

**NEW YORK**  
state department of  
**HEALTH**

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

Sue Kelly  
Executive Deputy Commissioner

July 27, 2011

[REDACTED]  
Chief Executive Officer  
[REDACTED]

Re: 568226 - L

[REDACTED]  
Relocate [REDACTED] from [REDACTED] to [REDACTED]  
[REDACTED] decertify prenatal O/P service at [REDACTED]  
sites listed, decertify well child services at [REDACTED]  
[REDACTED] and 15 Webster Street, North [REDACTED]  
Tonawanda, decertify health fair service at [REDACTED]  
[REDACTED]

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

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.

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,



Richard M. Cook  
Deputy Commissioner  
Office of Health Systems Management

Enclosure

BEDS AND/OR SERVICES DECERTIFIED

Site

[REDACTED]

Services

Prenatal O/P  
Well Child Services O/P

PFI 2771

15 Webster Street, North Tonawanda

Prenatal O/P  
Well Child Services O/P

Please note the following services were decertified at the [REDACTED]  
[REDACTED] via CON # 111294 which was completed April 30, 2011:

Prenatal O/P  
Well Child Services O/P  
Health Fairs

Facility Id. 2771  
Certificate No. 1401235R

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



OPERATING CERTIFICATE

Diagnostic and Treatment Center Extension Clinic

[Redacted]

15 Webster Street  
North Tonawanda, New York 14120

Operator: [Redacted]  
Operator Class: Voluntary Not for Profit Corporation

Effective Date: 07/27/2011  
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

*Richard M. Coof*

Deputy Commissioner  
Office of Health Systems Management

This certificate must be conspicuously displayed on the premises.

*Nirav R. Shah*

Commissioner