

**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.

437 EAST STATE STREET - TRENTON, NJ 08608

AMBULATORY CARE FACILITY

consisting of:

Services:
Family Planning
Ambulatory Care

License #: 71191
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.
437 EAST STATE STREET
TRENTON, NJ 08608

RE: Facility#: NJ71191/ License#: 71191

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

Facility Data Sheet

Facility Detail

Facility:	Planned Parenthood of Northern, Central and Southern New Jersey, Inc.	Facility ID:	NJ71191
Type:	AMBULATORY CARE FACILITY	Tracking:	LR-71191-20905
License#:	71191	License Expires:	3/31/2022 12:00:00 AM

Payment Information

Renewal Fees: \$950.00	Inspection Fees: \$0.00	Other Fees: \$0.00	Total Due: \$950.00
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Facility Information

Address: 437 EAST STATE STREET, TRENTON, NJ, 08608	Medicare#:
County: MERCER	Medicaid#:
Telephone: (609) 503-7662	New Telephone: _____
Fax: (609) 989-1546	New Fax: _____
Email: amy.raspatello@ppggnj.org	New Email: _____

Mailing Address

Address: 437 EAST STATE STREET	New Address: _____
City: TRENTON	New City: _____
State:	New State: _____
Zip: 08608	New Zip: _____

Emergency Contact

Name: AMY RASPATELLO	New Name: _____
Phone: (973) 879-1306 - 137	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: 03/02/2015	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	<i>Facility ID: NJ71191</i>	<i>Tracking: LR-71191-20905</i>
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Services & Designations:

- Family Planning
- Ambulatory Care

Related Facilities

Name	License#
PLANNED PARENTHOOD OF NORTHERN, CENTRAL & SOUTHERN (NJ22597)	22597
PLANNED PARENTHOOD OF NORTHERN, CENTRAL & SOUTHERN (NJ22593)	22593

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#: 71191

Expires: NJ71191

Ref#: LR-71191-20905

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>Janet Allende</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 9:30:10 AM
To: Jarret Allende jarret.allende@ppgghnj.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: [161176220](#)
Payment Date: 02/18/2022
Application Payment Amount: \$950.00
Payment Including Service Fee: \$969.50

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>



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

January 15, 2010

HEATHER HOWARD, J.D.
Commissioner

**VIA UNITED
PARCEL SERVICE**

Allison Howe
Vice President of Health Services
Planned Parenthood Association of Mercer Area
437 East State Street
Trenton, New Jersey 08608

Re: Waiver Request #1751
Patient Toilet
Facility #71191

Dear Ms. Howe:

This is in response to your application dated December 11, 2009 and revised document dated December 21, 2009 requesting a waiver from the American Institute of Architects (AIA) Guidelines for Design and Construction of Hospitals and Health Care Facilities 2006 (Guidelines) Section 5.5-5.5.6.2. This request has been reviewed in consultation with the Department of Health and Senior Services' (Department) staff construction manager.

Section 5.5-5.5.6.2 states that "A patient toilet, accessible from the procedure room shall be provided." You indicate that the location of the toilet is immediately adjacent to the ultrasound/exam. You also state that this arrangement was found to be the best solution to meet your functional requirements since there is only one procedure/ultrasound room and one toilet associated with this room. You further indicate that due to your budgetary restrictions you are unable to add an extra door to the toilet without causing other problems.

I am approving your waiver request based on the close proximity of the patient toilet to the ultrasound/exam room, which is within a few feet of the room's entrance. I do not foresee the location of the patient toilet as having an adverse impact on patient care since it is easily accessible and available for patient use. The two counseling rooms and lab services also part of the facility located on the same floor should not interfere with the operation of the

Allison Howe
Planned Parenthood Association of Mercer Area
Page 2

ultrasound/exam room because the facility can schedule patient visits as appropriate to ensure the ultrasound/exam room is available as needed without conflicting with client use generated from their counseling and lab services. Copies of policies and procedures established to ensure the use of this toilet is available and accessible to patients being seen in the ultrasound/exam room must be submitted to the Department within ten of receipt of this letter.

Please be advised that if there is any new construction, renovations or alterations to the physical plant, this waiver will no longer be valid, and the facility will be required to resubmit their request to the Department for re-evaluation. This waiver may be rescinded at any time if the waiver results in any negative impact to staff, visitors or patient care. Furthermore, the waiver will expire upon any amendments to the rule identified above. At that time, it is incumbent upon the facility to submit a new waiver application for Department review. The aforementioned waiver is for the use of the licensed operator at this location.

Any approval granted by this Department relates to Certificate of Need and/or Licensing requirements only and does not imply acceptance by a reimbursing entity. This letter is also not intended as an approval of any arrangement affecting reimbursement or any remuneration involving claims for health care services.

If you have any further questions please do not hesitate to contact Mr. Anthony Kobylarz of my staff, at (609) 292-6552.

Sincerely,



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

- c. Ms. Gibson
- Mr. Kiani
- Mr. Kobylarz
- Ms. Diaz
- Mr. Esmart

New Jersey Department of Health Senior Services
Division of Health Facilities Evaluation and Licensing
Office of Certificate of Need and Acute Care Licensure
Waiver Request Transmittal Form

Facility Name:

PLANNED PARENTHOOD ASSOCIATION OF THE MERCER AREA

Waiver Information:		Architectural Review:	
License #:	71191	<input type="checkbox"/> Date Reviewed:	
Location:	TRENTON	Comments:	
Waiver ID:	1751		
Request Date:	12/11/2009		
Date of Receipt:	12/11/2009		
CN or DCA Ref #:	910124 11 16		
Category:	Physical Plant		
Subcategory:	toilets & outpatient facilities		
Code Citation:	3.1 2.2.4.2		
Staff Assigned:	Team A		
Date Assigned:	12/16/2009		
Date of letter:			
Waivers requested:	1		
Waiver Denied:	<input type="checkbox"/>		
Status Date:	12/16/2009		
Current Status:	Jorge		
		Staff Review:	
		<input type="checkbox"/> Date Reviewed:	
		Comments:	
		Director Review:	
		<input type="checkbox"/> Date Reviewed:	
		Comments:	

OK

Print Form

New Jersey Department of Health and Senior Services
Office of Certificate of Need and Healthcare Facility Licensure
P.O. Box 358
Trenton, NJ 08625-0358

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. # 910124 11 16	DCA Ref. # 5305-07	Facility ID # (if currently licensed) 71191A
Name and Address of Facility: Planned Parenthood Association of the Mercer Area 437 East State Street Trenton, NJ 08608		
Name, Address and Telephone Number of Owner, Chief Executive Officer (CEO), Chief Operating Officer (COO), or Administrator of the Existing or Proposed Facility: Xan Blake, CEO Planned Parenthood Association of the Mercer Area 437 East State Street Trenton, NJ 08608 609-964-7952		
Name, Address and Telephone Number of Architect: David B. Singer P.O. Box 374 Stockton, NJ 08559 609-773-0167		
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)): 3.1 Outpatient Facilities 2.2.4.2 Toilet rooms (2006 Guidelines for Design and Construction of Health Care Facilities)		

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.

Guideline states 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".

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

Planned Parenthood of the Mercer Area (PPAMA) has been operating since 1993 with DOH approval with an ultrasound room on the first floor that is not immediately attached to a bathroom. Hardship: The plans that revealed this issue were for construction in other parts of the building. There was no plan to renovate the area where the ultrasound is and it would require substantial extra expenses that PPAMA does not have funding for to change it. All appropriate safety and infection control measures are currently in place for the patient including monitoring any issues through the Patient Safety Committee.

3. Describe an alternative proposal to ensure patient safety.

A bathroom is provided in close proximity to the ultrasound room. The clients can access that bathroom if they need to. The ultrasound room is utilized to provide ultrasounds to size the pregnancy. Generally, the actual ultrasound takes 5 minutes. The patient is asked to empty their bladder for a urine test prior to this service. There are handwashing facilities in the ultrasound room.

4. Is documentation attached to support the waiver request?

No Yes (Identify):


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

No Yes (Identify DCA Reviewer)

Have received approval

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 Xan Blake	Title CEO
Signature of Owner, CEO, COO or Administrator 	Date 12/11/2009