

NYU Langone Hospital—Brooklyn (NYULH) submits this Limited Review Certificate of Need application to relocate 20 inpatient physical medicine and rehabilitation patient beds from the third floor of its main building to the third floor of the Augustana Pavilion on the main hospital campus. As part of this project, ten of the physical medicine and rehabilitation beds currently on NYULH—Brooklyn's operating certificate will be de-certified.

NYULH is a 501(c)(3) New York not-for-profit quaternary care teaching hospital with inpatient hospital facilities and emergency departments located in Manhattan, Brooklyn, and Long Island. NYULH's affiliate, the NYU Grossman School of Medicine (NYUGSOM), employs over 4,200 faculty physicians through its Faculty Group Practice (FGP) and delivers patient care at more than 320 practice locations in the New York metropolitan area. As a fully integrated academic health system with community-based primary and specialty care, patients receive continuous and integrated care across the healthcare spectrum.

NYULH—Brooklyn has launched a broader initiative to expand acute care services and address service gaps in the Sunset Park community. As part of this effort, the relocation of the inpatient rehabilitation unit will allow NYULH—Brooklyn to repurpose the third floor of the hospital's main building for a general medical/surgical unit and further develop a code-compliant coronary care unit on the fourth floor. This strategic move further enables NYULH—Brooklyn to address critical shortages in cardiac services and reduce significant disparities in cardiac care outcomes across Kings County, and, as a direct result of the construction within the scope of this CON application, continue the provision of rehabilitation care in a fully renovated unit that features larger ADA-compliant rooms designed to improve patient comfort and accessibility.

Please note the architectural components of this project will be reviewed by DASNY.



JACK L. GORDON ARCHITECTS

345 SEVENTH AVENUE NEW YORK NY 10001 T 212 279 0550 www.jlgordon.com

50 YEARS

ARCHITECTURAL NARRATIVE

DATE: April 29, 2025
CON # **XXXXX**
PROJECT NAME: Augustana Rehabilitation Center Renovations
LOCATION: NYU Langone Hospital – Brooklyn, 150 55th Street, Brooklyn, NY 11220

Intent/Purpose

NYU Langone Hospital—Brooklyn would like to relocate 20 rehab patients to the existing Augustana 3rd Floor left-wing space of about 5,200 sf, which has eleven (11) patient rooms with ADA-compliant toilets and a shared shower facility.

Augustana Center, 3rd Floor, is an existing Article 28 facility with 40 patient beds. This hospital is part of NYU Langone Health's larger umbrella.

Proposed Scope of Work

The proposed refresh and upgrades of eleven (11) patient rooms on the left wing of Augustana 3rd Floor will be upgraded with the following proposed renovations:

Provide new ceilings, lighting, flooring, wall finishes, wall coverings, and protection; renovate six (6) new bathrooms for ADA compliance with new finishes; renovate two (2) new shared bathrooms; provide new furnishings; install new gaskets at operable windows; revise power and medical gas outlets at headwall layout; add additional electrical receptacles; provide IT upgrades; upgrade the nurse call system; and add new artwork.

Compliance

We are proposing compliance with the 2018 FGI Guidelines for Design and Construction of Hospitals, specifically Chapter 2.6, section 2.6-2.2, Rehabilitation Patient Care Unit.

The Rehabilitation Patient Care Unit meets all requirements except the following due to the nature of the existing space, project scope, and limited use as a swing space.

We request exceptions to the following:

- The existing conditions do not allow the required clear floor area in the multi-patient rooms.
- The required clearances are met on the transfer and foot side of the bed, and the patient's safety is not impeded. On the non-transfer side, the alternate wardrobes of reduced dimensions that improve clearance will be provided.

Sincerely,

Jack L. Gordon
Principal
Jack L. Gordon Architects PC
NYS License #10061



KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., MPH.
Commissioner

KRISTIN M. PROUD
Executive Deputy Commissioner

**CONSTRUCTION PROJECT CERTIFICATION LETTER FOR AER REVIEWS
ARCHITECTS & ENGINEERS**

(For projects not meeting the prerequisites for Self-Certification submission.)

Date: March 25, 2025
CON Number: XXXXX
Facility Name: NYU Langone Hospital, Brooklyn
Facility ID Number: 1304
Facility Address: 150 55th Street, Brooklyn, NY 11220

NYS Department of Health/Office of Health Systems Management
Center for Health Care Facility Planning, Licensure, and Finance
Bureau of Architectural and Engineering Review
ESP, Corning Tower, 18th Floor
Albany, New York 12237

To The New York State Department of Health:

I hereby certify that:

1. I have been retained by the aforementioned facility, to provide professional architectural/engineering services related to the design and preparation of construction documents, including drawings and specifications for the aforementioned project. During the course of construction, periodic site observation visits will be performed, and the necessary standard of care, noting progress, quality and ensuring conformance of the work with documents provided for all regulatory approvals associated with the aforementioned project.
2. I have ascertained that, to the best of my knowledge, information and belief, the completed structure will be designed and constructed, in accordance with the functional program for the referenced construction project and in accordance with any project definitions, waivers or revisions approved or required by the New York State Department of Health.
3. The above-referenced construction project will be designed and constructed in compliance with all applicable local codes, statutes, and regulations, and the applicable provisions of the State Hospital Code -- 10 NYCRR Part 711 (General Standards for Construction) and Parts (check all that apply):
 - a. ☐ 712 (Standards of Construction for General Hospital Facilities)
 - b. ☐ 713 (Standards of Construction for Nursing Home Facilities)
 - c. ☐ 714 (Standards of Construction for Adult Day Health Care Program Facilities)
 - d. ☐ 715 (Standards of Construction for Freestanding Ambulatory Care Facilities)
 - e. ☒ 716 (Standards of Construction for Rehabilitation Facilities)
 - f. ☐ 717 (Standards of Construction for New Hospice Facilities and Units)

PLEASE NOTE ANY EXCEPTIONS HERE:

Refer to attached form "DOH-5223"

4. I understand that as the design of this project progresses, if a component of this project is inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), I shall bring this to the attention of the Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health prior to or upon submitting final drawings for compliance resolution.

ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION

5. I understand that upon completion of construction, the costs of any subsequent corrections necessary to achieve compliance with applicable requirements of 10 NYCRR Parts 711, 712, 713, 714, 715, 716 and 717, when the prior work was not completed properly as certified herein, may not be considered allowable costs for reimbursement under 10 NYCRR Part 86.

This certification is being submitted to facilitate the CON review and subsequent to formal plan approval by your office. It is understood that an electronic copy of final Construction Documents on CD, meeting the requirements of DSG-05 must be submitted to PMU for all projects, including limited, administrative, full review, self-certification and reviews performed and completed by DASNY.

Project Name: NYU Langone Hospital: Brooklyn, Augustana Rehabilitation Center Renovations
Location: 5434 2nd Avenue, Brooklyn, NY 11220
Description: Owner seeks to relocate 20 rehabilitation patients to existing Augustana 3rd Floor left wing space of about 5,200 sf., eleven (11) patient rooms and shared bathrooms with upgrades to ceilings/lighting/floorings, wall finishes, furnishings, gasket for operable windows, etc.



Signature of Architect or Engineer

JACK L. GORDON

Name of Architect or Engineer (Print)

NYS LICENSE # 010061

Professional New York State License Number

345 Seventh Avenue, 17th Floor, New York, NY 10001

Business Address

The undersigned applicant understands and agrees that, notwithstanding this architectural/engineering certification the Department of Health shall have continuing authority to (a) review the plans submitted herewith and/or inspect the work with regard thereto, and (b) withdraw its approval thereto. The applicant shall have a continuing obligation to make any changes required by the Division to comply with the above-mentioned codes and regulations, whether or not physical plant construction or alterations have been completed.

Authorized Signature for Applicant

4-25-25

Date

Bret J Rudy MD / EVR

Name (Print)

Title

Notary signing required for the applicant

MELISSA MCCAMBRIDGE
NOTARY PUBLIC-STATE OF NEW YORK
No. 01MC6446657
Qualified in Queens County
My Commission Expires 01-23-2027

STATE OF NEW YORK

County of Queens

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) SS:
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On the 25 day of April 2025, before me personally appeared Bret Rudy, to me known, who being by me duly sworn, did depose and say that he/she is the Executive Vice President of the NYU Langone Hospital - Brooklyn, the facility described herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the governing authority of said facility.

(Notary)

ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION

Schedule LRA 4/Schedule 7 CON Forms Regarding Environmental issues

Contents:

Schedule LRA 4/Schedule 7 - Environmental Assessment

Environmental Assessment

Part I.	The following questions help determine whether the project is "significant" from an environmental standpoint.	Yes	No
1.1	If this application involves establishment, will it involve more than a change of name or ownership only, or a transfer of stock or partnership or membership interests only, or the conversion of existing beds to the same or lesser number of a different level of care beds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2	Does this plan involve construction and change land use or density?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.3	Does this plan involve construction and have a permanent effect on the environment if temporary land use is involved?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.4	Does this plan involve construction and require work related to the disposition of asbestos?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Part II.	If any question in Part I is answered "yes" the project may be significant, and Part II must be completed. If all questions in Part II are answered "no" it is likely that the project is not significant	Yes	No
2.1	Does the project involve physical alteration of ten acres or more?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2	If an expansion of an existing facility, is the area physically altered by the facility expanding by more than 50% and is the total existing and proposed altered area ten acres or more?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.3	Will the project involve use of ground or surface water or discharge of wastewater to ground or surface water in excess of 2,000,000 gallons per day?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.4	If an expansion of an existing facility, will use of ground or surface water or discharge of wastewater by the facility increase by more than 50% and exceed 2,000,000 gallons per day?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.5	Will the project involve parking for 1,000 vehicles or more?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.6	If an expansion of an existing facility, will the project involve a 50% or greater increase in parking spaces and will total parking exceed 1000 vehicles?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.7	In a city, town, or village of 150,000 population or fewer, will the project entail more than 100,000 square feet of gross floor area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.8	If an expansion of an existing facility in a city, town, or village of 150,000 population or fewer, will the project expand existing floor space by more than 50% so that gross floor area exceeds 100,000 square feet?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.9	In a city, town or village of more than 150,000 population, will the project entail more than 240,000 square feet of gross floor area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.10	If an expansion of an existing facility in a city, town, or village of more than 150,000 population, will the project expand existing floor space by more than 50% so that gross floor area exceeds 240,000 square feet?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.11	In a locality without any zoning regulation about height, will the project contain any structure exceeding 100 feet above the original ground area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.12	Is the project wholly or partially within an agricultural district certified pursuant to Agriculture and Markets Law Article 25, Section 303?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.13	Will the project significantly affect drainage flow on adjacent sites?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2.14	Will the project affect any threatened or endangered plants or animal species?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.15	Will the project result in a major adverse effect on air quality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.16	Will the project have a major effect on visual character of the community or scenic views or vistas known to be important to the community?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.17	Will the project result in major traffic problems or have a major effect on existing transportation systems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.18	Will the project regularly cause objectionable odors, noise, glare, vibration, or electrical disturbance as a result of the project's operation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.19	Will the project have any adverse impact on health or safety?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.20	Will the project affect the existing community by directly causing a growth in permanent population of more than five percent over a one-year period or have a major negative effect on the character of the community or neighborhood?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.21	Is the project wholly or partially within, or is it contiguous to any facility or site listed on the National Register of Historic Places, or any historic building, structure, or site, or prehistoric site, that has been proposed by the Committee on the Registers for consideration by the New York State Board on Historic Preservation for recommendation to the State Historic Officer for nomination for inclusion in said National Register?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.22	Will the project cause a beneficial or adverse effect on property listed on the National or State Register of Historic Places or on property which is determined to be eligible for listing on the State Register of Historic Places by the Commissioner of Parks, Recreation, and Historic Preservation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.23	Is this project within the Coastal Zone as defined in Executive Law, Article 42? If Yes, please complete Part IV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Part III.		Yes	No
3.1	Are there any other state or local agencies involved in approval of the project? If so, fill in Contact Information to Question 3.1 below.		<input checked="" type="checkbox"/>
	Agency Name:	NEW YORK CITY DEPARTMENT OF BUILDINGS - BROOKLYN	
	Contact Name:		
	Address:	345 ADAMS STREET, 3 RD FLOOR	
	State and Zip Code:	BROOKLYN, NEW YORK, 11201	
	E-Mail Address:		
	Phone Number:	718-802-3675	
	Agency Name:		
	Contact Name:		
	Address:		
	State and Zip Code:		
	E-Mail Address:		
	Phone Number:		
	Agency Name:		
	Contact Name:		

	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
	Agency Name:			
	Contact Name:			
	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
3.2	Has any other agency made an environmental review of this project? If so, give name, and submit the SEQRA Summary of Findings with the application in the space provided below.		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Agency Name:			
	Contact Name:			
	Address:			
	State and Zip Code:			
	E-Mail Address:			
	Phone Number:			
3.3	Is there a public controversy concerning environmental aspects of this project? If yes, briefly describe the controversy in the space below.		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Part IV.	Storm and Flood Mitigation			
	Definitions of FEMA Flood Zone Designations			
	Flood zones are geographic areas that the FEMA has defined according to varying levels of flood risk. These zones are depicted on a community's Flood Insurance Rate Map (FIRM) or Flood Hazard Boundary Map. Each zone reflects the severity or type of flooding in the area.			
	Please use the FEMA Flood Designations scale below as a guide to answering all Part IV questions regardless of project location, flood and or evacuation zone.		Yes	No
4.1	Is the proposed site located in a flood plain? If Yes, indicate classification below and provide the Elevation Certificate (FEMA Flood Insurance).		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Moderate to Low Risk Area		Yes	No
	Zone	Description	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	In communities that participate in the NFIP, flood insurance is available to all property owners and renters in these zones:			
	B and X	Area of moderate flood hazard, usually the area between the limits of the 100-year and 500-year floods. Are also used to designate base floodplains of lesser hazards, such as areas protected by levees from 100-year flood, or shallow flooding areas with average depths of less than one foot or drainage areas less than 1 square mile.	<input type="checkbox"/>	

C and X	Area of minimal flood hazard, usually depicted on FIRMs as above the 500-year flood level.	<input type="checkbox"/>	
High Risk Areas		Yes	No
Zone	Description	<input type="checkbox"/>	<input checked="" type="checkbox"/>
In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
A	Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage. Because detailed analyses are not performed for such areas; no depths or base flood elevations are shown within these zones.	<input type="checkbox"/>	
AE	The base floodplain where base flood elevations are provided. AE Zones are now used on new format FIRMs instead of A1-A30.	<input type="checkbox"/>	
A1-30	These are known as numbered A Zones (e.g., A7 or A14). This is the base floodplain where the FIRM shows a BFE (old format).	<input type="checkbox"/>	
AH	Areas with a 1% annual chance of shallow flooding, usually in the form of a pond, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	<input type="checkbox"/>	
AO	River or stream flood hazard areas, and areas with a 1% or greater chance of shallow flooding each year, usually in the form of sheet flow, with an average depth ranging from 1 to 3 feet. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Average flood depths derived from detailed analyses are shown within these zones.	<input type="checkbox"/>	
AR	Areas with a temporarily increased flood risk due to the building or restoration of a flood control system (such as a levee or a dam). Mandatory flood insurance purchase requirements will apply, but rates will not exceed the rates for unnumbered A zones if the structure is built or restored in compliance with Zone AR floodplain management regulations.	<input type="checkbox"/>	
A99	Areas with a 1% annual chance of flooding that will be protected by a Federal flood control system where construction has reached specified legal requirements. No depths or base flood elevations are shown within these zones.	<input type="checkbox"/>	
High Risk Coastal Area		Yes	No
Zone	Description		
In communities that participate in the NFIP, mandatory flood insurance purchase requirements apply to all these zones:			
Zone V	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. No base flood elevations are shown within these zones.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VE, V1 - 30	Coastal areas with a 1% or greater chance of flooding and an additional hazard associated with storm waves. These areas have a 26% chance of flooding over the life of a 30-year mortgage. Base flood elevations derived from detailed analyses are shown at selected intervals within these zones.	<input type="checkbox"/>	
Undetermined Risk Area		Yes	No
Zone	Description	<input type="checkbox"/>	<input type="checkbox"/>

	D	Areas with possible but undetermined flood hazards. No flood hazard analysis has been conducted. Flood insurance rates are commensurate with the uncertainty of the flood risk.		
4.2	Are you in a designated evacuation zone?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If Yes, the Elevation Certificate (FEMA Flood Insurance) shall be submitted with the application.			
	If yes which zone is the site located in?			
4.3	Does this project reflect the post Hurricane Lee, and or Irene, and Superstorm Sandy mitigation standards?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If Yes, which floodplain?	100 Year	<input type="checkbox"/>	
		500 Year	<input type="checkbox"/>	

The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

[FEMA Elevation_Certificate_and Instructions](#)

**Schedule 6 -
CON Form Regarding
Architectural/Engineering Submission**

Contents:

- **Schedule 6 – Architectural/Engineering Submission**

New York State Department of Health Certificate of Need Application

Schedule 6

Architectural Submission Requirements for Contingent Approval and Contingency Satisfaction

Schedule applies to all projects with construction, including Articles- 28, 36 & 40, i.e., Hospitals, D&TCs, RHCs, CHHAs, LTHHCPs and Hospices.

Instructions

- Provide Narrative using format below.
- Provide Architect/Engineering Certification Form
 - List of Architectural or Engineering Certification Forms
 - [Architect's Letter of Certification for Proposed Construction or Renovation for Projects That Will Be Self-Certified. Self-Certification Is Not an Option for Full Review Projects, Projects over \\$15 Million, or Projects Requiring a Waiver](#) (PDF)
 - [Architect's Letter of Certification for Proposed Construction or Renovation Projects to Be Reviewed by DOH or DASNY](#) (PDF) (Not to Be Submitted with Self-Certification Projects)
 - [Architect's Letter of Certification for Completed Projects](#) (PDF)
 - [Architect's or Engineer's Letter of Certification for Inspecting Existing Buildings](#) (PDF)
- Provide FEMA BFE Certificate (Applies only to Hospitals and Nursing Homes)
 - [FEMA BFE Certificate 11Feb2020.pdf](#)
- Functional Space Program: A record of the key environment of care considerations and facility functional and operational parameters that drive the space program for a project. Note: The governing body or its delegate develops the functional program, which is intended to inform the designers of record, authority having jurisdiction, and users of the facility. The size and complexity of the project will determine the length and complexity of the functional program.
- Provide Architecture/Engineering Drawings in PDF format for review. Refer to Electronic Review Guidance Document for instructions for providing drawings for CON review.
- Provide Physicist's Report and the supporting information including drawings, details and supporting information.
 - [Physicist's Letter of Certification](#) (PDF)
- Required attachments must be submitted as separate documents and labeled accordingly.
- If any of the attachments require to be updated, provide an updated Schedule 6 form with the revised dates indicated on the form, in the date column.
- Do not combine the narrative, A/E Cert Form and FEMA BFE Certificate into one document.
- Refer to the Contingent Approval or Contingency Satisfaction for Submission Table requirements listed below.

Format

- Refer to "NYSDOH and DASNY Electronic Drawing Submission Guidance for CON Reviews" located on the NYSDOH Website. (Drawing files less than 100 MB can be uploaded into one file and bookmarked in PDF format.)

"Architecture/Engineering Narrative"

Narrative shall include but not limited to the following information. Please address all items in the narrative located in the response column. **Incomplete responses will not be accepted.**

Description	
Original Schedule 6 Date:5/2/2025	Revised Schedule 6 Date: Click or tap to enter a date.
Has this project received Contingent Approval or State Hospital Code Approvals? No	If so, what is the original CON number? Click or tap here to enter text.

New York State Department of Health

Certificate of Need Application

Schedule 6

Intent/Purpose: NYU LANGONE HOSPITAL – BROOKLYN WOULD LIKE TO RELOCATE 20 REHAB PATIENTS TO THE EXISTING AUGUSTANA 3 RD FLOOR LEFT WING SPACE OF ABOUT 5,200 SF. WITH ELEVEN (11) PATIENT ROOMS WITH ADA COMPLIANT TOILETS AND A SHARED SHOWER FACILITY.	
Site Location: NYU LANGONE HOSPITAL – BROOKLYN 5434 2 nd AVENUE, BROOKLYN, NY 11220.	
Brief description of current facility, including Facility Type: AUGUSTANA 3 RD FLOOR MEDICAL-SURGICAL FACILITY HAS EIGHTEEN (18) 2-PATIENT BEDROOMS WITH TOILET ROOMS, AND FOUR (4) 1-PATIENT SINGLE-PATIENT BEDROOMS WITH BATHROOM, HAND-WASHING STATIONS, PATIENT BATHING FACILITIES, ADA TOILET ROOM, NOURISHMENT AREA, FAMILY SUPPORT FACILITIES, NURSE STATION, MEDICATION ROOM, CLEAN SUPPLY, SOILED HOLDING ROOM, EQUIPMENT STORAGE, ENVIRONMENTAL SERVICE ROOM, STAFF SUPPORT SPACES, STAFF LOUNGE, STAFF LOCKER ROOM, AND STAFF TOILET ROOM.	
Brief description of proposed facility: THE PROPOSED SWING SPACE ON THE WEST SIDE UNIT OF THE AUGUSTANA 3 RD FLOOR IS CONNECTED TO THE MAIN HOSPITAL BY INTERNAL BRIDGE. THE OWNER WOULD LIKE TO RELOCATE 20 REHAB PATIENTS FROM THE MAIN HOSPITAL TO THE EXISTING AUGUSTANA 3 RD FLOOR LEFT WING SPACE.	
Location of proposed spaces or spaces. (Occupancy type for each occupied space.)	
Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Please describe the required smoke and fire separations between occupancies: THE INTENT IS TO CONVERT THE EXISTING FACILITY INTO A SINGLE-USE REHABILITATION FACILITY. TEMPORARY SWING SPACE ARE SEPARATED BY FIRE/SMOKE DOORS.	
If this is an existing facility, is it currently a licensed Article 28 Facility?	Yes
Is this facility being converted from a Non-Article 28 Facility to an Article 28 Facility.	No
Relationship of spaces conforming with Article 28 space and Non-Article 28 space: Click or tap here to enter text.	
List all Exceptions to the NYSDOH referenced standards. (Also, to be noted on the exceptions portion of the Architecture/Engineering Certification Form. <ul style="list-style-type: none"> PATIENT ROOM WITH 2-PATIENT OCCUPANCY DOES NOT MEET CLEAR FLOOR SPACE. THE EXISTING CONDITIONS DO NOT ALLOW THE REQUIRED 4-FOOT CLEAR FLOOR AREA ON THE NON-TRANSFER SIDE OF THE PATIENT BED. 	
List all Requests for equivalencies. (Also, to be noted on the exceptions portion of the Architecture/Engineering Certification Form. Click or tap here to enter text.	
Does the project involve heating, ventilating, air conditioning, plumbing, electrical, water supply, and fire protection systems that involve modification or alteration of clinical space, services or equipment such as operating rooms, treatment, procedure rooms, and intensive care, cardiac care , other special care units (such as airborne infection isolation rooms and protective environment rooms), laboratories and special procedure rooms, patient or resident rooms and or other spaces used by residents of residential health care facilities on a daily basis? If so, please describe below. Click or tap here to enter text.	No
Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, fire protection, plumbing, etc. HVAC systems include roof top mounted air cooled air conditioning equipment, through the wall packaged terminal air conditioning units(PTAC), rooftop mounted air cooled chiller, indoor mounted chilled water air handling units, dual fuel boilers and various exhaust fans. Several Variable refrigerant air conditioning units exists throughout the building with the matching condensing units mounted on the roof. The PTAC units	

New York State Department of Health

Certificate of Need Application

Schedule 6

<p>provide air conditioning and heating for the perimeter rooms. The Rooftop mounted air cooled, air conditioning units provide air conditioning and ventilation for the building core/interior(other than perimeter) areas. The air cooled chiller produces chilled water. Chilled water pumps mounted within the Basement Level feed chilled water to the indoor chilled water air handling units. These units provide air conditioning and heating for the lower levels through the ground floor. The boilers provide heat for the building. Various exhaust fans terminate at the roof level. Other fans provide ventilation for the lower level air handling units. The emergency generator is cooled via automatic louver dampers(air side), and remote air cooled drycooler (water side). A building management system does not exist for all equipment.</p> <p>The building domestic water is provided from one (1) 4" water service protected by a backflow preventer assembly. Domestic hot water is served by duplex gas-fired water heaters and associated storage tanks. The existing sanitary system has multiple stacks that drain by gravity to the combined sewer in 55th Street.</p> <p>There is an existing medium-pressure gas service serves the boilers, domestic water heaters and food service equipment.</p> <p>The existing oxygen system is supplied from the Bulk Oxygen system at the Medical Center through a main that runs across the bridge. The existing medical vacuum system serving Patient Rooms is supplied from a central system located at the Ground Floor.</p> <p>The existing combination standpipe/sprinkler system is fed from two (2) independent 6 inch fire services connected to municipal water mains in adjacent streets, each service is piped through a double check detector assembly before interconnecting and extending to the automatic fire pump and jockey pump.</p> <p>Normal power is provided at 265/460V via a single service take off and Con Ed direct meter with ground fault protection on the first and second level of distribution. Emergency power is provided via a single 400 kW diesel engine-generator located within the Basement level.</p>
<p>Describe scope of work involved in building system upgrades and or replacements, fire protection systems, HVAC systems, Sprinkler, etc.</p> <p>Upgrades to the building HVAC systems include replacement of existing toilet exhaust fans. The proposed new systems include a roof mounted DX AHU with MERV 8 prefilters, MERV 14 final filters and internal enthalpy wheel. This new AHU shall serve the 3rd floor space via new supply and return shafts extending from the roof level down to level 3. Existing electrical systems will be expanded to accommodate the project scope of work. The existing sprinkler layout(s) will be modified to accommodate architectural changes made in order to maintain full coverage in accordance with NFPA 13 as modified by Appendix Q of the NYC Building Code.</p>
<p>Fire Detection, Alarm and Communication System:</p> <p>Describe existing system: The existing Fire Alarm system is an interior coded fire alarm, sprinkler and smoke detection system with central station connection Notifier System 5000. The system monitors the sprinkler water flow switches and valve tamper switches for the presence of alarm and trouble conditions, respectively</p>
<p>Fire Detection, Alarm and Communication System:</p> <p>Describe proposed system: Existing Fire alarm system to be expanded to provide additional devices as required to provide proper coverage within areas of renovation. Click or tap here to enter text.</p>
<p>Is the work involved associated with a waiver provided by NYSDOH and or CMS? No</p> <p>If yes, provide waiver number. Click or tap here to enter text.</p>
<p>Provide a FEMA BFE Certificate from the FEMA website link www.fema.gov if located in a flood zone. (Applies only to Hospitals and Nursing Homes)</p> <p>What type of work will be associated to mitigate damage and provide the ability to maintain operations if located in a Flood Zone? PROPERTY IS NOT LOCATED WITHIN 'SPECIAL FLOOD HAZARD AREA' (SFHA) AS PER EFFECTIVE FEMA 2007 AND 2013 FIRM MAPS.</p>
<p>Does the project contain imaging equipment used for diagnostic or treatment purposes? If yes, describe equipment. NO. NOT APPLICABLE.</p>
<p>If yes, provide Physicist's Report and the respective drawings and information shall be submitted for review at the Design Development phase of review.</p>
<p>Compliance with ADA.</p>

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List any areas of noncompliance. NON-COMPLIANT PATIENT BATHROOMS WILL BE CONVERTED INTO ADA COMPLIANT WITHIN THE LEFT-WING SWING SPACE	
Any other additional information? Click or tap here to enter text.	
Description	Response
Type of Work:	Renovation
Square footages of existing areas of work, existing floor and or existing building.	12,600 (3 RD FL.)
Square footages of the proposed work area or areas. Provide the total aggregated sum of the work area	5,200 sf.
Does the area of work exceed more than 50% of the area, floor or building?	Less than 50%
Square Footage of Proposed Spaces.	5,200 sf.
Sprinklered	Sprinklered throughout
Construction Types for the Existing Building and or Proposed Building (NFPA 101 per occupancy, NFPA 220)	Type II (222)
Building Height	83'-5" (from finish grade to top of parapet)
Number of Stories	Cellar+7-Story
Is the proposed Article 28 space located in a basement or underground building?	Not Applicable
Is the proposed Article 28 space windowless space, area or building?	No
Is the building a High Rise?	No
Does the high-rise building have a generator?	Not Applicable
What is the occupancy of this project per NFPA 101 Life Safety Code Handbook?	Chapter 18 New Healthcare /Chapter 19 Existing Healthcare
List other occupancies types that are adjacent or within this facility: Ensure those spaces are designated on the plans.	
Will the project construction be phased?	No
If yes, how many phases and what is the duration for each phase? Click or tap here to enter text.	
Does the project contain shell space?	No
Describe propose shell space. Identified Article 28 Shell Space and Non-Article 28 Space. Click or tap here to enter text.	
Will spaces be temporarily relocated during the construction of this project.	No
If yes, where will the temporary space be? Click or tap here to enter text.	
Does the temporary space meet the current DOH referenced standards?	No
Will spaces be permanently relocated to allow the construction of this project.	Not Applicable
If yes, where will this space be? Click or tap here to enter text.	
Does the proposed temporary space meet the current DOH referenced standards? If no, please describe in detail how the space does not comply.	No
Is there a companion CON associated with the temporary space? If so, provide the associated CON number. Click or tap here to enter text.	Not Applicable
Which edition of FGI is being used for this project?	2018 Edition of FGI
Changes in bed capacity? If yes, please describe. Click or tap here to enter text.	No Change
Changes in the number of occupants? If yes, what is new number of occupants? Click or tap here to enter text.	No
Does the facility have an EES system? If yes, what type? Click or tap here to enter text.	No
Is the existing EES Type 1 and does it meet the current referenced standards?	Not Applicable
Does the project involve Operating Room alterations, renovations or rehabilitation? Click or tap here to enter text.	Not Applicable

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Does the existing EES system have the capacity for the additional electrical loads? Click or tap here to enter text.	Not Applicable
Does the Project involve Bulk Oxygen Systems? If yes, provide brief description. Click or tap here to enter text.	No
Does the existing Bulk Oxygen System have the capacity for additional loads for without bringing in additional supplemental systems? Click or tap here to enter text.	Not Applicable
Does the project involve a pool?	No

REQUIRED ATTACHMENT TABLE

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CONTINGENT APPROVAL	CONTINGENCY APPROVAL	Title of Attachment	Attachment File Name in PDF format
•	•	Architectural/Engineering Narrative	A/E Narrative.PDF
•	•	Functional Space Program	SpaceProgram.PDF
•	•	Architect/Engineer Certification Form	A/E Cert Form. PDF
•	•	FEMA BFE Certificate	FEMA BFE Certificate.PDF
•	•	Article 28 Space/Non-Article 28 Space Plans	CON100.PDF
•	•	Site Plans	SP100.PDF
•	•	Life Safety Code Plans (Floor plans and reflected ceiling plans.)	LSC100.PDF
•	•	Architectural Floor Plans, Roof Plans and Details	A100.PDF
•	•	Exterior Elevations and Building Sections	A200.PDF
•	•	Vertical Circulation	A300.PDF
•	•	Reflected Ceiling Plans and Details	A400.PDF
Optional	•	Wall Sections and Details	A500.PDF
Optional	•	Interior Elevations, Enlarged Plans and Details	A600.PDF
	•	Physicist's Report and the respective drawings and information	X100.PDF

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

Schedule LRA 8

Staffing

Staffing Categories	Number of FTEs to the Nearest Tenth		
	Current Year*	First Year of implementation	Third Year of implementation
Health Providers**:			
Physical Therapists	3	3	3
Occupational Therapists	6.5	6.5	6.5
Speech Pathologists	4	4	4
Support Staff***:			
Management	3	3	3
Clerical Staff	1.1	1.1	1.1
Service Employees	2	2	2
Registered Nurses	27.8	23.2	23.2
Ancillary Staff	14.3	11	11
Total Number of Employees	61.7	53.8	53.8

* Last complete year prior to submitting application

** "Health Providers" includes all providers serving patients at the site. A Health Provider is any staff who can provide a billable service – physician, dentist, dental hygienist, podiatrist, physician assistant, physical therapist, etc.

*** All other staff.

Describe how the number and mix of staff were determined:

The number and mix of staff were determined using an established staffing model for the acute rehabilitation unit. This staffing model takes into account the average daily census and skill mix required for acute rehabilitation.

PLEASE COMPLETE THE FOLLOWING:

- Are staff paid and on Payroll? ☒ Yes ☐ No
- Provide copies of contracts for any independent contractor.
- Please attach the Medical Doctors C.V.
- Is this facility affiliated with any other facilities?
(If yes, please describe affiliation and/or agreement.) ☐ Yes ☒ No

(Rev. 7/7/2010)

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Schedule LRA 12

Assurances

The undersigned, as a duly authorized representative of the applicant, hereby gives the following assurances:

- a) The applicant has or will have a fee simple or such other estate or interest in the site, including necessary easements and rights-of-way, sufficient to assure use and possession for the purpose of the construction and operation of the facility.
- b) The applicant will obtain the approval of the Commissioner of Health of all required submissions, which shall conform to the standards of construction and equipment in Subchapter C of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York (Title 10).
- c) The applicant will submit to the Commissioner of Health final working drawings and specifications, which shall conform to the standards of construction and equipment of Subchapter C of Title 10, prior to contracting for construction, unless otherwise provided for in Title 10.
- d) The applicant will cause the project to be completed in accordance with the application and approved plans and specifications.
- e) The applicant will provide and maintain competent and adequate architectural and/or engineering inspection at the construction site to insure that the completed work conforms to the approved plans and specifications.
- f) If the project is an addition to a facility already in existence, upon completion of construction all patients shall be removed from areas of the facility that are not in compliance with pertinent provisions of Title 10, unless a waiver is granted by the Commissioner of Health, under Title 10.
- g) The facility will be operated and maintained in accordance with the standards prescribed by law.
- h) The applicant will comply with the provisions of the Public Health Law and the applicable provisions of Title 10 with respect to the operation of all established, existing medical facilities in which the applicant has a controlling interest.
- i) The applicant understands and recognizes that any approval of this application is not to be construed as an approval of, nor does it provide assurance of, reimbursement for any costs identified in the application. Reimbursement for all cost shall be in accordance with and subject to the provisions of Part 86 of Title 10.

5-6-25

Date

Signature

Bret J. Rudy, MD

Name (Please Type)

Executive Vice President and Chief of Hospital Operations

Title (Please Type)