

Application Number: 111294
Facility Name: Planned Parenthood of [REDACTED]
Project Description: Decertify Health Fairs outpatient, Prenatal outpatient and Well Child Care outpatient services

Submission Type:	Application - Limited Review- Service Delivery		
Project Status:	Project Complete	Project Status Date:	05/31/2011
Review Level:	Limited	Received Date:	03/28/2011
Total Project Cost:	\$0.00	Initial Review Date:	04/01/2011
		Acknowledgment Date:	04/01/2011

Main Site Information

Facility Name:	Planned Parenthood of [REDACTED]	Facility ID:	[REDACTED]
Physical Address:	[REDACTED]	Facility Type:	Diagnostic and Treatment Center
County:	[REDACTED]	Region:	[REDACTED]
Current Operator:	Planned Parenthood of [REDACTED]	Operating Certificate Number:	1401235R
		Current Operator County:	

Contact Information

Name:	[REDACTED]	Title:	Director of Patient Services
Email:	[REDACTED]	Address:	[REDACTED]
Phone:	[REDACTED]		
Fax:	[REDACTED]		

Alternate Contact Information

Name:	[REDACTED]	Email:	[REDACTED]
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Other

Withdrawn Date:			
SubBatch1:	30	SubBatch2:	OZ
CON Codes List:			

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

May 11, 2011

[REDACTED]
Director of Patient Services
Planned Parenthood of [REDACTED]
[REDACTED]

Re: 111294 - L
Planned Parenthood of [REDACTED]
Inc.
(Niagara County)
Decertify Health Fairs outpatient,
Prenatal outpatient and Well Child Care
outpatient services

Dear [REDACTED]

We are pleased to inform you that the above referenced limited review application (LRA) has been reviewed and found acceptable by the New York State Department of Health (NYS DOH) in accordance with the limited review provisions set forth in 10 NYCRR section 710.1(c).

In accordance with 10NYCRR 710.9, upon completion of the project an onsite inspection may be conducted by the Department to assure that all aspects of the project are in accordance with the governing codes and regulations. In order to ensure reimbursement and/or receive a revised operating certificate, you must contact the Regional Office. If appropriate, the Regional Office will schedule an on-site visit. To ensure that a pre-opening inspection is conducted in a timely manner, please contact the following Regional Office and provide them with a copy of this letter.

Western Regional Office/Buffalo
New York State Department of Health
584 Delaware Avenue
Buffalo, New York 14202
(716) 847-4302

You are responsible for ensuring that this project complies with all applicable statutes, codes, rules and regulations. Should violations be found when reviewing documents, or at the time of on-site inspections or surveys, you will be required to correct them. Additional costs incurred to address any violations will not be eligible for reimbursement without the prior approval of the Department. Also, in accordance with 710.5, any change in the scope of this project requires prior approval from the Department and may require a new or amended application.

111294 Planned Parenthood of Western NY, Inc

If you have additional questions or need further assistance, please contact the Bureau of Project Management at (518) 402-0911, New York State Department of Health, Division of Health Facility Planning, 433 River Street, Troy, New York 12180.

Sincerely,

A handwritten signature in cursive script, appearing to read "Rick. DeFuria (for)", written in dark ink.

Richard M. Cook
Deputy Commissioner
Office of Health Systems Management

Enclosure

111294 Planned Parenthood of [REDACTED]

BEDS AND/OR SERVICES APPROVED

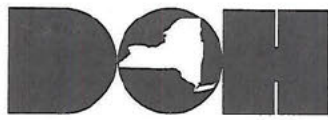
Decertify Health Fairs O/P, Prenatal O/P, and Well Child Care O/P services at
Planned Parenthood of [REDACTED]
750 Portage Road
Niagara Falls 14301

NYSE-CON All Sites Information

Submission Number: 111294
Facility Name: Planned Parenthood of [REDACTED]
Project Description: Decertify Health Fairs outpatient, Prenatal outpatient and Well Child Care outpatient services

Site Information

Site Name: Planned Parenthood of [REDACTED]
Physical Address: [REDACTED]
750 Portage Road, Niagara Falls, NY
14301
County: NIAGARA



STATE OF NEW YORK
DEPARTMENT OF HEALTH

433 River Street, Suite 303 Troy, New York 12180-2299
www.health.ny.gov

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

April 1, 2011

[REDACTED]
Director of Patient Services
Planned Parenthood
[REDACTED]

Re: 111294 L
Planned Parenthood of [REDACTED]
[REDACTED] County)
Decertify Health Fairs outpatient,
Prenatal outpatient and Well Child Care
outpatient services

Dear [REDACTED]

The above referenced limited review application (LRA), for which you have been designated the contact person, has been received by the Bureau of Project Management (BPM) for processing in accordance with 10 NYCRR 710.1(c)(5)-(7).

The BPM acknowledges receipt of the application and requisite fee, and has forwarded the LRA to the necessary reviewing units for continued processing. Any questions for clarification or additional information regarding this application will come directly from the reviewing unit(s).

The review and approval of your project, as required by the Public Health Law, must be obtained from the Director of the Division of Health Facility Planning prior to implementing this project.

If you have any questions regarding this project, please do not hesitate to contact me or my staff at (518) 402-0911.

Sincerely,

Keith J. McCarthy
Acting Director
Bureau of Project Management

KJM/MRC/ss

Limited Review Application

State of New York Department of Health/Office of 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 \$6,000,000 (or up to \$15,000,000, if not relating to clinical space – check “Non-Clinical” box below).
Necessary LRA Schedules: *Cover Sheet, 1, 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 \$6,000,000. (**NOT** necessary for “1-for-1” replacement of existing equipment without construction, pursuant to 10 NYCRR 710.1(c)(4)(iii). Rather, provide notice to the Cost Control Unit, Division of Health Facility Planning.)
Necessary LRA Schedules: *Cover Sheet, 1, 2, 3, 4, and 5.*
- Service Delivery** – Project to decertify a facility's beds/services; add services which involve a total project cost under \$6,000,000; or convert beds within approved categories. (*If construction associated, also check “Construction” above.*)
Necessary LRA Schedules: *Cover Sheet, 1, 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).*
- Non-Clinical** – Project of up to \$15,000,000, which does **NOT** relate to a change in clinical service or equipment. (*If construction associated, also check “Construction” above.*)
Necessary LRA Schedules: *Cover Sheet, 1, 2, 3, and 12.*
- Health Information Technology** – Project to purchase and implement health information technology or other information systems, with a total project cost between \$6,000,000 and \$15,000,000.
Necessary LRA Schedules: *Cover Sheet, 1, 2, 3, 9, and 12. Also include Vendor Contract language (Appendix D).*
- 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, 1, 7, 8, 10, and 12.*
- Relocation of Extension Clinic** – Project to relocate an extension clinic within the same service area.
Necessary LRA Schedules: *Cover Sheet, 1, 2, 3, 4, and 5. 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, 1, 8, 10, 11, and 12.*

OPERATING CERTIFICATE NO. 1401235R	CERTIFIED OPERATOR Planned Parenthood of [REDACTED]	TYPE OF FACILITY Article 28 D&T
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OPERATOR ADDRESS – STREET & NUMBER [REDACTED]		PFI [REDACTED]	NAME AND TITLE OF CONTACT PERSON [REDACTED], Director of Patient Services		
CITY [REDACTED]	COUNTY [REDACTED]	ZIP [REDACTED]	STREET AND NUMBER [REDACTED]		
PROJECT SITE ADDRESS – STREET & NUMBER 750 Portage Road		PFI [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP [REDACTED]
CITY Niagara Falls	COUNTY Niagara	ZIP 14301	TELEPHONE NUMBER [REDACTED]	FAX NUMBER [REDACTED]	
TOTAL PROJECT COST: \$ 0.00			CONTACT E-MAIL: [REDACTED]		

(Rev. 7/7/2010)

Limited Review Application

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

Schedule LRA 1

Project Narrative

Instructions:

The purpose of the Project Narrative is to give the reviewer a conceptual understanding of the proposal. The Narrative should summarize the key elements of the proposed project. Details will be contained in the appropriate schedules of the application.

Planned Parenthood of [REDACTED] proposes to decertify services presently listed on [REDACTED] operating certificate covering its extension clinic located at 750 Portage Road, Niagara Falls, New York 14301 (the "Niagara Falls Clinic"). These services are (i) outpatient well child services; (ii) outpatient prenatal services; and (iii) outpatient health fairs, respectively. Present plans are to use the space utilized for the decertified services for general office purposes.

Upon approval of this limited review application by DOH, [REDACTED] respectfully requests the issuance of an amended operating certificate for the Niagara Falls Clinic.

In this regard, please note that [REDACTED] will continue to provide outpatient family planning and outpatient primary medical care services at the Niagara Falls Clinic. Therefore, it is not surrendering its operating certificate for this location. The amended operating certificate to be issued for the Niagara Falls Clinic should continue to include both outpatient family planning and outpatient primary care services.

The principal service to be de-certified is outpatient well child services. Fortunately, the impact of the closure is expected to be ameliorated by the advent of a new Federally Qualified Health Center, Community Health Center of Niagara ("CHC"), and the willingness of CHC and other local providers to accept children now served at the Niagara Falls Clinic as new patients. Notably, the CHC is located only a couple of blocks from the Niagara Falls Clinic and it has agreed to accept individuals served by the Niagara Falls Clinic as new patients.

AUTHORIZING SIGNATURE

The undersigned Chief Executive Officer hereby certifies under penalty of perjury that he is duly authorized to subscribe and submit this application and that the information contained herein and attached hereto is accurate, true and complete in all material aspects.

Submitted electronically by [REDACTED]
SIGNATURE

3/21/11
DATE

(Rev. 7/7/2010)

Limited Review Application

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

Schedule LRA 7

Proposed Operating Budget

Budget	Current Year	First Year (Projected)	Third Year (Projected)
Revenues			
Service Revenue	70,000		
Grants Funds	0		
Foundation	0		
Other	0		
Fees	0		
Other Income			
(1) Total Revenues	\$70,000	\$	\$
Expenses			
Salaries and Wage Expense	242,510		
Employee Benefits	55,777		
Professional Fees	0		
Medical & Surgical Supplies	26,000		
Non-Medical Equipment	0		
Purchased Services	5,350		
Other Direct Expense	10,000		
Utilities Expense	10,900		
Interest Expense			
Rent Expense	24,000		
Depreciation Expense			
Other Expenses			
(2) Total Expense	\$374,537	\$	\$
Net Total - (1-2)	\$(304,537)	\$	\$

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**:			
	1.0		
	0.8		
Support Staff***:			
	4.0		
	3.0		
	1.0		
	1.0		
Total Number of Employees	10.8	0.0	0.0

* 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:

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

Limited Review Application

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

Schedule LRA 10

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) not including requested changes
“Add” Column: Mark "x" in the box this CON application seeks to add.
“Remove” Column: Mark "x" in the box this CON application seeks to decertify.
“Proposed” Column: Mark "x" in the box corresponding to all the services that will ultimately appear on the OpCert.

Category/Authorized Service	Code	Current	Add	Remove	Proposed
Family Planning O/P	148	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Health Fairs O/P	197	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prenatal O/P	153	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Primary Medical O/P	154	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Well Child Care O/P	186	<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"/>
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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.

Date

Submitted electronically by [REDACTED] 3/21/11

Signature

[REDACTED]
Name (Please Type)

Director of Patient Services

Title (Please Type)

Facility Id. 223
Certificate No. 1401238R

State of New York
Department of Health
Office of Primary Care and Health Systems Management
OPERATING CERTIFICATE
Diagnostic and Treatment Center

Effective Date: 10/22/2018
Expiration Date: NONE



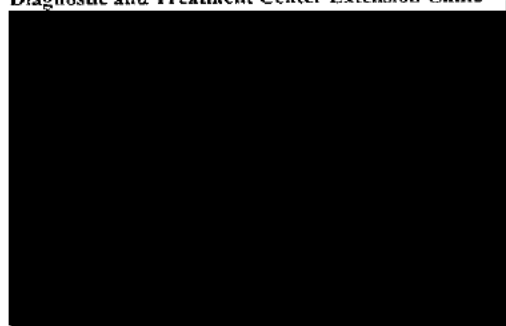
Operator: Planned Parenthood of Central and Western New York, Inc.
Operator Class: Voluntary Not for Profit Corporation

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

Medical Services - Primary Care

Other Authorized Locations

Diagnostic and Treatment Center Extension Clinic



Planned Parenthood of [Redacted]
750 Portage Road
Niagara Falls, New York 14301



Keith W. Lewis

20190411 Deputy Director Office of Primary Care and Health Systems Management

This certificate must be conspicuously displayed on the premises.

Howard Zucker M.D.

Commissioner

Facility Id.
Certificate No.

576
1401238R

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

OPERATING CERTIFICATE

Diagnostic and Treatment Center Extension Clinic

Planned Parenthood of

750 Portage Road

Niagara Falls, New York 14301

Operator: Planned Parenthood of Central and Western New York, Inc.
Operator Class: Voluntary Not for Profit Corporation

Effective Date: 03/03/2014
Expiration Date: NONE

Has been granted this Operating Certificate pursuant to Article 28 of the Public Health Law to operate an Extension Clinic at the above site for the service(s) specified.

Family Planning O/P

Primary Medical Care O/P

Keith W. Lewis

20150910

Deputy Director Office of Primary Care and
Health Systems Management

This certificate must be conspicuously displayed on the premises.

Howard Zucker M.D.

Commissioner



Planned Parenthood of [redacted]

March 3, 2014

Lynne Dey
Western Regional Office/Buffalo
New York State Department of Health
584 Delaware Avenue
Buffalo, NY 14202

Dear Ms. Dey,

As of January 1, 2014, Planned Parenthood of [redacted] and Planned
Parenthood of the [redacted] merged to become Planned
Parenthood of [redacted] dissolved and [redacted] was
the surviving organization with a corporate name change.

We received [redacted] operating certificates, but they contained errors in relation to the name
of our affiliate and health centers as well as our services. We ask that the following errors be
corrected and the revised operating certificates be sent to us.

Facility ID: [redacted]

Currently:

Change to:

Currently:

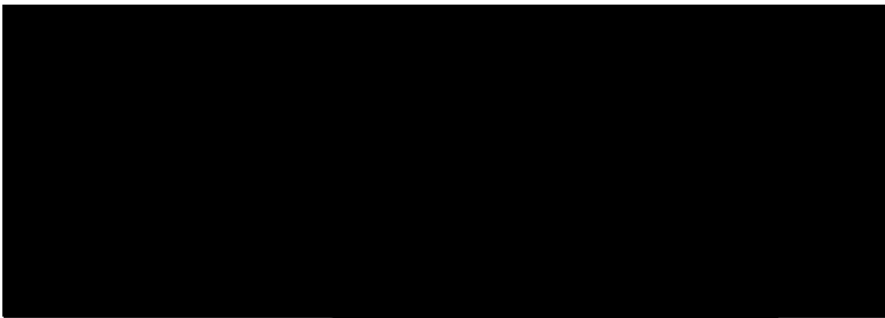
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Currently:



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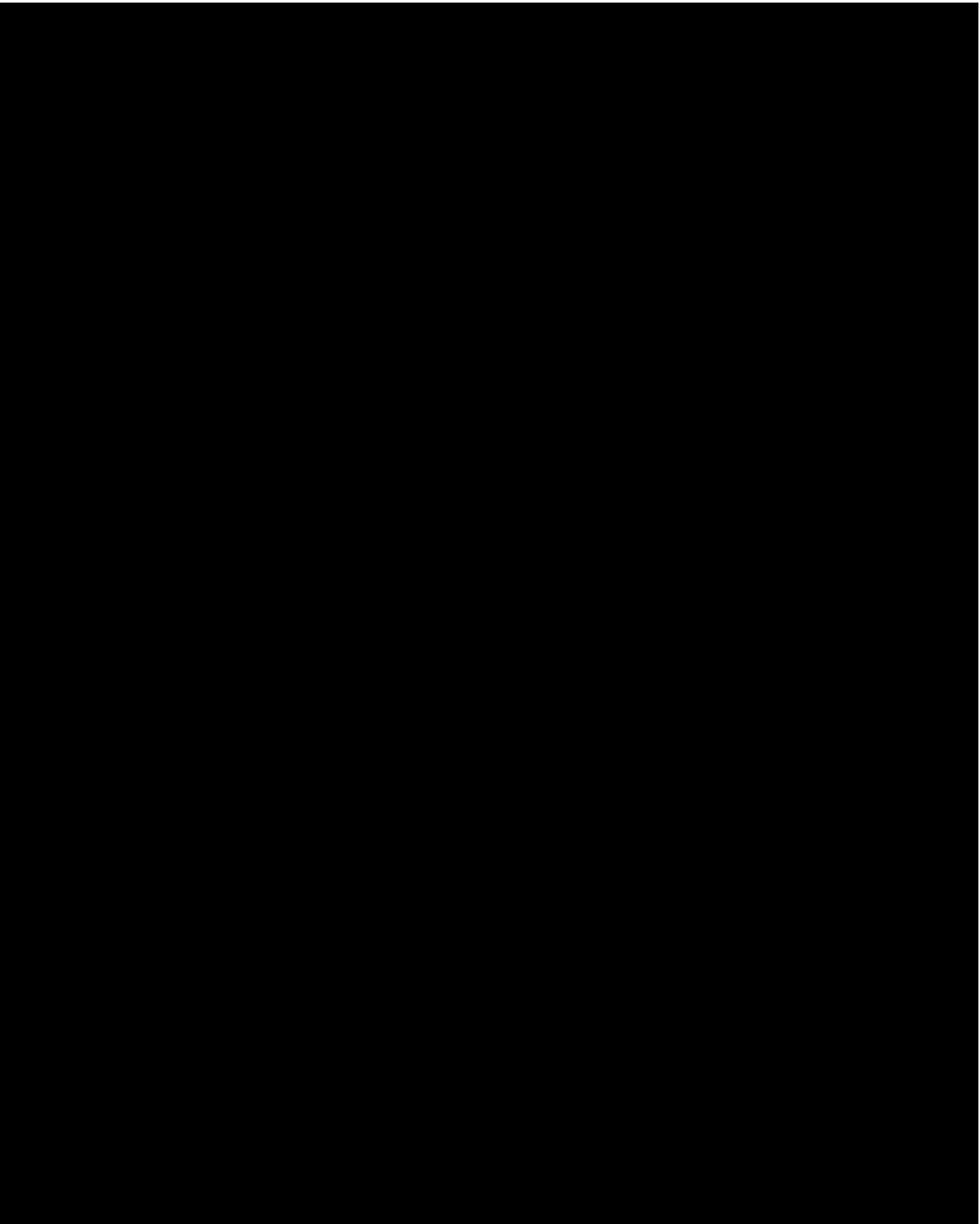
Currently: Planned Parenthood of
750 Portage Road
Niagara Falls, NY 14301



Change to: Planned Parenthood of
750 Portage Road
Niagara Falls, NY 14301



Currently:



Change to:

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Facility ID:

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Facility ID:

Currently: Planned Parenthood of
750 Portage Road
Niagara Falls, NY 14301

Change to: Planned Parenthood of
750 Portage Road
Niagara Falls, NY 14301

Facility ID:

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Please contact me with any questions. I may be reached at [REDACTED] or [REDACTED]

Thank you.

Facility Id.
Certificate No.

576
1401238R

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



OPERATING CERTIFICATE
Diagnostic and Treatment Center Extension Clinic

Effective Date: 03/03/2014
Expiration Date: NONE

Planned Parenthood of [REDACTED]
750 Portage Road
Niagara Falls, New York 14301

Operator: Planned Parenthood of Central and Western New York, Inc.
Operator Class: Voluntary Not for Profit Corporation

Has been granted this Operating Certificate pursuant to Article 28 of the Public Health Law to operate an Extension Clinic at the above site for the service(s) specified.

Family Planning O/P

Primary Medical Care O/P

Kristin W. Lewis

20140529

Deputy Director Office of Primary Care and
Health Systems Management

This certificate must be conspicuously displayed on the premises.

Howard Zucker, M.D.

Acting Commissioner

Facility Id. 576
Certificate No. 1401235R

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



OPERATING CERTIFICATE

Diagnostic and Treatment Center Extension Clinic

Planned Parenthood of [REDACTED]
750 Portage Road
Niagara Falls, New York 14301

Effective Date: 01/08/2010
Expiration Date: NONE

Operator: Planned Parenthood of Western NY, Inc
Operator Class: Voluntary Not for Profit Corporation

Has been granted this Operating Certificate pursuant to Article 28 of the Public Health Law to operate an Extension Clinic at the above site for the service(s) specified.

Family Planning O/P

Health Fairs O/P

Prenatal O/P

Primary Medical Care O/P

Well Child Care O/P

Deputy Commissioner
Office of Health Systems Management

20100721

This certificate must be conspicuously displayed on the premises.

Commissioner