

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 \$30,000,000 for general hospitals and up to \$8,000,000 for all other facilities.

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 \$30,000,000 for general hospitals and up to \$8,000,000 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 \$30,000,000 for general hospitals and up to \$8,000,000 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.

- Mobile Vans** – Project to certify a new mobile van extension clinic or replace a previously certified mobile extension clinic van.

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

- 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 Brookhaven Health Care Facility LLC	TYPE OF FACILITY SNF
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OPERATOR ADDRESS – STREET & NUMBER 801 Gazzola Drive		PFI [REDACTED]	NAME AND TITLE OF CONTACT PERSON Alexandra LaMothe, Administrator		
CITY East Patchogue	COUNTY Suffolk	ZIP 11772	STREET AND NUMBER 804 Gazzola Drive		
PROJECT SITE ADDRESS – STREET & NUMBER 801 Gazzola Drive		PFI [REDACTED]	CITY East Patchogue	STATE NY	ZIP 11772
CITY East Patchogue	COUNTY Suffolk	ZIP 11772	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>)	\$ [REDACTED]
1.2 Building Acquisition	\$ [REDACTED]
	1.1-1.2 Subtotal: [REDACTED]
2.1 New Construction	\$ [REDACTED]
2.2 Renovation and Demolition	\$ [REDACTED]
2.3 Site Development	\$ [REDACTED]
2.4 Temporary Power	\$ [REDACTED]
	2.1-2.4 Subtotal: [REDACTED]
3.1 Design Contingency	\$ [REDACTED]
3.2 Construction Contingency	\$ [REDACTED]
	3.1-3.2 Subtotal: [REDACTED]
4.1 Fixed Equipment (NIC)	\$ [REDACTED]
4.2 Planning Consultant Fees	\$ [REDACTED]
4.3 Architect/Engineering Fees (<i>incl. computer installation, design, etc.</i>)	\$ [REDACTED]
4.4 Construction Manager Fees	\$ [REDACTED]
4.5 Capitalized Licensing Fees	\$ [REDACTED]
4.6 Health Information Technology Costs	\$ [REDACTED]
4.6.1 Computer Installation, Design, etc.	\$ [REDACTED]
4.6.2 Consultant, Construction Manager Fees, etc.	\$ [REDACTED]
4.6.3 Software Licensing, Support Fees	\$ [REDACTED]
4.6.4 Computer Hardware/Software Fees	\$ [REDACTED]
4.7 Other Project Fees (Consultant, etc.)	\$ [REDACTED]
	4.1-4.7 Subtotal: [REDACTED]
5.1 Movable Equipment	\$ [REDACTED]
6.1 Total Basic Cost of Construction	\$ [REDACTED]
7.1 Financing Cost (<i>points, fees, etc.</i>)	\$ [REDACTED]
7.2 Interim Interest Expense - Total Interest on Construction Loan: Amount \$ @ % for months	[REDACTED]
7.3 Application Fee	\$ [REDACTED]
8.1 Estimated Total Project Cost (Total 6.1 – 7.3)	\$ [REDACTED]

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

Construction Start Date _____

Construction Completion Date _____

(Rev. 1/31/2013)

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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	150		
Grants Funds			
Foundation			
Other			
Fees			
Other Income			
(1) Total Revenues			
Expenses			
X Salaries and Wage Expense		0	000
X Employee Benefits			
Professional Fees			
X Medical & Surgical Supplies	7,220	00	
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)			

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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			██████				██████			██████
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	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	10	1Y	15	2Y	15
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Commercial

Medicare FFS	7%	1.00	1.00	1.00	1.00	1.00
Medicare - MGd	20%	2.00	3.00	3.00	3.00	3.00
Medicaid	66%	7.00	10.00	10.00	10.00	10.00
Private Pay	7%	1.00	1.00	1.00	1.00	1.00
Total	100%	11.00	15.00	15.00	15.00	15.00
Medicare Mgd on contract		30%	60%			85%

NPSR (Medicare Mgd)

		\$	\$	\$	\$	\$
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Med Supplies

	Supplies	Lab				
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$

Salaries	\$	1,672.00	\$	2,280.00	\$	2,280.00	RN, 4 hours
Benefits	\$	300.96	\$	410.40	\$	410.40	

Total exp	\$		\$		\$	
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P&L	\$		\$		\$	
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Limited Review Application

Schedule LRA 8

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

Staffing

Staffing Categories	Number of FTEs to the Nearest Tenth		
	Current Year*	First Year of implementation	Third Year of implementation
Health Providers**:			
Physicians	27	27	27
Nurse Practitioners	1	1	1
Physicians Assistant	6	6	6
Dentist	1	1	1
Physical Therapist	11	11	11
Occupational Therapist	11	11	11
Speech Therapist	2	2	2
Support Staff***:			
Administration	15	15	15
Medical Records	4	4	4
Social Work	3	3	3
Maintenance	7	7	7
Housekeeping/Laundry	9	9	9
Dietary	24	24	24
Activities	3	3	3
Nursing	68	68	68
Certified Nursing Aides	82	82	82
Total Number of Employees	274	274	274

* 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:

Staffing is determined based on patient needs.

PLEASE COMPLETE THE FOLLOWING:

1. Are staff paid and on Payroll? Yes No
2. Provide copies of contracts for any independent contractor. N/A
3. Please attach the Medical Doctors C.V. See attached

4. Is this facility affiliated with any other facilities?
(If yes, please describe affiliation and/or agreement.)

Yes No

Brookhaven Health Care Facility is one of 17 long-term care facilities owned by Edward Farbenblum.
(Rev. 7/7/2010)

Neeru Kumar M.D. - Board Certified Internal Medicine & Nephrology & HTN

[REDACTED] ie

[REDACTED] com

[REDACTED] e

[REDACTED]

[REDACTED] //

WORK EXPERIENCE

07/2013 – CURRENT Nephrologist
NYU Langone @ Long Island Community Hospital [REDACTED]

06/2020 - CURRENT Nephrologist
Private Nephrology Office Practice [REDACTED] Y

07/2013 - 2020 Nephrologist
Private Nephrology Office Practice [REDACTED]

11/2018 - CURRENT Nephrologist & Dialysis Medical Director
Direct Dialyze at Medford Multicare Skilled Nursing & Rehab Medical Center

06/2021 - CURRENT Nephrologist & Dialysis Medical Director
Davita at Peconic Bay [REDACTED]

EDUCATION & POST GRADUATE TRAINING

07/2011 – 06/2013 Post graduate training - Nephrology Fellowship – Chief Fellow Nassau University Medical Center, [REDACTED] Y

03/2009 - 06/2011 Post graduate training - Internal Medicine
Nassau University Medical Center [REDACTED]

07/2008 - 02/2009 Post graduate training - Internal Medicine
New York Medical College – Brooklyn Queens Program, [REDACTED]

01/2004 - 06/2008 Medical University of Americas, Nevis West Indies Doctor of Medicine

09/2001 - 12/2003 New York Institutes of Technology [REDACTED] Masters in Electrical Engineering – not completed

01/1997 - 08/2001 **St John's University** [REDACTED] **Bachelors of Science**

EXPERIENCE

Hemodialysis management

Peritoneal Dialysis management

Electrolytes management

Blood pressure management

Anemia Management - 15 years experience for anemia management including IV Iron infusion, IV Epogen infusion, pRBC transfusion in CKD and non CKD population

PROFESSIONAL MEMBERSHIPS

American Medical Association American Society of Nephrology

LICENSURE & CERTIFICATIONS

Nephrology Board Certified

Internal Medicine Board Certified

New York State Medical License

Advanced Cardiac Life Support / Basic Life Support

LANGUAGES FLUENCY (OTHER THAN ENGLISH)

Hindi, Punjabi, Urdu, Spanish (medical vocabulary)

Blood and Tissue Resources Program

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 Brookhaven Health Care Facility
Address 801 Gazzola Drive E. Patchogue NY 11772 Suffolk
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 Suffolk
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. Neeru Kumar Title MD
Phone E-mail Address

LTS Contact Person Andrea Czora Title Chief Nursing Officer
Phone E-mail Address

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 New York Blood Center, Inc. d/b/a Blood Bank of Delmarva Lab PFI
Address 100 Hygela Drive Newark DE 19713 New Castle
City State Zip County

Blood Bank Director Dr. Bruce Sachais Title MD
Phone E-mail Address

Blood Bank Contact Person Chloe Homich Title Laboratory Manager
Phone E-mail Address

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 Title Chief Nursing Officer, Living Legends

Signature Andrea Czora, RN, CNO Date 11/18/25
Digitally signed by Andrea Czora, RN, CNO Date: 2025.11.18 15:52:56 -0500

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.

Blood and Tissue Resources Program

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

Limited Transfusion Service Brookhaven Health Care FacilityBlood Bank New York Blood Center /ble Blood Bank of Delmarva

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 name(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.

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

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 Dr. Bruce Sachals
(Print Name)

Signature [Handwritten Signature]

Date: 1-16-26

Facility Blood Bank of Delmarva

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 Dr. Neeru Kumar

Signature [Handwritten Signature]

Date: 1/15/26

Facility Brookhaven 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: <ul style="list-style-type: none"> 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? <p><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></p>		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?

The Independent Entity conducted an HEIA for a different project of the Applicant in 2024.

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 Brookhaven Health Care Facility | The McGuire Group 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: 12/4/2024

New York State Department of Health

Health Equity Impact Assessment Template

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

SECTION A. SUMMARY

1. Title of project	Addition of Limited Transfusion Services
2. Name of Applicant	Brookhaven Health Care Facility The McGuire Group
3. Name of Independent Entity, including lead contact and full names of individual(s) conducting the HEIA	<p>Sachs Policy Group (SPG) – 212-827-0660</p> <ul style="list-style-type: none">• Aisha King (Lead Contact) – aking@sachspolicy.com• Anita Appel, LCSW - AnitaAppel@sachspolicy.com• Maxine Legall, MSW, MBA - mlegall@sachspolicy.com <p>Qualifications:</p> <ul style="list-style-type: none">• Health equity – 10 years• Anti-racism – 10 years• Community engagement – 25+ years• Health care access and delivery – 5
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</p>

serve vulnerable populations, including safety net hospitals, community health centers, long-term care organizations, behavioral health providers, child welfare agencies, and providers that support individuals with intellectual and developmental disabilities.

The SPG HEIA team is deeply passionate about improving the health care delivery system, especially for underserved populations. The team is unwavering in its commitment to promoting equity through rigorous research, insightful consulting, and strategic advisory work.

5. Date the Health Equity Impact Assessment (HEIA) started

October 22, 2024

6. Date the HEIA concluded

December 4, 2024

7. Executive summary of project (250 words max)

McGuire Group manages a group of seven skilled nursing and rehabilitation facilities (SNFs) in New York State, each with 100-300 beds. With the overarching goal of reducing hospitalizations, one of these facilities (Brookhaven Health Care Facility) is proposing the addition of Limited Transfusion Services (LTS) to the on-site services currently offered to residents.

The facility already has the required staff and facilities to provide this service and is currently waiting for the Blood Bank of Delmarva (BBD) to approve the proposed LTS protocol. An appointed Medical Director of transfusion services will oversee all on-site blood transfusions of packed red blood cells (PRC) for chronic need residents. With approval from the NYS DOH, three McGuire facilities are already offering on-site LTS to their residents, and a fourth has applied for approval. McGuire Group has previously submitted a CON and HEIA for the addition of LTS at those four facilities.

Patients may require blood transfusions for a host of reasons, including anemia, which is common among older adults. Strict guidelines will be in place to ensure that only residents who meet clinical, state, and blood-bank requirements are able to receive on-site LTS. This is and will continue to be a voluntary service, and patients will be required to give informed consent to receive LTS. Prior to McGuire Group's initiative, blood transfusions in NYS were only available in hospital settings and frequently required hospital admission. 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 aforementioned skilled nursing facilities: older adults, low-income populations, and individuals eligible for public benefits. Since LTS will only be offered to current residents, only current and future residents of the facility will be impacted by the proposed project.

As part of our stakeholder engagement, we interviewed leadership and staff from Brookhaven, and a current facility resident who sits on the Resident Council. We spoke with staff from McGuire facilities who have already implemented on-site LTS services. Lastly, we utilized information gathered from communication with public health experts, physicians, and patients who participated in the meaningful engagement for the previous HEIA conducted on the addition of LTS at McGuire facilities. All stakeholders were and continue to be strongly in favor of adding LTS to the skilled nursing facilities' available services, and none raised potential health equity issues. The resident we spoke to was particularly excited about the potential reduction in hospital visits. The only clinical concern came from an ED physician, who wanted to be sure that clinic staff would investigate the cause of the anemia to ensure proper treatment of any underlying issues.

Given the overwhelming support for the addition of these services, this HEIA concludes that the addition of on-site LTS at the requested skilled nursing facility will improve health equity for residents, reduce unnecessary hospitalizations, and eliminate many unnecessary costs for patients, facilities, and hospitals. Importantly, these services will be available to all current residents who meet criteria with no out-of-pocket cost. The only potential issue that arose is that of staffing, which is an issue across NYS skilled nursing facilities. Staff may be overworked and therefore be less able to add another service to their responsibilities. However, adding LTS has the potential to reduce workload because clinicians will not have to prepare residents for transfer, monitor their progress from afar, and address any issues that may have arisen as a result of hospital admission (e.g. missing meals, delirium) once they return. In addition, the detailed protocols laid out by the Applicant in collaboration with the BBD ensure that all LTS will be appropriately staffed to provide the highest quality of care.

Our key recommendations are that the Applicant ensure that there are sufficient staff to carry out these services, train staff on local health equity issues, and track any potential costs for residents and facilities.

SECTION B: ASSESSMENT

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

STEP 1 – SCOPING

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

Please refer to the attached Excel spreadsheet titled *heia_data_tables_brookhaven.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 patients, clinical experts, and local leaders/stakeholders. We also investigated data from the NYS Nursing Home Profiles and NYS Nursing Home Data.

- 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 Applicant's service area, approximately 15% of the population is aged 65 years or older.¹ In general, skilled nursing facilities, and particularly long-term

¹ 2022 U.S. Census Data

care units, primarily serve older adults; More than 83% of nursing home residents are estimated to be over 65 years of age.²

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% of individuals over 85 years,³ and studies indicate that more than half of blood transfusions occur among elderly individuals.⁴

There are distinct benefits for offering on-site blood transfusions to older adults. First, offering LTS on site will reduce the need for residents to travel to the hospital and hospital admission. Reducing travel is particularly important for older adults, as they are more likely to have mobility issues and susceptible to transportation-related stress and delirium. Second, fewer hospital admissions will reduce exposure to potential health risks in hospital settings, which is a particular concern for older adults. Third, reduction in hospital admissions may lead to improved continuity of care, including management of chronic conditions. Overall, the proposed project is likely to result in a reduction of travel-based delirium, fewer hospitalizations, fewer complications from delayed transfusions, and increased continuity of care.

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

The poverty rate in the provider service area is 4.3%, below that of New York State (~13%).⁵ The poverty rate in Suffolk County, the county in which the Applicant is located, is 6.5%, and 24% of the population was enrolled in NYS Medicaid program in September 2024.⁶ According to the Census, 30% of individuals in the provider's service area were enrolled in public health insurance in 2022.⁷

On-site LTS may reduce the financial burden for residents that may result from hospital transfer and admission. Reimbursement for transportation (e.g.

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 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>

⁴ 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>

⁵ 2022 U.S. Census Data

⁶ United Hospital Fund. (n.d.). Medicaid enrollment by county. United Hospital Fund. Retrieved June 14, 2024, from <https://uhfmvc.org/our-work/initiatives/medicaid-institute/dashboards/ml-current-enrollment/#Medicaid%20Enrollment%20b%20Count>

⁷ 2022 U.S. Census Data

ambulance) and blood transfusion services associated with hospital-based transfusions depends on residents' individual insurance coverage. Residents who receive LTS at the Applicant's facility, in comparison, will face no additional out-of-pocket costs, regardless of insurance status.

Finally, low-income individuals are more likely to experience fragmented healthcare, and on-site services at residential care facilities can help ensure that the treatment that is crucial to the management of chronic conditions remains consistent. The proposed services are explicitly intended to reduce hospitalizations and increase equitable access to vital clinical services.

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?

Among residents admitted to the Applicant facility in the past 12 months, 4% were covered by Medicaid, 66% by Medicare, and 30% by private insurance.⁸ According to staff and leadership interviews, the current need for blood transfusions varies from month to month but tends to be at least several per month. However, 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.

The proportion of residents with multiple comorbidities in nursing facilities is increasing over time and providing on-site LTS is an effective way to reduce hospital admissions for routine clinical care. There is also a growing demand for blood transfusions driven by increased admittance of medically complex patients, 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.

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

According to the NYS Department of Health Wadsworth Center, blood transfusion services in Patchogue are available at Long Island Community Hospital at NYU Langone Health – a 2-minute drive from Brookhaven.⁹ Some

⁸ Facility Data provided by Applicant

⁹ Clinical Laboratory Evaluation Program | New York State Department of Health, Wadsworth Center. (n.d.). Retrieved August 22, 2024, from <https://wadsworth.org/regulatory/dep>

residents have also received LTS at Stony Brook Hospital, which is a 30-minute drive from Brookhaven. However, neither of these hospitals offer outpatient transfusion services (i.e. patients must be admitted to receive transfusion services).

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

McGuire facilities, including the current Applicant will be the first long-term care residences to offer in-house blood transfusion services in NYS. Within the Applicant's service area, LTS are available only at Long Island Community Hospital. The hospital therefore has had 100% of the market share. Introducing on-site LTS at Brookhaven will only slightly reduce that market share for the hospital, as the service will only be available to current and future residents of the Applicant facility.

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.

Staff and leadership do not expect any physician or professional staffing issues related to the project. The blood transfusions will be conducted by a physician, registered nurse, physician assistant, nurse practitioner, or a licensed practical nurse with adequate training and supervision as required by the NYS DOH.

A resident brought up the issue that staff are currently overworked. It is possible that requirements to monitor residents closely post-transfusion might put additional strain on already overburdened staff. However, in light of potentially reduced burden due to reduction of hospital transfers and admissions and with detailed policies in place to ensure appropriate staffing of LTS, it is not anticipated that adding LTS will cause physician or professional staffing issues.

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.

1. 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.

No

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 healthcare
 - b. Improve health equity
 - c. Reduce health disparities

The addition of on-site LTS will improve access to services and healthcare, 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 LTS at no additional cost.

The proposed addition of services will improve access to services and healthcare for older adults by reducing negative health outcomes associated with hospital transfer and admission among residents who qualify to receive on-site blood transfusions. Preventing hospital visits will additionally lead to less disruption in the lives of residents by allowing them to remain in familiar surroundings, which is particularly important to mental and emotional well-being of older adults.

This service will be especially beneficial for individuals with dementia, mobility challenges, and other chronic health conditions that require consistent monitoring; these individuals are at higher risk of negative outcomes from hospital transfer and admission. The project enhances health equity for older adults by allowing them to receive timely, consistent, and high-quality care regardless of their physical or mental limitations. Lastly, the project is poised to reduce health disparities among older adults with chronic conditions by ensuring continuity of care.

For low-income individuals and those receiving public health benefits, the project will improve access to essential healthcare services by reducing ambulance fees and costs associated with hospital admission. By providing on-site LTS, the Applicant's staff 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 by allowing physicians and nurses who are familiar with residents' medical histories and personalities to more easily monitor patients on-site and ensure residents' needs are met.

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. For example, the underlying cause of anemia in a resident may be missed. 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. More likely is the possibility that unnecessary hospital visits would increase dementia, delirium, and the chances of acquiring hospital-derived infections or illnesses.

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.

Not applicable.

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.

Not applicable. Services will only be available to current facility residents. The project will reduce the need for public and private transportation by residents by reducing the need for transportation to a hospital.

5. 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 being transferred to a hospital setting in an ambulance or medical van. The Applicant facility is ADA compliant.

6. Describe how implementation of the project will impact the facility's delivery of maternal health care services and comprehensive reproductive health care services, as that term is used in Public Health Law § 2699-2a, including contraception, sterility procedures, and abortion. How will the

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?

Not applicable. The Applicant does not provide reproductive or maternal health services.

Meaningful Engagement

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

Suffolk County Department of Health Services

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

No, they were called but did not answer.

9. 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 the attached Excel spreadsheet titled *heia_data_tables_brookhaven.xlsx*

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

Stakeholders that will be most affected by the inclusion of in-house transfusion services are current and future residents of the applying facilities. 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 LTS. 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. Residents were positive about the possibility of having fewer hospital visits. Stakeholders with experience at sites that currently offer on-site LTS have noted positive outcomes such as reduced hospitalizations.

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

As part of our stakeholder engagement, we interviewed leadership and clinical staff of the Applicant applying to provide on-site LTS, a current resident who had

recently been admitted to the local hospital, a triage nurse who has been conducting LTS at McGuire facilities, and a social worker from a previous Applicant facility that has already integrated on-site LTS services. We also utilized information collected from communication with public health experts, physicians, and patients that was gathered for a previous HEIA conducted on the addition of LTS at McGuire facilities in August 2024. Interviewees provided candid feedback on the motivations for adding LTS to current services and how this addition can reduce unnecessary harm and increase access to equitable care.

12. Do 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 Brookhaven leadership to develop a list of stakeholders to contact for feedback and expertise. Although several attempts were made, we were unable to conduct interviews among some relevant stakeholders from local community-based organizations and the local health department.

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:
- People of limited English-speaking ability
 - People with speech, hearing or visual impairments
 - If the Applicant does not have plans to foster effective communication, what does the Independent Entity advise?

The Applicant will add on-site blood transfusion services to their admissions packets, and the facility plans to discuss the addition of services in their monthly resident council. 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. At McGuire facilities where the communication about adding on-site LTS has already taken place, 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 primary suggestion is to ensure that the facility is sufficiently staffed to ensure proper care and to prevent staff burnout. Additionally, as many residents have a healthcare proxy, the facility could integrate questions on blood

transfusion history and any other inclusion criteria into Intake forms to prevent avoidable delays in accessing LTS, particularly for residents with dementia or memory-related conditions.

Beyond this project, the facility could explore offering outpatient blood transfusion services to residents of nearby long-term care facilities and members of the local community, addressing the limited availability of such services in the region.

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

The Applicant has consulted with local healthcare providers, the regional department of health, the Blood Bank of Delmarva, and relevant clinical stakeholders on development and implementation of the project. The Applicant could work with local community-based organizations to better understand the relevant clinical needs of local communities, and interview current or past residents and families on their experiences receiving blood transfusions either on-site at facilities or in hospital settings.

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 addresses systemic barriers to equitable access to services by increasing the availability of clinically necessary LTS for residents of the Applicant facility. By bringing these services directly to the facility, it eliminates the need for residents to navigate complex transportation and hospital systems, which can be particularly burdensome for individuals with mobility challenges or limited support systems. Additionally, it reduces unnecessary hospital admissions among nursing facility residents, addressing a key barrier to equitable care by preventing avoidable disruptions to their care continuity.

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. Additionally, a transfusion committee composed of clinical staff from the facility and BBD will meet at least quarterly to review all or a representative sample of the cases. Errors, accidents, and unexpected reactions will be reported to the Wadsworth Center within seven calendar days of the incident. The facility plans to report annually to the NYS DOH. In addition, the Medical Director of LTS will participate in the facility QAPI meetings at least quarterly. Deficiencies in the LTS program or in the program quality will be documented and appropriate individuals will be

informed in a timely manner so that corrective action can be implemented and monitored. 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 each facility is sufficiently staffed to ensure 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.
3. Track potential and actual costs associated with in-house and hospital-based blood transfusions for facilities and/or residents.

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

Alexandra LaMothe

Name

Administrator

Title



Signature

12/16/21

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.

Brookhaven Health Care Facility is dedicated to serving the community while acknowledging that there are medically underserved groups within the rural and urban landscapes surrounding East Patchogue. 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.

Brookhaven Health Care Facility will be applying to the New York State Department of Health, Blood Resource Program to provide these needed Blood Transfusions to residents who medically qualify.

This new program will allow 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 medical providers, 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 will be supported by our blood bank partners, the Blood Bank of Delmar, and was born from a lack of similar resources in our community. This program aligns with Brookhaven Health Care facility's mission to serve the needs of our residents without creating additional strain on the healthcare system.

Brookhaven Health Care facility 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. Brookhaven Health Care facility 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 the Suffolk area. All communications will be reviewed for health literacy. Most community members and patients receiving services are proficient in English, however, Brookhaven Health Care facility has a contract with an on-call translation services available to translate any necessary communication for individuals with limited English proficiency.

Brookhaven Health Care facility 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, and improvements. Lastly, we discuss important information gathered from our monthly

resident council meetings and resident satisfaction surveys to further improve the program.

Identifier (i.e., Patient A, Employee B, Respondent 1) or Name (only if requested by stakeholder)	Organization (if applicable)	Date(s) of outreach
Employee A Employee B	Brookhaven Health Care Facility Brookhaven Health Care Facility	11/13/2024 11/13/2024
Employee C	Brookhaven Health Care Facility	11/13/2024
Resident 1 Respondent 1	N/A Suffolk County Department of Health Services	11/13/2024 11/22/2024
Employee D Employee E	McGuire Group McGuire Group	11/22/2024 11/20/2024
Employee F Respondent 2	McGuire Group Blood Bank of Delmarva	11/25/2024 11/22/2024

Respondent 3 Employee G	Columbia University Irving Medical Center Brookhaven Health Care Facility	11/22/2024 11/22/2024;12/3/2024
Commissioner of Public & Mental Health Administrative Assistant Respondent 5	Suffolk County Department of Health Suffolk County Department of Health Family Service League	1/10/2024 1/2/2024 1/2/2024
Respondent 6	Suffolk County Office for the Aging	1/2/2024
Respondent 7	Economic Opportunity Council of Suffolk County	1/2/2024
Respondent 8	N/A	1/12/2024

Is this person/organization a resident of the project's service area?

If other, please describe

What required stakeholder group did they represent?

unknown
unknown

employees
employees

unknown

employees

yes
no

patients or residents and/or their caregivers
public health experts

no
no

employees
employees

no
no

employees
public health experts

public health experts
employees

no
no

public health experts
public health experts
community-based organizations
community-based organizations
community-based organizations

yes
yes
yes
yes
yes

patients or residents and/or their caregivers

yes

Method of engagement (i.e., phone calls, community forums, focus groups, surveys, etc.)	Did this person/organization participate in the meaningful engagement?	Is this person/organization supportive of this project?
Zoom call	Yes	Yes
Zoom call	Yes	Yes
Zoom call	Yes	Yes
Zoom call	Yes	Yes
Email	No	Yes
Phone call	Yes	Yes
Email	No	Yes
Zoom call	Yes	Yes
Email	No	Yes

Phone call
Phone calls

Yes
No

Yes

Zoom call
Email
Contact form
Email
Contact form

Yes
No
No
No
No

no opinion

Phone call

No

Did this person/organization provide a statement?
If permission is granted to share a statement or quote (250 word max), please include below:

If permission is not granted to share a verbatim statement, please include a summary of the statement(s) below:

The process to receive a blood transfusion currently is long; even though patients receive it at a local hospital, they have to travel via ambulance, and often have to wait a long time in the ED.

If residents need a transfusion they're usually out overnight. Having the services on-site would eliminate potential for breakdown in the hospital (physical and mental). It allows residents to stay where they are comfortable, and where the staff already know them Supportive of the project.

This project won't require any hiring, only in-depth service training, which is being planned. Other facilities have avoided hospitalizations by integrating similar programs, and they hope to do the same. The process of hospitalization patients for blood transfusions has a high economic cost (e.g. ambulance cost, ED cost) which can be avoided through this project.

Although the resident had never received a transfusion, they had had to visit the emergency department several times over the past few years, and said that they thought any program that led to fewer hospital visits would be amazing. Noted that the staff are overworked, but generally really enjoys the facility and living there.

No concerns or challenges with the service. Residents have been glad to be able to receive the service on site rather than having to go to the hospital

Has been conducting blood transfusions in this setting for 9 months and has seen no issues McGuire Group has very good policies in place, which should all apply to the new Applicant Everything is based on lab results. There have been only positive results: patients can be treated in place without having to be transferred to the hospital, reduced hospitalizations.

no

no

no

no

no

no

In favor of the project. Only potential concern would be if no one investigates the cause of the anemia/ reason for transfusion.

Highlighted several challenges to healthcare access in Suffolk County, a geographically large and demographically diverse region with over 1.5 million residents. Communities of color are often segregated into underserved areas and face significant barriers to accessing healthcare, particularly specialty care. Limited public transportation and the need for personal vehicles exacerbate challenges, making it difficult for non-drivers to reach care facilities. The county's growing Spanish-speaking population (20%) underscores the need for language-inclusive services. While not familiar with Brookhaven, he emphasized the importance of addressing health equity through targeted advertising, diverse referrals, and efforts to diversify resident populations. However, he did not view the proposed blood transfusion services as significantly impacting health equity.

no

The respondent's parent is a current Brookhaven resident, who has been at the facility for four years. The respondent shared their positive experiences, noting that the care their parent has received has been consistently excellent. The respondent's trust in the staff is reinforced by their own prior ten-year tenure as an employee of the facility. As a family member, they reported no complaints regarding the quality of care. Regarding the integration of blood transfusion services, the respondent expressed initial concern about the current lack of staff training for this service. However, they are optimistic about the program's potential benefits once staff receive comprehensive training. They view the introduction of on-site blood transfusion services as a valuable addition that would prevent the need for residents to be transferred to a hospital, enhancing convenience and continuity of care.

ZCTA 11772, New York

Label	Estimate	Margin of Error	Percent Error	Percent Margin of Error
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SEX AND AGE (Census Table DP05)

Total population	45345	2185	45345 (X)	1.5
Male	21287	1199	46.9	1.5
Female	24058	1385	53.1	1.5
Sex ratio (males per 100 females)	88.5	5.4	(X)	
Under 5 years	2473	411	5.5	0.9
5 to 9 years	2274	471	5	0.9
10 to 14 years	2455	448	5.4	0.9
15 to 19 years	2879	581	6.3	1.2
20 to 24 years	2602	536	5.7	1.1
25 to 34 years	6821	798	15	1.8
35 to 44 years	6227	706	13.7	1.5
45 to 54 years	6479	787	14.3	1.5
55 to 59 years	3151	550	6.9	1.3
60 to 64 years	3216	513	7.1	1.1
65 to 74 years	3947	468	8.7	1
75 to 84 years	2012	357	4.4	0.8
85 years and over	809	205	1.8	0.5
Median age (years)	39.6	1.5	(X)	

RACE (Census Table DP05)

Total population	45345	2185	45345 (X)	1.9
One race	42109	2263	92.9	1.9
Two or more races	3236	852	7.1	1.9
One race	42109	2263	92.9	1.9
White	35645	2389	78.6	3

Black or African American	2153	586	4.7	1.3
American Indian and Alaska Native	63	65	0.1	0.1
Asian	1563	513	3.4	1.1
Native Hawaiian and Other Pacific Islander	0	28	0	0.1
Some other race	2685	761	5.9	1.7
Two or more races	3236	852	7.1	1.9

HISPANIC OR LATINO AND RACE (Census Table DP05)

Total population	45345	2185	45345 (X)	
Hispanic or Latino (of any race)	9255	1173	20.4	2.3
Not Hispanic or Latino	36090	1960	79.6	2.3

HEALTH INSURANCE COVERAGE (Census Table DP03)

Civilian noninstitutionalized population	45121	2185	45121 (X)	
With health insurance coverage	43226	2166	95.8	0.9
With private health insurance	36167	2295	80.2	2.7
With public coverage	13381	1410	29.7	2.8
No health insurance coverage	1895	431	4.2	0.9

DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION (Census Table DP02)

Total Civilian Noninstitutionalized Population	45121	2185	45121 (X)	
With a disability	4953	594	11	1.2

GEO_ID

NAME

DP03_0119PE

Percent!PERCENTAGE
OF FAMILIES AND
PEOPLE WHOSE
INCOME IN THE PAST
12 MONTHS IS BELOW
THE POVERTY
LEVEL!All families

4.3

Geography

ZCTA Name

860Z200US11772

ZCTA5 11772

DP03_0119PM

DP03_0062E

DP03_0062M

Percent Margin of Error! OF FAMILIES WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL! families	Estimate! INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)! Total household income (dollars)	Margin of Error! INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)! Total household income (dollars)	
1.7	103207	5863	
DP03_0074PE	DP03_0074PM	DP03_0005PE	
Percent! INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)! Total household income (dollars)	Percent Margin of Error! INCOME AND BENEFITS (IN 2021 INFLATION-ADJUSTED DOLLARS)! Total household income (dollars)	Percent! EMPLOYMENT STATUS! Population 16 years and over! In labor force! Civilian labor force! Unemployed	

8.6

1.8

3.3

DP03_0005PM

DP02_0067PE

DP02_0067PM

Percent Margin of Error!!EMPLOYMENT STATUS!!Population 16 years and over!!In labor force!!Civilian labor force!!Unemployed

0.9

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

89.4

2.1

DP04_0058PE

DP04_0058PM

Percent!!VEHICLES AVAILABLE!!Occupied housing units!!No vehicles available	Percent Margin of Error!!VEHICLES AVAILABLE!!Occupied housing units!!No vehicles available	6.1	1.4
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Limited Review Application

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

Schedule LRA 12

Assurances

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

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

1/15/20

Date

Signature

Alexandra LaNoth

Name (Please Type)

Administrator

Title (Please Type)

Excel Document Link to HEIA DataTable:

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