

***New Jersey Department of Health
Division of Certificate of Need & Licensing
LICENSE***

PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY

Pursuant to N.J.S.A. 26:2H-1 et seq.,

which is hereby licensed to operate

Planned Parenthood Of Metropolitan New Jersey

560 MARTIN LUTHER KING BOULEVARD - EAST ORANGE, NJ 07018

AMBULATORY CARE FACILITY - SATELLITE

consisting of:

Services:

Family Planning - Satellite

Parent/License# : Planned Parenthood of Metropolitan New Jersey/70791

License #: 70793
Effective: September 1, 2021
Expires: August 31, 2022
Issued: July 28, 2021



Judith M. Persichilli
Judith M. Persichilli
Commissioner



State of New Jersey
DEPARTMENT OF HEALTH
PO BOX 358
TRENTON, N.J. 08625-0358
www.nj.gov/health

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

JUDITH M. PERSICHILLI, RN, BSN, MA
Commissioner

July 28, 2021

Ms. ROSLYN ROGERS COLLINS
Planned Parenthood Of Metropolitan New Jersey
560 MARTIN LUTHER KING BOULEVARD
EAST ORANGE, NJ 07018

RE: Facility#: NJ70793/ License#: 70793
License Renewal

Dear Ms. ROSLYN ROGERS COLLINS:

Enclosed please find the official license for your health care facility, authorizing continued operation for the next twelve month period. The license must be posted in a conspicuous place in the facility. The license may not be transferred or assigned without the prior approval of the Department.

We appreciate your ongoing efforts to participate as a long term health care provider in NJ. In accordance with N.J.S.A. 26:2H-5, the Department may conduct surveys of the facility to ascertain compliance with all regulatory requirements. The renewal is valid for a one year period, unless revoked or suspended for failure to meet licensure requirements.

Please include the official name of the facility, the license number and contact email(s) on all correspondence if available.

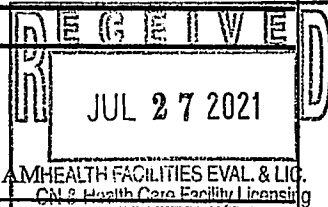
If you have any questions about the license or licensure process, please call this office at (609)292-6552.

Sincerely,

Maria P. Christensen, PhD, APN, RN, NEA-BC
Assistant Commissioner
Division of Certificate of Need & Licensing

Facility Data Sheet

Facility Detail



Facility: Planned Parenthood Of Metropolitan New Jersey **Facility ID:** NJ70793
Type: AMBULATORY CARE FACILITY - SATELLITE **Tracking:** LR-70793-18412
License#: 70793 **License Expires:** 8/31/2021 12:00:00

Payment Information

Renewal Fees: \$475.00 **Inspection Fees:** \$400.00 **Other Fees:** \$0.00 **Total Due:** \$875.00

Facility Information

Address: 560 MARTIN LUTHER KING BOULEVARD, EAST ORANGE, NJ, 07018 **Medicare#:** _____
County: ESSEX **Medicaid#:** _____
Telephone: (973) 674-4343 **New Telephone:** _____
Fax: (973) 674-5581 **New Fax:** _____
Email: kisha.anderson@ppmnj.org **New Email:** _____

Mailing Address

Address: 560 MARTIN LUTHER KING BOULEVARD **New Address:** _____
City: EAST ORANGE **New City:** _____
State: _____ **New State:** _____
Zip: 07018 **New Zip:** _____

Emergency Contact

Name: *Kisha Anderson* **New Name:** _____
Phone: *973-622-3900 x1253* **New Phone:** _____
Fax: _____ **New Fax:** _____
Email: *Kisha.Anderson@ppmnj.org* **New Email:** _____

Administrator

Salutation: Ms **New Salutation:** _____
First Name: ROSLYN **New First Name:** _____
Middle Name: _____ **New Middle Name:** _____
Last Name: ROGERS COLLINS **New Last Name:** _____
Title: _____ **New Title:** _____
Phone Number: _____ **New Phone Number:** _____
Email: _____ **New Email:** _____
Current Primary: Yes **New Current Primary:** _____
Start Date: 09/01/2010 **New Start Date:** _____
End Date: _____ **New End Date:** _____

Owner Detail

Company Name: PLANNED PARENTHOOD OF METROPOLITAN NEW JERSEY
Type: AMBULATORY CARE FACILITY - SATELLITE **Business Type:** _____
Company Tax ID: *221 539 559* **Company Tax ID:** _____
Address: 240 MULBERRY STREET **New Address:** _____
City: NEWARK **New City:** _____
State: NJ **New State:** _____
Zip: 07102 **New Zip:** _____

Phone (973) 622-3900

New Phone _____

Number:

Number: _____

Fax Number:

New Fax Number: _____

Email:

New Email: _____

Facility Officers/Principals Name and Ownership Detail

** See updated list - attached **

TERRY BOOKER	TRUSTEE	0.00%
EDWARD STUART	TRUSTEE	0.00%
DEDE HOROWICZ	TRUSTEE	0.00%
STUART ROSENBLATT	TRUSTEE	0.00%
ENA MARSAN	CHAIR	0.00%
LORITA JACKSON	TREASURER	0.00%
DAVID ROBIN	VICE CHAIR	0.00%
JESSICA RESTAINO	VICE CHAIR	0.00%
LORITA JEFFERSON	TREASURER	0.00%
LESLIE BROWN	NOMI CHAIR	0.00%
RUTH BEDFORD	TRUSTEE	0.00%
ALAN GOLDMAN	TRUSTEE	0.00%
ANGELA PANDOLFO FOY	TRUSTEE	0.00%
SHERYL TUCKER HILLIARD	TRUSTEE	0.00%

Bed / Services / Slots

Facility ID: NJ70793

Tracking: LR-70793-18412

Services & Designations:

Family Planning - Satellite

Related Facilities

Name

License#

Current Accreditation

New Accreditation

Accrediting Body: *Planned Parenthood Federation of America*

Accrediting Body: _____

Effective Date: _____

Effective Date: _____

Expiration Date: *0/22*

Expiration Date: _____

Hospital Attestation :

Hospital Attestation (Yes/No): _____

Hospital Attestation

Hospital Attestation Letter

Letter Date: _____

Date: _____

Deem :

Deem (Yes/No): _____

Note: Please include the accreditation certificate(s) and hospital attestation letter, if applicable.

LICENSE RENEWAL QUESTIONNAIRE

AMBULATORY CARE FACILITY - SATELLITE

License#: 70793

Expires: NJ70793

Ref#: LR-70793-18412

Please answer the following questions (attach additional sheets if necessary)

1. Have any of the principals of the operating entity ever applied, directly or indirectly, for health care facility approval in New Jersey or any other state, which was denied or revoked? NO (Yes/No) If Yes, indicate whom and give details:

2. Do any of the principals of the operating entity have an ownership, operational or management interest in any other licensed health care facility in New Jersey, or any other state? NO (Yes/No) If Yes, explain the nature of the interest and give name and address of each facility :

3. Have any principals of the operating entity ever been found guilty of a criminal or administrative charge of resident/patient fraud, abuse and/or neglect? have any of these ever been indicted for the same charge? NO (Yes/No) If Yes, explain in detail:

4. Have any principals of the operating entity ever been indicted for or convicted of a felony crime? NO (Yes/No) If Yes, indicate whom and give details

CERTIFICATION

The applicant certifies:

- 1) that all information contained in this application and attachments is true and correct, to the best of his/her knowledge and belief, and that willful misrepresentation of these facts may make the applicant subject to civil penalties;
- 2) that the application has been duly authorized by the governing body of the applicant;
- 3) that the facility has been and will be operated in accordance with applicable licensing requirements;
- 4) that the facility is not suspended, debarred, or otherwise excluded for any reason from entering into the covered transaction; and
- 5) that the facility is in compliance with the requirements of Section 6032 of The Federal Deficit Reduction Act.

Name of authorized individual completing form (print or type):	
Print Name: <u>Roslyn Rogers Collins</u>	Title: <u>President and CEO</u>
Signature: <u>[Handwritten Signature]</u>	Date: <u>July 13, 2021</u>

Certificate of Affiliation



Planned Parenthood of Metropolitan New Jersey, Inc.

is in compliance with the evidence-based medical protocols and key quality standards of the Planned Parenthood Federation of America.
Planned Parenthood of Metropolitan New Jersey, Inc. is an affiliate in good standing and is accredited by Planned Parenthood Federation of America through June 2022.



Planned Parenthood Federation of America

A handwritten signature in black ink, appearing to read "Alexis McGill Johnson".

Alexis McGill Johnson
President & CEO,
Planned Parenthood Federation of America

A handwritten signature in black ink, appearing to read "Kulleni Gebreyes".

Dr. Kulleni Gebreyes
Board Chair,
Planned Parenthood Federation of America

Payee Treasurer State of NJ
Vendor ID Treasurer1

Account #:

6354
7/20/2021

Invoice	Description	Discount	Amount
210713T	NJ Ambulatory Care Licenses	\$0.00	\$3,900.00

Total : \$0.00 \$3,900.0

**PLANNED PARENTHOOD OF METROPOLITAN
NEW JERSEY, INC.**
238 MULBERRY STREET, 1ST FLOOR
NEWARK, NJ 07102

PNC BANK
PNC Bank, N.A.
New Jersey 060
55-760/312



635
635

****Three Thousand Nine Hundred and 00/100 Dollars

DATE AMOUNT
7/20/2021 \$3,900.00

PAY
TO THE
ORDER
OF

Treasurer State of NJ
PO Box 358
Trenton, NJ 08625-0358



AUTHORIZED SIGNATURE



Planned Parenthood of Metropolitan New Jersey

July 14, 2021

Maria P. Christensen
Division of Certificate of Need & Licensing
PO Box 358
Trenton, NJ 08625-0358

Please add the following under Facility Officers/Principals:

Alan Goldman- Trustee
Angela Pandolfo Roy – Trustee
Barbara George Johnson- 1st Vice Chair
Carla Gouraige- Trustee
Colleen Veldt- Trustee
Damali Campbell, MD- Secretary
Dana Grant- Trustee
David Robin- 2nd Vice Chair
DeDe Horowicz- Trustee
George Abraham- Treasurer
Gloria Watson, Ed.- Trustee
Jessica Daye- Chair
Karyn Jefferson- Trustee
Kimberly Ebron- Trustee
Kimberly White-Trustee
Leslie Brown- Trustee
Monica Taylor-Trustee
Natalie Roche, MD- Trustee
Patsy Colchamiro Perl- Trustee
Recia Howard- Trustee
Renee Yozzi- Trustee
Sheryl Tucker Hilliard-Trustee
Terry Booker- Trustee

Sincerely,



Kisha Anderson DNP, APNC.
Vice President of Health Services

Serving Essex, Hudson & Passaic Counties

East Orange
560 Martin Luther King Blvd.
Suite 100
East Orange, NJ 07018
973.674.4343

Ironbound
70 Adams St.
Newark, NJ 07105
973.465.7707

Montclair
29 N. Fullerton Ave.
Montclair, NJ 07042
973.746.7116

Mulberry
238 Mulberry Street, 1st Floor
Newark, NJ 07102
973.622.3900

Paterson
680 Broadway
Suite 001
Paterson, NJ 07514
973.345.3883

Planned Parenthood of Metropolitan New Jersey

July 14, 2021

Maria P. Christensen
Division of Certificate of need & Licensing
PO Box 358
Trenton, NJ 08625-0358

Dear Maria P. Christensen:

Enclosed is the license renewal application for Planned Parenthood of Metropolitan NJ's five centers. Renewal of the inactive license for PPMNJ's Pompton Lakes site is being sent separately.

A check in the amount of \$3900 is enclosed for the licensure of our five health centers.

I can be reached at 973-622-3900 Ext 1253 if you have any questions.

Sincerely,



Kisha Anderson DNP, APNC
Vice President of Health Services

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973.622.3900

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973.345.3883