

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*

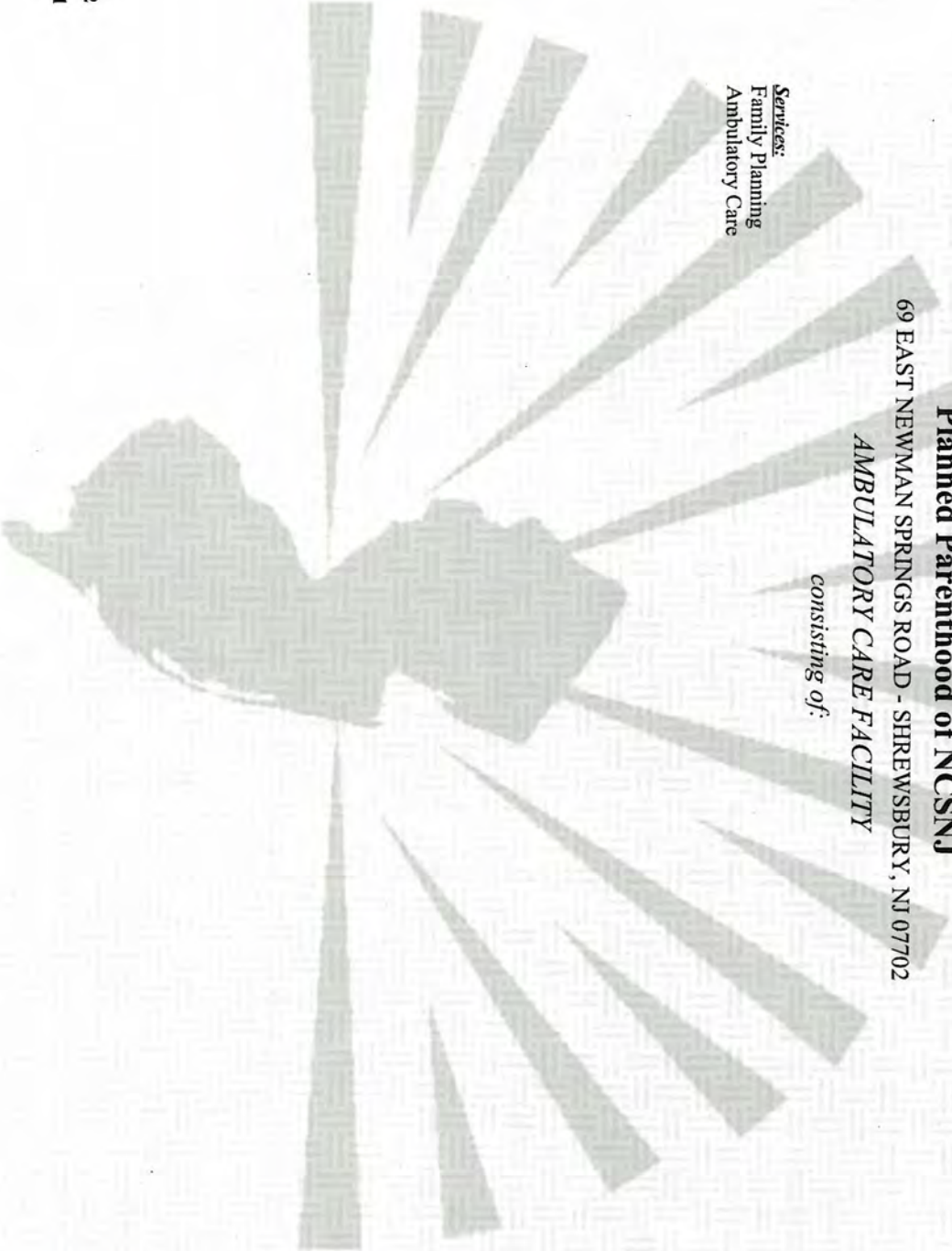
Planned Parenthood of NCSNJ

69 EAST NEWMAN SPRINGS ROAD - SHREWSBURY, NJ 07702
AMBULATORY CARE FACILITY

consisting of:

Services:
Family Planning
Ambulatory Care

License #: 71370
Effective: January 1, 2022
Expires: December 31, 2022
Issued: November 23, 2021



Judith M. Persichilli
Judith M. Persichilli
Commissioner

**MUST BE POSTED IN A CONSPICUOUS PLACE IN THE FACILITY
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

November 23, 2021

Ms. TRISTE BROOKS
Planned Parenthood of NCSNJ
69 EAST NEWMAN SPRINGS ROAD
SHREWSBURY, NJ 07702

RE: Facility#: NJ71370/ License#: 71370
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.

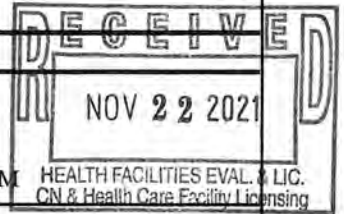
If you have any questions about the license or licensure process, please call this office at (609)292-6552.

Sincerely,

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

11/23/21

Facility Data Sheet



Facility Detail

Facility: Planned Parenthood of NCSNJ Facility ID: NJ71370
 Type: AMBULATORY CARE FACILITY Tracking: LR-71370-19894
 License#: 71370 License Expires: 12/31/2021 12:00:00 AM

Payment Information

Renewal Fees: \$950.00 Inspection Fees: \$1,000.00 Other Fees: \$0.00 Total Due: \$1,950.00

Facility Information

Address: 69 EAST NEWMAN SPRINGS ROAD, SHREWSBURY, NJ, 07702 Medicare#: _____
 County: MONMOUTH Medicaid#: _____
 Telephone: (973) 879-1306 New Telephone: _____
 Fax: (973) 539-0180 New Fax: _____
 Email: amy.raspatello@ppgnnj.org New Email: _____

Mailing Address

Address: 69 EAST NEWMAN SPRINGS ROAD New Address: _____
 City: SHREWSBURY New City: _____
 State: _____ New State: _____
 Zip: 07702 New Zip: _____

Emergency Contact

Name: Jarret Altendick New Name: _____
 Phone: 973-349-4803 New Phone: _____
 Fax: 973-539-0180 New Fax: _____
 Email: Jarret.altendick@ppgnnj.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: 01/01/2012 New Start Date: _____
 End Date: _____ New End Date: _____

Owner Detail

Company Name: PLANNED PARENTHOOD OF NCSNJ
 Type: AMBULATORY CARE FACILITY 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:	(973) 539-9580	New Phone Number:	_____
Fax Number:		New Fax Number:	_____
Email:		New Email:	_____

Facility Officers/Principals Name and Ownership Detail

VINITA JETHWANI		0.00%
RALPH PADILLA		0.00%
JOSHUA S SAKS	BRD MEMBER	0.00%
PATRICK STOVER	CHAIR	0.00%
PATRICIA COOK		0.00%
KATHERINE E KLEEMAN	CHAIR	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%
SHELDEN PISANI	BRD MEMBER	0.00%
MARC BRAHANEY	2ND VP	0.00%
KEVIN LAU	ESQ	0.00%

Bed / Services / Slots

Facility ID: NJ71370

Tracking: LR-71370-19894

Services & Designations:

- Family Planning
- Ambulatory Care

Related Facilities

Name	License#
PLANNED PARENTHOOD OF NORTHERN, CENTRAL & SOUTHERN (NJ71792)	71792
PLANNED PARENTHOOD OF NCSNJ (NJ22258)	22258
PLANNED PARENTHOOD OF NCSNJ (NJ22458)	22458
PLANNED PARENTHOOD OF NCSNJ (NJ22524)	22524

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

License#: 71370

Expires: NJ71370

Ref#: LR-71370-19894

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>Tanget Allende</u>	Title: <u>Medical Administrator</u>
Signature: <u>[Signature]</u>	Date: <u>11/15/21</u>

Planned Parenthood of Northern, Central,
and Southern New Jersey

10/1/2021

EIN: 22-1643997

BOARD OF DIRECTORS ROSTER:

Rachele Berria, M.D., Ph.D

Marc, Brahaney

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Pat S. Stover

Loretta Winters

James M. Wood, C.P.A

LOCATIONS IN NEW JERSEY:

Bellmawr

Camden

Delran

Elizabeth

Englewood

Flemington

Hackensack

Hamilton

Morristown

New Brunswick

Newton

Perth Amboy

Shrewsbury

Stockton (Pomona)

Trenton

Washington



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

Planned Parenthood of Northern, Central,
and Southern New Jersey

November 17, 2021

State of New Jersey
Department of Health
P.O. Box 358
Trenton, NJ 08625-0358

To Whom It May Concern:

The enclosed packet contains Ambulatory Care Renewal applications for the following Planned Parenthood of Northern, Central and Southern New Jersey.

Facility ID: NJ22524- New Brunswick Health Center

Facility ID: NJ22258- Perth Amboy Health Center

Facility ID: NJ 71370- Shrewsbury Health Center

If you have any questions or concerns, please reach out to Jarret Allende, Vice President of Medical Administration via phone at 973.349.4803 or via email at jarret.allende@ppggnj.org.

Thank you,

A handwritten signature in blue ink, appearing to read 'JAE', with a long, sweeping horizontal line extending to the right.

Jarret Allende, MHA, CHES®
Vice President of Medical Administration

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 NCSNJ

Confirmation Number: 104717769

Payment Date: 11/15/2021

Application Payment Amount: \$1,950.00

Payment Including Service Fee: \$1,989.50

Address & Contact Information:

Physical Address Line 1: 69 EAST NEWMAN SPRINGS ROAD

Physical Address Line 2:

City: SHREWSBURY

State: NJ

Zip: 07702

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>

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 71370	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2014
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PLANNED PARENTHOOD OF NCSNJ	STREET ADDRESS, CITY, STATE, ZIP CODE 69 EAST NEWMAN SPRINGS ROAD SHREWSBURY, NJ 07702
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	<p>INITIAL COMMENTS</p> <p>The facility is in substantial compliance with N.J.A.C. Title 8 Chapter 43A-Standards for Licensure of Ambulatory Care Facilities for this complaint visit only. (C#NJ00074921)</p>	A 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



State of New Jersey
DEPARTMENT OF HEALTH AND SENIOR SERVICES
PO BOX 358
TRENTON, N.J. 08625-0358

JON S. CORZINE
Governor

www.nj.gov/health

HEATHER HOWARD, J.D.
Commissioner

March 13, 2008

**VIA UNITED
PARCEL SERVICE**

Phyllis Kinsler
President / CEO
Planned Parenthood of Central NJ
69 E. Newman Springs Road
P.O. Box 95
Shrewsbury, NJ 07702

Re: Waiver Request
Patient Toilet
Facility ID # 71370

Dear Ms. Kinsler:

This is in response to the application, which you filed on September 17, 2007 requesting a waiver from N.J.A.C. 8:43A-19.1, which references the American Institute of Architects (AIA) Guidelines for Design and Construction of Hospitals and Health Care Facilities 2006 (Guidelines) Chapter 3 Ambulatory Care Facilities. This request has been reviewed in consultation with the Department of Health and Senior Services' (Department) staff construction manager.

Section 2.2-4.2 of the AIA Guidelines provides that "Toilet rooms with hand-washing stations shall be accessible to procedure room(s) if procedures provided may result in the need for immediate access to patient toilet facilities." You state that Planned Parenthood of Central New Jersey (PPCNJ) uses ultrasound in this facility only for first trimester pregnancy terminations and that you do not perform general diagnostic ultrasounds. Additionally, you mention that since you use conscious sedation as a part of the surgical procedure, patients are instructed to avoid ingesting any food or beverage, including water, for at least 6 hours prior to the procedure. Additionally, you state that a patient toilet is located within the changing room, which is located 11 feet from the procedure rooms.

I am granting this waiver since the toilet room that you describe will be sufficient to accommodate the needs of patients in the above mentioned facility for the type of procedure specified in your request.

Phyllis Kinsler
Planned Parenthood of Central New Jersey
Page 2

Please be advised that this waiver may be rescinded at any time if the approval of this waiver results in any negative impact to patient care. Furthermore, the waiver will expire upon any amendments to the rule. At that time, it is incumbent upon the facility to submit a new waiver application for Department review. In addition, be advised that if there is any new construction, renovations or alterations to the physical plant, which may affect the waived condition, this waiver will no longer be valid, and the facility will be required to resubmit their request to the Department for re-evaluation.

If you have any further questions please do not hesitate to contact Mr. Andrew D. Benesch, Health Data Specialist 1 at (609) 633-9042.

Sincerely,



John A. Calabria
Director
Certificate of Need and
Healthcare Facility Licensure

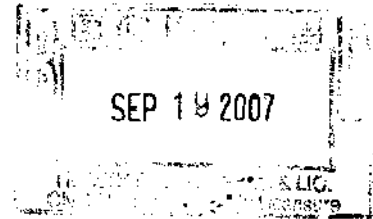
- c. A. Gibson
- J. Scopelite
- B. Goldman
- B. Miller
- A. Benesch



PLANNED PARENTHOOD®
OF CENTRAL NEW JERSEY

September 17, 2007

John A. Calabria, Director
Certificate of Need and
Acute Care Licensure Program
P.O. Box 360
Trenton, NJ 08625-0360



Health Centers

Freehold
800 West Main Street
Freehold, NJ 07728
(732) 431-1717
(732) 431-4846 (fax)

Hazlet
Bethany Commons
1 Bethany Road
Bldg. # 6, Suite # 91
Hazlet, NJ 07730
(732) 888-4900
(732) 888-4882 (fax)

New Brunswick
10B Industrial Drive
New Brunswick, NJ 08901
(732) 246-2411
(732) 846-8799 (fax)

Perth Amboy
215 Market St
Perth Amboy, NJ 08861
(732) 442-4499
(732) 442-7150 (fax)

Shrewsbury
69 E. Newman Springs Rd
Shrewsbury, NJ 07702
(732) 842-9300
(732) 842-9338 (fax)

Spotswood
12 Snowhill St. #3
Spotswood, NJ 08884
(732) 723-9192
(732) 723-2448 (fax)

Dear Mr. Calabria,

Enclosed, please find an application for waiver for ultrasound procedures at our Shrewsbury facility. Should you have any questions pertaining to the application, please do not hesitate to contact me directly. Thank you for your consideration.

Sincerely,

Jennifer Winter, MS, RN, APN, C
Vice President of Patient Services

Enclosure

/jaw

New Jersey Department of Health and Senior Services
 Certificate of Need and Acute Care Licensure Program
 P.O. Box 360
 Trenton, NJ 08625-0360

APPLICATION FOR WAIVER

(Requests for more than one waiver may not be combined. An Application for Waiver form must be completed for each waiver requested).

CN Ref. # N/A	DCA Ref. # N/A	Facility ID # (if currently licensed) 71370 A
Name and Address of Facility: Planned Parenthood of Central New Jersey 69 E. Newman Springs Road P.O. Box 95 Shrewsbury, NJ 07702		
Name, Address and Telephone Number of Owner, Chief Executive Officer (CEO), Chief Operating Officer (COO), or Administrator of the Existing or Proposed Facility: Phyllis Kinsler, President/CEO Planned Parenthood of Central New Jersey 69 E. Newman Springs Road P.O. Box 95 Shrewsbury, NJ 07702		
Name, Address and Telephone Number of Architect: Not Applicable - The building was licensed in 1978 - no architectural changes.		
The owner, CEO, COO or Administrator of the existing or proposed health care facility hereby applies for a waiver to the following regulation (identify regulation by name, code citation (if applicable) and date (if applicable)): Subchapter 19. Physical Plant and Requirements 8:43A-19.1.a Physical Plant Construction for new construction or alteration		

APPLICATION FOR WAIVER (continued)

A. Provide the following information for each rule or part of rule for which a waiver is being requested. Attach additional sheets as necessary.

1. Restate rule or part of rule for which a waiver is being requested and identify the specific rule citation.
See attached sheet (page 1).

2. Describe the reasons for requesting a waiver, including a statement of the type and degree of hardship that would result upon compliance.

The procedure room is used for transvaginal ultrasounds on ambulatory patients. A waiver is requested for the use of the ultrasound in the procedure room as no fluid ingestion occurs prior to the ultrasound procedures.

3. Describe an alternative proposal to ensure patient safety.

The bathroom is located eleven (11) feet from the procedure rooms.

4. Is documentation attached to support the waiver request?

No Yes (Identify):

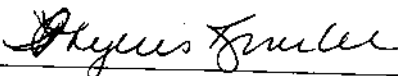
Picture of area included. Note the distance from the farthest procedure room was measured as eleven feet to the patient bathroom.

B. Is the project currently under review by the Department of Community Affairs, Health Care Plan Review?

No Yes (Identify DCA Reviewer)

C. Is the request for a waiver based on plan review comments by the Department of Community Affairs.

No Yes (Attach Comments)

Name of Owner, CEO, COO or Administrator Phyllis Kinsler	Title President/CEO
Signature of Owner, CEO, COO or Administrator 	Date 9/14/07

Planned Parenthood of Central New Jersey

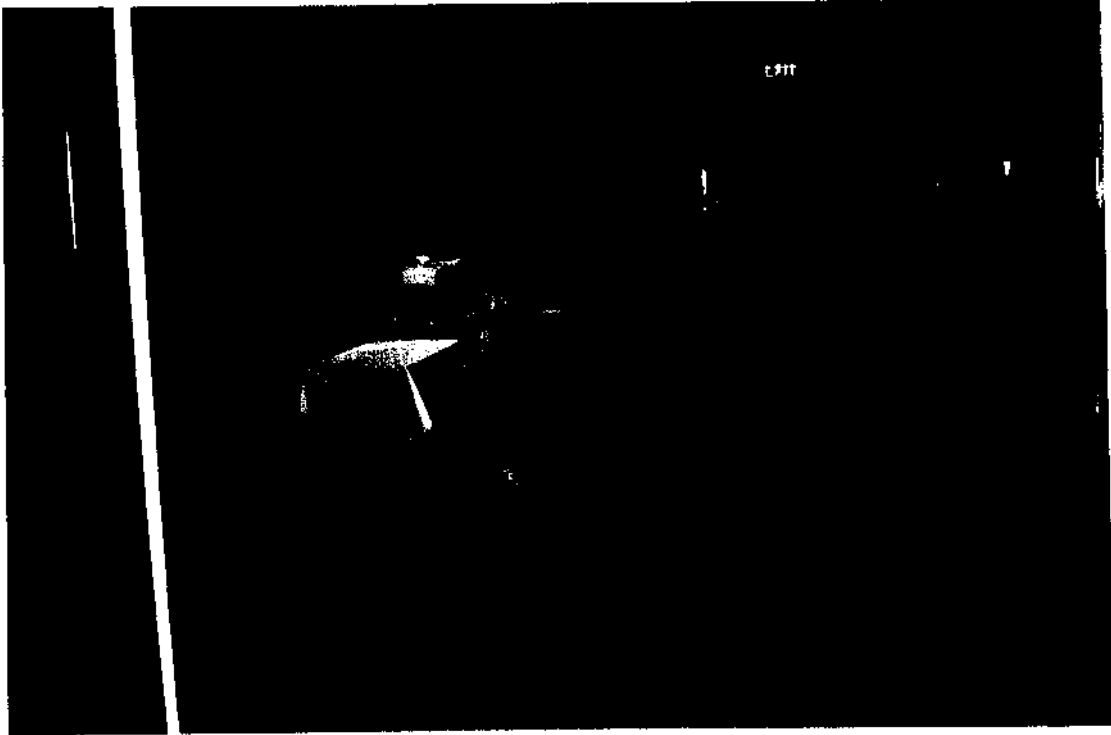
Application for Waiver

Additional Sheet

- 1. Restate rule or part of rule for which a waiver is being requested and identify the specific rule citation.**

Standard 8:43 A-19.1 states that new buildings and alterations and additions to existing buildings for freestanding ambulatory care facilities shall conform with the the current edition of the Guidelines for Construction and Equipment of Hospital and Medical Facilities (The American Institute of Architects Press [AIA]) According to AIA, the bathroom is required by standard 5.5.6.2 Patient toilet: A patient toilet, accessible to the procedure room, shall be provided. Although this building, originally licensed in 1978 is not new and has not been subject to additions, citation was noted on August 29, 2007.

Planned Parenthood of Central New Jersey



- A – Procedure Room
- B – Procedure Room
- C – Procedure Room
- D – Patient Bathroom

Three procedure rooms are utilized for ultrasound. Note the distance from the farthest procedure room is eleven (11) feet to the patient bathroom.