2-5.2.4 (Furnishings)

N. Changes in bed capacity: Increase, decrease, no change or relocation of beds?

- 1. The proposed Transfusion Room renovation will not change the existing skilled nursing units' 230 bed capacity.

O. Changes in the number of occupants?

- 1. The proposed Transfusion Room renovation will not increase the existing 230 occupant capacity.

P. EES System

- 1. The existing facility does have an Essential Electrical System; It has access to an existing generator and also makes use of equipment with self-contained, integral battery.

Q. Fire Detection, Alarm and Communication System

- 1. The existing system is an integrated multi-plexed protected premises and proprietary fire alarm monitoring and control system. Fire alarm signal initiation is done by manual station, smoke detectors, heat detectors, duct detectors and fire protection sprinkler protection operation.
- 2. The proposed Transfusion Room renovation will have minimal to no change on the existing system, any minimal modification will be in kind and maintain all compliances.

R. Relationship of spaces conforming with Article 28 space and Non-Article 28 space.

- 1. All proposed spaces will comply with Article 28; there are no Non-Article 28 spaces proposed.

NEW TRANSFUSION ROOM:
AUTUMN VIEW H.C.F.
HAMBURG, NEW YORK

FONTANESE FOLTS AUBRECHT ERNST
ARCHITECTS, P.C.

COUNTY OF ERIE

SCHEDULE LRA-6 ARCHITECTURAL / ENGINEERING NARRATIVE

PAUL A. ERNST
PROJECT ARCHITECT

- S. Exceptions to the NYSDOH referenced standards. (Also, to be noted on the exceptions portion of the Architecture/Engineering Certification Form.**
1. No exceptions taken.
- T. Request for equivalencies. (Also, to be noted on the exceptions portion of the Architecture/Engineering Certification Form.**
1. No equivalencies requested.
- U. Describe scope of work involved in building system upgrades and or replacements, fire protection systems, HVAC systems, Sprinkler, etc.**
1. The proposed scope of work for the building systems' upgrades / replacements is to, when possible and compliant with current codes permit, replace in kind to match and extend the existing fire protection systems, HVAC systems, Sprinkler, etc., if required.
- V. Compliance with ADA.**
1. The existing facility complies with ADA and the proposed Transfusion Room renovation will also comply.
- W. If located in a flood zone, what type of work will be associated to mitigate damage and provide the ability to maintain operations. Provide a FEMA BFE Certificate from the FEMA website link www.fema.gov.**
1. The proposed Transfusion renovation will not be located within a flood zone.
- X. Does the project contain imaging equipment used for diagnostic or treatment purposes? If yes, provide Physicist's Report and the respective drawings and information shall be submitted for review at the Design Development phase of review.**
1. No, the proposed renovation project does not contain imaging equipment used for diagnostic or treatment purposes.
- Y. Is the work involved associated with a waiver provided by NYSDOH and or CMS? If yes, provide waiver number.**
1. No NYSDOH nor CMS waiver is involved.



Department of Health

KATHY HOCHUL
Governor

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

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

SELF-CERTIFICATION FORM FOR ARCHITECTS AND ENGINEERS

Date: 11/19/2024
CON Number: 1430301N
Facility Name: Autumn View H.C.F.
Facility ID Number: 1568459725
Facility Address: S4650 Southwestern Blvd., Hamburg, N.Y. 14075

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

I hereby certify that:

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

SELF-CERTIFICATION FORM FOR ARCHITECTS AND ENGINEERS



**Department
of Health**

KATHY HOCHUL
Governor

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

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

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

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

SELF-CERTIFICATION FORM FOR ARCHITECTS AND ENGINEERS

Project Name: Autumn View H.C.F.

Location: S4650 Southwestern Blvd., Hamburg, N.Y. 14075

Description: New Transfusion Room

Paul A. Ernst

Signature of NYS Licensed Architect/Engineer

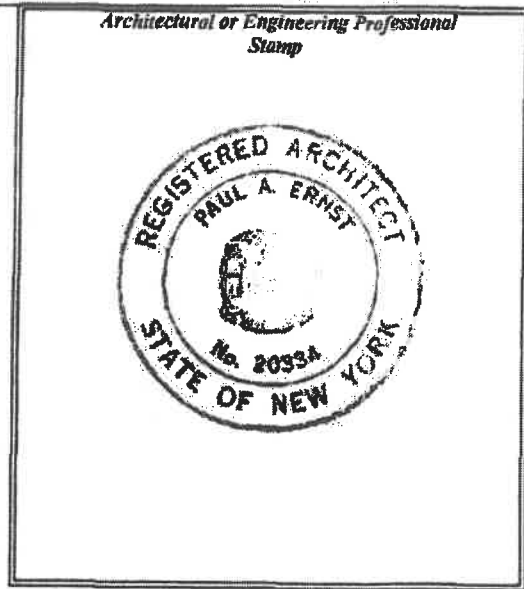
Paul A. Ernst

Name of Architect/Engineer (Print)

020334

Professional New York State License Number

6395 West Quaker Street, Orchard Park, NY 14127
Business Street Address, City, State, Zip Code



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

Andrea B. Cora CUB

Authorized Signature for Applicant

Andrea B. Cora CUB

Name (Print)

Title

11/19/24

Date

Notary signing required for the applicant

STATE OF NEW YORK

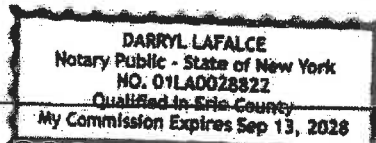
County of Erie

)
) SS:
)

On the 19th day of November 2024 before me personally appeared Andrea Cora, to me known, who being by me duly sworn, did depose and say that he/she is the CUB of the McGuire

Group, the facility described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the governing authority of said facility.

(Notary) *Darryl Lafalce*



SELF-CERTIFICATION FORM FOR ARCHITECTS AND ENGINEERS



Department of Health

KATHY HOCHUL
Governor

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

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

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

SELF-CERTIFICATION FORM FOR ARCHITECTS AND ENGINEERS

December 23, 2024

Steven Mach
Health Systems Specialist 3
Bureau of Nursing Home Licensure & Certification
New York State Department of Health
Empire State Plaza, Corning Tower
Albany, NY 12237

Re: Additional information as requested per NYSDOH Comment Report dated 12/09/2024:
241291
Autumn View Health Care Facility. LLC
(Erie County)
Certify Limited Transfusion Services and perform requisite renovations.

Dear Mr. Mach:

As requested in the referenced Comment Report, please find our responses listed after each of the report's comments:

<u>Id:</u>	<u>Comment:</u>	<u>Response:</u>
1.	<i>Please show where the fold down desk is located on the floor plans in relation to where the resident will be located when transfusion services are being provided.</i>	Please refer to the attached updated Schedule LRA6 drawing A-400 + A-600.

We look forward to continuing working with you in bringing this project to fruition.

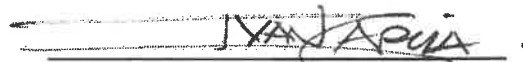
Please let us know if you need further information.
Again, we greatly appreciate your review and assistance during this C.O.N. review process.

Sincerely,

FONTANESE FOLTS AUBRECHT ERNST ARCHITECTS, P.C.



Paul A. Ernst, RA
President, CEO



Ivan N. Garcia, RA, AIA
Principal

Attachments: One (1) PDF of revised CON drawing: A-400+A-600.

Limited Review Application

Schedule LRA 7

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

Proposed Operating Budget

Budget	Current Year	First Year (Projected)	Third Year (Projected)
Revenues			
X Service Revenue			
Grants Funds			
Foundation			
Other			
Fees			
Other Income			
(1) Total Revenues			
Expenses			
X Salaries and Wage Expense			
X Employee Benefits			
Professional Fees			
X Medical & Surgical Supplies			
Non-Medical Equipment			
X Purchased Services			
Other Direct Expense			
Utilities Expense			
Interest Expense			
Rent Expense			
Depreciation Expense			
Other Expenses			
(2) Total Expense			
Net Total - (1-2) →			

Limited Review Application

Schedule LRA 7A

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

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 Patient discharges

Inpatient Services Source of Revenue		Total Current Year			First Year Incremental			Third Year Incremental		
		Patient Days or dis- charges	Net Revenue*		Patient Days or dis- charges	Net Revenue*		Patient Days or dis- charges	Net Revenue*	
			%	Dollars (\$)		% based on days or discharges	Dollars-\$		% based on days or discharges	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			100%			100%			100%	

Outpatient Services Source of Revenue		Total Current Year			First Year Incremental			Third Year Incremental		
		Visits	Net Revenue*		Visits	Net Revenue*		Visits	Net Revenue*	
			%	Dollars (\$)		%	Dollars (\$)		%	Dollars (\$)
Commercial	Fee for Service									
	Managed Care									
Medicare	Fee for Service	1	0	0	1	0	0	1	0	0
	Managed Care	2	100%	██████	3	100%	██████	3	100%	██████
Medicaid	Fee for Service	7	0	0	10	0	0	10	0	0
	Managed Care									
Private Pay		1	0	0	1	0	0	1	0	0
OASAS										
OMH										
Charity Care										
Bad Debt										
All Other										
Total		11	100%	██████		100%	██████	15	100%	██████

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

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

*Net of Deductions from Revenue

Volume	CY	1Y	2Y	15
Commercial	-			
Medicare FFS	7%	1.00	1.00	1.00
Medicare - MGd	20%	2.00	3.00	3.00
Medicaid	66%	7.00	10.00	10.00
Private Pay	7%	1.00	1.00	1.00
Total	100%	11.00	15.00	15.00
Medicare Mgd on contract		30%	60%	85%

NPSR (Medicare Mgd) ██████ \$ ██████ \$ ██████ \$ ██████

Med Supplies

CHS Supplies ██████ \$ ██████ \$ ██████ \$ ██████

Lab ██████ \$ ██████ \$ ██████ \$ ██████

Total ██████

Salaries \$ ██████ \$ ██████ \$ ██████ ██████

Benefits \$ ██████ \$ ██████ \$ ██████ ██████

Total exp \$ ██████ \$ ██████ \$ ██████

P&L \$ ██████ \$ ██████ \$ ██████

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**:			
Limited Transfusion Medical Director	1	1	1
Support Staff***:			
Total Number of Employees			

* Last complete year prior to submitting application

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

*** All other staff.

Describe how the number and mix of staff were determined:

No Change in FTEs needed. LTS Medical director acts as facility providers

PLEASE COMPLETE THE FOLLOWING:

1. Are staff paid and on Payroll? Yes No
2. Provide copies of contracts for any independent contractor.
3. Please attach the Medical Doctors C.V.
4. Is this facility affiliated with any other facilities?
(If yes, please describe affiliation and/or agreement.) Yes No

Justin M. Green, MD

Education

Ross University School of Medicine
Dominica, West Indies
Doctor of Medicine, [REDACTED]

St. Lawrence University
Canton, NY
Bachelor of Arts: Economics, *Cum Laude*, [REDACTED]

University of Rochester
Rochester, NY
Post-Baccalaureate Pre-Medical Program, [REDACTED]

American University
Washington, DC
Washington Semester Program, [REDACTED]

Post-Graduate Training

University at Buffalo Family Medicine Residency Program
Buffalo, NY
Resident Physician, [REDACTED]
PGY-2 "Outstanding Service Award", [REDACTED]

Work Experience

University of Rochester Medical Center Radiology Billing Office
Rochester, NY
Data Control Clerk, October [REDACTED]

Investigate and submit medical claims to patient insurance. Manage office mail and document digitization.

Workflow Coordinator, [REDACTED]
Managed and reconfigured office workflow, created programs and systems which increased traceability and productivity
Headed document digitization project to make the office significantly more efficient and cost effective

Research Experience

Center for Musculoskeletal Research, Dept of Orthopedics, Univ. of Rochester Medical Center
Rochester, NY
Research Assistant, [REDACTED]

Independently conduct experiments studying the effects UHMWPE wear debris particles have on bone osteolysis. This includes: real time PCR, rodent recovery surgery, Luminex assays, particle isolation, and micro-CT imaging.

Designed custom protocol to register and analyze volume of 3D CT images using Amira Imaging software

Publications

Green JM, Hallab NJ, Liao YS, Narayan V, Schwarz EM, Xie C. Anti-oxidation treatment of ultra high molecular weight polyethylene components to decrease periprosthetic osteolysis: evaluation of osteolytic and osteogenic properties of wear debris particles in a murine calvaria model. *Curr Rheumatol* [REDACTED].

Volunteer Experience

Highland Hospital Emergency Department
Rochester, NY

Volunteer, [REDACTED]
Act as a liaison between medical staff and patients' families. Assist non-medical staff with patient records

Canton-Potsdam Hospital
Potsdam, NY

Med-Surg Volunteer, [REDACTED]
Assisted nurses and doctors with recovering patient care.

Leadership Experience

St. Lawrence University
Canton, NY

Teaching Assistant: Macro-Economics, [REDACTED]
Assisted current students with coursework in office hours.

The Leadershape Institute
Champaign, IL

Graduate, [REDACTED]
Leadership conference focusing on vision, integrity, teamwork, and taking action

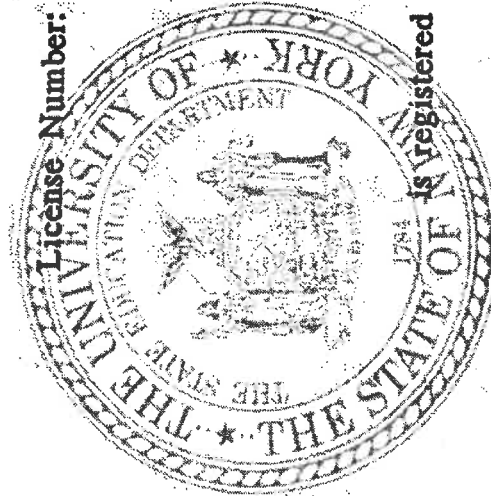
Hobbies and Interests

Movies and pop culture
Self-proclaimed "foodie"
Golfing

The University of the State of New York
Education Department
Office of the Professions

REGISTRATION CERTIFICATE

Do not accept a copy of this certificate



License Number: [REDACTED]

Certificate Number: [REDACTED]

GREEN JUSTIN M
6 BLACKSTONE COURT
LANCASTER NY 14086-0000

is registered to practice in New York State through 03/31/2025 as a(n)
PHYSICIAN

LICENSEE/REGISTRANT

Justin M. Green
EXECUTIVE SECRETARY

COMMISSIONER OF EDUCATION

Sarah A. Buson
DEPUTY COMMISSIONER
FOR THE PROFESSIONS

This document is valid only if it has not expired, name and address are correct, it has not been tampered with and is an original - not a copy. To verify that this registration certificate is valid or for more information please visit www.op.nysed.gov

Wadsworth Center
P.O. Box 509, Empire State Plaza
Albany, New York 12201-0509

Limited Transfusion Service (LTS) where blood component(s) will be administered

Facility Autumn View Health Care Facility Phone (716) 648-2450
Address S 4650 Southwestern Blvd Hamburg NY 14075 Erie
City State Zip County

Does this facility have a laboratory permit issued by the NYSDOH Clinical Laboratory Evaluation Program? Yes No
If yes, contact the Blood and Tissue Resources Program at (518) 485-5341 before proceeding.

LTS Owner The McGuire Group

Address (if different) 455 Cayuga Road, Suite 200 Buffalo NY 14225 Erie
City State Zip County
Ownership Hospital-owned Physician-owned and operated Other LTC Facility

Is this facility a small business (for profit, with fewer than 100 employees?) Yes No

LTS Director Dr. Justin M. Green Title MD

Phone [REDACTED] E-mail Address [REDACTED]

LTS Contact Person Andrea Czora Title Chief Nursing Officer

Phone [REDACTED] E-mail Address [REDACTED]

Services Offered Ambulatory Surgery Dialysis Cancer Treatment IV Therapy
 Other _____

Blood component(s) to be transfused RBCs Platelets Plasma Other _____

Blood Bank from which blood component(s) will be obtained

Facility Catholic Health Laboratory Services Sisters of Charity Main Street Lab PFI# [REDACTED]
Address 2157 Main Street Buffalo NY 14214 Erie
City State Zip County

Blood Bank Director Dr. Sateesh K. Satchidanand Title MD

Phone [REDACTED] E-mail Address [REDACTED]

Blood Bank Contact Person Ken Martin III Title System Director Laboratory

Phone [REDACTED] E-mail Address [REDACTED]

I certify that I am authorized to submit this application on behalf of the applicant LTS and the information provided is complete and accurate.

Name Andrea R. Czora, RN, CNO Title Chief Nursing Officer

Signature [Signature] (Print) Date 06/19/24 (Print)

Please submit the application, checklist, and an agreement signed by the Director of the Blood Bank and the Director of the Limited Transfusion Service specifying the division of responsibilities pursuant to 10 NYCRR, Subpart 58-2, Blood Banks, to the Blood and Tissue Resources Program using btraxess@health.ny.gov.

NEW YORK STATE DEPARTMENT OF HEALTH
Blood and Tissue Resources Program

Limited Transfusion Service
Checklist

Wadsworth Center
P.O. Box 509, Empire State Plaza
Albany, New York 12201-0509

Limited Transfusion Service Autumn View Health Care facility Blood Bank Catholic Health Laboratory Services

Prior to submission of the application, the Director of the Blood Bank and Director of the LTS must sign this checklist attesting that:

- The LTS maintains written policies and procedures for all transfusion-related activities that comply with New York State regulations and detail procedures for transfusion of blood components. The policies and procedures have been reviewed and approved by the director of the blood bank initially and whenever modified.
- A qualified licensed physician has been designated to oversee personnel administering transfusions and is responsible for ensuring that such personnel have adequate qualifying experience and training.
- Orders for blood are submitted to the blood bank and a copy of each is retained by the LTS.
- All patients to be transfused meet requirements for out-of-hospital transfusion (*i.e.*, the patient is cooperative, is able to communicate and give informed consent, and does not have a history of hemolytic or anaphylactic reactions).
- Blood specimens for pretransfusion testing are drawn and labeled at the patient's side at the time of collection with the patient's name, patient's identification number, and date of collection. The identification of the person collecting the specimen is recorded. Specimens are transported with appropriate paperwork to the blood bank.
- Blood components are transported in an appropriate container with suitable coolant (if required) to maintain the appropriate temperature while in transit between the blood bank and the transfusion site.
- A qualified licensed physician, physician assistant, or nurse practitioner is immediately available for in-person or telephone consultation during the transfusion and for 30 minutes afterward.
- Medications, equipment and supplies necessary for the management of adverse reactions are immediately available on the premises.
- Blood components are stored in a fashion intended to maintain the appropriate temperature.
- Records, including unit identification code, unit ABO and Rh groups, date of transfusion and quantity transfused, time of starting the transfusion and time of completing the transfusion, description of the blood product, the names(s) of the person(s) who performed the transfusion and who attended the recipient during the transfusion, and description of any adverse reaction and the results of any investigation related to this reaction, are maintained in the recipient's chart.
- For plasma derivatives, the date of infusion, quantity of material infused, adverse reactions and results of investigation, and description, including manufacturer, lot number, expiration and disposition are recorded in the patient's medical record.
- The blood bank is notified immediately by telephone of any errors, accidents or transfusion reactions. If a transfusion reaction is suspected, the transfusion is immediately discontinued, and the appropriate form, blood unit, and specimens are sent to the blood bank for investigation.
- Patients are provided with a 24-hour phone number to contact should a reaction occur after leaving the facility.
- Medical waste is disposed of using appropriate containers.

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Attestation Statement

I have reviewed and approved the written policies and procedures that completely and accurately detail all procedures related to the transfusion of blood components at the LTS. The written policies and procedures comply with all applicable New York State regulations and standards.

Blood Bank Director: SATEESH SATCHIDANAN, M.D.
(Print Name)
Signature: [Signature] Date: 6/21/24
Facility: Pictus of Charity Hospital

I have reviewed the written policies and procedures related to the transfusion of blood components at the LTS and affirm my commitment to ensuring compliance with established policies and procedures.

LTS Director: Justin Green, MD
(Print Name)
Signature: [Signature] Date: 06/19/2024
Facility: Autumn View Health Care Facility

To expedite processing of the application, please ensure that:

- The application is complete and signed by an authorized person.
- The agreement is signed by the Director of the Blood Bank.
- The agreement is signed by the Director of the Limited Transfusion Service.

**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.

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, <u>AND</u> will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Expansion or addition of 10%* or greater in the number of certified beds, certified services or operating hours? <i>Per the Limited Review Application Instructions: Pursuant to 10 NYCRR 710.1(c)(5), minor construction projects with a total project cost of less than or equal \$15,000,000 for general hospitals and</i>		X

<i>less than or equal to \$6,000,000 for all other facilities are eligible for a Limited Review.</i>		
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, <u>AND</u> will result in one or more of the following: a. Elimination of services or care, and/or; b. Reduction of 10%* or greater in the number of certified beds, certified services, or operating hours, and/or; c. Change in location of services or care?		X
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?		X
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?		X
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?	X	

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

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

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

New York State Department of Health

Health Equity Impact Assessment Conflict-of-Interest

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

Section 1 – Definitions

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

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

Section 2 – Independent Entity

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

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

Section 3 – General Information

A. About the Independent Entity

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

3. Is the Independent Entity able to produce an objective written Health Equity Impact Assessment on the facility's proposed project (Y/N)?
4. Briefly describe the Independent Entity's previous experience working with the Applicant. Has the Independent Entity performed any work for the Applicant in the last 5 years?

N/A

Section 4 – Attestation

I, David Gross, having personal knowledge and the authority to execute this Conflict of Interest form on behalf of Sachs Policy Group, do hereby attest that the Health Equity Impact Assessment for project Addition of Limited Transfusion Services provided for McGuire Group: Northgate, Garden Gate, Harris Hill, and Autumn View Facilities has been conducted in an independent manner and without a conflict of interest as defined in Title 10 NYCRR § 400.26.

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

Signature of Independent Entity: David Gross

Date: 8/26/2024

New York State Department of Health

Health Equity Impact Assessment

SECTION A. SUMMARY

1. Title of project	Addition of Limited Transfusion Services
2. Name of Applicant	McGuire Group: Autumn View
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	Sachs Policy Group <ul style="list-style-type: none">• Aisha King, MPH• Jaclyn Pierce, MPH
4. Description of the Independent Entity's qualifications	<p>The Health Equity Impact Assessment (HEIA) Team at Sachs Policy Group (SPG) is a diverse and experienced group dedicated to addressing health disparities and promoting equitable access to care. The team comprises experts with extensive backgrounds in health policy, population health, data analysis, community engagement, and anti-racism. They are committed to understanding and improving how social, environmental, and policy factors impact health equity, particularly for historically marginalized communities.</p> <p>The team collaborates with a wide range of health care organizations, government agencies, and communities to provide strategic support with an overarching goal of advancing diversity, equity, and inclusion. Their work encompasses research and evaluation of health programs and initiatives, stakeholder engagement, policy analysis, and development of mitigation and monitoring strategies.</p> <p>In particular, the team has experience analyzing policy proposals that impact medically underserved groups, such as Medicaid programs serving low-income individuals and maternal health initiatives that aim to reduce pre- and post-partum health disparities. They are dedicated to supporting organizations that serve vulnerable populations, including safety net hospitals, community health centers, long-term care organizations, behavioral health providers, child welfare agencies, and</p>

	<p>providers that support individuals with intellectual and developmental disabilities.</p> <p>The SPG HEIA team is deeply passionate about improving the health care delivery system, especially for underserved populations. The team is unwavering in its commitment to promoting equity through rigorous research, insightful consulting, and strategic advisory work.</p>
5. Date the Health Equity Impact Assessment (HEIA) started	July 15, 2024
6. Date the HEIA concluded	December 24, 2024

7. Executive summary of project (250 words max)

McGuire Group manages a group of seven skilled nursing and rehabilitation facilities in New York State, each with 100-300 beds. With the overarching goal of reducing hospitalizations, four of these facilities are requesting to add Limited Transfusion Services (LTS) to the on-site services offered to residents: Autumn View, Northgate, Garden Gate, and Harris Hill. The Autumn View facility, the subject of this HEIA, is located in Erie County and has 230 skilled nursing and rehabilitation beds.

The proposed changes include updating existing spaces with equipment required to conduct blood transfusions and adding televisions for patient comfort. These modifications will allow the facility to perform on-site blood transfusions of packed red blood cells (PRC) for chronic need residents, in partnership with a LTS Medical Director and Blood Bank. With approval from the New York State Department of Health (DOH), McGuire Group is already offering on-site LTS to residents at three of the four facilities (Northgate, Garden Gate, and Harris Hill). Autumn View residents are not yet receiving on-site LTS.

Patients may require blood transfusions for a host of reasons, including anemia, which is common among older adults. Strict guidelines are in place to ensure that only residents who meet clinical requirements and who have already had a hospital-based transfusion without adverse complications are able to receive on-site LTS. This is and will continue to be a voluntary service, and patients must sign an informed consent form prior to receiving a transfusion. Prior to this project, blood transfusions in the region were only available in hospital settings. On-site, or in-house, blood transfusions will be available at no additional and no out-of-pocket cost to residents.

8. Executive summary of HEIA findings (500 words max)

The data analysis and stakeholder engagement conducted as part of this assessment indicate that the following medically underserved populations would be most impacted by the addition of LTS to the Autumn View skilled nursing facility: older adults, low-income populations, and individuals eligible for public benefits. Since LTS will only be offered to residents of the facility, only current and future residents of the facilities will be impacted by the proposed project.

As part of our stakeholder engagement, we interviewed leadership and staff from Autumn View and McGuire Group, Autumn View residents, nursing home residents at another McGuire facility that receive blood transfusion services who could speak to their experiences receiving the service on-site and off-site, and an experienced physician who serves the local community. We also communicated with public health experts and an emergency medicine physician who routinely sees patients admitted for non-urgent blood transfusions. All stakeholders were extremely positive and highly in favor of adding LTS to the skilled nursing facility's available services, and none raised potential health equity issues. Clinical staff indicated that there is a need for this service at the Autumn View facility, and that it would allow residents to remain on-site under the direction of their care team and receive the services in a more comfortable setting.

Given the overwhelming support for the addition of these services, the conclusion of this HEIA is that the addition of on-site LTS at the Autumn View skilled nursing facility will improve health equity for residents by reducing unnecessary hospitalizations, eliminating travel burdens, and reducing costs. Importantly, these services are available to all current residents who meet criteria with no out-of-pocket cost, which indicates that this project can only improve equitable access to care.

Only two potential issues were raised during meaningful engagement. The first is the difficulty in ascertaining one of the key criteria for LTS: whether a current resident had received a previous blood transfusion. This is particularly challenging in cases of dementia. One solution could be to assess this information for every resident at intake, rather than waiting until residents need a transfusion. The second potential issue is the risk of overburdening staff with an additional service. The Applicant has addressed this issue by ensuring that blood transfusions will be conducted and monitored by a triage nurse employed at the corporate level rather than the facility level. McGuire triage nurses, also referred to as Regional Quality nurses, have offices at the corporate headquarters and are therefore available to provide additional services and support to multiple facilities as needed. With this provision, stakeholders across levels did not foresee staffing as a problem for the current project.

We recommend the Applicant 1) ensure that the facility is sufficiently staffed to support the on-site delivery of LTS and avoid burden for staff, 2) train staff on local health equity issues and community health needs, 3) log the number of blood

transfusions and stratify metrics by different demographic groups, and 4) track any potential costs for residents.

SECTION B: ASSESSMENT

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

STEP 1 – SCOPING

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

Please refer to attached Excel spreadsheet titled heia_data_tables_Autumn View.xlsx

- 2. Medically underserved groups in the service area: Please select the medically underserved groups in the service area that will be impacted by the project:**
 - Older adults
 - Low-income individuals
 - People who are eligible for or receive public health benefits
- 3. For each medically underserved group (identified above), what source of information was used to determine the group would be impacted? What information or data was difficult to access or compile for the completion of the Health Equity Impact Assessment?**

We analyzed utilization data from the Applicant, census data for the community/service area, academic literature, and information obtained from interviews with leadership, staff, current McGuire Group patients, clinical experts, and local leaders/stakeholders. We also investigated data from the NYS Nursing Home Profiles and NYS Nursing Home Data. In our geographic analyses, we reviewed data from the zip code where the facility is located (14075) as well as data specific to Erie County.

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

We expect the addition of on-site LTS to primarily impact older adults and low-income individuals/those eligible for receiving public benefits, due to their unique health needs and higher likelihood of residence at skilled nursing facilities.

Older adults

In the service area of the Autumn View facility, approximately 23% of the population is aged 65 years or older.¹ While skilled nursing facilities serve residents across all age groups, the majority of residents tend to be older adults. More than 83% of nursing home residents in the U.S. are estimated to be over 65 years of age.²

There are distinct benefits for offering on-site blood transfusions to older adults. First, older adults are more likely to have mobility issues and will therefore benefit from not having to travel off-site to receive transfusions. Less travel may also reduce the potential for transportation-related stress, physical exhaustion, risk of falls, and delirium, common among elderly patients and patients with dementia.^{3,4,5} Second, fewer hospital admissions will reduce exposure to potential health risks in hospital settings, a risk which is higher among frail and elderly adults.⁶ Third, reduction in hospital admissions may lead to improved continuity of care and management of chronic conditions by the facility's care team, which is essential for older adults who are often managing multiple comorbid conditions.⁷ Overall, the proposed project may benefit older adults by eliminating travel-based delirium and physical risk, reducing hospitalizations and complications from delayed transfusions, and increasing continuity of care and care management.

¹ 2022 U.S. Census Data

² Sengupta, M., Lendon, J., Caffrey, C., Melekin, A., & Singh, P. (2022). Post-acute and long-term care providers and services users in the United States, 2017–2018 (Vital and Health Statistics, Series 3, No. 47). National Center for Health Statistics. https://www.cdc.gov/nchs/data/series/sr_03/sr03-047.pdf <https://doi.org/10.15620/cdc:115346>

³ Fong, T. G., & Inouye, S. K. (2022). The inter-relationship between delirium and dementia: The importance of delirium prevention. *Nature Reviews Neurology*, 18(10), 579–596. <https://doi.org/10.1038/s41582-022-00698-7>

⁴ Ambrose, A. F., Paul, G., & Hausdorff, J. M. (2013). Risk factors for falls among older adults: A review of the literature. *Maturitas*, 75(1), 51–61. <https://doi.org/10.1016/j.maturitas.2013.02.009>

⁵ Tsutsumimoto, K., Doi, T., Shimada, H., Makizako, H., Yoshida, D., Uemura, K., Anan, Y., Park, H., & Suzuki, T. (Year). Self-reported exhaustion associated with physical activity among older adults. *Journal Name*, Volume(Issue), page range. <https://doi.org/10.1111/ggi.12528>

⁶ Solis-Hernandez, P. S., Vidales-Reyes, M., Garza-Gonzalez, E., Guajardo-Alvarez, G., Chavez-Moreno, S., & Camacho-Ortiz, A. (2016). Hospital-acquired infections in elderly versus younger patients in an acute care hospital. *International Journal of Infection*, 3(1), e32620. <https://doi.org/10.17795/ij-32620>

⁷ Salive, M. E. (2013). Multimorbidity in older adults. *Epidemiologic Reviews*, 35(1), 75–83. <https://doi.org/10.1093/epirev/mxs009>

Low-income people and people who are eligible for or receive public health benefits

The poverty rate in the provider service area is 2.8%, which is the lowest of the four McGuire facilities proposing to add transfusion services in the area and below that of New York State (~13%).⁸ However, the poverty rate in Buffalo, NY, the largest metropolitan area near the facility, is 27.25%, more than double that of New York State. As noted in Table 2 below, the Autumn View facility receives referrals from three hospital facilities located in Buffalo. It is therefore possible that facility residents have a higher likelihood of experiencing poverty.

Almost 37% of individuals in the service area are enrolled in public health insurance.⁹ In Erie County, where the facility is located, 28% of the population was enrolled in the New York State Medicaid program in March 2024.

Offering on-site LTS may prevent any financial burdens arising from receiving treatment at a hospital, which will be particularly important for low-income populations and those on public insurance. If a patient receives a blood transfusion at a hospital, out-of-pocket costs for transportation and the medical treatment itself depend on their individual insurance coverage. In comparison, patients who receive transfusion on-site at the facility will face no additional out-of-pocket costs, regardless of insurance status.

In addition, improving access to essential services can lead to better management of conditions that disproportionately affect low-income populations, potentially reducing health disparities. Low-income individuals are also more likely to experience fragmented healthcare.¹⁰ In-house services can help ensure the consistent treatment and oversight by a single care team, which can support streamlined access and management of chronic conditions among low-income populations.

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

Blood transfusions are among the most common medical procedures and are more likely to be needed among older adults for a variety of reasons. For example, chronic anemia, a condition that may be treated with blood transfusions, affects more than 20%

⁸ 2022 U.S. Census Data

⁹ 2022 U.S. Census Data

¹⁰ Kaltенborn, Z., Paul, K., Kirsch, J. D., Aylward, M., Rogers, E. A., Rhodes, M. T., & Usher, M. G. (2021). Super fragmented: a nationally representative cross-sectional study exploring the fragmentation of inpatient care among super-utilizers. *BMC Health Services Research*, 21, Article 338. <https://doi.org/10.1186/s12913-021-06323-5>

of individuals over 85 years,¹¹ and studies indicate that more than half of blood transfusions occur among elderly individuals.¹² Currently, residents at the Autumn View facility range in ages from 31 to 99 years old; however, over 85% of residents are over the age of 70.

Regarding potential use of on-site LTS among low-income individuals and individuals with public health insurance, the Applicant provided data on the facility's health insurance payer mix among residents over the past 12 months (Table 1). Clinical staff also indicated that a high volume of Medicaid beneficiaries reside at the facility.

Table 1. Payer distribution at Autumn View

Payer	Autumn View
Medicaid	26.67%
Medicare	40.00%
Private Pay	26.67%
VA	6.67%

According to staff and leadership interviews, the Autumn View facility will expect to conduct 1-3 transfusions per month. While the need for blood transfusions can often be sporadic, at Autumn View there are a few specific patients who require transfusions every month. In addition, the need for acute and sub-acute services is expected to increase gradually over time, as hospital stays grow shorter and patients are transferred to rehabilitation and skilled nursing facilities more quickly. Shortening hospital stays is the result of decades-long efforts to prevent hospital acquired infections, reduce medical fees, and increase hospital profit margins through higher bed turnover rates.

Staff also noted that the proportion of residents with multiple comorbidities has increased over the past 20 years, and highlighted the importance of providing on-site LTS as a way to prevent residents from having to be re-admitted to a hospital solely to receive a routine, non-urgent, blood transfusion. Local clinicians indicated a growing demand for blood transfusions driven by increased incidence of kidney disease and anemias, and the occasional need to conduct quick transfusions for the purpose of increasing the energy levels of older adults. As such, we expect that the proportion of individuals who are accessing LTS on-site at the facility will continue to grow, specifically among older adults and low-income residents who represent the majority of the facility's residents and who are also the most likely to require on-site LTS.

¹¹ Patel, K. V. (2008). Epidemiology of anemia in older adults. *Seminars in Hematology*, 45(4), 210–217. <https://doi.org/10.1016/j.seminhematol.2008.06.003>

¹² Vamvakas, E. C., & Taswell, H. F. (1994). Epidemiology of blood transfusion. *Transfusion*, 34(6), 464–470. <https://doi.org/10.1046/j.1537-2995.1994.34694295059.x>

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

The top referral sources for the Autumn View facility are Mercy Hospital of Buffalo, Kaleida Health, and Erie County Medical Center (see Table 2). Although these hospitals provide blood transfusions to admitted patients, stakeholders indicated that it has been become increasingly difficult for skilled nursing residents in the area to access outpatient blood transfusions. Many patients are required to be directed through emergency departments, leading to long wait times and increased unnecessary burden on hospitals. Even with a pre-arranged appointment, one patient at another facility in Erie County reported having to wait at a hospital for more than 12 hours to receive blood transfusion services; she left the skilled nursing facility at 2pm and was not able to return until 4am the following day. The closest hospital to Autumn View is about 20 minutes away (not including the time it takes to move patients into an ambulance or medical van) at either end.

Notably, the four Applicant facilities at which the Applicant is requesting to provide in-house blood transfusion services, including Autumn View, will be the first skilled nursing facilities to offer in-house blood transfusion services in New York State.¹³

Table 2. Local hospitals that provide transfusion services and distance (driving) from Autumn View¹⁴

Facility	Kaleida Health	Mercy Hospital of Buffalo	Erie County Medical Center
Autumn View	25 minutes	19 minutes	26 minutes

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

Autumn View will be one of the first long-term care residences to offer in-house blood transfusion services in the area and in New York State. According to the NYS

¹³ First Long-Term Care Facilities Approved for Blood Transfusion in New York State. (2024, March). AABB. <https://www.aabb.org/news-resources/news/article/2024/03/13/first-long-term-care-facilities-approved-for-blood-transfusion-in-new-york-state>

¹⁴ Data from Google Maps

Department of Health Wadsworth Center, blood transfusion services are available at the following locations in Erie County¹⁵:

Erie County:

- Bertrand Chaffee Hospital Laboratory
- Catholic Health Laboratory Services - Kenmore Mercy Hospital
- Catholic Health Laboratory Services - Mercy Hospital of Buffalo
- Catholic Health Laboratory Services - Sisters of Charity Main Street
- Catholic Health Laboratory Services - Sisters of Charity St Josephs
- Clinical Laboratories of The Buffalo General Hospital
- Erie County Medical Center Clinical Laboratories
- Kaleida Health Center for Laboratory Medicine Amherst
- Roswell Park Cancer Institute

- 8. Summarize the performance of the Applicant in meeting its obligations, if any, under Public Health Law § 2807-k (General Hospital Indigent Care Pool) and federal regulations requiring the provision of uncompensated care, community services, and/or access by minorities and people with disabilities to programs receiving federal financial assistance. Will these obligations be affected by implementation of the project? If yes, please describe.**

N/A – the Applicant is not subject to these regulations.

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

Based on conversations with staff, leadership, and a local physician who partners with the Applicant, there will not be any major physician or professional staffing issues related to the project. The blood transfusions will be conducted by a qualified Regional Quality nurse located at McGuire headquarters who will be dispatched to facilities to conduct LTS as needed. Regional nurses are highly trained, typically with decades of experience providing long-term care services. When a blood transfusion is needed, the facility schedules a Regional Quality nurse to come in. The Regional Quality nurse sits with the patient throughout the transfusion (which lasts several hours) so that local staff can carry out their normal duties without interruption.

¹⁵ Clinical Laboratory Evaluation Program | New York State Department of Health, Wadsworth Center. (n.d.). Retrieved August 22, 2024, from <https://wadsworth.org/regulatory/clep>

Regional Quality nurses and facility RNs and LPNs have been trained on blood transfusions and reactions to monitor for post transfusion. There has been additional staff training so appropriate emergency medications can be administered in case of an emergent cardiac concern. All staff involved have been trained in the steps of the process. Tabletop rehearsals have been completed among the blood bank, lab, facility clinical staff, and providers. Autumn View staff noted that the additional training required to provide this service is very manageable.

One resident brought up the issue that at one of the facilities, staff are already overworked. Although the transfusions themselves will be conducted by Regional nurses, it is possible that requirements to monitor residents closely post-transfusion might put an additional strain on already overburdened staff.

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

The Applicant stated that it was not aware of any case alleging civil rights violations.

11. Has the Applicant undertaken similar projects/work in the last five years? If yes, describe the outcomes and how medically underserved group(s) were impacted as a result of the project. Explain why the applicant requires another investment in a similar project after recent investments in the past.

As noted above, the Applicant is also submitting applications to DOH to add on-site transfusion services to three other facilities located in Erie and Niagara Counties and is preparing an application and health equity assessment for on-site transfusion services at a facility located in Long Island.

Additionally, the Applicant has previously added a dialysis den to its Northgate Facility in Niagara County. This project allowed facility residents to complete dialysis on-site without needing to be transferred to a separate outpatient facility or hospital. While the goals of these projects are similar, the current project fulfills a distinct clinical need.

STEP 2 – POTENTIAL IMPACTS

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

The addition of on-site blood transfusion services by the Applicant will improve access to services, improve health equity, and reduce health disparities among older adults, low-income individuals, and individuals eligible to receive public benefits. All residents who meet the clinical requirements will be eligible to receive transfusions at the facility at no additional cost.

The proposed addition of services will improve access to services for older adults by reducing potential negative health outcomes associated with unnecessary travel and hospitalizations among residents who are able to receive on-site blood transfusions. Reducing hospital visits will additionally lead to less disruption in the lives of older adults by allowing them to remain in familiar surroundings, which is important to their mental and emotional well-being.

This convenience is especially beneficial for individuals with dementia, mobility challenges, and other chronic health conditions that require consistent monitoring or dialysis. By providing this on-site LTS, the Applicant is aiming to provide timely and necessary care. The project enhances health equity for older adults by allowing them to receive consistent, high-quality care regardless of their physical or mental limitations. Lastly, the project is poised to reduce health disparities among older adults by ensuring continuity of care under the supervision of their existing care team.

For low-income individuals and those receiving public health benefits, the project will improve access to essential health care services by reducing ambulance fees and costs associated with receiving services at an external hospital or facility. By providing LTS in-house, the McGuire facilities can ensure that all residents receive the care they need at no additional cost. This is crucial for individuals who may not be able to afford to seek care elsewhere or who would otherwise be saddled with medical debt. By reducing financial and logistical barriers to care, the project fosters health equity, ensuring that even the most economically disadvantaged populations receive the care they need. In this way, the proposed project can help reduce health disparities by providing necessary care without additional patient costs, and by improving outcomes for chronic conditions that disproportionately affect low-income individuals.

Overall, this project will support continuity of care for all residents receiving on-site blood transfusions by allowing physicians and nurses who are familiar with residents' medical histories and personalities to more easily monitor patients on-site, access transfusion records, and ensure residents' needs are met. Autumn View staff emphasized that the motivation for adding this service is to make residents comfortable and to be able to provide continuous emotional and physical support. They feel like they know the patients very well and that it is a huge advantage for residents to be able to receive transfusions at Autumn View rather than having to travel and wait at a hospital with unknown clinical staff and an unfamiliar environment. Residents at Autumn View stay for a week to more than 10 years. This is a long-term care facility, and 95% of long-term residents remain there until end of life.

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

One potential unintended negative impact is that an over-reliance on in-house services might result in residents missing out on the comprehensive care that hospitals provide, such as early detection of other health issues. However, given the comprehensive nature of the clinical services provided by the Applicant, it is unlikely that a hospital visit would increase quality of care or detection of emergent health problems.

As noted above, there is a possibility that requirements to monitor residents closely post-transfusion might put an additional strain on clinical staff at the facility. However, the Applicant believes that the facilitation of the service by the Regional Nurse, the facility's staffing plan, and the training that has already been completed by clinical and administrative staff will reduce this possibility.

Lastly, it is possible that patients with dementia may be unable to receive this service in-house if they cannot remember whether they have had a transfusion previously, which is one of the eligibility criteria. This could be potentially avoided in some cases if this aspect of their medical history is noted upon admission.

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

N/A

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

N/A; services will only be available to currently long-term care residents. The project will reduce the need for public and private transportation by residents.

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

This project will significantly reduce barriers for people with mobility impairments by allowing them to receive essential clinical care within the facility they currently reside in, rather than requiring them to be transferred to a hospital setting in an ambulance or

medical van. All facilities are ADA compliant, including the rooms where blood transfusions will occur.

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

N/A– the Applicant does not provide reproductive or maternal health services.

Meaningful Engagement

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

Erie County Health Department

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

No. We reached out to the Erie County Health Department, the Buffalo Department of Senior Services, Erie County Senior Services, and the State Department of Health Western Regional Office for comment, but received no response.

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

Please refer to attached Excel spreadsheet titled heia_data_tables_Autumn View.xlsx

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

Stakeholders that will be most affected by the inclusion of in-house transfusion services are current and future residents of the facility. Older adults with multiple chronic medical conditions, mobility limitations, and/or dementia will be most affected. All stakeholders interviewed were extremely positive about the addition of these services. Staff were excited about the ability of on-site services to reduce hospitalizations, prevent unnecessary delirium resulting from travel and hospitalizations, and allow residents to be cared for by clinicians and staff who already know them and their needs. Clinical staff at Autumn View reported that there are several residents who receive transfusions once per month that will be most affected by the proposed project.

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

As part of our stakeholder engagement, we interviewed leadership and staff the facility, Autumn View residents, current residents who have received blood transfusions in hospital settings or at one of the nearby McGuire long-term care facilities, and local providers. Clinical experts also provided written feedback on the benefits of providing blood transfusions in an outpatient setting. Interviewees provided candid feedback on the motivations for adding blood transfusions to current services and how this addition can reduce unnecessary harm and increase access to equitable care. Both Autumn View residents we spoke with were very supportive of the project. The residents felt that traveling off-site to receive services in a hospital setting was burdensome for most residents, and that it would be beneficial for residents to receive LTS in the comfort and familiarity of the Autumn View facility.

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

SPG worked closely with McGuire Group and facility leadership to develop a list of stakeholders from which we sought feedback from this assessment. We conducted interviews with five employees of Autumn View and McGuire Group, two residents of Autumn View, two patients/residents that receive the services in question, and two external public health experts as part of this assessment. We also spoke with clinical staff and residents at other nearby McGuire facilities who are planning to add the same service. Although several attempts were made, we were unable to conduct interviews among relevant stakeholders from local community-based organizations, local referral sources, or local health departments. We also attempted to contact family members of current and past residents but received no responses.

STEP 3 – MITIGATION

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

The Applicant has added the addition of the on-site blood transfusion services to their admissions packets at all four facilities that will be providing the on-site service, and the Autumn View facility has discussed the addition of services in resident councils that take place each month. Given the Applicant's experience in long-term care, there are translation and communication tools in place for people of limited English-speaking ability and people with speech, hearing, or visual impairments. Families, residents, and members of resident councils have indicated support for the proposed addition of services.

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

The only specific change that is suggested is to ensure that the Autumn View facility is sufficiently staffed to ensure proper care and to prevent staff burnout.

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

The Applicant has already consulted with local healthcare providers, the regional department of health, and relevant clinical stakeholders on development and implementation of the project. The Applicant could additionally work with the local department of health and community-based organizations to better understand the relevant clinical needs of the community and interview or survey current residents and families on their experiences receiving blood transfusions either on-site at the facility once the service is operational or off-site at hospitals.

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

This project increases access to blood transfusions and reduces unnecessary hospital admissions among nursing facility residents. There is a significant lack of inpatient and outpatient blood transfusion services in the region, a gap which this project will help fill.

STEP 4 – MONITORING

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

The Applicant tracks hospital re-admissions, which can be leveraged to monitor the impact of the project to reduce unnecessary hospitalizations. The Applicant also currently has a quarterly Limited Transfusion Service committee meeting to discuss outcomes and patient transfusions. Resident feedback can be obtained through monthly resident council meetings.

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

We recommend that the applicant:

1. Ensure that the facility is sufficiently staffed to maintain high quality care and prevent staff burnout.
2. Familiarize administrative and clinical staff who will be involved in the provision of LTS on local health equity issues and social determinants of health to ensure that all aspects of a residents' care needs, including social care needs, are appropriately addressed. The Applicant can leverage the Erie County Community Health Assessment ([here](#)) to determine community health needs and work with the Erie County Department of Health and community-based providers to address identified needs for residents.
3. Maintain a log of on-site and hospital-based blood transfusions, including any adverse events, patient experience/satisfaction responses, and/or access issues among different demographic populations.
4. Track potential and actual costs associated with in-house and hospital-based blood transfusions for residents to determine if additional resources are necessary.

STEP 5 – DISSEMINATION

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

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

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

SECTION C. ACKNOWLEDGEMENT AND MITIGATION PLAN

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

I. Acknowledgement

I, (Andrea R. Czora), attest that I have reviewed the Health Equity Impact Assessment for the (Limited Transfusion Service) that has been prepared by the Independent Entity, (Sachs Policy Group).

Andrea R. Czora

Name

CNO, The McGuire Group

Title



Signature

12/23/24

Date

II. Mitigation Plan

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

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

The McGuire Group is dedicated to serving the community while acknowledging that there are medically underserved groups within the rural landscape of Erie and Niagara County. Medically underserved individuals face daunting challenges related to accessibility, transportation, cost of care, and various other social determinants. Our organization is devoted to addressing the identified disadvantages within our healthcare system and committed to developing remedies that will bolster healthcare access for these vulnerable individuals. In February 2024, The McGuire Group was approved by the New York State Department of Health, Blood Resource Program to provide Blood Transfusions to medically qualifying individuals at 3 of our facilities, with plans to open the service to a fourth building in the South towns.

This new program has allowed our residents, who otherwise would need to sustain a costly, inconvenient trip to the hospital, to have blood transfusions performed within the facility they reside for rehabilitation or long-term care services.

The blood transfusion program will be managed by qualified and trained registered nurses and overseen by two physicians, a facility medical director and a blood bank medical director. Residents who meet clinical criteria will be able to receive the transfusion in the comfort of our transfusion room, equipped with a recliner, TV, and a warmed blanket in about 4 hours' time. This will help residents to avoid expensive, inconvenient transport and an inpatient stay in an over stressed acute care setting. Residents who qualify for a transfusion in the facility setting will receive the blood products regardless of insurance coverage or other social determinants.

Community-based relationships play a vital role in promoting the health and well-being of the community, especially in the healthcare sector. The new program is supported by our Catholic Health blood bank partners and was born from a lack of similar resources in our community. This program aligns with The McGuire group's mission to serve the needs of our residents without creating additional strain on the healthcare system.

The McGuire group will continue to look for other ways to serve our community and local medically underserved populations through surveys, focus groups, and collaboration with local public health agencies who can provide valuable insights into the specific needs and priorities of the community. The McGuire Group will additionally utilize our marketing team to foster a community-based approach to information sharing. For example, digital and social media posts will

be shared to promote the program throughout Western New York. All communications will be reviewed for health literacy. Most community members and patients receiving services are proficient in English, however, The McGuire group has a contract with an on-call translation services available to translate any necessary communication for individuals with limited English proficiency.

The McGuire group will continue to meet with other community health care entities to increase awareness of the programs available within our facilities. Quarterly committee meetings will be held where topics will include opportunities to expand into other underserved communities. The meeting topics will also include a review of the previous quarter's transfusions, recommended enhancements, or improvements. Lastly, we discuss important information gathered from our monthly resident council meetings and resident satisfaction surveys to further improve the program.

ZCTA # ,14075			
Label	Estimate	Margin of Error	Percent Margin of Error

SEX AND AGE (Census Table DP05)

Total population	44610	1066	44610 (X)	1.6
Male	21099	911	47.3	1.6
Female	23511	830	52.7	1.6
Sex ratio (males per 100 females)	89.7	5.6 (X)	(X)	0.7
Under 5 years	1764	320	4	1
5 to 9 years	2228	442	5	1
10 to 14 years	2557	460	5.7	1.2
15 to 19 years	2889	560	6.5	0.9
20 to 24 years	2496	394	5.6	1.5
25 to 34 years	4785	695	10.7	1.2
35 to 44 years	4542	558	10.2	1.3
45 to 54 years	5690	586	12.8	1.2
55 to 59 years	3882	558	8.7	1.1
60 to 64 years	3613	466	8.1	1.4
65 to 74 years	5691	601	12.8	1.1
75 to 84 years	2937	490	6.6	0.8
85 years and over	1536	372	3.4	(X)
Median age (years)	47.3	2 (X)	(X)	

RACE (Census Table DP05)

Total population	44610	1066	44610 (X)	0.9
One race	43326	1181	97.1	0.9
Two or more races	1284	402	2.9	0.9
One race	43326	1181	97.1	1.3
White	42314	1225	94.9	0.5
Black or African American	496	229	1.1	0.2
American Indian and Alaska Native	106	89	0.2	0.3
Asian	198	132	0.4	

Native Hawaiian and Other Pacific Islander	17	20	0	0.1
Some other race	195	134	0.4	0.3
Two or more races	1284	402	2.9	0.9

HISPANIC OR LATINO AND RACE (Census Table DP05)

Total population	44610	1066	44610 (X)	
Hispanic or Latino (of any race)	989	352	2.2	0.8
Not Hispanic or Latino	43621	1081	97.8	0.8

HEALTH INSURANCE COVERAGE (Census Table DP03)

Civilian noninstitutionalized population	44221	1061	44221 (X)	
With health insurance coverage	43524	1054	98.4	0.4
With private health insurance	35543	1274	80.4	2.2
With public coverage	16308	1258	36.9	2.7
No health insurance coverage	697	199	1.6	0.4

DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION

(Census Table DP02)

Total Civilian Noninstitutionalized Population	44221	1061	44221 (X)	
With a disability	5508	633	12.5	1.4

DP03_0062M

DP03_0074PE

DP03_0074PM

DP03_0005PE

DP03_0005PM

1

Margin of Error!!INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)!!Total households!!Median household income (dollars)	Percent!!INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)!!Total households!!With Food Stamp/SNAP benefits in the past 12 months	Percent Margin of Error!!INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)!!Total households!!With Food Stamp/SNAP benefits in the past 12 months	Percent!!EMPLOYMENT STATUS!!Population 16 years and over!!In labor force!!Civilian labor force!!Unemployed	Percent Margin of Error!!EMPLOYMENT STATUS!!Population 16 years and over!!In labor force!!Civilian labor force!!Unemployed
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DP02_0067PE

DP02_0067PM

DP04_0058PE

DP04_0058PM

Percent!!EDUCATIONAL
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years and over!!High school
graduate or higher

95.8

Percent Margin of
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ATTAINMENT!!Population 25
years and over!!High school
graduate or higher

0.9

Percent!!VEHICLES
AVAILABLE!!Occupied
housing units!!No vehicles
available

5.7

Percent Margin of
Error!!VEHICLES
AVAILABLE!!Occupied
housing units!!No vehicles
available

1.2



455 Cayuga Road, Suite 200 | Buffalo, NY 14225 | (716) 826-2010 | Fax: (716) 826-2257
www.McGUIREGROUP.com

The following New York State health care facilities are affiliated with each other through 100% common ownership:

Autumn View Health Care Facility LLC 54650 Southwestern Blvd., Hamburg, NY 14075

Brookhaven Health Care Facility LLC 801 Gazzola Dr., E. Patchogue, NY 11772

Garden Gate Health Care Facility LLC 2365 Union Rd., Cheektowaga, NY 14227

Harris Hill Nursing Facility LLC 2699 Wehrle Dr., Williamsville, NY 14221

North Gate Health Care Facility LLC 7264 Nash Rd., N. Tonawanda, NY 14120

Seneca Health Care Center LLC 2987 Seneca St., West Seneca, NY 14224

Limited Review Application

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

Schedule LRA 10

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

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

Instructions:
“Current” Column: Mark "x" in the box only if the service *currently* appears on the operating certificate (OpCert), prior to any requested changes
“Add” Column: Mark "x" in the box if this CON application seeks to add.
“Remove” Column: Mark "x" in the box if this CON application seeks to decertify.
“Proposed” Column: Mark "x" in the boxes corresponding to all the services that will ultimately appear on the OpCert if this CON application is approved.

Category/Authorized Service	Code	Current	Add	Remove	Proposed
Transfusion Services-Limited		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

6/18/2024

Date

Susan Craig

Signature

SUSAN CRAIG

Name (Please Type)

MED

Title (Please Type)

Excel Document Link to HEIA DataTable:

https://livinglegendshealth.com/wp-content/uploads/2026/04/heia_data_tables_Autumn-View-2026.xlsx