

Limited Review Application

State of New York Department of Health
Office of Primary Care and Health Systems Management

LRA Cover Sheet

Project to be Proposed/Applicant Information

This application is for those projects subject to a limited review pursuant to 10 NYCRR 710.1(c)(5)-(7). Please check the appropriate box(es) reflective of the project being proposed by your facility (**NOTE** – Some projects may involve requisite “Construction”. If so, and **total** project costs are below designated thresholds, then **both boxes** must be checked and necessary LRA Schedules submitted). **Please read the LRA Instructions to ensure submission of an appropriate and complete application:**

- ☐ **Minor Construction** – Minor construction project with total project costs of up to \$15,000,000 for general hospitals and up to \$6,000,000 for all other facilities, if not relating to clinical space – check “Non-Clinical” box below).

Necessary LRA Schedules: Cover Sheet, 2, 3, 4, 5, and 6.

- ☐ **Equipment** – Project related to the acquisition, relocation, installation or modification of certain medical equipment, with total project costs of up to \$15,000,000 for general hospitals and up to \$6,000,000 for all other facilities. (**NOT** necessary for “1-for-1” replacement of existing equipment without construction, pursuant to Chapter 174 of the Laws of 2011 amending Article 28 of the Public Health law to eliminate limited review and CON review for one for one equipment replacement)

Necessary LRA Schedules: Cover Sheet, 2, 3, 4, and 5.

- ☐ **Service Delivery** – Project to decertify a facility's beds/services; add services which involve a total project cost up to \$15,000,000 for general hospitals and up to \$6,000,000 for all other facilities; or convert beds within approved categories. (If construction associated, also check “Construction” above.)

Necessary LRA Schedules: Cover Sheet, 2, 6, 7, 8, 10, and 12. *If proposing to decertify beds within a nursing home, provide a description of the proposed alternative use of the space including a detailed sketch (unless the decertification is being accomplished by eliminating beds in multiple-bedded rooms). If proposing to convert beds within approved categories, an LRA Schedule 6 and all supporting documentation are required to confirm appropriate space for the new use.

- ☐ **Cardiac Services** – Project by an appropriately certified facility to add electrophysiology (EP) services; or add, upgrade or replace a cardiac catheterization laboratory or equipment. (If construction associated, also check “Construction” above.)

Necessary LRA Schedules: Cover Sheet, 2, 7, 8, 10, and 12.

- ☒ **Relocation of Extension Clinic** – Project to relocate an extension clinic within the same service area which involve a total project cost up to \$15,000,000 for general hospitals and up to \$6,000,000 for all other facilities. (If construction associated, also check “Construction” above.)

Necessary LRA Schedules: Cover Sheet, 2, 3, 4, 5, 6 and 7. Also include a Closure Plan for vacating extension clinic.

- ☐ **Part-Time Clinic** – Project to operate, change services offered, change hours of operation or relocate a part-time clinic site – for applicants already certified for “part-time clinic”. (If construction associated, also check “Construction” above.)

Necessary LRA Schedules: Cover Sheet, 2, 8, 10, 11, and 12.

OPERATING CERTIFICATE NO. 0301001	CERTIFIED OPERATOR Our Lady of Lourdes Memorial Hospital, Inc	TYPE OF FACILITY Hospital
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OPERATOR ADDRESS – STREET & NUMBER 169 Riverside Drive		PFI 043	NAME AND TITLE OF CONTACT PERSON Wayne C Mitteer, Executive Advisor, Administration		
CITY Binghamton,	COUNTY Broome	ZIP 13905	STREET AND NUMBER 169 RiversideDrive		
PROJECT SITE ADDRESS – STREET & NUMBER 320 N. Jensen Rd.		PFI 9003	CITY Binghamton	STATE NT	ZIP 13905
CITY Vestal	COUNTY Broome	ZIP 13850	TELEPHONE NUMBER 607-798-5730	FAX NUMBER	
TOTAL PROJECT COST: \$ 412,360.00			CONTACT E-MAIL: waynec.mitteer@guthrie.org		

(Rev 09/2019)

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

Schedule LRA 2

Total Project Cost

ITEM	ESTIMATED PROJECT COST	
1.1 Land Acquisition (<i>attach documentation</i>)	\$	
1.2 Building Acquisition	\$	
	1.1-1.2 Subtotal:	0.00
2.1 New Construction	\$	
2.2 Renovation and Demolition	\$	
2.3 Site Development	\$	
2.4 Temporary Power	\$	
	2.1-2.4 Subtotal:	0.00
3.1 Design Contingency	\$	
3.2 Construction Contingency	\$	
	3.1-3.2 Subtotal:	0.00
4.1 Fixed Equipment (NIC)	\$	
4.2 Planning Consultant Fees	\$	
4.3 Architect/Engineering Fees (incl. computer installation, design, etc.)	\$	
4.4 Construction Manager Fees	\$	
4.5 Capitalized Licensing Fees	\$	
4.6 Health Information Technology Costs	\$	127,360.00
4.6.1 Computer Installation, Design, etc.	\$	
4.6.2 Consultant, Construction Manager Fees, etc.	\$	
4.6.3 Software Licensing, Support Fees	\$	
4.6.4 Computer Hardware/Software Fees	\$	
4.7 Other Project Fees (Consultant, etc.)	\$	
	4.1-4.7 Subtotal:	127,360.00
5.1 Movable Equipment	\$	285,000.00
6.1 Total Basic Cost of Construction	\$	412,360.00
7.1 Financing Cost (points, fees, etc.)	\$	
7.2 Interim Interest Expense - Total Interest on Construction Loan: Amount \$ @ % for months		
7.3 Application Fee	\$	
8.1 Estimated Total Project Cost (Total 6.1 – 7.3)	\$	412,360.00

If this project involves construction enter the following anticipated construction dates on which your cost estimates are based.

Construction Start Date _____

Construction Completion Date _____

(Rev. 1/31/2013)

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Schedule LRA 3

Proposed Plan for Project Financing

A. LEASE ☒

If any portion of the cost for land, building or Equipment is to be financed through a lease, rental agreement or lease/purchase agreement, complete the chart at the right.

A complete copy of each proposed lease must be submitted.

Attachment # 1

ITEM	COST AS IF PURCHASED
renovation	\$ 1,356,817.00
	\$
	\$
	\$
	\$

B. CASH ☐

If cash is to be used, complete the chart at the right.

Attach a copy of the latest certified financial Statement and interim monthly or quarterly financial reports to cover the balance of time to date.

Attachment # _____

Accumulated Funds	\$
Sale of Existing Assets*	\$
Other – (i.e. gifts, grants, **etc.)	\$
TOTAL CASH	\$ 0.00

*Attach a full and complete description of the assets to be sold.

Attachment # _____

** If grants, attach a description of the source of financial support

Attachment # _____

C. DEBT FINANCING ☐

If the project is to be financed by debt of any type, complete the chart at the right.

Attach a copy of the proposed letter of interest From the intended source of permanent financing.

This letter must include an estimate of the Principal, term, interest rate and pay-out period presently being considered.

Attachment # _____

Principal	\$
Interest Rate	%
Term	Yrs
Pay-out Period	Yrs
Type *	

* Commercial, Dormitory Authority Bonds, Dormitory Authority, TELP Lease, Industrial Development Agency Bonds, Other (identify).

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Schedule LRA 5

New

☒ Alteration

LOCATION			Code and Functional Category Description	Functional Gross SF	Construction Cost per SF	Total Construction Cost	(ALT) Scope of Work
Bldg. No.	Floor No.	Sect. No.					
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	2		Medical Services - Other	5,595	\$0.00	\$0.00	C
			Total Construction	5,595	\$0.00	\$0.00	

1. If new construction is involved, is it "freestanding"? Yes ☐ No ☒
2. (Check where applicable) The facilities to be affected by this project are located in a:
 ☐ Dense Urban Area ☒ Other Metropolitan or Suburban Area ☐ Rural Area
3. This submission consists of:
- | | |
|--|-----------------------|
| <input type="checkbox"/> New Construction Report | Number of pages _____ |
| <input checked="" type="checkbox"/> Alteration Construction Report | Number of pages _____ |

Do not use the master copy. Photocopy master and then complete copy if this schedule is required.

Schedule 6

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 & 40, i.e., Hospitals, Diagnostic and Treatment Centers, Residential Health Care Facilities, and Hospices.

Instructions

- Provide Architectural/Engineering Narrative using the format below.
- Provide Architect/Engineer Certification form:
 - [Architect's Letter of Certification for Proposed Construction or Renovation for Projects That Will Be Self-Certified. Self-Certification Is Not an Option for 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 Elevation Certificate and Instructions.pdf](#)
- Provide Functional Space Program: A list that enumerates project spaces by floor indicating size by gross floor area and clear floor area for the patient and resident spaces.
- For projects with imaging services, provide Physicist's Letter of Certification and Physicist's Report including drawings, details and supporting information at the design development phase.
 - [Physicist's Letter of Certification](#) (PDF)
- Provide Architecture/Engineering Drawings in PDF format created from the original electronic files; scans from printed drawings will not be accepted. Drawing files less than 100 MB, and of the same trade, may be uploaded as one file.
 - [NYSDOH and DASNY Electronic Drawing Submission Guidance for CON Reviews](#)
 - [DSG-1.0 Schematic Design & Design Development Submission Requirements](#)
- Refer to the Required Attachment Table below for the Schematic Design Submission requirements for Contingent Approval and the Design Development Submission requirements for Contingency Satisfaction.
 - Attachments must be labeled accordingly when uploading in NYSE-CON.
 - Do not combine the Narrative, Architectural/Engineering Certification form and FEMA BFE Certificate into one document.
 - If submitted documents require revisions, provide an updated Schedule 6 with the revised information and date within the narrative.

Architecture/Engineering Narrative

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

Project Description	
Schedule 6 submission date: 5/31/2024	Revised Schedule 6 submission date: Click to enter a date.
Does this project amend or supersede prior CON approvals or a pending application? No If so, what is the original CON number? Click here to enter text.	
Intent/Purpose: To provide a more space efficient and user-friendly sleep clinic experience for the patients and staff.	
Site Location: 320 N. Jensen Road, Vestal, Ny 13850	
Brief description of current facility, including facility type:	

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Schedule 6

The current sleep clinic supports 8 sleep observation units in a single-story medical office building.	
Brief description of proposed facility: The proposed facility will support 6 sleep observation units with the potential to expand to 8 sleep observation units in the future.	
Location of proposed project space(s) within the building. Note occupancy type for each occupied space. The proposed facility will be on the second floor of an existing office building.	
Indicate if mixed occupancies, multiple occupancies and or separated occupancies. Describe the required smoke and fire separations between occupancies: The adjacent occupancies are all Business occupancies, no fire separation is required.	
If this is an existing facility, is it currently a licensed Article 28 facility?	No
Is the project space being converted from a non-Article 28 space to an Article 28 space?	Yes
Relationship of spaces conforming with Article 28 space and non-Article 28 space: All new Article 28 conforming spaces are located in the suite designated for the Sleep Clinic; all non-conforming spaces are outside of the Sleep Clinic suite.	
List exceptions to the NYSDOH referenced standards. If requesting an exception, note each on the Architecture/Engineering Certification form under item #3. None.	
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. The existing heating, ventilation, air conditioning, plumbing, fire protection, and electrical systems are being renovated to solely to support the new function of the Sleep Clinic.	Yes
Provide brief description of the existing building systems within the proposed space and overall building systems, including HVAC systems, electrical, plumbing, etc. The existing HVAC system is a ducted forced air system with roof top units. The existing electrical system is standard for the former office use. The existing plumbing system includes public restrooms and break room for the former office use. The existing fire protection system is standard for the former office use.	
Describe scope of work involved in building system upgrades and or replacements, HVAC systems, electrical, Sprinkler, etc. The existing HVAC system is being modified to accommodate the proposed Sleep Clinic layout with supplemental equipment being installed to meet the code requirements for the occupancy and use. The existing electrical system is being modified to accommodate the proposed Sleep Clinic layout including the addition of electrical sub-panels. The existing plumbing system is being modified to accommodate the proposed Sleep Clinic layout. The existing fire protection system is being modified to accommodate the proposed Sleep Clinic layout.	
Describe existing and or new work for fire detection, alarm, and communication systems: The proposed Sleep Clinic will have a new fire annunciation panel to monitor new smoke detectors, carbon monoxide detectors, heat detectors, pull stations, and horn strobes.	
If a hospital or nursing home located in a flood zone, provide a FEMA BFE Certificate from www.fema.gov , and describe the work to mitigate damage and maintain operations during a flood event. Not applicable.	
Does the project contain imaging equipment used for diagnostic or treatment purposes? If yes, describe the equipment to be provided and or replaced. Ensure physicist's letter of certification and report are submitted. No.	
Does the project comply with ADA? If no, list all areas of noncompliance. Yes.	
Other pertinent information: The proposed Sleep Clinic is being relocated 0.4 miles from its current location.	

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Project Work Area	Response
Type of Work	Renovation
Square footages of existing areas, existing floor and or existing building.	6,652
Square footages of the proposed work area or areas. Provide the aggregate sum of the work areas.	5,595
Does the work area exceed more than 50% of the smoke compartment, floor or building?	Less than 50% of the floor
Sprinkler protection per NFPA 101 Life Safety Code	Sprinklered throughout
Construction Type per NFPA 101 Life Safety Code and NFPA 220	Type V (000)
Building Height	26'-0"
Building Number of Stories	2
Which edition of FGI is being used for this project?	2014 Edition of FGI
Is the proposed work area located in a basement or underground building?	Not Applicable
Is the proposed work area within a windowless space or building?	No
Is the building a high-rise?	No
If a high-rise, does the building have a generator?	Not Applicable
What is the Occupancy Classification per NFPA 101 Life Safety Code?	Chapter 38 New Business Occupancy
Are there other occupancy classifications that are adjacent to or within this facility? If yes, what are the occupancies and identify these on the plans. Click here to enter text.	No
Will the project construction be phased? If yes, how many phases and what is the duration for each phase? Click here to enter text.	No
Does the project contain shell space? If yes, describe proposed shell space and identify Article 28 and non-Article 28 shell space on the plans. Click here to enter text.	No
Will spaces be temporarily relocated during the construction of this project? If yes, where will the temporary space be? Click here to enter text.	No
Does the temporary space meet the current DOH referenced standards? If no, describe in detail how the space does not comply. Click here to enter text.	Not Applicable
Is there a companion CON associated with the project or temporary space? If so, provide the associated CON number. Click here to enter text.	No
Will spaces be permanently relocated to allow the construction of this project? If yes, where will this space be? Click here to enter text.	No
Changes in bed capacity? If yes, enumerate the existing and proposed bed capacities. 8 beds to 6 beds	Decrease
Changes in the number of occupants? If yes, what is the new number of occupants? 38	Yes
Does the facility have an Essential Electrical System (EES)? If yes, which EES Type? Click here to enter text.	No
If an existing EES Type 1, does it meet NFPA 99 -2012 standards?	Not Applicable
Does the existing EES system have the capacity for the additional electrical loads? Click here to enter text.	Not Applicable
Does the project involve Operating Room alterations, renovations, or rehabilitation? If yes, provide brief description. Click here to enter text.	No
Does the project involve Bulk Oxygen Systems? If yes, provide brief description. Click here to enter text.	No
If existing, does the Bulk Oxygen System have the capacity for additional loads without bringing in additional supplemental systems?	Not Applicable
Does the project involve a pool?	No

**New York State Department of Health
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Schedule 6

REQUIRED ATTACHMENT TABLE			
SCHEMATIC DESIGN SUBMISSION for CONTINGENT APPROVAL	DESIGN DEVELOPMENT SUBMISSION (State Hospital Code Submission) for CONTINGENCY SATISFACTION	Title of Attachment	File Name in PDF format
•		Architectural/Engineering Narrative	A/E Narrative
•		Functional Space Program	
•		Architect/Engineer Certification Form	A/E Cert Form
•		FEMA BFE Certificate	
•		Article 28 Space/Non-Article 28 Space Plans	
•	•	Site Plans	
•	•	Life Safety Plans including level of exit discharge, and NFPA 101-2012 Code Analysis	G-004
•	•	Architectural Floor Plans, Roof Plans and Details. Illustrate FGI compliance on plans.	A-102, A-401
•	•	Exterior Elevations and Building Sections	
•	•	Vertical Circulation	
•	•	Reflected Ceiling Plans	A-112
optional	•	Wall Sections and Partition Types	A-402
optional	•	Interior Elevations, Enlarged Plans and Details	
	•	Fire Protection	F-101
	•	Mechanical Systems	M-101
	•	Electrical Systems	E102, E-103, E-104, E-105
	•	Plumbing Systems	P-102
	•	Physicist's Letter of Certification and Report	

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"/>	<input type="checkbox"/>
	Agency Name:	Town of Vestal Code Enforcement		
	Contact Name:	Lincoln Ellis		
	Address:	133 Front Street		
	State and Zip Code:	Vestal, NY 13850		
	E-Mail Address:	lellis@vestalny.gov		
	Phone Number:	607-786-0980 ext 203		
	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 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 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 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](#)



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

March 31, 2025

Wayne Mitteer
Executive Advisor
169 Riverside Drive
Binghamton, New York 13905

Re: 242096-L
Our Lady of Lourdes Memorial Hospital
(Broome County)
Relocate the Sleep Disorders Lab at Lourdes
Hospital extension clinic to 320 North Jensen
Road, Vestal and perform requisite renovations

Dear Wayne Mitteer:

The above-referenced limited review application (LRA), for which you have been designated the contact person, has been received by the Bureau of Project Management (BPM) for processing in accordance with 10 NYCRR 710.1(c)(5)-(7).

The BPM acknowledges receipt of the application and requisite fee and has forwarded the LRA to the necessary reviewing units for continued processing. Any questions for clarification or additional information regarding this application will come directly from the reviewing unit(s).

The review and approval of your project, as required by the Public Health Law, must be obtained from the Center for Health Care Facility Planning, Licensure, and Finance prior to implementing this project.

If you have any questions regarding this project, please contact the Bureau of Project Management at cons@health.ny.gov or (518) 402-0911.

Sincerely,

Susan Edwards

Susan Edwards
Director
Bureau of Project Management

SE/PD/sk

June 7, 2024

Mr. Wayne Mitteer, RN, MS
Executive Advisor
Guthrie Lourdes Hospital
169 Riverside Drive
Binghamton, NY 13905

RE: Sleep Clinic Relocation
Delta Project No.: 2024.111.001

Dear Mr. Mitteer:

The narrative below is the support the Certificate of Need Application for the Sleep Clinic Relocation project.

Applicant: Guthrie Lourdes Hospital

Location: 320 N. Jensen Road, Vestal, NY 13850

Purpose: To provide a more space efficient and user-friendly sleep clinic experience for the patients and staff.

Existing Program Inventory: This facility will contain all program at this location, no existing inventory exists.

Program Inventory At Project Completion: At the completion of the project, this space will be full-compliant outpatient medical office building for Sleep Clinic services.

Project Description: This project includes the renovation of 5,595 square feet of space on the second floor. The new program requirements and applicable codes will necessitate the complete demolition and reconstruction of the existing spaces. The new program includes a sleep clinic with all related support spaces necessary for a complete outpatient medical service facility as well as comply with current codes. This facility will be designed to meet new construction requirements of all applicable codes.

Respectfully,

DELTA ENGINEERS, ARCHITECTS, LAND SURVEYORS, & LANDSCAPE ARCHITECTS, DPC



Christopher Lynch, RA
Senior Project Manager



**COMPLETED CONSTRUCTION CERTIFICATION LETTER
FOR
ARCHITECTS & ENGINEERS**

Date: December 10, 2024

CON Number:

Facility Name: Vestal Sleep Care

Facility ID Number: 043

Facility Address: 169 Riverside Drive, Binghamton, NY 13905

NYS Department of Health/Office of Health Systems
Management Center for Health Care Facility Planning, Licensure
and Finance Bureau of Architecture 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 have been completed, 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 is designed and constructed, in accordance with the programmatic requirements for the referenced construction project, in accordance with design development drawings, and in accordance with any project definitions, modifications and or revisions approved or required by the New York State Department of Health.
3. The aforementioned construction project has been designed and constructed in compliance with all applicable **local, state and federal codes**, statutes, and regulations, and **all** 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:

4. I understand that any components of this project that are inconsistent with the State Hospital Code (10 NYCRR Parts 711, 712, 713, 714, 715, 716, or 717), have been brought to the attention of the Bureau of Architecture and Engineering Review (BAER) of the New York State Department of Health for compliance resolution.

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 pre-opening inspection for this project. 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: Vestal Sleep Care

Location: 169 Riverside Drive, Binghamton, NY 13905

Description:

Signature of NYS Licensed Architect/Engineer

Christopher Lynch

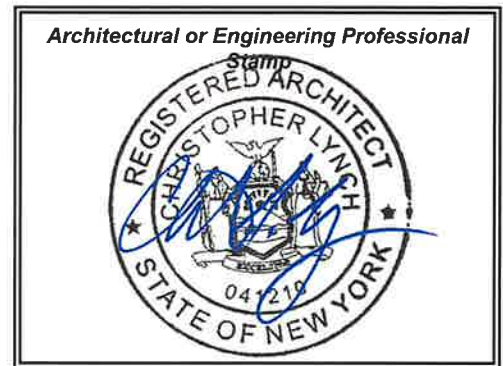
Name of Architect/Engineer (Print)

041210

Professional New York State License Number

860 Hooper Road, Endwell, NY 13760

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

12/10/2024

Date

Christopher Lynch

Name (Print)

Senior Project Manager

Title

Notary required for the Applicant

STATE OF NEW YORK

County of

Broome

SS:

On the 10 day of Dec. 2024, before me personally appeared Christopher Lynch, to me known, who being by me duly sworn, did depose and say that he/she is the Sr. Project Manager of the corporation Delta Engineers, the facility described

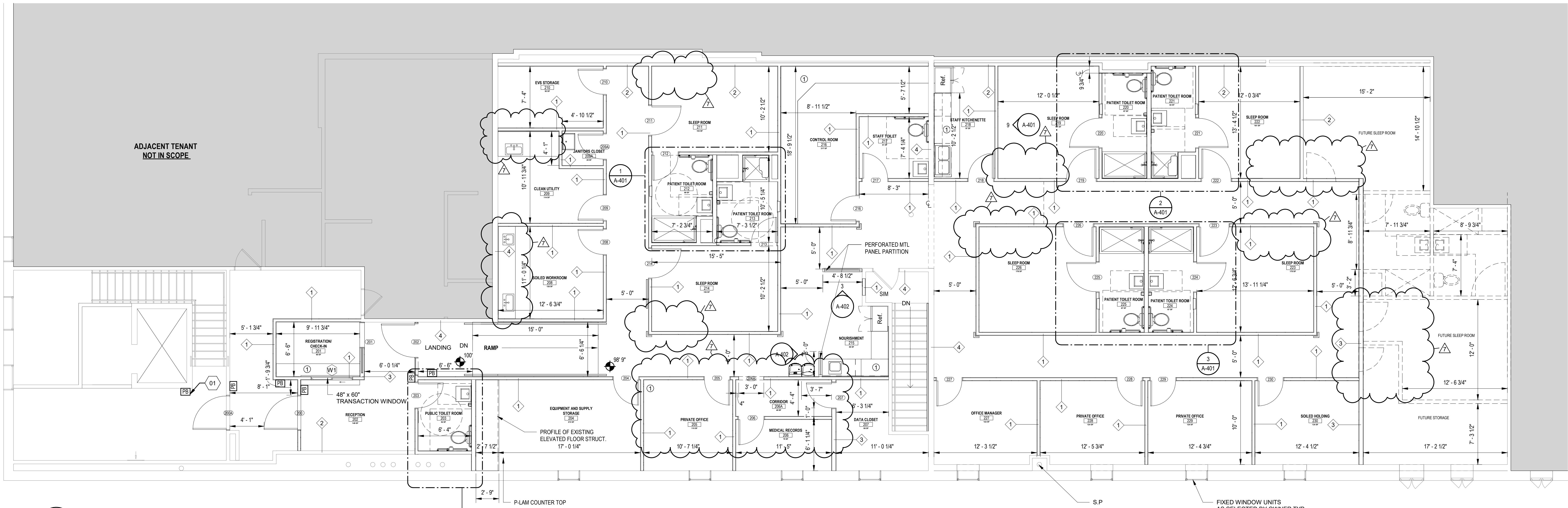
herein which executed the foregoing instrument; and that he/she signed his/her name thereto by order of the governing authority of said facility.

(Notary)

Ashley Stephens
Notary Public – State of New York
No. 01ST6387353
Qualified in Broome County
My Commission Expires February 11, 2027

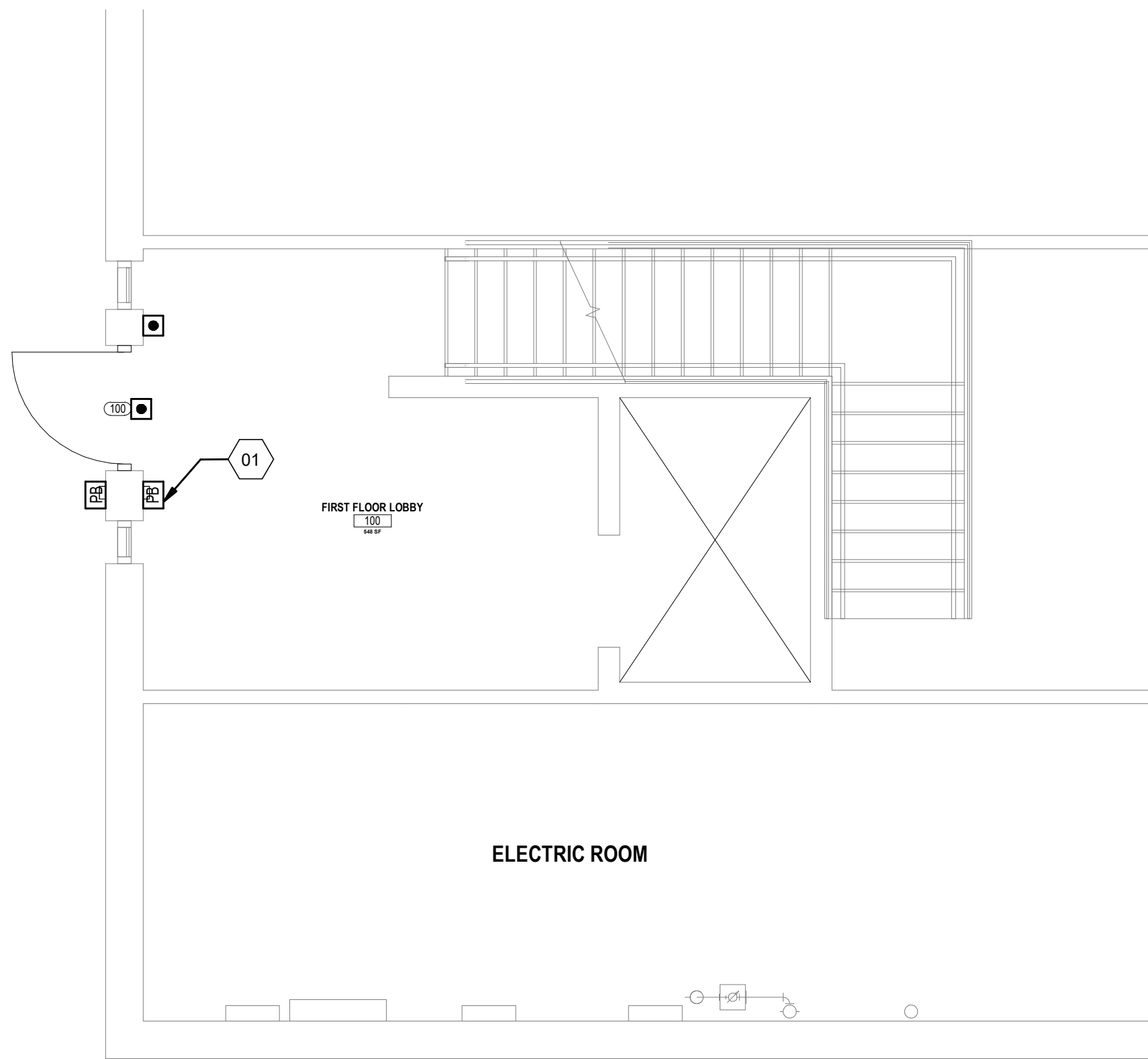
ARCHITECTURAL AND ENGINEERING LETTER OF CERTIFICATION FOR COMPLETED CONSTRUCTION PROJECTS

#	A-102 RENOVATION KEY NOTES
01	PROVIDE ADA COMPLIANT ELECTRICAL DOOR OPERATOR WITH WALL MOUNTED PUSH PLATE ACTIVATOR.

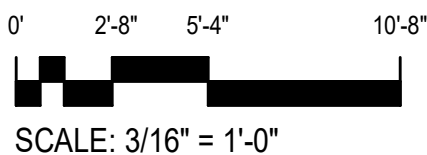


1 SECOND FLOOR ENLARGED PLAN
A-102 SCALE: 3/16" = 1'-0"

- GENERAL NOTES:
- PROVIDE CORNER GUARDS AT ALL OUTSIDE PARTITION WALL CORNERS. STYLE, SIZE, AND COLOR AS SELECTED BY TENANT.
 - UNLESS NOTED OTHERWISE ALL MILLWORK SHALL BE P-LAM. COLOR, STYLE AND CONFIRMATION AS SELECTED BY TENANT. (1)
 - FURNITURE TO BE PROVIDED BY TENANT

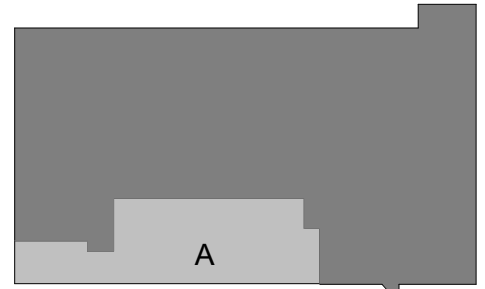


2 FIRST FLOOR MAIN ENTRY
A-102 SCALE: 1/4" = 1'-0"



SCALE: 3/16" = 1'-0"

Key Plan



SCALE: X'-X"

No.	Revision	Date
7	ADDENDUM 7	2024.09.12
6	ADDENDUM 6	2024.08.20
5	ADDENDUM 5	2024.08.05
4	ADDENDUM 4	2024.07.19
2	ADDENDUM 2	2024.06.18
1	ADDENDUM 1	2024.05.31

Project Name
JFM REAL ESTATE
DEVELOPMENT
SLEEP CLINIC RELOCATION
320 N JENSEN RD, VESTAL, NEW YORK 13850

DELTA
ENGINEERS, ARCHITECTS, & SURVEYORS

860 Hooper Road
Endicott, New York 13760
Tel: 607.231.6600
Fax: 607.231.6650
Email: mail@delta-eas.com
www.delta-eas.com

CERTIFICATE OF AUTHORIZATION # 019598

Seal	Phase ISSUE FOR PERMIT
	Project No. 2024.111.001
	Date 2024.05.24
	Drawn By WI
	Check By CW

Drawing Title
SECOND FLOOR PLANS

Drawing No.

A-102

9/12/2024 12:56:22 PM