

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

PLANNED PARENTHOOD OF NCSNJ

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

which is hereby licensed to operate

Planned Parenthood of Northern, Central and Southern New Jersey, Inc.

575 MAIN STREET - HACKENSACK, NJ 07601

AMBULATORY CARE FACILITY - SATELLITE

consisting of:

Services:

Family Planning - Satellite

Parent/License# :

*Planned Parenthood of Northern, Central and Southern New Jersey,
Inc./71472*

License #: **22490**
Effective: **April 1, 2022**
Expires: **March 31, 2023**
Issued: **February 28, 2022**



Judith M. Persichilli
Judith M. Persichilli
Commissioner

THIS LICENSE IS NOT TRANSFERABLE, APPLIES ONLY TO THE ABOVE LOCATION, AND TERMINATES ON NOTICE BY THE DEPARTMENT



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

February 28, 2022

Ms. TRISTE BROOKS

Planned Parenthood of Northern, Central and Southern New
Jersey, Inc.
575 MAIN STREET
HACKENSACK, NJ 07601

RE: Facility#: NJ22490/ License#: 22490

License Renewal

Dear Ms. TRISTE BROOKS:

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,

Michael J. Kennedy, J.D.
Executive Director
Certificate of Need and Licensing
New Jersey Department of Health



196 Speedwell Avenue
Morristown, NJ 07960
p: 973.539.9580
www.ppncsnj.org

Planned Parenthood of Northern, Central,
and Southern New Jersey

February 18, 2022

State of New Jersey
Department of Health
PO Box 358
Trenton, NJ 08625

Mr. Michael J. Kennedy, J.D.,

Enclosed, please find the Ambulatory Care Renewal applications and corresponding payments for below PPNCNJ Health Centers, which are due to expire on March 31, 2022.

License # 22490- Hackensack Health Center, 575 Main St. Hackensack NJ 07601

License # 71191- Trenton Health Center, 437 E. State St. Trenton NJ 08608

License #22593- Hamilton Health Center, 2279 Rt. 33, Golden Crest Corp CTR, STE 510, Hamilton NJ 08690

If you are need of any additional information from our above-mentioned health centers, please feel free to contact me directly by phone at 973.349.4803 or email at jarret.allende@ppggnj.org.

Sincerely,

Jarret Allende, MHA, CHES®
Vice President of Medical Administration
Planned Parenthood of NCSNJ, INC.

Facility Data Sheet

Facility Detail

Facility:	Planned Parenthood of Northern, Central and Southern New Jersey, Inc.	Facility ID:	NJ22490
Type:	AMBULATORY CARE FACILITY - SATELLITE	Tracking:	LR-22490-20903
License#:	22490	License Expires:	3/31/2022 12:00:00 AM

Payment Information

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

Address: 575 MAIN STREET, HACKENSACK, NJ, 07601	Medicare#:
County: BERGEN	Medicaid#:
Telephone: (201) 489-1140	New Telephone: _____
Fax: (201) 489-8077	New Fax: _____
Email: amy.raspatello@ppggnj.org	New Email: _____

Mailing Address

Address: 575 MAIN STREET	New Address: _____
City: HACKENSACK	New City: _____
State:	New State: _____
Zip: 07601	New Zip: _____

Emergency Contact

Name: Amy Raspatello	New Name: _____
Phone: (973) 879-1306	New Phone: _____
Fax:	New Fax: _____
Email: amy.raspatello@ppggnj.org	New Email: _____

Administrator

Salutation: Ms	New Salutation: _____
First Name: TRISTE	New First Name: _____
Middle Name: A	New Middle Name: _____
Last Name: BROOKS	New Last Name: _____
Title:	New Title: _____
Phone Number:	New Phone Number: _____
Email:	New Email: _____
Current Primary: Yes	New Current Primary: _____
Start Date: 11/02/2009	New Start Date: _____
End Date:	New End Date: _____

Owner Detail

Company Name:	PLANNED PARENTHOOD OF NCSNJ		
Type:	AMBULATORY CARE FACILITY - SATELLITE	Business Type:	_____
Company Tax ID:		Company Tax ID:	_____
Address:	196 SPEEDWELL AVENUE	New Address:	_____
City:	MORRISTOWN	New City:	_____
State:	NJ	New State:	_____
Zip:	07960	New Zip:	_____

Phone Number:	New Phone Number:	_____
Fax Number:	New Fax Number:	_____
Email:	New Email:	_____

Facility Officers/Principals Name and Ownership Detail

JOSHUA S SAKS	BRD MEMBER	0.00%
PATRICK STOVER	CHAIR	0.00%
PATRICIA COOK		0.00%
BENN MEISTRICH	1ST VP	0.00%
STEPHANIE A FISHER	VICE CHAIR	0.00%
CONNIE NEWMAN	SECRETARY	0.00%
MICHAEL ROEMER	TREASURER	0.00%
JOAN GOTTI	GOV CHAIR	0.00%
KATHY KLEEMAN	BRD MEMBER	0.00%
SHELDEN PISANI	BRD MEMBER	0.00%
MARC BRAHANEY	2ND VP	0.00%
KEVIN LAU	ESQ	0.00%

Bed / Services / Slots

Facility ID: NJ22490

Tracking: LR-22490-20903

Services & Designations:

Family Planning - Satellite

Related Facilities

Name	License#
Current Accreditation	New Accreditation
Accrediting Body:	Accrediting Body: _____
Effective Date:	Effective Date: _____
Expiration Date:	Expiration Date: _____
Hospital Attestation :	Hospital Attestation (Yes/No): _____
Hospital Attestation Letter Date:	Hospital Attestation Letter 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#: 22490

Expires: NJ22490

Ref#: LR-22490-20903

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>Jarret Ailence</u>	Title: <u>VP medical Administration</u>
Signature: <u>[Signature]</u>	Date: <u>2/18/22</u>

From: dohepay.mail@doh.nj.gov
Subject: [EXTERNAL] AUTO GENERATED: DO NOT REPLY - DOH Payment Confirmation
Date: Feb 18, 2022 at 9:40:55 AM
To: Jarret Allende jarret.allende@ppgnnj.org

Dear TRISTE BROOKS,

Thank you for using the Department of Health electronic payment system. Your payment has been processed. Please find a summary of your payment below.

Payment Information:

Application Name: Ambulatory Care Facility - Renewal
Name: PLANNED PARENTHOOD OF NORTHERN, CENTRAL AND SOUTHE
Confirmation Number: [161177486](#)
Payment Date: 02/18/2022
Application Payment Amount: \$875.00
Payment Including Service Fee: \$893.00

Address & Contact Information:

Physical Address Line 1: 196 SPEEDWELL AVE
Physical Address Line 2:
City: MORRISTOWN
State: NJ
Zip: 07960
Phone Number: [973-349-4803](#)
Email Address: JARRET.ALLENDE@PPGNNJ.ORG

Please print this receipt and keep it on file for your future references.

Visit www.nj.gov/health web site for additional information.

For credit card payment inquires please visit NICUSA support web site .
<https://www.njportal.com/ErrorPages/PaymentHelp.aspx?s=ce>